THE

COLLEGE AND CLINICAL RECORD.

MONTHLY MEDICAL JOURNAL.

EDITED BY

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

VOLUME IX.

PHILADELPHIA.
1888.
Clinical Lecture.

TYPHOID FEVER, COMPLICATED WITH SUPPURATING BUBO—ACUTE IDIOPATHIC PERICARDITIS ASSOCIATED WITH MITRAL REGURGITANT DISEASE.

A Clinical Lecture delivered at the Pennsylvania Hospital Dec. 20th, 1887,

BY J. M. DA COSTA, M.D.,
Physician to the Hospital, and Professor of the Practice of Medicine in the Jefferson Medical College.

Reported by WILLIAM H. MORRISON, M.D.

TYPHOID FEVER COMPLICATED WITH SUPPURATING BUBO.

GENTLEMEN:—I have here some specimens from a case of typhoid fever, which are instructive simply as specimens. There is nothing very remarkable about the case itself, except, perhaps, the fact that the death was due to a rare complication of typhoid fever, namely, a suppurating bubo. These specimens give us strikingly fine illustrations of typhoid fever lesions. The Peyer’s patches show the characteristic lesions, ulcerated in the centre, but the peritoneum is intact. There is also rather more involvement of the solitary glands than is usually seen. As near as could be determined, the patient died at the end of the second or the beginning of the third week of the disease. I also show you the spleen. It is enlarged to twice its normal size, its vessels are engorged, and its pulp softened.

The occurrence of the bubo in the left groin at once suggested the possibility of specific disease. The man, from the time of his admission, was so ill that it was impossible to get an accurate account of his previous history; but so far as we are able to judge, the bubo was not specific. It was limited to the left side; no ulcer or cicatrix was found on the penis, and there was no enlargement of the post-cervical or of the glands in any other part of the body. The external evidence would therefore lead us to believe that the bubo was not specific.

The question of pyemia suggests itself; but there is no evidence of this condition. The spleen, as you have seen, does not indicate the existence of pyemia. The liver is free from pyemic patches, either in its structure or upon its surface. The kidneys are large and congested, but show no sign of the pyemic process. The peritoneum and pleura are not thickened. It would therefore appear that this is one of those rare cases of suppurating gland in the course of typhoid fever; and it is very evident that the exhaustion produced by the suppurating process in one already weakened by a low fever was the main cause of death.

ACUTE IDIOPATHIC PERICARDITIS ASSOCIATED WITH CHRONIC MITRAL REGURGITANT DISEASE.

The case which I now bring before you is one of great clinical rarity. This boy, an Italian, 17 years of age, was admitted to the hospital December 5th—five days ago. He came in very ill, prostrated, extremely pale, breathing short, and with every evidence of being in great danger. It was difficult to obtain his history, partly on account of his condition and partly because of his inability to communicate with us in an intelligible manner; nevertheless, we have been able gradually to elicit the following statements: He has been in this country two years, chiefly engaged at "tailor work." While in Italy he had occasional sharp pains in the cardiac region, but no other symptoms of cardiac distress. Never, indeed, had he any acute illness; never acute rheumatism or rheumatism in any form. He did not have palpitation or dyspnoea. These are his statements; how accurate they are I cannot say. One of them, that with reference to the absence of dyspnoea, I should fairly question.

His present illness began about one month ago, with a chill, followed by severe pain in the cardiac region. Dyspnoea and palpitation then appeared. The pain in the cardiac region was of a sharp, acute character. There was no pain in any other part of the body. On admission, as I have already stated, he was very ill. His temperature was only 99°; the tongue was clean and the bowels constipated. The face was somewhat swollen, so much so as to suggest the presence of a kidney affection; but the examination of the
urine lent no countenance to this view. It was found to have a specific gravity of 1020, with an acid reaction, free from albumen and free from sugar. He was excessively pale, and although the muscular system was fairly well nourished, he presented an appearance of great debility and anemia; there was no swelling of the feet.

The physical conditions present on admission are practically those which exist to-day. There has, however, been a distinct improvement in the general appearance. The pulse also has improved, being of better volume, and the dyspnea has diminished. In order to bring the history up to the present time, it is only necessary to state, that since admission the temperature has not gone above 100°.

The tongue is clean and of a good color. The lips are of good color, the ears slightly reddish, as if from capillary congestion. The face has lost a good deal of the pallor and swelling which it at first presented. The pupils are somewhat dilated. The respirations are twenty-four in the minute.

When I come to examine the heart, I find a diffused impulse perceptible in the epigas- trium, extending to the upper border of the sixth rib and felt also slightly outward from the nipples. The area of cardiac dullness is distinctly increased in the transverse direction, passing almost to the right edge of the sternum. On auscultation, I hear a systolic murmur distinct in the lower part of both lungs. On the right side there is a little impairment of resonance at the base, due to slight congestion. There is no cough. The shortness of breath is not so much complained of and the pain is not so severe. For the last two nights he has required no opium, which, previously, had been absolutely necessary to relieve the pain.

What have we here? This is a case of pericarditis, but that does not cover all. It is a case of pericarditis, with practically no liquid effusion, but with exudation of lymph, most decided at the base. We know that there is no marked effusion, because the impulse is so distinctly felt. Granting that there is pericarditis, with plastic exudation, this will not account for the mitral systolic murmur, which is different in character. There must be, in addition, mitral regurgitant disease.

Are these conditions acute or chronic? The pericarditis is acute and the valvular disease chronic. When the patient, in Italy, had some pain in the cardiac region, it is possible that he then had the beginning of this mitral disease. We infer that the mitral affection is chronic, because there is an amount of cardiac enlargement quite out of proportion to the amount of pericardial effusion. The diffused impulse and the increased percussion dullness point to enlargement of the left ventricle. This is not compatible with the supposition that the mitral affection is acute.

We know that the pericarditis is acute, from the history that it began with a chill and pain, followed by fever. The acute pain in the cardiac region persisted for some days after admission. We also know that the marked dyspnea and the signs of general distress came on suddenly. All these features characterize the pericarditis as an acute affection.

With reference to prognosis, I may say that the boy will recover, although, of course, the organic condition of the mitral valve will remain. The pericarditis will diminish and largely disappear, but whether entirely or not, I cannot say. When he recovers from this acute attack, he will probably be not much worse than before.

What is to me the most interesting feature of this case is that he should have pericarditis at all. This appears to be one of those rare cases of idiopathic pericarditis, that is, where the disease occurs without apparent cause. The majority of cases of pericarditis arise in the course of acute rheumatism, but the patient has not had the least sign of this disease. Next in order of frequency as a cause of pericarditis stands Bright's disease, but the examination of the urine, made more than once, sets this aside. Then we must not overlook the possibility of some pyemic process as a cause of pericarditis. There is not a particle of evidence of anything like pyemia. Neither the spine nor the liver presents anything abnormal, and the temperature is barely above the normal. Nor is there any evidence of blow or injury sustained over the cardiac region. We have here to deal with a case of idiopathic pericarditis, a disease so rare that its very existence has been denied by some. I know, however, that it does occur. In the course of my life, I have seen four or five instances of this affection.

The next question that we have to consider is the treatment. This has consisted of opium at night, with Rochelle salts occasionally in the morning and half an ounce of acetate of potash daily. To this was soon added the tincture of the chloride of iron, of which he took twenty drops three times daily. Turpentine stupes were also employed for the relief of the pain. Under this treatment, he has steadily improved. There seems to be no reason to change the treatment. The acetate of potassium was given as an alkali, to act as an alternative upon the exudation and also as a diuretic. The iron was administered on

* In a week from the time the case was seen, the pericardial friction had largely disappeared—entirely from over the lower part of the left ventricle. The boy was able to sit up some hours daily.
of taste and smell, profuse sweats, cold perspiration, lividity, gastric cramp; frequent, feeble, irregular, intermittent, unaccountable pulse; shallow, gasping, irregular, difficult, convulsive, suspended breathing—artificial respiration required in some cases; gait, speech and swallowing greatly impaired; rigid muscles, palpitation, sense of suffocation and great constriction about chest; loss of motion and sensation in arms and legs; general numbness, intense restlessness, extreme prostration, twilight, hallucinations, mania, delusions, delirium—death.

Summarizing, it was asserted: Cocaine may be toxic—sometimes deadly—in large doses. It may give rise to dangerous, or even fatal symptoms, in doses usually deemed safe. The danger, near and remote, is greatest when given under the skin.

In further proof of these conclusions, added evidence of over forty cases is appended.

Two fatal cases of accidental from cocaine have been reported—one, in dental practice, in Poland; the other in France—but the writer has not yet been able to secure the desired details.

Dr. Samuel T. Earle, *Maryland Medical Journal*, noted these cases: "Mr. Z. presented himself for the treatment of hemorrhoids; cocaine to produce local anesthesia. "I injected a solution of the drug containing altogether about five grains of muriate of cocaine. In about fifteen minutes, without any premonitory symptoms, except a little nausea and faintness, she was seized with violent general convulsive movements, which were so strong and pronounced on the right side, on which she was lying, as to turn her over on her belly. She had opisthotonos, entire loss of consciousness for about five minutes, after which it gradually returned, and seemed entirely restored at the end of fifteen minutes. Asphyxia; muscles of the lower jaw violently convulsed; pupils unequally dilated after consciousness began to return; mouth drawn to the right side; speech delicately thickened for some minutes after her return to consciousness; respiration very labored, and at the height of the attack was arrested for some seconds; pulse very feeble; cutaneous surface decidedly blanched where not purple, until after consciousness began to return, when it alternately became flushed and pallid; she now broke out in a profuse sweat. There was great prostration following the attack and a disposition to sleep. She recovered entirely after several hours, and only complained of feeling tired. This patient had never had any nervous attack of any kind previously, and both patients were remarkably robust and healthy."

Dr. A. N. Blodgett, *Boston Medical and Surgical Journal*, cites case of Dr. R., aged 23, well and strong, to whom he gave subcutaneously, for local anesthesia, three minims of a twelve per cent. solution. "Thirty seconds after the injection was made the patient began to complain of a feeling of great depression, a sensation of coldness, and of faintness. It was thought at first that these sensations were due to fright, or to an undue amount of apprehension as to the action of the drug; but this proved to be erroneous. The patient rapidly became cyanosed, the breathing changed to a sighing character, the pulse was 140 and weak, the face was bathed in cold perspiration, there were short periods of profound collapse with unconsciousness. The patient was assisted to a couch, where he soon became quite helpless. Stimulants were administered, the heat of the surface was maintained, and the body warmly covered. At the expiration of a quarter of an hour the finger on the pulse showed a commencing improvement in the patient's condition. With the restoration of the organic functions came a mild form of delirium, the patient talking incessantly upon all possible subjects, and apparently not realizing that he had been in any abnormal condition. Soon the pulse was reduced to 80 per minute, and the skin became warm. The delirium gradually subsided, and the patient slowly returned to his natural state."

Dr. Emmet Holt, *New York Medical Journal*, reported five cases of children, aged 3 to 15, in whom he injected fifteen drops of a twenty per cent. solution injected in the gums caused vertigo, blindness, cold perspiration and inability to walk—"completely unnerve ; acted as if deranged."

Dr. R. M. Griswold informed me of a lad, aged 15, in whom he injected fifteen drops of a four per cent. solution for local anesthesia. In four minutes patient complained of faintness, vertigo, had stertorous breathing, with thready pulse of 160, and became blind and unconscious.

Dr. Geo. N. Monette, *Journal American Medical Association*, noted three cases occurring in dental practice, in which two to four drops of a twenty per cent. solution injected in the gums caused vertigo, blindness, cold perspiration and inability to walk—"completely unnerve; acted as if deranged."

Dr. R. M. Griswold informed me of a lad, aged 15, in whom he injected fifteen drops of a four per cent. solution for local anesthesia. In four minutes patient complained of faintness, vertigo, had stertorous breathing, with thready pulse of 160, and became blind and unconscious.

Manhein noted a woman in whom the subcutaneous injection of two decigrammes caused dyspnoea, irregular and suspended breathing; dysphagia and agryphia, lasting three hours.

Geussenhem has collected a number of cases in which cocaine solution, applied to
THE NATURE OF LABOR.
BY HENRY LEAMAN, M.D.,
Of Philadelphia.

Read before the Philadelphia County Medical Society, November 26th, 1887.

This paper does not claim to offer all the theories and problems of labor, but is simply an attempt to throw some light on the phenomena of labor, with special reference to everyday work. In speaking of labor, we understand physiological or natural, not pathological labor. Harvey said that the kind of birth in which the fetus is born enveloped in its coverings appeared to him by far the most natural; it is like the ripe fruit which drops from the tree without scattering its seed, before the appointed time. This statement is, doubtless, physiologically correct. But in my experience the separation of the elements of the ovum generally occurs, the waters preceding and placenta succeeding the fetus, the true process of labor being in no manner altered or changed thereby. Any presentation or position that can be terminated without assistance may be called natural.

There are only two stages in labor. The first embraces all the phenomena that immediately precede or occur during the dilatation of the cervix. The second embraces all the phenomena occurring during the expulsion of the contents of the uterus. This includes the so-called third stage. If labor has pursued a natural course, and due time has been allowed, the placenta will be found loosened by the pains and ready to be removed immediately after the birth of the child. If the placenta is adherent or there is an irregular contraction, the hand can be passed into the cavity to remove it.

The nature of labor consists particularly in the manner in which the uterus expels its contents, not in the mechanism of the pelvis. The fetal contents are passive in delivery. The life of the ovum in viviparous animals is part of the mother life, connected through the uterus and placenta, and identified by mutual growth and development. The uterus is the outer contractile layer of the ovum. When their cyclical development is complete, or has been terminated in any way, differentiation, or birth, takes place. This is accomplished through contractility of the uterus, which gives to the fetus a series of amniotic movements that cause it to advance through the pelvic opening. The fetal mass moves under the persuasive action of flexion and rotation produced by the uterus alone, and, in virtue of its adaptation to its surroundings, overcomes great obstacles. The overcoming of obstacles is due not to the amount of force, but to the adaptation of the fetus to the pelvis.

Dr. D. B. Hart, in the Obstetrical Transactions, Edinburgh, vol. v, in a paper on "The Bearings of the Shape of the Fetal Head on the Mechanism of Labor," says: "It will be seen that the shape of the fetal head, face and breech is, to a certain extent, a preparation for the emergencies of birth. In a normal head case in a normal pelvis, flexion and rotation are favored by it. Should the pelvis be rickety, the head, either first or last, still has the shape which favors its passage through the contracted conjugate; and even for minor deviations of case faces, and badly-rotated occipito-posterior cases, we have the shape of the face and head markedly fitted for the best means of delivery."

The explanation of flexion by Lals is an advance over the previous theory of articulation of the spine to the occipital bone. Deeper than these phenomena of the mechanism of labor is the force which the uterus exerts, and the manner in which it is applied. The abdominal muscles take no part directly in the expulsion of the uterine contents. Their action is to sustain and conserve the uterine contractions. They cannot be applied in an effective manner in expulsion.

Dr. Hart concludes the paper above referred to with these words: "Future observations are still needed as to the shape of the head after labor, as bearing on any peculiarity of mechanism, and I hope that this communication will direct the attention of obstetricians to an interesting field."

These mouldings which the head undergoes teach us not only the peculiarity of the mechanism, but also enable us to understand the manner in which the force is applied, and also something of the nature of its action. The common succedaneum found over the parieto-occipital region, which disappears in twenty-four or forty-eight hours, is similar in its formation to the extreme elongation of the occiput in great flexion of posterior rotation, or the elongation of the frontal region in frontal presentations, and shows the manner in which the fetus makes its way by elongation under moderate and gradually applied force.

This closer study of the mechanism of labor, the study of the placenta, and the changes which the uterus undergoes during gestation and immediately preceding birth, belong more particularly to the gynaecological concept of labor. The process by which our present standpoint has been reached has been gradual. The first concept was midwifery, which concerned itself with the most external phenomena of labor, such as holding the hands, making pressure, administrating drinks, comforting the mind of the patient, placing her in a certain position, endeavoring to dilate the vagina, and when nature could not complete the delivery, the surgeon was called to destroy the child and to save the mother.

The second concept was the obstetrical, and had its origin with the introduction of the forces, in the early part of the eighteenth century, and has led to a closer study of the mechanism of labor, occupying its time mostly, however, in the study of the fetus and pelvis. The third concept dates from the introduction of ovariotomy, in the early part of this century. Cases in Hospital Practice.

ACUTE ULCERATIVE ENDOCARDITIS.
BY A. E. BRADLEY, M.D.,
Resident Physician Philadelphia Hospital.

Difficult as is the diagnosis of this affection, one would hardly think it should be confused with phthisis, but such was a fact in the case herein described. So obscure is ulcerative endocarditis in its clinical manifestations, that it is rarely that its existence is known until an autopsy demonstrates its presence; however, it is rather humiliating to be obliged to announce that the writer went so far wrong in his diagnosis as to consider his patient suffering with advanced phthisis. The existing conditions, however, were such as, in a measure, to exonerate him from too severe criticism. The following is the case in point:

CASE 1.—Kate R., aged 30; was admitted to the medical ward on Nov. 3d, 1887; she was a married woman, and had borne two children, both of whom died in infancy. Her history, as far as could be obtained, was as follows: eight months before she had had a slight hemorrhage from the lungs, being the fore-runner of a cough which followed, and became finally chronic. Her present illness began eight weeks previous to admission, by an exacerbation of the cough, followed by rapid loss of flesh and loss of appetite. At no time was there any diarrhea.

On the night before admission she expectorated considerable blood, had a great dys-
ncia, and much coughing, which was accompanied by pain, especially on the right side. On examination, the following condition was noted:—

**Inspection:** A feeble, care-worn, much-emaciated woman, presenting a flattened chest, with ribs and interspaces very prominent, and infra-clavicular regions much depressed. On inspiration, expansion was seen to be much impaired. The patient was very anaemic, eyes bright and glintening. Satisfactory physical examination could never be made, owing to the patient's extreme weakness. Heart—apex beat was heard in the sixth interspace, and a palpation felt to be forcible, with a shock and a diffuse impulse. Perfusion could not be performed because of pain, which each attempt elicited. On auscultation, loud râles were heard all over the entire chest, anteriorly and posteriorly, and thought at the time to be the breaking-down râles of phthisis. Voice sounds could not be employed, for the patient was never able to speak above a whisper, simulating a tubercular involvement of the larynx. A distinct double mitral murmur was detected, but no murmur at the aortic cartilage could be found. The patient's extreme weakness.

**Heart:** Weight 13 ozs. Right chambers dilated; all cavities contained clots, that of right ventricle extending far out into pulmonary artery. Tricuspid orifice admits to the middle joint, three fingers. Left auricle dilated; walls thickened, endocardium very opaque. Mitral orifice is a little narrowed, scarcely admitting two fingers to first joint. Edges of valve segments thickened, and on auricular faces are to be seen six or eight small fresh vegetations. Left ventricle hypertrophied and considered dilated; walls nowhere more than one half-inch in thickness. Aortic valves incompetent; the left coronary segment is almost entirely destroyed. Three large, ragged vegetations project from the remnant. The right coronary segment presents from its under surface a large vegetation, and the valve is here seen to be perforated. The intercoronary segment has a slight perforation, and a large flat vegetation on its under surface.

**Liver:** Normal in appearance; weight, 4 lbs. 8 ozs.; gall ducts pervious.

**Spleen:** Weight, 17 ozs.; large, irregular, ovoidal, and lobulated. About its middle, extending across its whole area transversely, is to be seen an enormous infarct, its breadth at cortex of the organ measuring two inches. On section, it presents the characteristic wedge shape. It is firmer and lighter in color than the surrounding tissue. The small vesicles of the infarct are to be noted scattered through the organ. In the artery supplying this area was found lodged an embolus, similar in all appearances to the aortic vegetation, from which, no doubt, it had been torn by the action of the blood current.

**Kidneys:** Large; combined weight, 14 ounces. Capsule slightly adherent; cortex irregular; and parenchyma showing chronic diffuse, parenchymatous nephritis.

**Stomach and intestines** normal. Brain not examined.

Thus the autopsy made a diagnosis which, had it not been allowed, would have passed as a death from phthisis.

--

**Notes of Practice.**

**The Treatment of Typhoid Fever.**

Dr. J. C. Wilson, Physician to the Jefferson Medical College Hospital, treats his cases of enteric fever by the systematic use of laxative doses of calomel during the first ten days, and by carbonated iodide, as originally suggested by Professor Bartholow, throughout the course of the disease. The most careful attention is given to the details of nursing, dietetics, and hygiene, and symptoms are treated as they become prominent.

Due regard being had to the peculiarities of individual cases, the general plan is as follows:—

Upon the evening of admission the patient receives seven and a half to ten grains of calomel in combination with ten grains of sodium bicarbonate, at a single dose. If the case be still in the first week, which is not usual with hospital patients, this dose is repeated every second night until its third administration; if already in the second week, a single dose only is given. After the tenth day it is given cautiously or omitted altogether. If there be constipation, the first dose of calomel is followed by two or three large stools, mostly of the consistency of mush, the later dose by stools decidedly liquid. Diarrhea is not regarded as a contra-indication. On the contrary, it almost always becomes less troublesome after the action of the mercurial. During the subsequent course of the disease constipation is not allowed to continue at any time beyond the third day; but is relieved, as a rule, by an eight-ounce enema of warm, thin gruel, slowly injected, or exceptionally by a five or seven and a half grain dose of calomel, the choice being influenced by the character and prominence of abdominal symptoms. Under this plan of treatment, diarrhoea is not commonly excessive. When necessary, it is treated by one-grain suppositories of the aqueous extract of opium.

Thus a typhoid fever, with almost certain death from peritonitis, is treated by hospital attentions, with an administration of fluids varying from 200 to 400 ounces daily, and with the use of calomel, the only active ingredient, varied only by an occasional dose of cinchonin, or of one of the amnions, or of a small dose of carbonated iodide, in cases where the exportation was much emaciated.
THE USE OF WATER AT MEALS.

Opinions differ as to the effect of the free ingestion of water at meal times, but the view most generally received is probably that it dilutes the gastric juice and so retards digestion. (British Med. Journal, Dec. 3d, 1887.) Apart from the fact that a moderate delay in the process is by no means a disadvantage, as Sir William Roberts has shown in his explanation of the popularity of tea and coffee, it is more than doubtful whether any such effect is in reality produced. When ingested during meals, water may do good by washing out the digested food and by exposing the undigested part more thoroughly to the action of the digestive ferments. Pepsin is a catalytic body, and a given quantity will work almost indefinitely, provided the peptones are removed as they are formed. The good effects of water, drank freely before meals, has, however, another beneficial result—it washes away the mucus which is secreted by the mucous membrane during the intervals of repose, and favors peristalsis of the whole alimentary tract. The membrane thus cleansed is in much better condition to receive food and convert it into soluble compounds.

The accumulation of mucus is specially well marked in the morning, when the gastric walls are covered with a thick, tenacious layer. Food entering the stomach at this time will become covered with this tenacious coating, which for a time protects it from the action of the gastric ferments, and so retards digestion. The tubular contracted stomach, with its puckered mucous lining and viscid contents—a normal condition in the morning before breakfast—is not suitable to receive food. Exercise before partaking of a meal stimulates the circulation of the blood and facilitates the flow of blood through the vessels. A glass of water washes out the mucus, partly distends the stomach, wakes up peristalsis, and prepares the alimentary canal for the morning meal. Observation has shown that non-irritating liquids pass directly through the "tubular" stomach, and even if food be present they only mix with it to a slight extent. According to Dr. Leuf, who has made this subject a special study, cold water should be given to persons who have sufficient vitality to react, and hot water to the others. In chronic gastric catarrh it is extremely beneficial to drink warm or hot water before meals, and salt is said in most cases to add to the good effect produced.

A CASE OF PSEUDO-ANGINA PECTORIS.

BY PROF. ROBERTS BARThOLOW, M.D.,
Of Jefferson Medical College, Philadelphia.

In a clinical lecture on "Some Respiratory Neuroses" (Med. News, Dec. 1oth, 1887), a case of pseudo-angina pectoris was described, in which there had not been any antecedent or coincident rheumatism, sphyllis or diphtheria, and in the intervals of the seizures no evidence of heart disease. There were symptoms, however, of a neurotic character, which Trouseau has described under the name of "masked epilepsy."

The therapeutics of such a case was summed up by the lecturer in the following words:—

"It is important in respect to treatment to recognize the true nature of these attacks. The best results are had from a combination of remedies addressed to both the true seat of the malady and to the organs suffering the most severe functional disturbances. As the bromide of sodium is far less hurtful than the corresponding potash salt, I will direct my grains three times a day. As during the paroxysms it is evident that the tension of the vascular system is abnormally high, I will give the one per cent. solution of nitroglycerine, increasing the dose from one minim per day, until its characteristic action is manifest, at which point it should be kept for the present.

As it is very obvious that errors of diet often precipitate the seizures, and always add to their violence, a careful regulation of the food becomes essential. Indeed, of all the measures we have to propose, this is the most important. The allowance of meat should be restricted to one meal; it should be fresh meat, and small in quantity; one egg may be given at breakfast; one vegetable at dinner, such as spinach, celery, lettuce, or similar non-fermentable articles; some fresh fruit at supper. The only drink should be a moderate cup of warm skimmed milk.

It is difficult to regulate the diet of these subjects; they have fierce appetites, and a fiercer way of indulging them; but every consideration should be brought to bear that may be effective in support of their own resolution. Very often we have here, as this morning, examples of difficult respiration arising from reflex influences at a distance from the apparent seat of morbid action; thus, asthmatic trouble from renal disease—renal asthma. Difficult breathing, of which the first intimation comes by hoarseness, may be the initial symptom ofBright's disease.

THE TREATMENT OF WHOOPING COUGH.

Prof. J. A. Robison, of Chicago, in Archives of Pediatrics, Dec., 1887, writes as follows:—

For the past seven years I have employed a five per cent. solution of carbolic acid, moistening a sponge with this solution and tying it over the mouth of the patient, in a respiratory way. I have experienced a great deal of difficulty in carrying out this treatment in the case of refractory children, and this led me to adopt a hint given me by Dr. H. M. Thomas. He suggested that drugs in solution could be carried by inhalation into the finer bronchial tubes by the use of Semple's atomizing inhaler, since this instrument produces a fine, smoky vapor that is unintirracting to the larynx.

In the case of children I adopted the method of attaching a tube to the inhaler and placing it in the child's mouth, so that the vapor would be freely inhaled. I was successful in relieving the cough and expectoration and cutting short the disease beyond my expectation. The solutions used were: No. 1, five per cent. solution of carbolic acid. No. 2, five per cent. solution of oil of eucalyptus in liquid vaseline. No. 3, Dobell's solution. No. 4, Keating's solution—

<table>
<thead>
<tr>
<th>beverage</th>
<th>gr. xv</th>
<th>gr. xxv r. xxvi</th>
<th>gr. xvi</th>
<th>gr. xxvi</th>
<th>gr. xxvi</th>
<th>gr. xxvii</th>
<th>gr. xxvii</th>
<th>gr. xxvii</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Thymol</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Alcohol</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Glycerin</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Water</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Solve</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Other anodynes can be incorporated in the solutions, and, as the vapor is very fine, absorption of the drugs through the pulmonary mucous surface undoubtedly occurs, hence it is not advisable to administer anodynes internally if the solutions contain anodynes.

Solutions one, two and three were used when the cough and expectoration were not troublesome. In case expectoration was difficult or the mucus tenacious, number three or four was used. If the spasmodic cough was severe, number five served a good purpose, and it was never necessary to give anodynes internally to relieve the cough or produce sleep. The treatment of complications and during convalescence was according to the indications.

LOCAL MASSAGE FOR LOCAL NEURASTHENIA.

Dr. Douglas Graham, of Boston, Massachusetts, arrives at the following conclusions upon this form of treatment, in a paper in the Boston Medical and Surgical Journal, December 15th, 1887:—

1. Massage induces sleep.
2. Even when massage is applied in the forenoon its soporific effects may not disappear before bedtime; though, in general, the later in the day massage is used for promoting sleep the better.
3. Disagreeable feelings of drowsiness and languor do not necessarily intervene between massage in the forenoon and sound sleep at bedtime. Aptitude for rest or work generally follows massage.
4. When people are wakeful after massage, they may not be restless or feel the loss of sleep on the following day.
5. Spinal irritation is relieved or disappears under massage.
6. For local neurasthenia there is no need of general massage, unless the whole system be secondarily influenced.
7. When affections have come to a stand-
still under massage, improvement may yet go on after massage has been discontinued.

8. For improving the nutrition of nerves and muscles, restoring natural sensation and motion, massage may succeed when other means have failed.

9. Deep massage without friction has proved of more value in my hands than all other forms of massage put together, in the case herein considered.

10. Massage can be overdone, producing opposite effects from a moderate application.

11. Besides massage, carefully graduated exercises at regular times are valuable accessories in the restoration of motion.

12. Massage is not the only means of treatment for neurasthenia. Its selection is usually decided upon after the failure or exhaustion of every other means; in the same manner that the shrewd old divine decided that it was not wise to let the devil have all the good times to himself.

THE TREATMENT OF MIGRAINE.

A correspondent of the British Medical Journal, December 3d, 1887, states that few drugs will be found of much use in this affection.

Change of scene, climate, and occupation, walking or horse exercise daily, regulation of the diet, and abstinence from tea and coffee, are the best preventive means.

Sometimes useful, and a wet bandage tightly applied will do no harm. Copious draughts of hot water are often of great benefit. Massage is not the only means of treatment for neurasthenia. Its selection is usually decided upon after the failure or exhaustion of every other means; in the same manner that the shrewd old divine decided that it was not wise to let the devil have all the good times to himself.

THE TREATMENT OF MIGRAINE.

1. Besides massage, carefully graduated exercises at regular times are valuable accessories in the restoration of motion.

12. Massage is not the only means of treatment for neurasthenia. Its selection is usually decided upon after the failure or exhaustion of every other means; in the same manner that the shrewd old divine decided that it was not wise to let the devil have all the good times to himself.

THE TREATMENT OF MIGRAINE.

A correspondent of the British Medical Journal, December 3d, 1887, states that few drugs will be found of much use in this affection.

Change of scene, climate, and occupation, walking or horse exercise daily, regulation of the diet, and abstinence from tea and coffee, are the best preventive means.

Sometimes useful, and a wet bandage tightly applied will do no harm. Copious draughts of hot water are often of great benefit. Massage is not the only means of treatment for neurasthenia. Its selection is usually decided upon after the failure or exhaustion of every other means; in the same manner that the shrewd old divine decided that it was not wise to let the devil have all the good times to himself.

THE TREATMENT OF MIGRAINE.

1. Besides massage, carefully graduated exercises at regular times are valuable accessories in the restoration of motion.

12. Massage is not the only means of treatment for neurasthenia. Its selection is usually decided upon after the failure or exhaustion of every other means; in the same manner that the shrewd old divine decided that it was not wise to let the devil have all the good times to himself.
Antifebrin does not affect the healthy temperature, but when given in a case of pyrexia the temperature begins to fall, and attains a maximum depression in about four hours. This action may be occasionally attended by chills, collapse, and the cyanosis sometimes noticed after other antipyretics. Sweating is observed. There seems to be some depressing effect upon the heart. Antifebrine is easily tolerated by the stomach, especially when taken with wine or aromatics. Full doses of this drug produce a fall of temperature, lasting five to eight hours, the minimum being at from three to five hours. It seems to be attended with fewer unpleasant results than many other antipyretics. In phthisis, if the fever is permanently high, it either does not act or produces a rapid fall of temperature, with sweating, vomiting, and collapse; with the remittent type of hectic, small doses will keep down the temperature, without unpleasant effects. In scarlet fever and diphtheria it should be used out his drinking and rambles he is entertained by the most admirable music. Two of the best bands in Europe play from half-past six to half-past eight. Thus, chatting with congenial spirits, to the tune of bright, cheering music, he rambles and drinks amid the park-like surroundings. After his drink the patient breakfasts on the most perfect bread and the most highly-aromatized coffee, with its whipped cream. Then follows the meandering through the thick woods, and the joining in one or more of the modes of recreation provided.

The mid-day meal is taken in the open air, and has been carefully arranged by the medical attendant. Yet it is palatable and wholesome. The afternoon and evening are spent in a variation of amusements that do not fatigue.

Thus, Carlsbad provides for its little world of visitors every healthy attraction that can encourage life in the open air, moderate exercise, rest of mind and an attractive and wholesome diet, and everything except the bare cost of living is provided by the town free of cost. There is no charge for drinking the water or listening to the music. The gardens, woods and parks, laid out with an intelligent eye to beauty and comfort, watched with vigilance, and kept with an elegance which bare cost of living is provided by the town free of cost. There is no charge for drinking the water or listening to the music. The gardens, woods and parks, laid out with an intelligent eye to beauty and comfort, watched with vigilance, and kept with an elegance which

THE CARLSBAD CURE.*

The British Medical Journal supplies the following data of general interest in relation to life at this celebrated watering place—

First, there is open-air life. Carlsbad provides for its visitors thirty thousand acres of fir wood laid out in every direction with well-kept paths, carefully graded and supplied with convenient seats at every two or three hundred yards. These are owned by the town and are kept inviolate from encroachments. The rest of the town is composed of gardens, parks, lodgings houses and hotels.

In the morning, when the patient goes to the wells to sip his regulation number of goblets of hot saline water, he makes one of hundreds going the same way, and through—

*M. Lebert'sformula is as follows:—

Hydrargyri bichlor., gr. viij—xviij
Spirit. camphor., f. vij
Acque destill., f. x

Sto.—Bathe twice daily with the lotion.

For pruritus of the perineum Hanscke gives the following prescription, to be applied by the means of a sponge every two hours. For pruritus of vulva, dilute fourfold—

Iodid, gr. xv
Potass. iodid, gr. xl
Add alcohol dil., f. viij

Sto.—Rub upon the parts.

Vaneedem's prescription is:—

B. Chloroformi,
Sulph. carbox., as
Sodii carbonatis, 2v
Vaselin., 3v
M.—Ft. unguent.
Sto.—Rub upon the parts.

Then apply the following ointment:—

B. Olei morrhuae, 3vi
Olei carthami, 3vi

Then apply the following ointment:—

B. Unguent. zinci, 3vi
Unguent. aqua rose, q. s. ad 3vi
M.

Sto.—Apply upon cloth to head.

The treatment was attended by a speedy cure.

—Prof. Da Costa ordered the following treatment for ulcer of large intestine: An

M.—Ft. unguent.

Class-Room Notes.

—The constant use of carbonic acid water or soda water, such as is dealt out so largely in our drug stores, is said to impair the sexual functions.

—Prof. Parvin finds frequently that pregnant women suffering from pruritus of the vulva are relieved by the application of cloths wrung out of hot water, to the parts.

—A thin piece of gauze should be placed between a blistering plaster and the skin, to prevent particles of the plaster adhering to the exudation and undergoing decomposition.

—To diagnose intracapsular fracture of hip joint, place patient upon his abdomen and carry foot backward; if able to carry nearly to a right angle with body it is undoubtedly a fracture. (Prof. Forbes.)

—Prof. Holland ordered for a case of eczema rubrum:—

B. Kaolin, Olei lim., Zinci oxidi, Liq. plomb. subacetatis, as 3ss.

Sto.—Apply locally.

—Prof. Holland brought two cases of milk crust of the scalp before the class, which he treated in the following manner: Remove the crusts with

—Prof. Parvin finds frequently that pregnant women suffering from pruritus of the vulva are relieved by the application of cloths wrung out of hot water, to the parts.

—A thin piece of gauze should be placed between a blistering plaster and the skin, to prevent particles of the plaster adhering to the exudation and undergoing decomposition.

—To diagnose intracapsular fracture of hip joint, place patient upon his abdomen and carry foot backward; if able to carry nearly to a right angle with body it is undoubtedly a fracture. (Prof. Forbes.)

—Prof. Holland ordered for a case of eczema rubrum:—

B. Kaolin, Olei lim., Zinci oxidi, Liq. plomb. subacetatis, as 3ss.

Sto.—Apply locally.

—Prof. Holland brought two cases of milk crust of the scalp before the class, which he treated in the following manner: Remove the crusts with
emulsion of turpentine, each dose containing ten drops of the oil of turpentine, and three drops of deodorized cincture of opium, four times a day.

—The following stimulating liniment is used quite extensively in the wards of Jefferson College Hospital:

B. Tinct. aconit., Chlorofor., Aq. ammon., Liniment. saponis, q. s. ad f3 viij. M.

—For a young man with marked anemia, due to loss of blood from hemorrhoids, and complaining of frontal headache and indigestion, the following was prescribed in the Jefferson College medical clinic:

B. Ferri et potas. tart., Aq. menth. pip., Ferri et potas. tart., Sto.—Teaspoonful three times a day. Meat diet.

—Prof. Holland ordered a boy with scabies to be thoroughly washed with soap and water and the following topical remedy to be applied before a wash:

B. Naphthol, Aq. bullient., Adipsis, q. s. ad f3 viij. M.

—Prof. Brinton recommends for chronic cystitis:

B. Uva ursae, Lupinum, Aquae bullient., Ft. infus. et addde

—Sometimes when called upon to apply a plaster dressing we are much irritated, perhaps mortified, to find, for some reason or other, that the plaster lacks life, in other words, refuses to "set." In such an unpleasant state of things, no fresh plaster being at hand, an easy way out of the difficulty, which may not be generally known, is the following: Place the plaster in some cooking utensil—a spider answers the purpose very well—and set the same on the stove and let it cook, if such a term can be applied to the process. A bubbling of air and steam takes place from the plaster, which soon assumes a fine granular appearance: when this process ceases the plaster may be known to be "done" and ready for use. It is gratifying to know that now it will be sure to act nicely, and readily adapt itself to the uses we desire.

—As sponges are important articles in surgery they should be clean and white. A pound of small sponges can be purchased for a small sum and will go a good way in private practice. The following is a convenient and short way to bleach them: First beat the sponges upon a flat surface to break up any large pieces of calcium deposit, then place them in dilute hydrochloric acid (1:10) for a few hours, and shortly the lime disappears and they are ready to be thrown into a solution of permanganate of potash (3j to Oiv of water). Stir well for five minutes and change to a solution of oxalic acid (3j to Oiv); wring out and repeat in the solution of the same strength with the addition of hydrochloric acid 3ss; by this time the sponges are generally very clean and white and but little damaged. The oxalic acid can be washed out by passing the sponges through water several times, and they are ready for the antiseptic solution.

—The treatment of intermittent fever in pregnancy is the same, so far as the administration of antiperiodics is concerned, as if the patient were not pregnant. There need be no hesitation in giving quinine, for example, and giving it freely, unless some idiosyncrasy forbids its use. If abortion or premature labor follow the use of quinine in malarial fever, the result is that of the disease, not of the medicine. (Prof. Parvin.)

—A few hours, and shortly the lime disappears and they are ready to be thrown into a solution of permanganate of potassium (3j to Oiv of water). Stir well for five minutes and change to a solution of oxalic acid (3j to Oiv); wring out and repeat in the solution of the same strength with the addition of hydrochloric acid 3ss; by this time the sponges are generally very clean and white and but little damaged. The oxalic acid can be washed out by passing the sponges through water several times, and they are ready for the antiseptic solution.

—The treatment of intermittent fever in pregnancy is the same, so far as the administration of antiperiodics is concerned, as if
politician, such a one could have but little influence in the halls of legislation. Without this necessary training he would be the tool of the crafty and permit the true interests of his constituents to suffer. Hence, the doctor who insists upon entering the political arena, engaged in the turmoil of political life, he will not be much of a physician, and the sooner he leaves the medical ranks the better. Engaged in the turmoil of political life, he will have no time to devote to the study of his profession, something that is absolutely essential to the scientific physician, however much his constituents to suffer. Hence, the doctor who has not ceased to his first love—the medical profession.

This suit, for malpractice involving some operative procedure for removal of the ovaries. It has been tried four times. The first three trials resulted in disagreement of the juries. The fourth trial recently terminated in a verdict for the defendant. But the item of most interest to members of our profession is that, at the opening of the last trial, the counsel for the defendant applied for and obtained a decision of the Court, that all the costs of the four trials should be paid by the plaintiff, in case the final verdict of the jury should be in favor of the defendant. The example thus given has served as useful sign-posts for both profession and laity.
Cyclopedia of Obstetrics and Gynaecology. (12 vols. Price $16.50.) The latest volumes of this valuable series of publications for 1887 are the following: — Volume V., containing: "Gynaecological Diagnosis; General Gynaecological Therapeutics," by R. Chrobak, M.D., Prof. of Gynaecology, University of Vienna; and, "Electricity in Gynaecology and Obstetrics," by Eberhard Grundl, M.D., Obstetric Surgeon to the New York Maternity Hospital. With one hundred and sixty wood engravings.

Volume VI., "Diseases of the Ovaries," by Dr. A. Olsenhoff, Professor of Obstetrics and Gynaecology at the University of Halle. Thirty-six wood engravings.

Volume XI., containing: "Sterility; Developmental Anomalies of the Uterus," by P. Miller, M.D., Professor of Obstetrics and Gynaecology at the University of Berne; and, "The Menopause," by E. Börner, M.D., Professor of Obstetrics and Gynaecology, University of Graz. With fifty-nine wood engravings.

Volume XII., containing: "Diseases of the Tubes, Ligaments, Pelvic Peritoneum and Pelvic Cellular Tissue; Extra-uterine Pregnancy," by L. Bandl, M.D., Professor of Obstetrics and Gynaecology at the University of Prague; and, "Diseases of the External Female Genitals; Lacerations of the Perineum," by P. Zweiffel, M.D., of Erlangen. With one chromo-lithograph and eighty-eight wood engravings.

The College and Clinical Record.


This is an excellent work, embracing directions for nursing in the various fevers met with by the practitioner, although chiefly designed for the use of professional and other nurses, and especially as a text-book for nurses in training. The practitioner would be greatly benefited, however, by the information contained in it, which is imparted by one who is himself a practitioner of sound judgment and extensive experience.

sometimes stayed all night. But it was always
syrup. I went along in the evening again to
fancy old nurses and young doctors don't get
any good.' I turned a page of Eberle on that
good at any time. The old nurses
going three or four times a day to see it, and
I don't remember now what it was—and by
those little mischiefs who can run an errand
in an hour.' This
asked him to come with me to see the fore-
man, said very little when we were in the
bed. She said nothing. In a little while the
breathing became slower, there was a kind of
convulsive movement, and the infant became
alarmingly still. I whipped it out from under
the bed-clothes, blew into the lungs, jerked it
from side to side, and tried hard the ready
methods for resuscitation. The old nurse
came round to my side of the bed, and I think
I feel her hand on my shoulder yet as she said,
'doctor, it's no use a-blown and a-shakin' at
that child. That child's dead.' I never was
so astonished in my life. I went to the funeral,
and went home more disheartened than I
can express at having lost my very first
patient.

'That wasn't a puzzle. I said,
'Oh, I'll make up some medicine at home.
It'll take some time to get ready, so you can
send Jinny along for it in an hour.' This
Jinny was a sharp little nigger girl, one of
those little mischiefs who can run an errand
ever so fast when they are not wanted to.
And I tell you I went home as quickly as
ever I could, to get plenty of time at my
books. Luckily for me, we had no druggist,
or apothecary, or pharmacist to send prescrip-
tions to, for I don't think I could have written
one to save my life. Well, I got home to my
books. I hadn't a large library; just a few
books on a shelf. There was Dewees' Mid-
wifery, Eberle's Practice of Medicine, and two
or three others. I took down Eberle and
looked him up on the summer diarrhoea of
children. I wasn't about a dozen pages,
with one prescription, and sometimes two, on
every page; for Eberle was great on prescrip-
tions, and sometimes gave a whole string of
them. I read seven or eight pages, but didn't
seem to know any better what to do with the
mayor's baby. However, it was necessary to
do something, so I took his first prescription—
I don't remember now what it was—and by
the time Jinny came along I had made up
some powders. These I gave her, along with
a note to her mistress with instructions to give
one to the infant every two hours in a little
syrup. I went along in the evening again to
see the child. It was said the powders hadn't
done it any good. I went home and made up
the next prescription.

'This was the only patient I had, and I kept
going three or four times a day to see it, and
sometimes stayed all night. But it was always
the same thing, 'The medicine is not doing it
any good.' I turned a page of Eberle on that
infant every day, but it steadily grew worse.
Still, I never dreamt but that it would get well.
I couldn't imagine it possible that my first
patient could die. I was doing my best for
the child, and watched it very closely, along
with the old black woman who nursed it. I
fancy old nurses and young doctors don't get
get on very well at any time. The old nurses
think that the young doctors don't know their
business too well, and the young doctors feel
that the nurses look down on them. But, to
make a long story short, I was standing at
one side of the bed and the old nurse at the
other, when she looked across to me and said,
'doctor, you don't think that child's agoin' to
die?' I felt quite indignant, and said, 'No, I
don't.' I looked again at the child, felt its
pulse, and insisted that it would come all
right. She said nothing. In a little while the
breathing became slower, there was a kind of
convulsive movement, and the infant became
alarmingly still. I whipped it out from under
the bed-clothes, blew into the lungs, jerked it
from side to side, and tried hard the ready
methods for resuscitation. The old nurse
came round to my side of the bed, and I think
I feel her hand on my shoulder yet as she said,
'doctor, it's no use a-blown and a-shakin' at
that child. That child's dead.' I never was
so astonished in my life. I went to the funeral,
and went home more disheartened than I
can express at having lost my very first
patient.

'I hadn't got over my disappointment
when, about a fortnight after, the foreman
of the establishment came to me, and said,
'marion, have you got any new calls since the
mayor's baby died?' 'no,' said I. 'I wish you
would come and see what you can do for
my baby; it's got summer diarrhoea.'

I didn't feel so proud as I did of my first
call, but went and found the child very ill
indeed. Still, I didn't know what to do, and
was obliged to go back to Eberle and make
up his prescriptions as before. Only this time
I began with the last prescription, and turned
the pages backward. The child was getting
worse and worse, when, to my great relief,
Dr. Jones, the village doctor, who had been
away on a holiday, came home. He was a
most excellent doctor, and I went and told
him how the mayor's baby had died, and
asked him to come with me to see the fore-
man's child. He kindly came, and, like a wise
man, said very little when we were in the
house; but when we got outside, and walked
around to the back of the house, he said, 'I
think this baby's going to die too.' "No,
said I, 'it's impossible that two babies should
die.' But die it did.

'I have never in all my life felt so cast down
as I did just then. If I had had a thousand
dollars I would have given up medicine
forever, and gone in for some business. But I
was a poor man, and my father had spent all
he could spare in educating me. When
the second child died I went home to my little
office, took down the big plate, with Dr. J.
Marion on it, carried it into the back
garden, and cast it into a well that was there,
a hundred feet deep. If the well is still there,
then that plate is at the bottom of it to this
day.

'I managed to go back to Philadelphia,
and worked hard at my profession. I would
have you remember that nothing but hard
work will enable a man to get on. It's not
always the man of most talent and genius,
but the hard worker that gets on best.

The story I have told you is true, every
word of it; and if I hadn't met with the double
disaster at the outset, I might never to this
day have known how ignorant I was, and how
needful it is to work hard to learn how to
practice.'

To prevent SCARRING IN SMALLPOX
and to relieve the pain, Colleville (Rêve de Thé-
rap., November 15th, 1887) employs the fol-
lowing application:—
B. Iodiform.,
Vaselin.,

PRURITUS OF THE VULVA.—The following is
used in one of the principal cliniques in Paris:
Phenic acid, 20 drops,
Acetate of morphia, 10 gr.
Dilute hydrocyonic acid, 10 drops,
Glycerine, 20 gr.
Water, ½ jug
Steep cotton wool in the solution and apply
it to the painful parts.

One of the latest suggestions to disguise the
TASTE OF QUININE is to make a mixture of
one part of chloride of ammonium and four
parts of extract of licorice to each part of quin-
ine. The ammonia and licorice are to be thor-
oughly mixed, and kept in powder, to be dis-
solved in water at the time of administering
the quinine.

FOR BLENNORRHAGIA, Ricord prescribes
(Rêve de Générale de Clinique, etc, November
24th, 1887) the following:—
B. Zinci sulph.,
Plumbi acetat.,
Tinct. catechu,
Tinct. opii (Sydenham's), 20 m.,
Aqua rosa., 3 l.
M. Sig.—Use for injection.

Maurici recommends that tannin be sub-
stituted for acetate of lead, and subtrate of
bismuth for tincture of catechu.

Dr. S. Baruch (Medical Record, Dec. 24th,
1887), from the clinical histories of a number
of cases of DIPHTHERIA, emphasizes the fol-
lowing points:—
1st. The necessity for local applications in
the nasal and laryngeal form, and the inutility
of these in most cases of the faucial variety.

2d. The administration of large doses of
of tincture of iron to saturate the system, instead
of the small doses formerly resorted to.

3d. The value of full doses of bichloride
of mercury in the more severe types, especially
in the laryngeal.

4th. The value of large doses of oil of tur-
pentine once a day in all severe types.
the cold from frozen parts is to plunge them into ice or snow water containing a liberal supply of saltpetre or common salt, and then submitting them to a rigorous rubbing with a coarse towel or slapping with the hands, to restore circulation. In many cases application has been found necessary where the patient has foolishly applied hot water.

A new CAUSTIC PASTE is recommended by Dr. Jules Felix, of Brussels, in the Courrier Medical, quoted in the Journal of the American Medical Association, Oct. 8, 1887. The following is the formula:

Powdered starch 37 grams, wheat flour 112 grams, bichloride of mercury 1 gram, dried chloride of zinc 110 grams, pure iodol 10 grams, croton choral 10 grams, bromide of camphor 10 grams, crystallized carbolic acid 10 grams; all to be mixed in a glass mortar, the ingredients being well pulverized separately, and gradually add to the whole the quantity of distilled water necessary to obtain a homogeneous paste, which keeps in a perfect state of preservation for an indefinite time. When required to be used the quantity necessary should be pressed in the hand previously moistened and the paste may then be pressed into any shape or form.

A writer in a recent issue of Monatschrift für Prakt. Dermat., regards iodoform as the application par excellence for burns of the second or third degree, preferably a ten per cent. iodoform gelatin; or, better than all, a paste, as follows:—

B. Cera alba, 2 s. 6 d.
O. oliv., 2 s. 6 d.
Iodoform., 3 ij.
M.

Salol is highly recommended in Typhoid Fever, in three-grain doses every three hours.

A recipe for SORE NIPPLES in nursing mothers is given by Dr. J. H. Scharff, of Baltimore, in the Maryland Medical Journal, Dec. 13, 1887.

The nipple should be cleaned with a little warm water, to which has been added a small amount of borax, before applying.

B. Balsam Peru., 3 s.
Tinct. arnica., 3 s.
Oleum amygdalae dulcis, 2 s.
Aqua calcs., 3 s.
M.

Stro.—Shake well and apply to nipples with camel’s hair brush.

A physician writes as follows to a local paper in Kansas City in regard to the treatment of FROST BITES: During the past few days I have treated several people for frozen hands and feet. In one or two cases I have found it very difficult to treat them, on account of their plunging their frozen members in hot water or holding them in close proximity to a red-hot stove. The best possible way to draw out that we both had to put our arms around the corpse to keep it from falling over. When we reached the college we went into the alley at the south of it and bundled the body into the shaft, whence it was to be hauled up to the dissecting-room. The doctor and I parted then, agreeing to meet at the college at 10 o’clock that morning, and give the body the necessary injection. When we had drawn it to the dissecting-room and ripped open the sack in which it was confined, we found it was the body of a man who had died in the confluent stage of smallpox. What did we do? What could we do? We buried the body that night in an orchard on the West Side, and the doctor took his chaise off into the country and left it to stand out all winter where nobody could get near it. That was my first experience in ‘going out’ with a doctor, and I don’t think I shall forget it.

EFFECT OF SEWAGE ON FISH.—Some investigations made by German chemists, in regard to the injury to fish by sewage and by river waters, show that chloride of lime, in the proportion of 0.04 to 0.0005 per cent, has an immediately deadly action upon tench, while trout and salmon perish in presence of 0.0006 per cent. of chloride. Sulphuric acid has the same action as chlorine, and is still more hurtful if another acid is simultaneously present; sulphites are harmless. Hydrochloric acid, 1 per cent., kills trout and perch. In sulphuric acid of 0.1 per cent., trout turned on their sides in two to six hours, while tench were not affected in eighteen hours. Tannin at 0.1 per cent. is harmless; ammonia exerts no action at 0.01 per cent. Soda at 1 per cent. is fatal to trout on long exposure. Manganese chloride at 5 per cent. had no action on tench in twenty-four hours, and a trout sustained 1 per cent. for five hours. Iron acts as a specific poison upon fishes, but only in the state of a ferrous salt. Alum has the same injurious action as the salts of iron; and the solution of caustic lime has an exceedingly violent action upon fishes.

Strange Scene at a Fire.—At the burning of the Homeopathic Medical College at Cleveland, Ohio, December 17th, the firemen were fighting the flames at close quarters. When suddenly, to their consternation, the naked bodies of five persons came sliding through the floor of the dissecting-room and partially destroyed the supports of the table on which the cadavers lay, causing it to incline toward the hole.

An Examination for License to Practice.—The Board of Health of Dakota recently examined an application for a license to practice medicine. He had been practicing medicine for years in Dakota. Here are some questions and answers:

"What medical paper do you read, Doctor?"
"Well, I can get along without them."
"What books have you in your library?" "Gunn’s Family Physician and Common Sense Home Doctor."
"Name the three great cavities of the body."
"The head, the belly, and the diaphragm."
"Name contents of abdominal cavity."
"Kidneys and the prostate gland."
"Have you treated any cases of enlarged prostate?" "Lots of them."
"What success?" "Tiptop! never lost a case."
"Did you ever treat any female for enlarged prostate?" "Oh, yes; numbers of them."

Caution to Physicians.—Messrs. Wm. R. Warner & Co. call attention to the fact that in some instances where Ingluvin was prescribed, the dispenser has taken the liberty to supply powdered gizzards or ordinary saccharated Pepsin depriving the patient of the benefit expected from Ingluvin. This notice has no reference to respectable Drug-gist, and applies as well to sugar-coated pills and capsules, which are substituted by cheaper and inferior goods.

The Wonder of the Telephone.—A physician reports to us, says the Medical Age, December 10th, that he was saved a two-mile ride through a driving storm the other night by having the patient, a child, brought to the instrument and held there until it coughed. He diagnosed false croup, prescribed two grains of trepethin powder, and turned in for an undisturbed sleep during the remainder of the night. He found the patient in the morning doing nicely—under the care of another doctor.

—The editor of The Medical World, Philadelphia, has issued a "Visiting List," arranged in monthly sections, on a new plan, which must prove very serviceable to medical men using it.
or holding them in close proximity to a red-hot stove. The best possible way to draw out the cold from frozen parts is to plunge them into ice or snow water containing a liberal supply of saltpetre or common salt, and then submitting them to a rigorous rubbing with a coarse towel or slapping with the hands, to restore circulation. In many cases amputation has been found necessary where the patient has foolishly applied hot water.

A new Caustic Paste is recommended by Dr. Jules Felix, of Brussels, in the Courier Medical, quoted in the Journal of the American Medical Association, Oct. 8, 1887. The following is the formula:—

Powdered starch 37 grams, wheat flour 112 grams, bichloride of mercury 1 gram, dried cold chloride of zinc 110 grams, pure iodol 10 grams, croton chloral to grams, bromide of potassium to grams; all to be mixed in a glass mortar, the ingredients being well pulverized separately, and gradually add to the whole the quantity of distilled water necessary to obtain a homogeneous paste, which keeps in a perfect state of preservation for an indefinite time. When required to be used the quantity necessary should be pressed in the hand previously moistened, and the paste may then be pressed into any shape or form as follows:—

B. Cere aloe 
O.5
Ol. olive 
3
Liquor. plumbi subacetat. 
0.3
Iodormus 
0.5

Salol is highly recommended in Typhoid Fever, in three-grain doses every three hours.

A recipe for Sore Nipples in nursing mothers is given by Dr. J. H. Scharff, of Baltimore, in the Maryland Medical Journal, Dec. 31st, 1887:—

The nipple should be cleaned with a little warm water to which has been added a small amount of borax, before applying.

B. Balsam Peru 
5
Tinct. arnica 
3
Oleum amygdale dulcis 
2
Aquae calcis 
3
Sig. Shake well and apply to nipples with camel's-hair brush.

A physician writes as follows to a local paper in Kansas City in regard to the treatment of Frost Bites: During the past few days I have treated several people for frozen hands and feet. In one or two cases I have found it very difficult to treat them, on account of their plunging their frozen members in hot water or holding them in close proximity to a red-hot stove. The best possible way to draw out the cold from frozen parts is to plunge them into ice or snow water containing a liberal supply of saltpetre or common salt, and then submitting them to a rigorous rubbing with a coarse towel or slapping with the hands, to restore circulation. In many cases amputation has been found necessary where the patient has foolishly applied hot water.

A new Caustic Paste is recommended by Dr. Jules Felix, of Brussels, in the Courier Medical, quoted in the Journal of the American Medical Association, Oct. 8, 1887. The following is the formula:—

Powdered starch 37 grams, wheat flour 112 grams, bichloride of mercury 1 gram, dried cold chloride of zinc 110 grams, pure iodol 10 grams, croton chloral to grams, bromide of potassium to grams; all to be mixed in a glass mortar, the ingredients being well pulverized separately, and gradually add to the whole the quantity of distilled water necessary to obtain a homogeneous paste, which keeps in a perfect state of preservation for an indefinite time. When required to be used the quantity necessary should be pressed in the hand previously moistened, and the paste may then be pressed into any shape or form as follows:—

B. Cere aloe 
O.5
Ol. olive 
3
Liquor. plumbi subacetat. 
0.3
Iodormus 
0.5

Salol is highly recommended in Typhoid Fever, in three-grain doses every three hours.

A recipe for Sore Nipples in nursing mothers is given by Dr. J. H. Scharff, of Baltimore, in the Maryland Medical Journal, Dec. 31st, 1887:—

The nipple should be cleaned with a little warm water to which has been added a small amount of borax, before applying.

B. Balsam Peru 
5
Tinct. arnica 
3
Oleum amygdale dulcis 
2
Aquae calcis 
3
Sig. Shake well and apply to nipples with camel's-hair brush.

A physician writes as follows to a local paper in Kansas City in regard to the treatment of Frost Bites: During the past few days I have treated several people for frozen hands and feet. In one or two cases I have found it very difficult to treat them, on account of their plunging their frozen members in hot water or holding them in close proximity to a red-hot stove. The best possible way to draw out the cold from frozen parts is to plunge them into ice or snow water containing a liberal supply of saltpetre or common salt, and then submitting them to a rigorous rubbing with a coarse towel or slapping with the hands, to restore circulation. In many cases amputation has been found necessary where the patient has foolishly applied hot water.

A new Caustic Paste is recommended by Dr. Jules Felix, of Brussels, in the Courier Medical, quoted in the Journal of the American Medical Association, Oct. 8, 1887. The following is the formula:—

Powdered starch 37 grams, wheat flour 112 grams, bichloride of mercury 1 gram, dried cold chloride of zinc 110 grams, pure iodol 10 grams, croton chloral to grams, bromide of potassium to grams; all to be mixed in a glass mortar, the ingredients being well pulverized separately, and gradually add to the whole the quantity of distilled water necessary to obtain a homogeneous paste, which keeps in a perfect state of preservation for an indefinite time. When required to be used the quantity necessary should be pressed in the hand previously moistened, and the paste may then be pressed into any shape or form as follows:—

B. Cere aloe 
O.5
Ol. olive 
3
Liquor. plumbi subacetat. 
0.3
Iodormus 
0.5

Salol is highly recommended in Typhoid Fever, in three-grain doses every three hours.

A recipe for Sore Nipples in nursing mothers is given by Dr. J. H. Scharff, of Baltimore, in the Maryland Medical Journal, Dec. 31st, 1887:—

The nipple should be cleaned with a little warm water to which has been added a small amount of borax, before applying.

B. Balsam Peru 
5
Tinct. arnica 
3
Oleum amygdale dulcis 
2
Aquae calcis 
3
Sig. Shake well and apply to nipples with camel's-hair brush.

A physician writes as follows to a local paper in Kansas City in regard to the treatment of Frost Bites: During the past few days I have treated several people for frozen hands and feet. In one or two cases I have found it very difficult to treat them, on account of their plunging their frozen members in hot water or holding them in close proximity to a red-hot stove. The best possible way to draw out the cold from frozen parts is to plunge them into ice or snow water containing a liberal supply of saltpetre or common salt, and then submitting them to a rigorous rubbing with a coarse towel or slapping with the hands, to restore circulation. In many cases amputation has been found necessary where the patient has foolishly applied hot water.

A new Caustic Paste is recommended by Dr. Jules Felix, of Brussels, in the Courier Medical, quoted in the Journal of the American Medical Association, Oct. 8, 1887. The following is the formula:—

Powdered starch 37 grams, wheat flour 112 grams, bichloride of mercury 1 gram, dried cold chloride of zinc 110 grams, pure iodol 10 grams, croton chloral to grams, bromide of potassium to grams; all to be mixed in a glass mortar, the ingredients being well pulverized separately, and gradually add to the whole the quantity of distilled water necessary to obtain a homogeneous paste, which keeps in a perfect state of preservation for an indefinite time. When required to be used the quantity necessary should be pressed in the hand previously moistened, and the paste may then be pressed into any shape or form as follows:—

B. Cere aloe 
O.5
Ol. olive 
3
Liquor. plumbi subacetat. 
0.3
Iodormus 
0.5

Salol is highly recommended in Typhoid Fever, in three-grain doses every three hours.

A recipe for Sore Nipples in nursing mothers is given by Dr. J. H. Scharff, of Baltimore, in the Maryland Medical Journal, Dec. 31st, 1887:—

The nipple should be cleaned with a little warm water to which has been added a small amount of borax, before applying.

B. Balsam Peru 
5
Tinct. arnica 
3
Oleum amygdale dulcis 
2
Aquae calcis 
3
Sig. Shake well and apply to nipples with camel's-hair brush.

A physician writes as follows to a local paper in Kansas City in regard to the treatment of Frost Bites: During the past few days I have treated several people for frozen hands and feet. In one or two cases I have found it very difficult to treat them, on account of their plunging their frozen members in hot water or holding them in close proximity to a red-hot stove. The best possible way to draw out the cold from frozen parts is to plunge them into ice or snow water containing a liberal supply of saltpetre or common salt, and then submitting them to a rigorous rubbing with a coarse towel or slapping with the hands, to restore circulation. In many cases amputation has been found necessary where the patient has foolishly applied hot water.

A new Caustic Paste is recommended by Dr. Jules Felix, of Brussels, in the Courier Medical, quoted in the Journal of the American Medical Association, Oct. 8, 1887. The following is the formula:—

Powdered starch 37 grams, wheat flour 112 grams, bichloride of mercury 1 gram, dried cold chloride of zinc 110 grams, pure iodol 10 grams, croton chloral to grams, bromide of potassium to grams; all to be mixed in a glass mortar, the ingredients being well pulverized separately, and gradually add to the whole the quantity of distilled water necessary to obtain a homogeneous paste, which keeps in a perfect state of preservation for an indefinite time. When required to be used the quantity necessary should be pressed in the hand previously moistened, and the paste may then be pressed into any shape or form as follows:—

B. Cere aloe 
O.5
Ol. olive 
3
Liquor. plumbi subacetat. 
0.3
Iodormus 
0.5

Salol is highly recommended in Typhoid Fever, in three-grain doses every three hours.

A recipe for Sore Nipples in nursing mothers is given by Dr. J. H. Scharff, of Baltimore, in the Maryland Medical Journal, Dec. 31st, 1887:—

The nipple should be cleaned with a little warm water to which has been added a small amount of borax, before applying.

B. Balsam Peru 
5
Tinct. arnica 
3
Oleum amygdale dulcis 
2
Aquae calcis 
3
Sig. Shake well and apply to nipples with camel's-hair brush.

A physician writes as follows to a local paper in Kansas City in regard to the treatment of Frost Bites: During the past few days I have treated several people for frozen hands and feet. In one or two cases I have found it very difficult to treat them, on account of their plunging their frozen members in hot water or holding them in close proximity to a red-hot stove. The best possible way to draw out the cold from frozen parts is to plunge them into ice or snow water containing a liberal supply of saltpetre or common salt, and then submitting them to a rigorous rubbing with a coarse towel or slapping with the hands, to restore circulation. In many cases amputation has been found necessary where the patient has foolishly applied hot water.
A New Military Ration.—All the garrisons within the limit of the Seventh Army Corps (Lower Rhine and Westphalia), have been now provided with larger samples of the new article of food which is in future to form the so-called “iron ration” of the men in the field. It is a peculiar kind of bread, in the shape of small cubes, the size of a chocolate drop, made of fine wheat bread, strongly spiced, and calculated to keep for a long time. When taken into the mouth it quickly softens, and is both palatable and nutritious. It is chiefly intended for forced marches, when there is no time for camping and cooking.

A New Journal.—At a recent meeting the Medical Society of the County of Kings, New York, authorized the publication of a monthly medical journal, to be known as the *Brooklyn Medical Journal*, to be edited by five members of the society, appointed by and under the control of the council. It will contain the transactions of each meeting, together with the papers read, and the discussions thereon; and it is expected that it will contain the transactions of the Pathological, Surgical, Medical, Microscopical, Pharmaceutical and Dental Societies, and other items of general and local medical interest.

In an article on “Intestinal Antiseptics,” Dr. D. N. Kinsman, in *Journal of Amer. Med. Association*, July 3rd, 1886, pointed out that the natural processes of fermentation and putrefaction in normal digestion are so changed in dyspepsia and other forms of intestinal disease as to produce poisonous alkaloids, which are the cause of the symptoms developed in such disorders. Messrs. Parke, Davis & Co. have recently added to their list an Intestinal Antiseptic Pill, Mercury Protocide, 1 gr.; Podophyllin, $\frac{1}{2}$ gr.; Aloin, $\frac{1}{4}$ gr.; Ex. Vomica, $\frac{1}{4}$ gr.; Ext. Henbane, $\frac{1}{4}$ gr.

A novel and convenient business calendar for 1888 is the “Columbia Bicycle Calendar and Stand,” issued by the Pope Manufacturing Company, Boston, Mass., in the form of a pad, containing one leaf for each day, to be torn off daily. A portion of each is a memorandum blank for any coming day. On each slip are fresh quotations pertaining to cycling.

At the annual meeting of the Philadelphia Academy of Physicians, January 30th, 1888, Dr. Charles B. Nancrde (J. M. C., 1883) delivered an oration on the “Recent Advances in the Surgery of the Brain and its Coverings.”

—Dr. W. M. Powell, of Albany, Texas, writes as follows:—“The Kidder Battery, both galvanic, and faradic, I regard as being the best, and I think the favorite in this part of the country. I have tried others, but like yours much the best.”

A new surgeon of France is said to have proposed in the Academy of Medicine that the course of the arteries should be tattooed on each soldier’s body, so that in case of his receiving wounds in war he would, when surgical aid was not at once available, know where to apply the necessary pressure for preventing loss of blood and probable consequent death.

PERSONALS.—Dr. W. J. Grimes (J. M. C., 1881) has removed to Brambleton, Virginia.

Dr. John Payne (J. M. C., 1886) is now at Alice, Alabama.

Dr. Henry Leffmann (J. M. C., 1890) has been appointed Chief Coiner at the U. S. Mint, Philadelphi.a.

Dr. W. M. Howsley (J. M. C., 1887) has removed to Tanganoxia, Kansas.

Prof. DaCosta will deliver the next Middletown Goldsmith lecture of the New York Pathological Society.

Dr. Win. F. Farrar (J. M. C., 1890) has removed to No. 701 Franklin Street (from No. 2308 E. Broad Street), Richmond, Va.

Dr. L. R. Smith, Colonel and Surgeon U. S. A., has been ordered for duty as Medical Director, Department of Dakota.

Dr. A. H. Appel (J. M. C., 1878), Captain and Asst. Surgeon U. S. A., has been assigned to duty at camp at Highwood, Ill.

Dr. Charles B. Nancrde (J. M. C., 1883) has been elected Surgeon to the Jefferson Medical College.

Dr. J. R. Smith, Colonel and Surgeon U. S. A., has been honored with the post of Surgeon General of the United States.

Dr. J. H. Brown, F. A. S. A., has been appointed Chief Coiner at the U. S. Mint, Philadelphia.

Dr. S. M. Horton, Major and Surgeon U. S. A. (J. M. C., 1861), has been granted six months’ leave of absence on surgeon’s certificate of disability.

Prof. Bartholow will deliver the Valedictory Address at the next annual commencement of Jefferson Medical College. Prof. Austin Flint will deliver the Alumni Address.

Dr. James E. Reeves, of Wheeling, West Virginia, will remove in a few days to Chattanooga, Tennessee. His many friends will wish him happiness and prosperity wherever he may be.

Marriages.

BRADLEY—FOLLETT.—At St. Louis, Missouri, October 4th, 1887, A. E. Bradley, M. D. (J. M. C., 1887), and Letitia M. Follett.
of the bowels, and have preferred to allow the case to run its natural course.

The second case is that of a young man, twenty-five years of age and a baker by occupation, who was admitted on the same day, although from a different neighborhood. Three years ago he had venereal disease, but there appear to have been no secondary manifestations. He has been in the habit of drinking beer to excess. Seventeen days ago he was taken sick, but continued at his work for three days, although suffering with headache, general malaise, and constipation. He was admitted to the hospital, he was extremely weak, had a good deal of headache, and still suffered with diarrhea. The tongue was coated and the mouth dry. There was no complaint of pain. The abdomen was distended and numerous rose spots were found. The anterior surface of the thorax was covered with spots, some of which were obviously due to acne, while others were evidently the rash of enteric fever. At the points previously occupied by the typhoid-fever rash, there are well-defined spots of pigmentation. This leads me to speak of a matter which I think is not always made clear, and that is, that in certain skins and under certain circumstances, the disappearance of the red spots of typhoid fever is not at once complete. A little spot remains sometimes for days or weeks. On this man's abdomen we find numerous pigmented spots, corresponding in size and arrangement with the typhoid-fever rash. This results from the fact that some of the coloring matter of the blood has been effused into the spot. The abdomen is by no means prominent and there is very little tenderness. There has been some enlargement of the spleen and the action of the heart is weak. There is also slight dicrotism. The tongue is dry in the middle, with a yellowish-white coating on each side. The gums are slightly swollen and red. The highest temperature reached in this case was 104⁰. It is now a little below 100⁰. The amount of urine passed varies between one and one and a half pints, and it contains no albumen. There was at first a little tendency to diarrhea, and on the day of admission he had five stools. During the following five days the bowels were not opened. He was then given an enema, and this was followed by a formed stool and afterward by several loose movements. The lungs have been carefully examined, with negative results.

These patients have been kept in bed and given a liquid diet, and treated with the utmost care, in accordance with the expectant method of managing the disease. To obviate the tendency to pulmonary hypostasis, the patients are rolled from one side to the other. Medicinal treatment has been in accordance with what is known as the specific plan. This is a matter on which there has been a good deal of difference of opinion. I will preface what I desire to say in regard to this treatment, with the statement, which will be accepted by all clinicians, that, with regard to prognosis, we may divide cases of typhoid fever into three groups. In one large group, probably comprising seventy per cent. of the cases, the purely expectant treatment will result in recovery. In a smaller group, comprising about ten per cent. of the cases, the treatment will save the patient's life. Either the virulence of the infecting principle, or the dose of the poison has been so great, or the resisting powers of the individual are so unequal to cope with the disease, that death is inevitable, and in this group no treatment has any influence. In the remaining twenty per cent. of the cases the disease is very grave, and certain accidents are liable to bring about the fatal issue. These accidents and complications must be recognized early and carefully managed in order to save the patient's life. In these cases a certain proportion can be saved by judicious treatment.

The methods of treatment and the drugs recommended in typhoid fever are legion, yet it is often possible to recognize in the profusion of therapeutic measures an intelligent, scientific method of treating the disease. If this mass of therapeutic material be carefully examined, it may be divided into four groups. The first is the so-called expectant method, based upon the fact that the disease is self-limited and if the vital forces of the organism are sufficient to withstand the perturbing influences until the poison has expended itself, recovery will take place. This method is applicable only to the milder and less troublesome cases.

The second method is the symptomatic, in which symptoms are treated from the beginning. If diarrhea is present, it is relieved; if constipation exists, it is counteracted. If there is cough, remedies are given to allay it. If there is high temperature, an attempt is made to reduce it. This method of treatment embraces the larger number of therapeutic measures which have been recommended.

When you add to the expectant plan the so-called symptomatic method, and treat the symptoms as they arise, you have a third method, which has been termed the rational method. In this plan, while recognizing the fact that the disease will run its course if left alone, you look out for symptoms, and relieve them if they become troublesome.

The fourth method, which has not, however, found general favor with the profession, but which, in our present knowledge with regard to the causes of infectious diseases, has something to recommend it, is the specific method. If you cast your eyes over the great number of methods of treatment and therapeutic measures recommended, it will be easy to arrange all of them in one or another of these four groups. It will be found that the symptomatic method of treatment will include the greatest number. It will include all forms of antipyretic treatment—all those measures which are supposed to act upon the intestine and to relieve the intestinal catarrh, all those measures directed to relieving the tympany and those which are directed to relieving the failure of the circulation, and so on.

Considering these forms of treatment, you will see that the attitude of the physician toward the patient will vary according to the method of treatment which he adopts. If he adopts the expectant method, and does not pay attention to the symptoms, he is liable to have sprung upon him suddenly some symptom which is quite unmanageable and which requires all his energies and resources, and which in the end may baffle him. The attitude of pure expectancy is not a comfortable one, but to stand by the bedside of the patient, armed only with the symptomatic method of treatment, is still less desirable.

A series of clinical experiments continuously carried on during a period of five years, have led me to the conclusion that in theory, at least, if not, in practice, a specific treatment of the specific infectious diseases is the true treatment. By the specific treatment I do not mean that something taken at random has been found to exercise a favorable influence, but I mean the use of such therapeutic measures as have been found, by investigation and experience, to exert an unfavorable influence upon the continuing cause of the disease. Perhaps prior to the discovery of the fact that barb controlled ague, it would have seemed irrational to talk of finding a therapeutic measure which, by acting on the cause of the disease in the blood, would bring the ague to an end. We know that in typhoid fever and the periodic fevers and is a specific in the sense that it acts directly upon the cause, and the work now being done in connection with the nature of the morbid principle in ague, and the known action of quinine upon the life history of certain of the lower organisms, shows that it is a perfectly scientific assumption that quinine acts in the body upon those organisms which infest the blood and produce the paroxysms of ague. What do we know about syphilis? If we assume that iodide of potassium and mercury merely act as tonics, the argument does not hold; but if we believe that they act on the organism as a specific, and arrest its growth, then the argument does apply. I hold that in all infectious diseases we should seek for such remedies as will act upon the cause of the disease, and which, if it does not arrest the disease, will at least mitigate the symptoms.

The details of the plan which I have employed in the treatment of my cases of enteric fever during the period named, and
which is based upon the theory of specific or causal therapeutics, is as follows: So soon as the patient is found to have enteric fever, or, in many instances, so soon as his symptoms warrant a reasonable suspicion that he is about to develop it, he is put to bed, ordered a diet consisting of milk, animal broths, jelly and simple custards, in small amounts and at intervals of two or three hours. At night he is given a dose of calomel. This dose varies in amount from 7½ to 10 grains (0.5 to 0.66 gramme), and is repeated every second evening until three, or rarely four, doses have been administered in the course of the first six or eight days. It is given alone or in connection with sodium bicarbonate. There is, commonly, a slight increase of diarrhoea, if it be present, without aggravation of the other symptoms, and in some instances the tendency of the temperature at this time to steadily rise appears to be controlled. If, as frequently the case, spontaneous diarrhoea has not occurred in the first week, calomel usually brings about two or three large evacuations on the day following its administration, not more. In either case, the tendency to frequent passages is commonly administered in dose varying from 2 to 15 grains, is administered, and from time to time repeated as the temperature rises to the point indicated.

The minor nervous symptoms are best held in check by skillful nursing. For the relief of the headache of the first ten days, absolute quietude, a dim light, etc., are often sufficient; occasionally the bromides alone, or in combination with chloral, are required. Later in the course of the disease chloral is unsafe. From the end of the first week the patient may, however, by reason of the habits of certain patients, be necessary throughout the attack. Although forming no essential part of the treatment, it is commonly administered in varying, though usually small amounts, towards the close of the sickness. Some patients do well without taking it at all. It is, of course, administered in accordance with well-understood indications: upon the supervision of delirium, ataxic symptoms, and the evidence of failures of forces of the circulation. The patients are carefully watched well into convalescence, and cautioned against too soon regarding themselves as restored to health.

The dangers of the establishment of a focus of contagion are guarded against by the systematic, thorough disinfection of the stools immediately after they are voided.

The considerations which led me to adopt the plan of treatment thus indicated are:

1. A feeling of dissatisfaction regarding the expectant method of treating enteric fever. This feeling, vague at first, grew more definite and stronger with increasing clinical opportunities and a fuller knowledge of the natural history of the disease, until it became a motive, impelling me to cast about for some different and more satisfactory plan. This feeling has been, during the past decade, a very general one in the profession in all parts of the world, as is attested by an almost endless succession of journal articles setting forth new plans of treatment and the use of new drugs in the management of this, the most common and the most important of the acute infectious diseases of the present epoch in medical history. Most of the plans thus suggested have led to disappointment when tested by the fuller observations of the profession; many of them have failed to attract general attention, and some few are still sub judice. Their number and diversity bear witness to a widespread distrust in the once well-established expectant treatment. This distrust is, however, based upon something more tangible than a mere feeling of dissatisfaction. The statistics of all observers whose cases have been sufficiently numerous to be trustworthy, show enteric fever to be, when treated by the expectant plan, a disease of high death rate.

The percentage of fatal cases rarely falls below 15 per cent. and often exceeds 25 per cent., according to the hospital records of this country, Great Britain and continental Europe. Jaccoud, with a collection of 60,000 cases, observed a mortality of 20 per cent.; Murchison, in 27,051 cases, 17.45 per cent.; Liebermeister, in 1718 cases, at Basle, under an expectant plan, records 27.3 per cent. of deaths. But turning from broad generalizations to personal experience, who is there here that, many times elated by the happy issue of mild or average cases treated by the expectant plan, has not realized the sense of utter powerlessness attending it when he stood face to face with cases in which to do, rather than wait, has been necessary to save life.

2. Enteric fever is the very type of the general diseases, of affections totius substantiae. The tissues are universally implicated in the morbid processes; no function of the body wholly escapes perturbation. For this reason plans of treatment suggested by the prominence of certain groups of symptoms, or by the known lesions of particular organs, even though of undoubted benefit as far as they go, are, in theory, unsatisfactory, because they are directed, in effect, against conspicuous manifestations of the cause of the sickness.
rather than against the cause itself; while in actual practice, the treatment by turpentine, by alcohol, by opium with lead, or the silver nitrate, or by agents capable of controlling the febrile movement, as quinine, digitalis, salicin and the salicylates, even the cold-water treatment itself, although at times, and in the hands of certain clinicians, showing favorable results—all these have failed of general acceptance on the part of the profession.

3. The general character of the disease, the specific nature of its cause, the unsatisfactory results alike of an expectant and of a symptomatic plan of treatment, or, rather, of the two combined, have united to render the idea of a specific treatment, a true cure for enteric fever, a most attractive one, to stimulate thoughtful observers to renew again and again the disappointing search for it. To this idea may be traced the treatment by the mineral acids, by chlorine water, by carbolic acid, by quinine alone, by quinine and digitalis, by iodine, by the potassium iodide, by calomel.

4. Not only is the conception of a specific treatment for specific diseases a most attractive one, and the attainment of such a treatment for enteric fever brought within the bounds of a reasonable hope by the analogy of syphilis and the malarial diseases, but the search after it with due caution and judgment has also the warrant of the highest medical authority.

Passing by some earlier names, I refer to Da Costa, who has said: "It would be as illogical as absurd to suppose that we shall never possess the coveted means really to cure the continued fevers. Doubtless to the physicians of the time of Charles V the radical and specific treatment of the malarial fevers appeared as hopeless and remote as the radical and specific treatment of the continued fevers appears to the scientific inquirer of our day."

I refer also to Liebermeister, who, treating about 800 cases, part with calomel, part with iodine, had with the former drug a mortality of only 11.7 per cent., with the latter of 14.6 per cent., against 18.3 per cent. for cases treated without those remedies, but in other respects upon a similar plan.

Bartholow has also spoken in favorable terms of the treatment by iodine in combination with carbolic acid.

The treatment adopted is thus seen to consist of the use of the two remedies that are proved to exert a favorable influence upon the disease, iodine and calomel, with the addition of carbolic acid in minute quantities. That it amounts to a specific treatment in the narrow sense is not affirmed. It is tentative, provisional, but it is, nevertheless, to be regarded as a contribution to the subject of the specific treatment of enteric fever.

Original Communications.

A SUCCESSFUL CYSTOTOMY AFTER FAILURE OF SUCTION TO REMOVE A PIECE OF A CATHETER FROM THE BLADDER.*

BY PROF. W. W. KEEN, M.D.,

The recent suggestion of Dr. De Forrest Willard (Med. News, November 26th, 1887) and Reginald Harrison (Lancet, October 29th, 1887), to extract foreign bodies from the bladder by the rubber bulb and evacuator of Bigelow's litholapaxy instrument, makes a valuable addition to our surgical resources in these troublesome cases, and is my especial reason for bringing to your attention to-night the following case. The failure of the method in this particular instance was due to special reasons.

J. W., a healthy man, aged seventy-five years, living in Elkton, Md., had suffered for a considerable time with recurring retention of urine, and cystitis following an enlarged prostate. Dr. Charles M. Ellis, his attending surgeon, very wisely taught him the use of the catheter, which he has employed daily for some months. The Nélaton catheter (No. 22 French) which he has employed having lost its rigidity, he whittled a pine stick to the necessary size, and sought, by means of this, to introduce it into the bladder, November 7th, 1887. In the attempt the catheter broke, and a piece, subsequently ascertained to be 4½ inches long, broke off and passed into the bladder. Severe pain and retention followed immediately, and persisted until after I operated upon him. Dr. Ellis, having failed in his efforts to extract the fragment, sent him to me, as the surroundings at his home were most unfavorable for any operation.

Three days after the accident I made similar and repeated unsuccessful efforts at extracting with forceps and lithotrites. I was not even able to detect the fragment.

On November 11th and 13th, I attempted to remove it by suction with Bigelow's evacuator. On the last occasion Dr. Willard kindly helped me personally. We repeatedly filled the bladder with warm boiled water, being careful to keep the extremity of the evacuating tube just at the vesical extremity of the urethra, but suction had no effect in engaging the fragment. This was amply explained later by finding that it lay crosswise, and was so long that both ends were held fixed by the walls of the bladder, while the relative rigidity of the short fragment prevented any possibility of its being brought to the opening of the evacuation tube, though we sought for it through the tube by Dr. Willard's forceps. An evacuating tube with a lateral eye gave no better results than one with an opening at the end. I also used a rectal bulb filled with seven ounces of warm water, but all to no purpose.

After debating between suprapubic and lateral cystotomy, I decided upon the latter, in consequence of the observation of Harrison and others, that the prostate sometimes shrinks after perineal cystotomy, when a tube is retained in place for some time. Accordingly Dr. William J. Taylor etherized him, and I did left lateral cystotomy with a staff. The operation presented nothing unusual. The prostate was markedly enlarged in its lateral lobes, so that I was barely able to get my finger into the bladder. With the ordinary lithotomy forceps I easily seized the fragment by the middle, removed it, and introduced a rubber drainage tube with a flange by which it was easily retained in place by

tapes. His temperature never rose above 99°, and in six days he went home, with my instructions to retain the tube in place for two months, and then to remove it and allow the opening to heal. By this means I hoped to be able to avoid the necessity for the subsequent daily use of the catheter.

December 5th, after nearly five weeks' retention of the drainage tube in the bladder, I found that, owing to his feebleness, want of care and cleanliness, the tube was proving a source of irritation and slight suppression. Accordingly, December 10th, I removed the tube. In three days the wound closed sufficiently to cause him to void his urine by the urethra, and he was no longer obliged to rise at night to relieve the bladder. The prostate has shrunk to some extent, so that he no longer needs to use a catheter. Whether this will be permanent, or is only temporary, time alone will determine.

In this case I had to deal with a known flexible body, and so there was no trouble in the case. But had it been a rigid body, I would have done a suprapubic operation.

* Read before the Philadelphia County Medical Society, December 26th, 1887.

COCAINE MURIATE IN GENERAL PRACTICE.

BY A. G. SERVOS, M. D.,
Of Havana, Illinois.

Since the discovery of this truly wonderful drug, volumes have been written regarding its use in ophthalmic practice. As the general practitioner has few of these cases, it might be well to investigate more thoroughly its uses.

First, the drug is of great benefit in all minor operations involving mucous surfaces. Thus, there may come within its scope diseases of the mouth, arms, and rectum and vagina, in some cases even diseases of the urethra and bladder; such operations as lancing a wisdom tooth, removing a ranine cyst, burning mucous patches (syphilitic or otherwise), lancing abscesses at the root of a tooth, and many operations in any of the locations mentioned.

As the ordinary surface of the skin is not...
affected by local applications, a syringe must be used, and a solution injected under it wherever needed. Any strength of solution may be used, but not over five to fifteen grains should be used at a first injection. One injection numbs the sensation in a space limited by a circle having a diameter of from one-half to one inch, which is ready for the knife in one minute, though five minutes would be better.

Wens, navis, moles, stray hairs, and slivers of any foreign material may be removed without any inconvenience other than a short manifestation of its physiological effects. In one of my cases there was marked insomnia for about twenty-four hours.

MENTAL AFFECTIONS ASSOCIATED WITH CHRONIC BRIGHT'S DISEASE.*

BY PROF. WILLIAM OSLER, M. D.,

I would like to make some reference to the occurrence of certain mental affections which come on in connection with chronic Bright's disease. It is well known that certain mental phenomena occur in connection with chronic renal diseases besides simple uremic coma. I have reported one case of violent mania in a man aged forty-two years, the subject of Bright's disease. When brought to the hospital he had been maniacal for three or four days. He subsequently became comatose and died. A very interesting case was recently under my care in the University Hospital. A man was brought to the hospital Thursday evening. I saw him on Saturday. He was then quiet, in a semi-dozing condition, but could be aroused, and gave a very interesting account of himself. The whole clinical picture was that of chronic interstitial nephritis. I thought it not improbable that the man might pass into a condition of coma. There was nothing to attract special attention to his mental condition, a I did not regard his condition as critical. That night he got out of bed, in the absence of the attendant, wandered about the ward, and finally jumped out of the window. It was subsequently learned that, before admission to the hospital, he had been violent, requiring two or three men to hold him. We were not told this when he was brought to the hospital. I have no doubt that this was an instance of mental disturbance due to chronic nephritis. I was told by one of the physicians who attended him that the man was full of delusions. He thought that his wife and others were persecuting him.

I saw another interesting case a year ago last Christmas. This occurred in the practice of Dr. Mullin, of Hamilton, Canada. Here a medico-legal question arose. It was, whether or not the man was in a condition to make a will. There was no doubt as to the existence of chronic Bright's disease. The mental condition was peculiar. He believed that his wife and others had designs upon his life, and it was with difficulty that he could be persuaded to take food. He thought that people were persecuting him. Although he gave a very intelligent account of himself, it was not considered advisable that he should make his will at that time. He was placed upon a ketamine, and he recovered sufficiently to get about and to make his will.

DENTAL IRRITATION AS A FACTOR IN THE CAUSATION OF EPILEPSY.*

BY ALBERT P. BRUBAKER, M.D.,

In all the wide divergence of view as regards the nature of epilepsy there is a general consensus of opinion that its essential feature is of the character of an explosive discharge from the higher nerve centres, the nerve force thus liberated bearing down upon the centrifugal distributions of the motor nerve tracks with such an excess of energy that incoördination of movement reaches the stage of convulsion and spasm. Owing to the periodicity of the convulsive seizures, it has been assumed that in individuals predisposed to epileptic attacks the higher nerve centres are in a state of high tension, of unstable equilibrium, and that it only requires a stimulus of a definite quantity or intensity to excite the explosive discharge.

Writers have generally laid it down as an established fact that the majority of the cases of epilepsy are idiopathic, without definite causation, and due solely to heredity; but it can scarcely be doubted that these cases are properly so classed only as regards the pre-disposition, and that in them all a morbid action, even though slight in amount, is necessary to call forth the nervous discharge. The morbid process may be centrally located and beyond the reach of investigation, or it may be peripherally located and excite the convolution in a purely reflex manner. It is conceded by all that injuries to nerves, diseases of the ear, intestinal worms, phimosis, uterine troubles, etc., are all not uncommon peripheral causes resulting in epileptic attacks. The question has been raised, however, as to whether a convulsive attack due to a peripheral irritation can be regarded as a true epilepsy, and whether it is not to be regarded rather as of a hysterical character. Without attempting to pass judgment upon this subject, it will suffice to quote the recent views of a very competent authority upon nervous diseases, Prof. H. C. Wood. In commenting upon the convolution due to a peripheral irritation, he says, "It is almost invariably epileptiform in its general symptoms, and may conform exactly to the typical epileptic attack;" and, while admitting that many of these reflex convulsions partake largely of the hysterical character, he further says, "There are, on the other hand, convulsions which conform to the epileptic type, and which are the result of an organic peripheral irritation." A remarkable feature of the epileptic convolution is its periodicity. Now, it is proved beyond question that the higher nerve centres of the brain act not only as inciting, but also as inhibitory centres to those of a lower level.

They are at once reservoirs of nervous force and regulators of its dispersal. If, therefore, a morbid process at the periphery continuously attack, through nervous intermediation, these higher nerve centres, it follows that these in time must have their resisting power overcome at intervals and at successively higher levels, until a final one is reached, when control is no longer possible. The unremitting irritation having at last overcome the resisting power of the highest nerve centres, their energy is suddenly liberated and the organism is flooded with waves of uncontrollable centrifugal energy, until exhaustion brings about a temporary equilibrium.

The object of this paper is to direct the attention of physicians to a cause of epilepsy which has not hitherto been estimated at its full value, inasmuch as in none of the standard works upon neurology is the subject even alluded to, viz.: pathological state of the dental structures. That dental inflammations and disorders are more often provocative of epileptic seizures than is commonly supposed appears quite certain from the following cases, and also from the character of the cause and its effect. Many reasons might be given why dental disorders are peculiarly adapted to call forth this periodical discharge, and why these disorders are habitually overlooked by the physician, but they need not be detailed here. [As exemplifying these phenomena, some interesting and instructive cases are adduced.]

Notes of Practice.

GONORRHEA SPEEDILY RELIEVED.

Dr. J. J. Buster reports a severe case of gonorrhea rapidly relieved under the following active treatment:

On examination, I found the usual symptoms very prominent, with an unusual oedema and excessive discharge. Ordered for him a basin of hot water, and told him to bathe for at least fifteen minutes, which he did, experi-
Rapid Relief of Constipation by Glycerin.*

By Julius Althaus, M.D.,


At a time when not only the tedious proceeding of massage, but actually manipulation of the abdomen by cannon balls, is recommended for chronic constipation, a far simpler and more effective way of inducing peristaltic action of the bowels, which has recently been discovered, should be brought to the knowledge of the profession generally. This consists of the injection into the rectum, by means of an ordinary glass syringe, of about half a teaspoonful or a teaspoonful of glycerin.

The fact that glycerin thus used causes a ready action of the bowels was apparently discovered by a Dutch physician, Dr. Oldtmann, of Maastricht, who, however, deprived himself, at least to a great extent, of the credit of this discovery by advertising it as a nostrum in several medical journals. Dr. Anacker, of Château-Salins, who purchased the specific and found it to answer the purpose well, took the trouble to analyze the fluid supplied by Oldtmann for such injections, and found it to consist principally of glycerin, to which a small quantity of a preparation of conium and a sodium salt had been added. Dr. Anacker found that glycerin alone, without conium or the sodium salt, had exactly the same effect as Oldtmann’s mixture.

On reading Anacker’s paper in the Deutsche Medicinische Wochenschrift for September 18th last, I lost no time in giving this proceeding a trial. A number of patients, including some medical practitioners of great experience in the treatment of this troublesome disorder, have spoken to me in the highest terms of the value of this new plan. An evacuation generally takes place within a few minutes after injection. The explanation of the effect given by Anacker, and which is no doubt the true one, is this: Glycerin, when brought into contact with the mucous membrane of the rectum, withdraws water from it, thus causing hyperaemia and irritation of the sentient nerves of the rectum, which, in its turn, leads reflexly to powerful peristaltic contractions, ending in defecation. The larger the accumulation of faeces, the greater is the effect. There is no discomfort or pain, but the action takes place quickly, safely and pleasantly. Sometimes a little throbbing is felt in the rectum for a few minutes afterward. I feel sure that this plan, on account of its simplicity and readiness, will be found to constitute a veritable improvement in the therapeutics of constipation.

TREATMENT OF OBSTINATE CLUB FOOT.

In a discussion of this subject before the New York Academy of Medicine, Dec. 12th, 1887, Dr. A. B. Judson said he preferred to take the strongest possible ground against the operative treatment of club foot. If every case, congenital or acquired, were treated mechanically, as it ought to be, there would be no question of an operation. And after the operation was performed the necessity of painstaking, thorough and prolonged mechanical treatment was as urgent as it was before. He had never seen a case in which the mechanical treatment had not seemed to him of more importance than any possible operation. He thought that the question of the success of an operation for obstinate club foot could not be determined until a long time had elapsed after its performance. The condition itself was the result of neglect on the part of the parents. What guarantee was there in the performance of an operation that the neglect would cease, and that another would not be added to the large number of cases of obstinate club foot which persisted after repeated operations?

The Treatment of Fecal Anæmia.

In another column will be found a passing allusion to other considerations bearing upon this subject than the more practical one of its treatment and relief. Sir Andrew Clark, who described it and examined it, has also given full directions as to the therapeutic measures to be adopted:—

"On first waking in the morning, sip a quarter of a pint of cold water. On rising, take a tepid sponge-bath, dry quickly, and follow with a brisk toweling. Clothe warmly and loosely; see that there is no constriction of the body or of the limbs. Have four simple but liberal meals daily, arranged after this fashion: Breakfast, 8 to 9.—Whole-meal bread and butter, with one or two eggs, or some broiled fresh fish, or the wing of a cold chicken or pheasant, and toward the close of lunch or dinner, 1 to 2.—Fresh, tenderly-dressed meat, bread, potato, well-boiled green vegetable, and any sort of simple farinaceous pudding, or of cooked fruit, preferably apple. Drink one glass of Burgundy, alone or in half a tumblerful of water. Tea, from 4 to 5.—Whole-meal bread and butter, with a cup of equal parts of tea and milk. Dinner or Supper, from 7 to 8.—This should resemble the mid-day meal, but should be less in quantity. Nothing is taken after this meal, nothing between meals, and much more as strength and convenience will permit. Retire to bed about 10, and repeat the sponging and toweling. See that your bedroom is cool and well ventilated. Lead a simple, regular, active, occupied, purposive life, and do not notice or distrust yourself. With such instructions, modified according to individual peculiarities, I prescribe a ferruginous cathartic to be taken twice a day, about 11 A.M. and 6 P.M. Usually it is an acid mixture, somewhat as follows:—

B. Ferri sulphatus, gr. xxix ad gr. xxx
Magna. sulph., 3 j
Acid. sulph. arom., 3 j
Tinct. zingiberis, 5 j
Vei syrypi zingiberis, 5 j
Inf. gent. co. vei quassiae, 5 vij.

Sig.—One-sixth part twice daily, about 11 A.M. and 6 P.M.

Occasionally this acid mixture produces sickness, dries the skin, and is otherwise ill borne. In such circumstances I prescribe an alkaline cathartic mixture:—

B. Ferri sulph., gr. xxvi ad gr. xxx
Sodii bicarbonat., 3 j
Sodii sulph., 3 j
Tinct. zingiberis, 5 j
Spirit. chlorof., 5 j
Infus. quassiae, 5 vij.

Sig.—One-sixth part twice daily, about 11 A.M. and 6 P.M.

Another Treatment of Gonorrhæa.

Dr. W. C. Abaly, of Madison, Wisconsin, in the Med. Record, Nov. 26th, 1887, treats this disease successfully as follows:—

I prepare about two drachms at a time, which is sufficient for one sæcum, using half a drachm boric acid and one and a half drachm glycerine; then, by the use of a soft-rubber catheter of proper size—one which will pass easily the full length of the urethra—and a hard-rubber syringe, with a nozzle of large enough calibre to allow the paste to flow freely.
I commence injection from the prostatic urethra, gradually withdrawing the syringe and stripping the catheter with thumb and forefinger, until the full length of the urethra has been thoroughly saturated. This must be repeated every second day. I always have the patient urinate before using the treatment, or, what I sometimes do in case of a new case, to locate the prostatic portion, is to allow the catheter to pass into the bladder, allowing the urine to come away, and then withdraw and use the acid and glycerine injection. The desire to urinate is quite urgent for a few minutes, but soon passes off. In some few cases, in order to avoid urination, and the dislodgment of the paste thereby, I have the patient immerse the full length of the penis in cold water, which always lessens the desire.

INJURIES TO THE FETUS.

In the issue of the College and Clinical Record for December, 1886, we presented the conclusions of Prof. Parvin, as appended to the elaborate paper read by him to the Philadelphia County Medical Society, on this subject. Prof. Osler, of Philadelphia, contributes to the Canada Med. and Surg. Journal, January, 1888, a sequel to this paper, in the relation of his interesting experience in the Northwest in 1886.

Mr. Fred. Brydges had kindly met our party at the Portage, to take us over the Manioba and Northwestern Road, and he mentioned that two days before, a woman, while in the water closet on the train, had given birth to a child, which had dropped to the birth to a child, which had dropped to the

---

parsley. Cut the meat from the bones, after which place the bones and half of the meat in a soup kettle, and allow to stand for half an hour in cold water. Heat gradually, and allow to simmer for six or seven hours. Brown the remainder of the meat in two tablespoonsfuls of beef-drippings and add with the other meat and with the vegetables chopped fine, when the kettle is put on the fire to simmer. After it has simmered the required time, the stock is strained and set aside to cool, the fat being removed from the top. The stock is then ready for use.

Out of the brown stock may be made St. Julienne soup, by the following process. In making these soups the stocks must never be allowed to boil, or, at most, must be brought only for a moment to the boiling-point. For St. Julienne put one pint of the brown stock on the fire to heat, after which a pint of finely-chopped vegetables (turnip, carrot, etc.), with half a teaspoonful of salt, should be put on, with a little water to parboil. This being done, add the vegetables to the stock, season with half a saltspoonful of pepper. Vermicelli soup is made by adding half a cup of vermicelli to a pint of the brown stock. Cook the vermicelli for ten minutes in salted boiling water, season with a half-teaspoonful of salt and a half-saltspoonful of pepper, and add to the warm stock.

Consommé stock is to be made in exactly the same way as the brown stock, except that three pounds of the knuckle of veal are to be added to the meat, and all the meat is to be put in at once, without boiling. After the stock has been formed, in order to clear it, add the white and the shell of one egg, the hot stocic, without pressure or

---

THE EYE OF THE ADULT IMBECILE.

BY CHARLES A. OLIVER, M.D.,
Ophthalmic Surgeon to St. Mary's Hospital and to the Maternity Hospital, Philadelphia.

The following conclusions are based upon the examination of the eyes of twenty young adult male imbeciles seen at the State Hospital for the Insane at Norristown, Pa., and are given as a contribution to the subject of the significance of the local conditions so generally found in adolescent and young adult eyes which are the victims of asthenopia, and are undergoing changes in refraction:

First. The present study tends to show that the adult eye of the imbecile is an organ which is capable of proper functional activity, and that the want of action is, in the main, due to what may be termed intellectual hebetude.

Second. By reason of mental incapacity which has supervened in such subjects before the eye has been brought into continued and constant action as an instrument of accurate and delicate use, the apparent differences seen in the used eyes of the mentally healthy are lessened in due proportion to the amount of work given to the organ.

Third. The want of these physical changes, presenting a picture almost identical to the one seen during infantile existence, may be considered as typical of an unused, healthy, adult, human eye.

Fourth. The healthy eye of the adult imbecile, therefore, serves to teach us that the various conditions known as insufficiency of the interni, dirty red-gray appearance of the optic disc, irregularity of physiological excavation, non-visibility of the superior and inferior portion of the scleral ring, absorbing conuses in all of their varieties, increase in density and thickness of the retinal fibres,

---

* Abstract of a paper read before the American Ophthalmological Society.
TREATMENT OF INTRA-LARYNGEAL ABSCESSES FROM NECROSING CARTILAGE.

On the principles of good surgery, intra-laryngeal abscesses from necrosing cartilage are best treated by splitting the larynx in the middle line, removing the dead structures, and thoroughly scraping the parts down to healthy tissue. This being accomplished, measures should be immediately taken to provide for drainage in case of continued suppuration, and to adopt such aseptic management of the parts as the conditions found may indicate. Thorough response to these indications may require precautionary tracheotomy for respiratory purposes until subsidence of the diseased process has taken place, or for purposes of securing functional rest to the larynx when such subsidence is not going to take place.

This plan is far more judicious than to await the fragmentary discharge of carious pus which should have been evacuated by the most direct access possible, whether by intra-laryngeal puncture or incision, or by cutting down upon the parts from the exterior.

CAN A WOMAN CONCEIVE AFTER HAVING GONORRHEA?

We recently published an extract from a clinical lecture by a prominent Philadelphia teacher, in which this question was answered in the negative, or, rather, in which a statement was made by him to this purport. Several of our contemporaries have openly ventilated their disbelief in the possibility of gonorrhoea acting as a preventive of conception, and one of them cites a case in which a girl of eighteen had a "blooming case" of gonorrhoea ; at twenty married a Baptist clergyman, by whom she had eight children; another, a widow, had a "beautiful case," married a second time, and had twins eleven months after.

THE TIME FOR ADMINISTRATION OF ACIDS, ALKALIES, ETC.

A writer in the British Med. Journal gives the following rules as to the proper time for taking medicines:—

Alkalies should be given before food. Iodine and the iodides should be given on an empty stomach, when they rapidly diffuse into the blood. If given during digestion, the acids and starch alter and weaken their action. Acids, as a rule, should be given between the digestive acts, because the mucous membrane of the stomach is in a favorable condition for the diffusion of the acid into the blood. Acids may be given before food when prescribed to check the excessive formation of the acids of the gastric juice. By giving it before meals you check the osmosis stomachward of the acid-forming materials.

Irritating and dangerous drugs should be given directly after food, such as the salts of arsenic, copper, zinc, and iron, except where local conditions require their administration in small doses before food. Oxide and nitrate of silver should be given after the process of digestion has ended; if given during food, chemical reactions destroy or impair their special attributes, and defeat the object for which they were prescribed. Metallic salts, especially corrosive sublimate, also tannin and pure alcohol, impair the digestive power of the active principle of the gastric juice, so should appear in the stomach during its period of inactivity. Malt extracts, cod-liver oil, phosphates, &c., should be given with, or directly after food, so that they enter the blood with the product of digestion.

COMPARISON OF ANIMAL AND VEGETABLE DIETS.

Dr. Bafalovski, having secured the intelligent cooperation of four medical friends, proceeded to diet them and examine their secrets, in order to obtain information as to the different effects produced by various classes of food on the human organism. With purely animal diet the mean assimilation was ninety-five per cent., and the nitrogenous metabolism 108.6 per cent.; the extractive matters in the urine being more than when the diet was exclusively vegetable. With vegetable diet the assimilation was 42.5 per cent.; the nitrogenous metabolism much less than with animal food, and the extractive matter four times as great as with a mixed diet. With a mixed animal and vegetable diet the assimilation was nearly as high as with the exclusively animal food, being 92.4 per cent.; but the metabolism was considerably less than with animal, but more than with vegetable food.

THE ADVANTAGES OF ANTIFEVRIN.

Dr. J. Howell Way (Medical News, Jan. 7th, 1888) claims for antifebrin the following advantages over all other antipyretics in the management of the hyperpyrexia of enteric fever:—

1. The size of the dose is small, and, from the bland and unirritating character of the drug, is easy of administration and not liable to produce gastric irritation.

2. The happy effect of the drug in reducing hypernormal temperature and in rendering the patient more comfortable, by its soothing effect on the erethitic state of the nervous system accompanying febrile processes.

3. The absolute safety of acetanilide when used in medicinal doses. This conclusion may at present be called into question, but I am fully convinced that when we cease to give our patients toxic doses of the drug that cases of collapse and cardiac failure will cease to be observed.

Vegetable Beefsteak.—This fungus (fistulina hepatica), which resembles a great red tongue protruding from tree stems, when young, is a dull, pale, purplish-red, but becomes more red, and passes through brown to black as it decays; the under side is cream color, with minute red points occasionally becoming yellowish-red as it grows. Although such a large fungus, frequently weighing from four to six pounds, its growth is very rapid, soon appearing and again disappearing on ancient trunks in the autumn. When cut, broken, or bruised, it distills a copious red juice like beef gravy. "When grilled," says Dr. Badham, "it is scarcely to be distinguished from broiled meat;" and Berkeley describes it as "one of the best things he ever ate, when prepared by a skillful cook."

There is a very slight acid flavor in the fungus when cooked, which adds considerable piquancy to the dish; it is extremely tender, succulent and juicy, and resembles tender steak or tongue in a remarkable manner, the juice it distills being in taste and appearance like gravy from an excellent broiled rump steak.

Dr. O'Dwyer, in the N. Y. Med. Journal, states that the custom universally practiced, of slapping a person on the back who is choking from a foreign body in the throat, has no appreciable effect in expelling air from the lungs, but if made on the front of the chest instead, it would be attended with a much greater success.
TREATMENT OF THE URIC ACID DIATHESIS.

Dr. J. B. Johnson, in Practice, recommends for lithuria and the uric acid diathesis, attended with symptoms of gout and rheumatism, the following:—

B. Liquor. ammonii acetas, 5 ij.
Sodi phosphatic.
Acidi salicylici, 5 ss.
Ferri pyrophosphat., 5 ij.
Glycerini., 5 vj.
Elixir aurantii, 5 ij.
Aquae, ad 5 ss. M.
Sto.—A tablespoonful every three or four hours.

—Professor Parvin uses this efficient formula, this one for a hair tonic:—

B. Quinina sulph., gr. lxxx.
Tinct. capsici, 5 ij.
Tinct. cantharidis, 5 ij.
Spirit. ammon. aromat., 5 ss.
Glycerini., 5 iv.
Aquae, q. s. ad 5 ij. M.
Sto.—Apply.

—For a woman with chronic muscular rheumatism of the arm, Prof. Da Costa ordered the following remedies: Internally, fifteen grain doses of muriate of ammonia, and externally, a liniment containing—

B. Aqua ammon., 5 ss.
Spirit. rosmarini, 5 ss.
Lin. saponis, 5 ss.
Rub the part well.

—Dr. Horwitz, chief assistant to the surgical department of Jefferson Hospital, frequently uses the following as a favorite prescription for injection in gangrene:—

B. Plumbi acetas, 5 ss.
Zinci sulphat., gr. xv.
Extract. krameria fluid., 5 ss.
Tinct. opii, 5 ss.
Aquae, q. s. ad 5 ss. M.
Sto.—Give as injection.

—The source of albumen in the urine of some pregnant women, says Professor Parvin, is probably a discharge, as leucorrhoea or cystitis, being washed out of the vagina when urinating; therefore, it is much better to use a catheter, or have the vagina thoroughly washed out before collecting the urine.

—Prof. Bartholow considers the most effective treatment for chronic neuritis is galvanism and morphine hypodermatically. Place the positive pole to the affected part and negative to the periphery. Repeat this treatment daily for a few minutes at a time. For very obstinate cases, use flying blisters locally, and internally iodides of potassium and colchicum.

—A young woman was recently delivered of a strong, healthy child, in the maternity ward of the Jefferson Medical College Hospital, who had performed upon her an amputation of the cervix uteri in the fourth month of pregnancy, for epithelioma, by Dr. William E. Ashton. The operation was performed under strictly antiseptic precautions, and no unfavorable symptoms followed.

—The great secret of applying plaster-of-Paris bandages is to have all the sizing out of the material used, so when a piece of muslin to be used is thrown upon water it sinks readily; if it does this it will readily absorb water and plaster and will set quickly; a little salt added to the water is an advantage; a roller made of lint is better than cotton to be applied next to the part. (Dr. Allis.)

—Prof. Parvin advises that prolapse of the vagina be treated by astringent injections, having the bladder frequently emptied, especially if a cystocele is associated with the prolapse, which is frequently the case, and apply a suitable elastic ring pessary; if the pessary is uncomfortable or cannot be worn, a large tampon of absorbent wool, dipped in a solution of tannin and glycerin, introduced in the morning and removed at night, may suffice.

—Dr. Allis has devised a very ingenious hair tonic:—

B. Alcohol., p. xv.
Glycerin., p. j.
Acid. carbolic., to 5%. M.

—For a case of simple goitre of six months' standing, Prof. Da Costa prescribed liq. iodinii comp., gtt. iij., three times a day, gradually increased to ten or fifteen drops three times a day. Locally:—

B. Iodinii, 3 ss.
Lanoline, 3 ss.
Ung. zinc. oxid., 3 ss.
Ol. bertolivo, 3 ss.
Gtt. v. M.
Sto.—Rub over gland twice a day.

In exophthalmic goitre a murmur is heard over thyroid gland; in simple goitre murmur is absent.

—Prof. Gross condemns the use of carbolic oil for preserving catgut ligatures, as it forms a nidus for germs—ten per cent. carbolic water does the same thing unless changed every two weeks—but he recommends the following way to preserve them: Take the animal ligature, prepare a 1-5 aqueous solution of chromic acid:—

B. Acid. chromic., 1 v.

Add one ounce of the above solution to five ounces of glycerin, place the ligatures in this solution, leave for one week; this makes them strong; take out of this solution and hang up until perfectly dry. Placed in the following solution, they will keep until needed:—

B. Alcohol., p. xv.
Glycerin., p. j.
Acid. carbolic., to 5%. M.

Thrown into a 1-1000 solution of corrosive sublimate a few minutes before using, they become soft and pliable.
REMOVAL OF DUTIES ON SURGICAL INSTRUMENTS AND APPLIANCES.

We have received a circular letter from the corresponding secretary of the Georgia Medical Society, stating that at the annual meeting of that Society, held January 3d, 1888, the following resolution was unanimously carried:—

Resolved. That the corresponding secretary enter into correspondence with the medical journals of the country, in order to enlist their influence in support of the movement to remove the import duties from all medical and surgical instruments and appliances, including those used in the diagnosis, as well as treatment, of disease, so that they may be furnished to those needing them at the lowest possible price.

The statement of a few facts will assist the reader in realizing the extent of the grievance and the justice of the plea for which cooperation is invited by this Society:—

1st. Physicians are at the mercy of instrument makers in regard to price, make and quality of finish, because of the lack of sufficient competition.

2d. The price of instruments made in this country is out of proportion to that paid for similar instruments on the Continent of Europe.

3d. Surgical instruments and appliances are so costly that but few doctors entering the profession can provide themselves with an outfit adequate to carry on a general practice. At present prices, it is impossible for a country physician's income to sustain his investing in costly instruments, and, as a result, many simple cases, such as retention of urine, foreign bodies in the nose or throat, deep-seated abscesses, etc., all of which could be relieved at once with the proper instruments, must either die from the immediate cause or from the effects of time lost in seeking skillful manipulation, or else they are frequently crippled and disfigured, because the most intelligent help, though patiently given, is itself crippled for want of proper instruments.

4th. The cheaper grades of instruments are either antiquated or so poorly made that they may prove a cause of failure in operations, sapping, as it were, the natural inclinations to surgery in its inception.

5th. European instruments are from twenty-five to seventy-five per cent. cheaper than ours, and their introduction into the market will enable the mass of doctors to buy those of prime necessity, will bring down the price of home-made appliances, and oblige the makers to use good material and put a better finish to their work.

6th. The removal of import duties on surgical and other instruments used by the profession, and on medicines in general, will produce the same results as we all know it did on the article of quinine.

FECAL ANEMIA.

This is, perhaps, the latest addition to the system of refinement of classification of diseases and their nomenclature which may be said to be peculiar to the present day. The practitioner or medical adviser who can suggest some new name for the benefit of the lexicographer and the bewilderman of the every-day reader, or magnify into importance some symptom or etiological factor not hitherto brought directly to the front, has succeeded in accomplishing something that, in his opinion, renders him worthy of a perennial monument. This is only a passing thought, however, not directly applicable to Sir Andrew Clark's newly-coined phrase, for in this instance the condition which is embraced in the two words which form the caption of this article is not difficult to understand or appreciate, being descriptive of anemia occurring in young girls at the earliest periods of menstruation, when constipation, due to fecal accumulation and inattention to the necessities of a regular natural evacuation, leads to systemic infection; and the term proposed to describe it is sufficiently clear and intelligible. Still, the tendency to create words of length and elaboration to mark every phase of disease, every modification of symptom, and every slight difference of pathological miniscule, is not always commendable or needful for better understanding or elucidation. In another column will be found interesting directions for the practical handling of this newly-described condition, into which plain, matter-of-fact, descriptive considerations, lexicographical or critical, do not enter.

PHYSICIANS AND THE PEERAGE.

The fact has been noted by many observant critics of the press, that in Great Britain a doctor is never by any chance raised to the peerage. Why, no one seems able to know. A recent writer regards it as one of those unaccountable, blindly acquiesced-in customs which abound in England; and says: They are always made baronets or knights, both of which confer the dignity of "Sir," but no title of nobility. The nearest approach to the conferring of a peerage upon a doctor is said to have been achieved in 1800, when George III created the husband of the heir of Sir Hans Sloane (who was a doctor and an enormously rich man) Viscount Chelsea and Earl Cadogan. But the present Earl of Cadogan would probably never even dream of asking his family physician to dinner any more than he would his family grocer. It would be a truly fitting honor were a peerage conferred on some eminent doctor. It is an empty, useless thing, that no wise man should care about; but it means recognition of merit by one's queen and country, and as such it should not be withheld from the medical profession any more than from lawyers. Still, he will be a brave prime minister who first makes a doctor a lord. When one thinks of such men as Sir William Gull, Sir William Jenner, Sir James Paget, Sir Joseph Fayrer, and dozens of others less known to fame, and compares them with the Lonsdales and the Huntleys, the Aylesburys and the Marlboroughs, the Cairns and the St. Leonards, already seated upon the various benches of the hereditary chamber, one is apt to consider it a greater honor to be excluded from such company.

A CONGRESSIONAL STUDY OF TUBERCULOSIS.

Congresses of specialties, or of special lines of thought and study, will doubtless become more frequent in their occurrence as time goes on. The latest call is for a congress of physicians and veterinary surgeons for the investigation of tuberculosis, both human and comparative, to be held in Paris in July next. The fee for membership is fixed at a very moderate sum, ten francs being all that will be required for the purpose. We have not yet seen any mention of the mental qualifications required for membership, but presume the line will have to be drawn somewhere, if intelligent physicians who take a serious interest in the subject of tubercular disease are to be protected from undesirable association with
some of the ignorant and pretentious veterinary surgeons who are self-constituted practitioners and meddlers with diseases of the lower animals, without the possession of education, training, or skill to entitle them to assume such important functions. The subjects for discussion are: 1. Dangers from using meat and milk of tuberculous animals. 2. Susceptibility of the human race and different animal species to tuberculosis. 3. Modes of introduction and propagation of virus. 4. Early diagnosis of tuberculosis in men and animals.

THE INDEX MEDICUS.

The Therapeutic Gazette, of the date of Jan. 15th, 1888, gives a statement of the actual number of paying subscribers to the Index Medicus in and out of the United States, which is an honest confession of the undeservedly poor circulation which it has attained in spite of the unselfish efforts of its enterprising publisher, Mr. George S. Davis, of Detroit, to keep it alive for the good of the profession. The statement also leads to the inference that the proportion of actual readers of general medical literature and of original workers to the mass of the profession, is very insignificant. Out of 80,000 medical men in this country, only 240 (!) subscribe to this valuable medical serial. It has 123 subscribers abroad, which, with 100 copies supplied to the Surgeon-General's Library, make an aggregate of only 493 copies. It is authoritatively stated that the receipts are not nearly enough to cover the cost of so extensive a publication; and yet the publisher announces it to be continued during the year 1888, notwithstanding such depressing financial drawbacks.

THE TREATMENT OF ENTERIC FEVER.

The readers of medical journals rarely, if ever, have so ably, or so clearly, presented to them the full details of treatment of any disease, as are intelligently portrayed in this issue of the College and Clinical Record in the Clinical Lecture, by Dr. James C. Wilson. We invite for it a careful perusal.

Our Library Table.

[All new publications notice by this department, and all other medical works, may be procured by addressing W. F. Fall & Co., 199-215 Sansom St., Philadelphia. See advert. p. 9.]


This valuable and important work has been thoroughly revised, rewritten, and enlarged by over a hundred pages; its numerous illustrations have been increased by the addition of one hundred, which have been specially drawn and engraved for this edition from original drawings made from life or based on the observations and investigations of the authors. Few branches of medicine or surgery have exhibited more rapid or more remarkable advances during the past few years than gynecology. We note that since the last edition was issued, the chapters on "Practical Observations upon the Anatomy and Physiology of the Female Pelvic Organs," "Examination of the Female Pelvic Organs" (three chapters), "Displacements of the Uterus" (three chapters), "Affections of the Ovaries" and "Fallopian Tubes," and the paragraphs upon "Oophorectomy," "Tumors of the Broad Ligament," etc., have either been added or rewritten. The early chapters of the work exhibit the value of a proper understanding of anatomy, physiology and topography of these special organs.

Proper credit is given throughout to all workers in the field of gynecology whenever referred to. Each chapter is brought up to the most modern views in this special art and science, and the whole work may be regarded as a veritable mirror of the latest experience, thought and practice for the relief and cure of the diseases and injuries of women.


The name of the writer and compiler of this exceedingly interesting and important work of historical reminiscences should have appeared upon its title page, and not have been modestly hidden under the initials "J. D.," appended to the introduction. Dr. Joseph Draper, who has so ably superintended the operations of that noble institution for fifteen years past, deserves a more conspicuous place in this record than that which he has assumed in this retired little corner. The volume is a valuable contribution to historical literature, and is not restricted, in its interest, to medical alienists, or even medical men as a class.

R. L. Polk & Co., of Detroit, Michigan, have in course of publication the second volume of the "Medical and Surgical Directory of the United States," which will be known as the "Medical and Surgical Register of the United States."

BOOKS AND PAMPHLETS RECEIVED.


Preventive Medicine. Address by Dr. M. M. Chipman, of San Francisco, Cal. 1887.

The True Nature and Definition of Insanity. By C. H. Hughes, M.D. St. Louis. 1887.

Treatment of Chronic Suppurative Otitis Media. By Seth S. Bishop, M.D. Chicago, 1887.

Operations for Mastoid Disease. By Seth S. Bishop, M.D. Chicago, 1887.


'The Radical Treatment of Trachoma.' By A. E. Prince, M. D., 1887.

'Address on Ophthalmology.' By C. S. Turnbull, M. D., Philadelphia.

'Report on Progress in Medicine.' By J. B. Marvin, M. D., Louisville, Ky., 1887.

'Progressive Muscular Atrophy.' By J. B. Marvin, M. D., Louisville, Ky., 1887.


Therapeutic Briefs.

[Short paragraphs embodying the practical personal experience of any of our readers will be acceptable as contributions to this department.—Editor College and Clinical Record]

Dr. Germaine Sée has reported cures of FACIAL NEURALGIA by antipyrin in doses of fifteen grains every four hours. Where immediate relief is necessary, a subcutaneous injection is employed of 71/2 grains of antipyrin in 23 minims of water, to which is sometimes added 1/2 grain of cocaine.

For CHAPPED HANDS, the DRUGGISTS' Bulletin suggests the following cream as far superior to many advertised products:

B. Quinine seed. 3 j
Rose water. Oiv.
Glycerine. Oij. (f)
Tincture of benzoin. 

Macerate the quince seed in the rose water for twenty-four hours; strain, and add the glycerine and tincture of benzoin.

A writer in the Lancet says: "I have not failed once for many years, by a single vesication over the fourth and fifth dorsal vertebrae, to put an end at once to the SICKNESS OF PREGNANCY for the whole remaining period of gestation, no matter at what stage I was consulted. The neuralgic toothache and pru-

In the Maryland Med Journal we find an excellent recipe for SORE NIPPLES. Before applying, clean the nipple with a little warm water, to which has been added a small amount of borax—

B. Balsam, Peru. 5 subscription.
Tinct. arnica. 55
Oleum amygdal. dulcis. 55
Acqua calcis. 22.

Sig.—Shake well before applying with a camel's hair brush.

For Coryza, M. Pierre Vigier, in the Gazette Hebdomadaire (N. Y. Med. Journal), considers a powder composed of equal parts of powdered starch, boric acid, and tincture of benzoin to possess certain advantages, especially that of not being too light. The mixture should be triturated for a moment, then dried with a gentle heat, and put into a box, without pushing the powdering process too far. The rapidity of the effect is proportionate to the amount of the powder used and the frequency with which it is employed.

In the treatment of EPISTAXIS, Dr. J. Robinson, in the Therapeutic Gazette, states:

The hemorrhage in the vast majority of cases proceeds from the septum, which is supplied by a branch of the facial. It enters the opening of the nose just below the alae nasi, crossing the superior maxillary bone at that point. In a practice of nearly thirty years, I have had many cases of epistaxis, and have never in a single case failed to arrest the bleeding by compression of the aforesaid artery, with the finger applied over its track, making firm pressure against the bone.

According to Dr. Farlow, in Boston Med. and Surg. Journal, the cases for which CAS- CARA is particularly adapted are the chronic cases, and especially those with weak, atonic digestive organs. If the case is of long standing and one in which many drugs have been tried, ten or fifteen drops are ordered to be taken in water before each meal and at night. If that does not cause one soft defection a day, in two or three days the dose is increased to twenty-five drops four times a day, and tell the patient to take sufficient to have one defection a day. Then in a few days, at any rate or immediately, if he has more than one stool a day, he is to diminish the dose from thirty to twenty-five, twenty or fifteen drops, but always enough for one soft stool a day.

Dr. Ledetsch (Prager Med. Wochenrich, 32, 1887, quoted in Journal of Cutaneous and Genito-Urinary Diseases) has, during the past three years, frequently employed injections of quinine in the treatment of GONOR-RIHEA, with results which, in some cases, may be termed brilliant.

Several chronic cases, which for months had persisted in spite of all treatment, to the author's astonishment were cured in a few days. He employs the following injection:

B. Quinine bisulfat. 11
Acetyl. destill,, 75.

At first, three times daily, then twice, and later only once.

A slight burning sensation is alone complained of.

News and Miscellany.

PRACTICAL VIEWS FROM AN ARMY SURGEON.

—We have been much interested in one feature of the Report of the Surgeon General of the United States Army, just issued, relating to the clothing of the troops in warm latitudes, showing a want of advancement on the part of the United States Government, which should not be allowed to exist. Surgeon E. P. Colton, Medical Director, states that in the early days of English occupation of India, the military commanders remained for a time stiff-necked against any departure from the home uniform, which, owing to prejudice against change, was worn for some time even after its value had been clearly shown. The hands and legs were exposed to the patient to full health in less than twenty-four hours. It cost the poor laundrman $91.27, as follows:

Deer horn, at $25 per ounce. $625.00
A species of root, unnameable, at $12 per ounce 15.00
Red kid family, at $7 per pound 7.00
Corean ginseng root, half an ounce. 1.25
Fresh chicken, per pound. 1.75
Corean ginseng, first grade, at $30 per ounce. 15.00

Total. $91.27

The deer horn was imported from the wilds of Manchuria, north of the great walls of China, being cut off the heads of the reindeer, with parts of the skull, while the animals were yet alive. These, of course, retain the live blood of the deer, and were brought here in trees weighing from one to two pounds each, and are bought by these druggists in Chinese markets at from $65 to $140 each, and are retaliod here at a much higher rate to Chinamen who want to be strong in body. Strange as it may seem, hundreds of hard-working Chinese laundymen, all over this country, regularly wash one or two of these expensive remedies every year.

The Chinamen of New York, of course, do not keep the best Corean ginseng, but the grade a few druggists do keep sells at from $27 to $30 per ounce. The best American ginseng only brings about $2.50 per pound. Bear's gall is worth at any time from $20 to $40 per pound, depending
A DEFECTION OF LOCAL PRACTITIONERS.—Dr. Trall Green, of Easton, Penna., well known throughout this State and the whole country as a gentleman of high integrity, professional culture and personal worth, replies, in a recent issue of the Philadelphia Times (newspaper), to reflections made by the late Prof. Gross, in his recently-published “Autobiography,” upon the physicians of Easton of half a century ago. It must be the conviction of every intelligent and impartial reader of that work that the editors would have been fully justified in omitting from it such a passage as the following:—

“The medical profession of Easton, at the period in question, was in a directly mediocrid condition, without science, without learning, without progress and apparently without ambition. Upon one thing all were agreed—they all bled, all gave emetics, all purged, all starved their patients. They were all realipangrados, mowing down alike the infant, the youth, the adult and the old man. Very few of them ever read a medical book. The remuneration for professional services was contemptible in the extreme. For a visit in town the ordinary charge was fifty cents and double that sum for a ride into the country.”

Dr. Green considers these views and anadiversions wholly unfounded, and states that many of the relatives and patients of these good men are still living, and have been greatly grieved by the remarks of Dr. Gross on their professional reputation.

OVER THE COUNTER.—Under this caption, The Chemist and Druggist publishes a number of amusing illustrations of everyday experience, supplied by individual pharmacists, of which the following are samples:—

“Little lad to Chemist:—Please, sir, give me a pen’orth of Epsom salts.” As the chemist weighs out the medicine the lad pathetically observes:—“Don’t give me full weight, sir, as I’ve to take ‘em myself!”

“A lady customer of mine asked her servant if there were any fly papers in the house. The reply was, ‘Yes, but they’re old; there’s no nourish-ment in ‘em!’

“Giles, go to the chemist and get you mistress another box of glycerine jujubes.” “Ees, sir;” and off he went, repeating to himself, “glycerine jujubes—tareen jubes—reem jubes—clean jews,” and so on, until, when he got to the chemist’s, all he could say was, “Please give or some more or them there things what the missis socks.”

“A lady customer who has been in the habit of getting double quantity of prescription at a reduced rate, came in a few minutes ago and said, ‘I’m needin’ mair draps, but I’ll only tak’ half o’ the double quantity this time.’”

“Dame Mary Page,” relict of Sir Gregory Page, visitors. Cincinnati’s Centennial Exposition will and numerous other items to entertain and interest hills ; a banquet, a concert by the Apollo Club, hives ; a banquet, a concert by the Apollo Club, and all the sections will meet in the Music Hall, and all the sections will meet in the same building—an arrangement which is thoroughly commendable.

The railroad rates will probably be one fare and a third for the round trip. The programme of entertainments is already stated to include a reception at the Art Museum in Eden Park, and a supper at the Highland House, on top of one of the hills; a banquet, a concert by the Apollo Club, and numerous other items to entertain and interest visitors. Cincinnati’s Centennial Exposition will also be open. The social element will strive with the scientific to render this a memorable meeting.

AN EPITAPH ON DROPSY.—A bulky tomb, in the form of a dwelling-house, is the monument to Dame Mary Page,” relict of Sir Gregory Page, Baronet. Her epitaph relates, in four lines, that—

“In sixty-seven months she was tap’d sixty-six times. Had taken away 240 gallons of water. Without ever repining at her case Or ever fearing the operation. She died in 1728.

—On a tombstone in a cemetery in Surrey, England, is the following inscription—

“Here lies Elizabeth Betsy Ogden, Her lyved no longer Cos her cooden.”
and the abdomen. The head contains the brains, when there is any. The thorax contains the heart and lungs. The abdomen contains the bowels, of which there are five: A, E, I, O, U, and sometimes W and Y.

—A writer in the Provincial Medical Journal, referring to a fashionable consultant, says: "The good old fellow, always standing up for his profession, deemed his medical brethren good enough company for any one, titled or unitle, bishops, deans or generals." This was, indeed, good of the good old fellow. We hope his medical brethren appreciated the honor; but how strangely this sounds to American ears! Here no one occupies a higher position in the social scale than the medical man.

-An Indianapolis druggist substituted mustard seed for flax seed, by mistake, in preparing a cosmetic lotion, to be applied to the face. The young lady had no occasion to use any artificial coloring matter on her cheeks for some time afterward.

—The Pennsylvania State Medical Society will hold its next annual session at Philadelphia, beginning Tuesday, June 5th. Dr. John H. Packard is Chairman of the Committee of Arrangements.

—A correspondent writes as follows: Yesterday I attended a lady who gave birth to a boy who had twelve fingers—two little fingers on each hand—well developed. The father has the same.

—A woman in Montreal is stated, by the Canada Medical Record, to have given birth to twelve children in five years. There were two arrivals every ten months.

—"Lungers" is the rather blunt and distinctive name which a recent writer states that invalids visiting Colorado for weak respiratory organs give themselves.

—There are said to be six physicians in the House of Representatives at Washington.

PERSONALS.—Dr. H. Augustus Wilson (J. M. C., 1879) has been elected Professor of General and Orthopedic Surgery in the Philadelphia Polyclinic and College for Graduates in Medicine. He has for some time been the chief of the orthopedic clinic at the Jefferson Medical College Hospital, a position which he will still occupy.

Dr. J. L. Cabell, of the University of Virginia, has just completed his fifty years of continuous professional teaching in that institution, and has received a handsome testimonial from his colleagues and numerous pupils of present and former years.

Dr. W. W. Keen, of Philadelphia, successfully removed a tumor from the brain of a man twenty-six years of age, on December 15th. It measured 2 3/4 x 2 1/2 inches, and was 1 1/4 inches thick, weighing 3 ozs. 49 grains.

Dr. R. A. F. Penrose, Professor of Obstetrics and Diseases of Women and Children in the University of Pennsylvania, has resigned his chair in that institution.

Dr. A. E. Bradley (J. M. C., 1887) has resigned his position as Resident Physician at the Philadelphia Hospital, to enter into private practice at St. Louis, Mo.

Dr. Robert Bailey (J. M. C., 1857), of Rome, Georgia, has been in California on his usual vacation.

Dr. George H. Fleet (J. M. C., 1887), formerly of Oregon, is now at Berryvale, California.

Marriages.

BARTON—CLARK.—At Philadelphia, January 18th, Isaac Barton, M. D. (J. M. C., 1877), and Amanda S. Clark.

Deaths.

BAILEY.—At West Chester, Penna., January 10th, 1888, Obed Bailey, M. D. (J. M. C., 1829), aged eighty-seven years. He practiced his profession for many years in Chester county and in Wilmington, and while in the latter place held many offices of trust and honor. He was a graduate of Yale College. He leaves two sons, one of the oldest surgeons in the United States Army, Colonel Elisha J. Bailey (J. M. C., 1844), now stationed at San Francisco, and Lieut.-Col. Joseph C. Bailey, Surgeon U. S. A., and Medical Purveyor, now stationed at New York city.

BLount.—At Kokomo, Indiana, December 28th, 1887, Cyrus N. Blount, M. D. (J. M. C. 1852), aged fifty-five years.

MEARES.—At San Francisco, California, John L. Meares, M. D. (J. M. C., 1847), Health Officer of that city.

RATCLIFF.—At Alexandria, Louisiana, November 18th, 1887, C. T. Ratcliff M. D. (J. M. C., 1853), aged sixty-one years.

Clinical Lecture.

HERPES ZOSTER.

A Clinical Lecture delivered at the Philadelphia Hospital, BY J. C. WILSON, M.D., Physician to the Hospital, and Lecturer on Physical Diagnosis in the Jefferson Medical College.

Reported by William H. Morrison, M.D.

GENTLEMEN:—The first patient I bring before you is a case of herpes zoster. The man shows very well this curious disease, and the case is of interest as an example of this affection in the colored race. This is, in fact, the first instance of herpes zoster in the black race with which I have met. The patient, a young laboring man, complained for some time of burning pain in the left side in the distribution of two or three spinal nerves from the lower dorsal region. After some days of sharp, burning pain in this region, he observed the eruption. The pain was so great that he was unable to continue work, and applied for admission to the hospital. He was without fever and his general condition was good. He has never had a previous attack and is not subject to neuralgia. Doubtless you have all seen cases of herpes zoster. It receives the name of zona or shingles from the most common form of the disease. Shingles is an English corruption of the Italian word cingulum, meaning girdle. It is a curious fact, which was also noted by the ancients, that the eruption never encircles the body. Occasionally, one or two of the points of eruption are seen a little beyond the median line, either anteriorly or posteriorly, more commonly the former. The explanation of this is found in the fact that the branches of the spinal nerves interlace in the median line of the body. The distribution of the rash in this affection corresponds to the distribution of certain of the spinal nerves. A similar eruption may occur in the distribution of other nerves, notably in the distribution of the fifth pair, which in many respects corresponds to a spinal nerve. It occasionally happens that an eruption like that of herpes zoster is observed in the distribution of this nerve. Sometimes points of herpetic eruption will be noticed, particularly at the exit of the branches of the nerve from the foramina.

In herpes zoster the appearance of the eruption is often preceded for a short time—sometimes a few hours, rarely more than a week or ten days—by a burning, itching pain in the skin. The rash appears in the form of little blisters, which follow the course of the spinal nerves. In children, herpes zoster is not an uncommon affection, but at this age it is rarely preceded by pain. In adults, however, it is, as a rule, preceded by a certain amount of pain. After the eruption appears there is some pain at all ages. In old age the pain is very apt to continue for a long time after the eruption has entirely passed away. Thus in children there is absence of pain before the appearance of the cutaneous outbreak; in adults there is, as a rule, pain preceding the eruption, and in old age there is not only pain preceding the rash, but in many cases pain continuing for a long time after its disappearance. The nerves, the affection of which underlies this cutaneous eruption, are altered in their nutrition and may continue to be the seat of neuralgic pain for a long time afterward. The eruption appears on the skin and vessicles; at first they are small and ovoid in shape and slightly raised above the surface. They vary in size, and at times they become large bullae. The roof of the vesicle is formed by the horny portion of the cutis, and its floor by the rete. Trabeculae extend from one to the other. The vesicle is filled with serum, which is at first clear, but gradually becomes opaque from the transudation of leucocytes into it. Finally, the surrounding tissues become infiltrated with leucocytes, so that in certain cases where the inflammation is more active than it is here, the roof of the vesicle falls off and the floor is found to be of a grayish color and somewhat sloughed, from the dense infiltration of white cells. The eruption comes out in successive crops. Occasionally the contents of the vesicle are of a purplish color, as the result of the escape of the coloring matter of the blood. In the course of a few days the process comes to an end, and the eruption passes
through the stages common to all herpetic eruptions, leaving a little roughening and infiltration of the skin.

Herpes zoster has been regarded as a mere accompaniment or epiphenomenon of a neuralgic attack—in the case before you of intercostal neuralgia. This view is, however, not entertained by all observers; for it has been found that in certain clinical respects this disease differs essentially from ordinary neuralgia. In the first place, those who suffer from neuralgic attacks, particularly those who suffer from neuralgia of the spinal nerves, are liable to have repeated attacks; whereas careful observation has shown that herpes zoster is not a recurrent disease. Individuals who have had it once rarely have it a second time. Relapses are also extremely rare, and in this respect it differs in a most striking manner from ordinary neuralgia, particularly neuralgia of the intercostal nerves. Again, those who have suffered from a well-marked neuralgic attack in one part of the body are apt to suffer from neuralgia involving other portions of the body, the neuralgia being a manifestation of an impaired circulation. In herpes zoster, however, the rash seems to differ from neuralgia, and while the symptoms must be referred to the nervous system, it cannot be said that in other respects it resembles neuralgia. It has been found in post-mortem examinations, where death has occurred from other causes, that there have been definite changes in the ganglia of the posterior nerves, corresponding to the distribution of the rash. We have, then, not so much a disease of the nerves themselves as of the ganglia at the roots of the spinal nerves. As I have already stated, the eruption terminates at the median line. It is popularly believed that if the eruption were to extend around the whole trunk the patient would die. It is not likely that such a result would follow, but a most curious fact is that what does obtain access through the skin with a nail brush and soap and water, then with turpentine and ether, and then apply a wet sublimate dressing for twelve to twenty-four hours before operating, give but little trouble; and, I have no doubt, will still further reduce the mortality, already so delightfully low.

Of course, the same antiseptic method employed at the operation should be employed at every redressing until the wound is healed. "Secondly: Thorough drainage."—As a rule, considerable blood and serum accumulate in a wound during the first twenty-four hours, while the later discharge is only bloody serum and is small in amount. Hence, two separate objects are to be attained—first, to secure the escape of the more abundant, thicker, and coagulable wound fluids of the first twenty-four hours; and, secondly, to secure the escape of the less abundant, thinner, and practically non-coagulable later fluids. In a paper read before the Philadelphia Academy of Surgery, December 1st, 1884, under the caption "Combined Tubular and Capillary Drainage of Large Wounds," I stated my own practice for some years and its advantages. Rubber or other fenestrated tubes, of greater or less calibre, suffice admirably for carrying off the secretion of the first twenty-four hours; but if retained much longer, these tubes not only act as sponges and foreign bodies, but as granulations arise, the eyes become blocked up, and thus frustrate the very purpose for which the tubes are employed; and, if long retained in place, when removed the tubes often leave sinuses, which, if long, are almost certain not to heal from the centre toward each end, but to close at two or three intermediate points, and
so pen up the slight discharge and produce retention and suppuration. Decalcified bone drains have so often been disappointing, either by not being absorbed or by collapsing from too early softening, or by occasionally becoming sources of infection, that they have not answered, I think, our earlier expectations. On the whole, rubber or glass drains answer the purpose best. But they must not be left long in place.

For the later moderate serous oozing, capillary drains answer best. The material may be horse-hair, catgut, or rubber threads. The capillarity of a bundle of these materials is their chief advantage—an advantage, however, that is lost if the fluids to be drained are at all thick. Considerable personal experience, extending now over about ten years, leads me quite confidently to commend again the following method of combined tubular and capillary drainage. Before the wound is closed, a fenestrated rubber tube, of suitable size, is placed in the wound, and alongside of it is laid a strip or two of horse-hair or fifteen to thirty strands of catgut or fifteen to thirty strands of horse-hair. At the first dressing, at the end of twenty-four hours, the rubber tubing is carefully removed, and the horse-hair left in situ. At the second dressing, on the fifth day, all the horse-hair may be removed, or two or three strands left in place, to be removed at the next dressing, according to circumstances. The early removal of the tubing allows the surfaces to fall together, and so prevents the formation of any tubular sinus; and if the healing process is rapid, as is generally the case, fine granulations easily penetrate between the threads of the horse-hair, which thus offer little obstruction to the union of the surfaces, and yet will conduct off any slight amount of wound fluids.

The method of removal of the horse-hair is important as a minor detail, but not a little conducive to the speediest healing of the wound. If removed in mass, the mesh of horse-hair may tear apart, to some extent, the slightly united surfaces. Accordingly, after separating the matted thread at both ends of the mesh of hair, I always remove them singly, and with great gentleness. This avoids all pain, and, what is more important, does not set in the least disturb any slender means of union between the surfaces of the wound. Two or three hairs may be left for two or three days longer, to drain the slight temporary sinus left by the removal of the rest of the mesh, but usually this is a needless precaution.

The horse-hair could be introduced, of course, when the tubing is removed, instead of placing it in the wound primarily, but this causes much pain, and, worse, it does mechanical violence to a wound already in the early stages of repair—a matter always to be deprecated to the utmost. So carefully am I as to this detail that, after separating the matted hairs, I usually cut off the projecting threads at one end (excepting the few I intend to leave in place), so that their stiffness and the blood coagulated on the projecting ends shall do no violence to the interior of the wound while being withdrawn.

I have spoken chiefly of horse-hair. If this be absorbed, or, as is the case, it is not, it should always be replaced by some threads of catgut or fifteen to thirty strands of catgut or fifteen to thirty strands of horse-hair. With all the horse-hair or catgut placed within the rubber tubing, in ordinary operative wounds, to see whether they may not add to the usefulness of the tubes. Possibly, also, instead of placing the mesh of horse-hair or catgut alongside of the rubber tubing for the later capillary drainage, it may prove to be the better procedure to place them in the tube, and after twenty-four hours to remove the tube, leaving the horse-hair or catgut in situ. My only fear is that they might possibly block up the tube. Experience will have to decide the question of placing the horse-hair or catgut in situ.

I feel, also, that I would be derelict were I not to allude, in this presence especially, to the efficient influence of Professor Markoe in impressing on the profession at large the importance of thorough drainage.

Thirdly: Complete approximation both of the edges and raw surfaces of wounds. First, as to the edges: Skin should be brought in exact contact with skin, edge to edge, continuously from one end of the wound to the other. Not seldom the stitches are made so tight as to cause some overlapping. The overlapped raw surface, not being able to unite with the skin beneath, must cicatrize, and this often delays the definite cure by several days; or the opposite error is committed, of placing the sutures so far apart as to allow of several gaps, each one of which must heal by the slow process of cicatrization, instead of direct union, and so produce a similar delay of several days in the definite cure. In the days when every silk suture was, for the time, a seton, such parsimony in the number of sutures was pardonable; but now that we have the wire, and, better, the antiseptic catgut suture, it is not only allowable, but it is a duty, to put the sutures so close together that not a single point shall gap, even in a minute degree. The small, slit-like wounds of the Hagedorn needles, also, heal more quickly than those made by other needles, and, as another minor detail, are to be commended.

Secondly, as to the raw surfaces: They may be approximated either by pressure or by sutures. While pressure is, theoretically, the best method, it is often difficult of attainment in practice for mechanical reasons. When possible, it should be employed; but if not, then we may employ "sutures of relaxation," so secured at one end that we can readjust their tension according to the needs of each case.

"Etage sutures," or rows of buried catgut sutures at different levels, are employed by Martin, with great advantage, in the perineum, and they have been employed for some time in closing the abdominal wall after laparotomy. I have used them with great advantage in some of my cases of laparotomy in these cases, and I venture to suggest their use in the closure of such other wounds as are mechanically suited to this procedure. I have not yet so used them in amputations, etc., but I shall certainly test their merits on the first occasion. One of the most striking uses of catgut is the possibility of using it freely in situations where it can be thus buried, and, having performed its function in the occlusion of vessels or the uniting of deep surfaces, be absorbed and never heard of again. Here, again, we may mark a step in advance—one of the many minor details all tending to perfection in results.

By such complete approximation of raw surfaces we secure a triple object—the prevention of hemorrhagic oozing, the prevention of the accumulation of any later wound fluids (and so lessen the deed for drainage, which is, at best, a necessity to be avoided wherever possible), and, finally, the promotion of immediate union of the wound surfaces at every point.

Fourthly: The use of antiseptic dressings. Of such dressings I shall say nothing in
detail, since they are so uniformly used by all good surgeons abroad of the times. I shall only call attention to one point, in which, I think, the profession is following an incorrect practice, if we wish to secure the earliest possible healing of wounds.

The tendency of to-day and for some time past has been to retain the first dressing upon the wound until the healing process is completed, or nearly so. This I think an error. I show you here a number of primary dressings, removed by myself at the expiration of twenty-four hours, and a number of second dressings from the same cases, removed on the fifth day. Contrast them. See the amount of blood in the first dressings, rendering them harsh and stiff, alike uncomfortable to the patient and unsuited to the wound, if we desire the most favorable conditions for speedy healing. Such a saturated dressing may not only be a discomfort; without great care the fluids may become sources of putrefactive and other local symptoms. Certainly, if this hard, harsh and stifffened first dressing be removed after a day, and the wound lie at rest covered with a soft, smooth, flexible, and nearly dry gauze, the chances of its healing rapidly are greatly increased. In practice I have found it so, and the cases to be related, I think, will prove the assertion.

Moreover, with the method of combined tubular and capillary drainage I have proposed, it is needful to redress the wound after twenty-four hours in order to remove the drainage tube. Not only do I redress on the first day after the operation, but I redress again, usually, on the fifth day; sometimes, in small wounds, as early as the third or fourth, and occasionally as late as the sixth day. One reason for the redressing on the fifth day is that by this time there is no farther need for capillary drainage, except possibly by two or three strands of horse-hair; and the other threads should then be removed, lest they, too, begin to act as setons. A second reason is, that by this time the sutures often begin to cause irritation, and to cut through the tissues, even if wire or catgut be employed, especially if there have been any tension on them. Sometimes small stitch-abscesses form, which may even cause a considerable rise of temperature and delay the final cure by several days. If another reason be required, ample justification will be found in the fact that with the method outlined above and the last point directly to be mentioned, in the majority of cases, the wound will be by that time entirely healed.

It is properly called a very speedy cure when any good-sized operation wound is well in ten days to two weeks, but I have so often been able to secure this same result in five days that I can confidently urge a trial of the method in all its simple but important details, assured that the verdict will be most favorable. The earliest possible healing of wounds all will admit to be our highest aim. It abridges the pain; it shortens the period of apprehension both to patient and friend—and how welcome the announcement that the cure is not almost, but altogether complete; and it forces the tubes and the expense of renewed dressings, which should never forget, even with the well-to-do, and still more in the case of those who must pinch and sacrifice in order to meet unexpected demands upon a slender purse.

In fact, when a patient now asks me how long a stay in town, or how long a cessation from business will be required, if it be an ordinary tumor, or amputation, or similar operation, and I can get ample flaps to secure primary union, it is my custom to assign ten to fourteen days as a maximum limit. I rarely exceed the greater and most frequently secure the shorter limit, sometimes still less. This, of course, is modified by bad general health, or severe local inflammation, involvement of bones, and other such causes of delay.

Fifthly: Securing absolute rest during the period of repair.—In general, this is always recognized, but many of its lesser details are overlooked. After an amputation of the breast, a careful surgeon, having secured the dressings by a chest bandage, will always, of course, enforce absolute rest of the arm by securing it to the body by a bandage or, as I prefer, by a strip of flannel. This I secure by two rows of large safety pins to the chest bandage; one row placed behind the arm and the other in front of it, so as both to support the upper arm in the recumbent position and prevent its motion, while the forearm may be held up by a sling. In any but small wounds of the extremities, and also of the neck, suitable splints should always be applied, to enforce the dictum of absolute rest. These statements may possibly seem almost superfluous to older surgeons, but I have so often seen them neglected by younger surgeons, and sometimes even by those of some experience, that I may be pardoned for alluding to them by way of reinforcement.

Again, rest is not only to be had in this, as it were, gross way, but by the greatest gentleness in the redressings. Hence, in the removal of a dressing, there should be no rude tearing of it off, but great care should be used in softening it by hot water at adherent points, seeing that it does not adhere to the drains, and thus roughly dispel them. All sponging or syringing should be done efficiently but gently, and in the removal of the tubing and, later, of the horse-hair, it should be done slowly and carefully, the latter thread by thread. By the "scientific use of the imagination" we should look below the skin, see the tender granulation tissue uniting the wound surfaces, the delicate capillaries ready to be torn by the slightest sliding of one raw surface upon the other, or by even gentle tension on the horse-hair drain. Such care in the first and second redressings "pays well" in the securing of the speediest possible union.

I have insisted much on minute attention to trivial details. Taken singly each is trivial, but taken together they mean much, and their result is simply delightful, alike to the patient in speedy cure, and to the surgeon in scientific results which a few years ago were impossible, even to the best of us, but are now everyday occurrences.

One other suggestion I venture to make. Immunity from return after the removal of malignant growths, I believe, is greatly favored by such speedy healing without irritation and inflammation. If so, every single day's abridgment of the process of repair becomes a matter of vital importance that should on no account be neglected.

THE EFFECTS OF ANTIPYRETS IN THE TREATMENT OF DISEASE.

BY ALFRED L. LOOMIS, M.D.,

Of New York City.*

During the last decade, since the thermometer has become a part of the physician's armamentarium, antipyretics have taken a more prominent place in the treatment of disease than ever before, probably for the reason that by it we are able to more readily and accurately determine their effects upon the body temperature. If we accept the view that high temperatures cause destructive metamorphosis of tissue—a view which, in some unaccountable way, has gained almost universal acceptance—the importance of reducing high body temperatures in all diseases cannot be over-estimated, and we are justified in resorting to the most powerful antipyretic agents to accomplish it. But there is very little, if any, evidence that a febrile temperature of 103 to 105⁰ F. causes any serious injury to the body—certainly, that no such dangerous destructive changes take place in the blood and solid organs, as we have been led to suppose from the writings of Continental observers. I can find no clinical or experimental evidence to sustain the popular doctrine of Liebermeister and others, that the grave symptoms in fever—the symptoms that usually render a prognosis unfavorable—are referable to a high temperature range. In fact, the evidences of the so-called parenchymatous changes, and of the grave febrile symptoms in acute infectious diseases, are as well marked, and as often present, in cases where the temperature range at no time reaches 103⁰ F., as in those cases which are attended by very high temperature. In a series of cases of typhoid fever of low temperature, often subnormal, which have come under my observation during the past year, in which the ratio of mortality was unusually

* Extract from the President's Address to the Medical Society of the State of New York, Feb. 3rd, 1888.
high, I was surprised at the development of so many of those very grave symptoms which I have been accustomed to regard as due to the effects of high ranges of temperature; from these and similar observations in other acute diseases, I have come to the opinion that there is no necessary relationship between the other febrile symptoms and the temperature range.

It is evident that we have passed through the period of enthusiasm in the antipyretic treatment of disease, and already prominent workers have come seriously to consider whether the dangers of hyperpyrexia have not been over-estimated, and the question is being asked, May not the high temperature in disease, especially in infectious diseases, be a conservative process? From statements already made, it is evident that elevation of temperature is far from being all that there is to fever.

A pertinent question for every practitioner of medicine to put to himself is, How much powerful antipyretic measures are required for so many of those very grave symptoms which in disease, especially in infectious diseases, be a conservative process? From statements already made, it is evident that elevation of temperature is far from being all that there is to fever.

The desirability of keeping a permanent pictorial record of important and interesting cases of cutaneous disease is fully appreciated by every working dermatologist; but thus far the difficulties in the way of giving this practical effect have been so great that comparatively few pictures have been taken except by those who have given the matter special attention.

The chief obstacle has been the difficulty of securing in the consulting room a sufficient and a proper distribution of the light, making it necessary, in most cases, to take the patient to the operating rooms of the professional photographer. To this many patients object. Even when they consent, an hour's time is lost for each negative secured.

My purpose, this evening, is to bring to your notice a simple method, devised by myself, whereby these inconveniences may be reduced to the minimum. The method referred to relates to the illumination of the subject, and not to any special construction of the photographic apparatus.

In my own office, if diffused sunlight be used on a bright day, an exposure of thirty to sixty seconds has often been necessary; but with the new method equally good pictures may be taken in the night or in a darkened room in a fraction of a second. This is brought about by the use of an artificial light produced by the instantaneous combustion of magnesium powder. This gives a momentary flash of light of surprising brilliance, and amply sufficient for the purpose.

Magnesium by itself will not ignite or burn as rapidly as when in contact with some more easily inflammable substance, and I find, by experiment, that ordinary photographer's pyroxylin, or gun-cotton, is admirably adapted to the purpose in view.

The magnesium and cotton are arranged for use in the following manner: A tuft of cotton weighing about seven or eight grains is spread out on a thin layer on any metallic surface, as a stone lid or tin plate. Ten or twelve grains of magnesium powder are sprinkled evenly over the cotton.

The patient is then brought into position and the focus obtained in the usual manner.

The plate-holder is then affixed to the camera with the minimum of care and the focus obtained in the usual manner.
and she was sent to Dr. Goodell. He found a severe attack of what her physicians called malarial fever, and her life was threatened by this objectionable substance. Since that time she has never been well, being weak and miserable. She has two children, the youngest seven years of age. At this labor she had a serious flooding, and was threatened with the disease; but in each case the excellence of the lens and the skill displayed in the development of the plate. With the exception of development, all other manipulations may be learned in ten minutes from any practical photographer.

A CASE OF SPLENECTOMY.*

Mrs. R., age 40; had chills and fever in early life, but after her marriage, eighteen years ago, she removed to a healthy country town and a healthy country town and had no return of the disease. She has two children, the youngest seven years of age. At this labor she had a serious flooding, and was confined to her bed for six months from excessive prostration. Since that time she has never been well, being weak and miserable. Her monthly periods were always free and generally painful. Last March she had a very severe attack of what her physicians called malarial fever, and her life was threatened by repeated attacks of hematemesis and hemoptysis. A sore tumor was now discovered, which was pronounced to be a uterine fibroid, and she was sent to Dr. Goodell. He found the womb pushed low down and retroverted by a solid tumor, which started from the region of the right ovary and ran diagonally toward the splenic region. It entered the pelvis so low down as to cause bulging of the anterior wall of the vagina. The womb seemed to be independent of the tumor, for the former could be moved about freely with the sound; yet when the tumor was pushed upward it conveyed motion to the womb, drawing it also upward. The tumor was never free from pain, and the complexion of the woman was markedly cachectic. The diagnosis was made sarcoma, either of the right ovary or of the omentum.

At the operation a very long incision was needed, reaching not quite up to the ensiform cartilage. The tumor was of a dark-purple color and was attached in every direction by very long tortuous and wholly denuded vessels, which looked like the largest earth-worms, and were of analogous length. Most of the vessels came from the omentum, which had disappeared, apparently by being incorporated with the tumor and by having its connective tissue and fat removed by absorption, leaving the blood vessels bare. These vessels were either single or else grouped in large bundles, and had all to be ligated. By them the tumor had evidently been nourished, for what looked like a pedicle was slender, long and twisted. It was lost in such a mass of livid veins that Dr. Goodell did not dare follow it up to its source. His diagnosis had been sarcoma of the omentum, but he was so uncertain of it that he sent the specimen to Dr. Formad, who pronounced it a leukemic spleen. It weighed not quite six pounds. The woman did well for four days: then symptoms of embolism set in, the sputa became streaked with blood, and she died on the sixth day. So far as he could learn from the literature on the subject, his case made the eighteenth in which a leukemic spleen had been extirpated, and all had died save one.

Dr. Harris said that the case of recovery after operation for removal of a leukemic spleen, spoken of by Dr. Goodell, had occurred under Dr. Franzolini, of Modena, in Northern. The proportion of leucocytes was small, which probably accounted for the recovery of the patient. The diagnosis had been made before the operation. Dr. Parish had, a few years ago, seen a case of the late Dr. Wallace in which a diagnosis of fibroid of the uterus had been made. A tumor the size of the two fists was found near the side of the uterus. The patient developed peritonitis, and was tapped by the assistant physician. Some dark fluid was withdrawn. Death took place a few months after, the peritonitis having been cured. At the autopsy the spleen was found adherent to the uterus and to the pelvic brim. Dr. Goodell called attention to the hemoptysis and hematemesis in his case, which were the usual symptoms of a leukemic spleen, but he had not been informed of them until after the operation had been performed, and, therefore, he did not have that clue toward forming a diagnosis.

**Cases in Hospital Practice.**

PHILADELPHIA HOSPITAL.

BY A. E. BRADLEY, M.D.,

Resident Physician.

Specially reported for the College and Clinical Record.

PERIARTHRITIS OF THE HIP JOINT.

John McG., age 51; a laborer by occupation; was admitted to the medical wards in August, 1887, giving a history as follows: Family history good; he stated he had twice had smallpox, had had typhoid fever, pneumonia and intermittent fever, but nothing in previous history threw any light on his present condition. Never had rheumatism or syphilis. He was unable to form his other before he came under my care, and had been variously treated for rheumatism, sciatica, neuralgia of the anterior crural and neuritis, by remedies usually directed to those disorders, all without avail.

I at once began a course of iodide of potassium combined with flying blisters about the joint. The improvement was soon manifested, and from that date to this has been uninterrupted. As soon as a blister had healed a fresh one was applied, and thus a constant counter-irritation was maintained. Had not...
the result been so marked, it was my intention to have used the actual cautery. The pain disappeared fully two months ago, the spasm of the muscles, except that of the sartorius, has entirely gone, the patient walks about with only the aid of a light cane and is practically cured.

CIMICIFUGA IN RHUMATIC AFFECTIONS.
Having been struck with the utility of this drug in certain kinds of rheumatic affections, I thought it might be of some interest to cite two cases in which beneficial results followed its administration, and of such marked nature as to merit its application in any cases of similar symptoms and history.

CASE I.—Wm. McC.; et. 38; teamster; was admitted to the hospital in November, 1887, giving a history of previous rheumatic attacks, and at that time suffering with what seemed to be acute articular rheumatism of the left wrist joint, following exposure to cold, and with no history of gonorrhoea. For about six weeks the inflammation and swelling persisted in spite of the remedies usually directed to rheumatic trouble — salicylates, alkalis, counter-irritation, iodides, colchicum, etc. At about this time the ankle of the left foot became involved, and the patient was then placed in bed and given 1 cc of sodium bichromate every two hours, with apparently very good results; for within forty-eight hours the swelling and pain disappeared. In about two weeks, after enjoying comparative freedom from its effects, rheumatism again set in, involving both ankle and wrist of the same side, having been in this condition about one week. It seemed to have been brought about by exposure, and was attended by no febrile disturbance. It was thought at that time to be simply a type of acute articular rheumatism, and she was given 1 cc. of sodium bichromate four times a day, and local applications of an ointment composed of equal parts of belladonna and mercurial ointment were made to the affected joints. The temperature at no time rose above 100°.

The ankle joint did nicely under this treatment and was soon entirely well, but the wrist remained obstinately sore and swollen. She was then given the salicylate of soda, gr. xx, every two hours, for forty-eight hours, but with not the slightest effect. Again we tried gaultheria, but with no better results — the joint remained swollen, painful, discolored and useless. Next in order were tried salol, alkalis, the mixed plan, blisters, hydromyces of anti-pyrin, and finally — iodide of potassium and other remedies had been fairly tried in vain, the pain giving away at once, and the joints again becoming supple and useful.

Nites of Practice.

ELECTRIC "SUNSTROKE."

M. Defontaine, doctor in chief to the Creusot Steel Works, in a paper read before the French Society of Surgeons, states that workmen employed in operating the electric forges at Creusot are subject to a form of sunstroke, which he attributes to the intense light radiated from the focus of the forge. Ordinary arc lamps are incapable of producing such effects, as the light is not sufficiently intense, but these forges emit a light of more than 100,000 candles from a few square centimeters of surface, producing on men exposed to their glare physiological consequences previously unheard of. Frequently, after two or three hours' work, the men complain of pains more or less intense in the neck, the face and the forehead, simultaneously with which the color of the skin is changed to reddish brown. Further, in spite of the precaution taken by the men of shielding their eyes with dark glasses, the retina is affected to such a degree that for some minutes after ceasing work the operators are totally blind to all objects illuminated with common daylight, nor is perfect vision restored till nearly an hour after. The conjunctive are irritated, and remain in a state of congestion for forty-eight hours, and this is accompanied by a painful feeling, as of some foreign body introduced under the eyelids. The secretion of tears is augmented, a constant flow being kept up for twenty-four hours, during which the patient suffers from insomnia, due to pain and the abnormal flow of tears, and possibly, also, to fever. During the following days the skin peels off the face and neck, which become of a deep red color, fading away about the fifth day. In cases of ordinary sunstroke, heat may have some influence, but in those considered above, the whole effect is due solely to the action of an intense light.

THE TREATMENT OF DRY SEBORRHEA OF THE SCALP.

Dr. Geo. H. Robb, in the Maryland Medical Journal, Feb. 18th, 1888, writes as follows in regard to the treatment of baldness due to or accompanied by dandruff, or dry seborrheoa of the scalp, which constitutes nine-tenths of the cases of baldness that apply for treatment:

The scalp is washed two or three times a week with a good tar soap, and afterward a lotion containing either sulphur or resorcin is applied and well rubbed in. The formula I generally use are the following:

B. Resorcini puri, 5 ss
Sp. myricae, 1/4 viij. M.
B. Sulphuris praecip., 3 ss
Sp. myricae, 1/8 viij. M.

A small quantity of glycerin or castor oil may be added to either of the above, if the scalp is very dry. If preferred, an ointment may be used instead of the lotion. Either of the following will be serviceable:

B. Sulphuris praecip., 3 ss
Ungt. aqua rosea, 1/3 M.
Pt. ung.
B. Resorcini puri, grs. 5-xx
Ungt. aqua rosea, 1/3 M.
Pt. ung.
B. Acidi salicylici, grs. x
Sulphuris praecip., 3 ss
Ungt. aqua rosea, 1/3 M.
Pt. ung.

A mild ammoniated mercury ointment is also often useful.
INCUBATION AND GAVAGE.

At the February meeting of the Obstetrical Society of Philadelphia, Dr. Hirt exhibited the incubator in use at the Maternity Hospital. It is a simplifed Crede's incubator, a double-walled bath tub made of copper; hot water is poured into the space between the walls, and a temperature maintained within the tub of nearly 100° Fahr. He also described, in all its details, the system of Gavage in use at the same hospital; it consists in forcing into the child's stomach, through a soft rubber catheter, by means of a small glass syringe, about 1½ drachms of human milk every hour. A table showing the daily weight of a premature infant, born at the 210th day and treated by this method, was presented; the child weighed at first 1080 grammes, at the end of the first month the weight was 1490 grammes. Tarnier, instead of a syringe, uses a glass funnel in this treatment.

THE TREATMENT OF WHOOPING COUGH.

Prof. J. A. Robison, of Chicago, Ill., recently read a paper before the Chicago Medical Society, in which he said that since the discovery by Poulet, in 1867, of a parasite which is probably the cause of whooping cough, the disease has been treated by the local application of such germicidal agents as carbolic acid, eucalyptus, boracic acid, sulphur, illuminating gas and resorcin. These had been applied by inhalations, insufflations and sprays; but in many cases it is difficult to get children to allow the administration of the drugs; but he had used with success a solution of cocaine and resorcin in an atomizing inhaler, the vapor being so fine that the drug is inhaled into the bronchial tubes without producing any laryngeal spasm. This method of treatment had been successful, not only in relieving the cough, but in cutting short the course of the disease.

Professor F. E. Waxham said that he did not believe that we have a specific for the cure of this disease. He has tried sulphur fumigation thoroughly, and considers it useless. He thinks that there are two indications to be met in the treatment of the disease—first, to destroy the bacilli as far as possible by means of germicides, as had been advised in the paper read; and second, to diminish the reflex excitability of the nervous system by the use of sedatives and tonics. Professor G. C. Paoli advocates the use of ergot in pertussis. In fifteen cases it cut short the duration of the disease.

GONORRHEA AND STERILITY.

Dr. R. W. Smith, of Zenia, Ohio, writes as follows to the Medical Record (Feb. 4th, 1888) :

In a recent issue of the Medical Record I notice an article on "Gonorrhoea and Sterility," by Dr. Wm. Goodell, in which the writer says that he cannot recall a case where a woman bore a child after she had suffered from gonorrhoea. I do not claim to have had a very extensive experience in those matters, but I can recall a number of instances in which both parents were treated by me for gonorrhoea, and in which afterward the wife gave birth to healthy children, who have never manifested any signs of disease. Unless the disease has affected the ovaries, there is certainly nothing to prevent conception.

---

Class-Room Notes.

—— Persistent vomiting is often permanently relieved by the application of a small blister to the epigastrium.

—— Tincture of benzin is an efficient remedy for fissured nipples, chapped hands and lips. It also has done much good in frost bite.

—— A case of metritis was much improved under Prof. Parvin's treatment: Copious hot-water injections twice a day, twenty drops of fluid extract of ergot, and ten drops of terebene, three times a day.

—— Pilocarpine is considered by Prof. Bartholow the best remedy for alopecia known. It can be injected hypodermically or the fluid extract applied locally or in combination with tinct. cantharids and soap solution.

—— The following is the formula of the pusulating fluid sometimes used at Jefferson Hospital:

| B. | Olei tiglii | f 3 1/2 |
|    | Aetheric | 1/2 j|
|    | Alcohol. | 1/2 j|
| M. |    |  |

Soc.—Apply with brush.

—— Dr. Wrigman treated a severe attack of acute rheumatism successfully, by administering seven grains iodide of potassium, and drachm doses of tincture of guiacum in milk, three times a day. Belladonna plaster was applied to back, which was also rubbed with turpentine every night.

—— A man suffering with retention of urine of twenty-four hours' standing, was treated by Prof. Brinton, by introducing a catheter and drawing the urine, followed by a dose containing ten grains of quinine, two drachms camphorated tincture of opium, and one-half ounce of whisky. The next day the urethra was dilated by means of steel bougies, until a number twenty-eight French could be introduced.

—— Prof. Parvin teaches that the proper way to treat the "cord" is: after tasting the cord, press the Wharton's jelly out by stripping the cord, commencing at the umbilicus; this necessitates removal of ligature and subsequent reaplication. Sprinkle some iodoform powder upon the end and envelope in a small piece of cotton; the cord comes away sooner, and without offensive odor of the decomposing part.

—— Dr. Allis has pointed out several valuable cases in diagnosticating injuries of the hip joint. If the patient can cross the legs, there is rotation in the hip joint of the limb raised. In dislocation of the head of the femur upon the dorsum of the ilium, when the foot is inverted, the inside rests upon the bed. If dislocation is into the sciatic notch, the femur at right angle with the body, the sole of the foot comes in direct contact with the bed.

—— For a man 36 years of age, complaining of obstinate constipation for six months previous to applying for treatment, the bowels not moving unless taking four compound cathartic pills, and then only once, the following was directed by Prof. DaCosta:

| B. | Pil. strychn. sulph. gr. 4 | t.d. |

Also:

| B. | Acid. sulph. arom. | f 3 1/2 |
|    | Magnes. sulph. | 1/2 j |
|    | Elixir simplicis, | 1/2 j |
|    | Aque. | q. s. ad | 1/2 j |

Soc.—f 3/4 doses t. d. in water.

—— Recently, a case of relapse of typhoid fever was brought before the class and treated. Man, aged 31 yrs.; upon twenty-third day of fever, temperature returned to normal, and remained so ten days, then became abnormal for a few days, and again dropped. Upon eighteenth day began with fever again. Patient very anemic and consolidation of left apex as complication. The treatment was, to empty the bowels with calomel (1/2 grs.) given at night; second dose of calomel next day. Continue nine days, also:

| B. | Tinct. iodi. | 1/2 j |
|    | Acid. carbonici. | 1/2 j |
| M. | Soc.—Gtt. 3-5 j | every two or three hours |

Good diet. May also resort to symptomatic plan of treatment.

[Correction.—Prof. Gross makes the following correction of a "Class-Room Note" on p. 43 of our February issue: The formula is that of Macawen, to whom I gave full credit, in my lecture, for preparing chronicized suture, and does not apply to ligatures at all. For keeping these sutures, I advised immersion in alcohol and glycerine, by weight, of the latter, and said nothing of the addition of carbolic acid.]
The College and Clinical Record
A MONTHLY MEDICAL JOURNAL.
RICHARD J. DUNLISON, A.M., M.D., Editor.

PHILADELPHIA, MARCH, 1888.

BRONCHO-BRONCHITIS AND ITS LESSONS.

Being especially interested in the study of nomenclature, and constantly watchful of all the avenues through which the never-ending invasion of fresh battalions of new words may occur, we are rarely taken by surprise when in every possible shape they confront us. We are not even startled when Greek prefixes march before our eyes in close volunteer but hybrid companionship with Latin suffixes, expecting to be recognized as regulars, although belonging simply to the awkward squad. Lengthiness and verbal ponderousness are the leading officer of the column, but the place in the recognized nomenclature of the legitimate nomenclature. There seemed to be nothing too extravagant for our patient ex-torial confrere and medical teacher had been asking to the reporter, inasmuch as they are never used by the lecturer, all of which might have been avoided if the reporter had submitted his manuscript to the lecturer for correction and approval, or even if the editor had allowed him a glance at the proofs sheets.

We felt that, like a lesson in grammar, as it seemed to be, this broncho-bronchi was something we must altogether decline. We might have regarded it as a short mode of expression for a double bronchitis, just as we sometimes speak of a double pneumonia; but we had almost unanimously, if we could thus editorially express our single conviction, concluded that the broncho-bronchial condition was something hitherto unheard of—even by the reporter, who evidently did not, exactly or proximately, catch the lecturer's phraseology.

Prof. N. S. Davis, in the Journal of the Amer. Med. Assoc., of Feb. 18th, 1888, takes occasion to make some very sensible and well-timed remarks, easily deducible from such misreporting of one of his didactic lectures, when he inquires:—

Is it proper for a medical reporter having access to the ordinary clinical lectures in a hospital, to attempt to report in full the clinical lectures of a member of the hospital staff, and furnish the same for publication, without submitting a line of his manuscript to the lecturer for his approval? Is it proper for editors or publishers of medical journals to receive such reports and publish them without even allowing the lecturer an opportunity to read the galley proofs?

We are constrained to ask these questions, partly from personal interest, but more for the benefit of lecturers and editors in general. Three times in quick succession the editor of this journal has been surprised, on taking up as many exchange journals from distant cities to find each opening with a clinical lecture by himself. The first in order of time was on "Typhoid Fever;" the second on "Acute Pneumonia—Tuberculosis;" and the third on "Bronchitis;" for, the meaning of which we shall have to rely upon the reporter, as there is no such title in our vocabulary. Are we familiar with broncho-pneumonia and pleuro-pneumonia, but "broncho-bronchitis" must be one of the new discoveries, looking over these lectures we found them excellent specimens of the work usually done by stenographers who have not the experience or skill to keep accurately the lecturer's own modes of expression, or the education and mental discipline to enable them to grasp fully and clearly the ideas conveyed by them. Consequently the so-called lectures, as they appear in print, present many omissions, many errors, many ideas or points, but vaguely or imperfectly expressed, and not a few of expression belonging to the reporter, inasmuch as they are never used by the lecturer, all of which might have been avoided if the reporter had submitted his manuscript to the lecturer for correction and approval, or even if the editor had allowed him a glance at the proofs sheets.

We would reply to Prof. Davis' inquiries by stating that, so far as this journal is concerned, it is the invariable custom to submit proofs of all the reports of lectures published in it, to the lecturers themselves, for their approval and inspection, before placing them in its columns for the general reader.

THE SANITARY NECESSITIES OF SCHOOL LIFE.

At the recent meeting of the Maryland State Sanitary Conference, Dr. C. W. Chancellor, Secretary of the State Board of Health, read an interesting paper on this subject. In a number of issues of this journal we have endeavored to impress upon those concerned in the management of the education of children, upon parents and upon teachers, the necessity of conforming the modes of education and the hygienic surroundings of the children to the development of their mental and physical health in such a way as to ensure to the future man or woman a condition of mind and body that would bring happiness and prosperity and the opportunities of usefulness; which could not result if early stunting from over-pressure at school had occurred. Dr. Chancellor's views are founded upon a proper appreciation of the sanitary conditions and necessities of school life, and he submits the following propositions:—

1. That the attention of the public authorities be called to the necessity of modifying the present system in our schools, so that it shall conform to hygienic laws and the requirements of the physical developments of the pupils.
2. That boarding schools and colleges should be established in the country; that in all schools a large open space ought to be reserved for recreation; that the class-rooms should be improved as to space, light and air.
3. That the course of study should be simplified, and the time allotted for play and sleep should be lengthened for young children.
4. That for all pupils the time devoted to study and in the class-rooms, that is to say, the time during which the pupils are seated, should be reduced, and the time for recreation and exercise proportionately increased.
5. That it is necessary to submit all the pupils to daily exercise in physical training adapted to their age—such as walking, running, jumping; calisthenics and gymnastics, fencing and other kinds of sport.

IS SYphilIS ON THE INCREASE?

So far as the perfected and contemplated issue of expensive and voluminous atlases of colored plates by several different publishing houses may be accepted as an indication, syphilis must have all at once become epidemic, or, at least, sufficiently widespread to warrant these accoucheurs of the labors of others to invest, and to expect to reap, a considerable amount of money. We cannot, however, assume that this unusual activity is any positive sign of such a morbid state of things as might, at first sight, appear to exist. Pictorial effect, when capital is lavished to produce it, is almost certain to attract the eye, especially in the illustration of sexual diseases, when portrayed to the life in the reproduction of the vivid hues of nature. We say this, not in deprecation, but because the subject involves no intricacy or profundity, such as is inseparable from histological illustrations, in which the minute structures represented are beyond the familiar ken of the average reader, and do not personally interest the average reader.
practitioner for purposes of utility or of everyday application. Such subjects he is disposed to look upon as accomplishments, without an intimate acquisition of which he can successfully relieve the sufferings of his patients; but plates of venereal diseases bring vividly before him, almost as lifelike as the human model, living organs to which he must at once, and continuously, apply measures of local or constitutional relief. The rapturous poet of the "Seasons" long since asked, without expectation of any reply other than that with which he might favor him—

Who can paint like nature?

But the publishers of the present day have, in pictorial display, entered upon a decidedly animated competition with nature; especially, as seen from a venereal point of view, nature unadorned.

THE COLD-WATER TREATMENT OF FEVERS.

A leading article in the Boston Med. and Surg. Journal, of very recent date, traces an interesting history of the treatment of fevers by refrigeration, if we may so term the employment of cold baths in such cases. Certainly, we hear much less frequently at the present day of this mode of therapeutic application, probably because the observant practitioner may have arrived at the same conclusions as the writer of the article referred to, when he states that it would seem that, apart from the tonic effects of the baths (which are doubtless considerable), but a sorry benefit can be derived from a mode of treatment which increases the combustions of the economy. This it is which explains the superior efficacy of antithermic medicines, such as acetanilide and antipyrine, which in some yet unknown way restrain thermogenesis. A

ten-grain dose of antipyrine or half the quantity of antifebrin, given to an adult patient, and repeated every hour till the usual physiological effects are obtained, will bring down the pyrexial temperature quite as certainly as a cold bath, and with greater safety, comfort and benefit to the patient.

Selections.

A SURGEON'S LIFE.*

BY THE LATE PROF. SAMUEL D. GROSS.

I have always held that it is impossible for any man to be a great surgeon if he is destitute, even in an inconsiderable degree, of the finer feelings of our nature. I have often lain awake for hours the night before an important operation, and suffered great mental distress for days after it was over, until I was certain that my patient was out of danger. I do not think it is possible for a criminal to feel much worse the night before his execution than a surgeon when he knows that upon his skill and attention must depend the fate of a valuable citizen, husband, father, mother or child. Surgery, under such circumstances, is a terrible taskmaster, feeding like a vulture upon a man's vitals. It is surprising that any surgeon in large practice should ever attain to a respectable old age, so great are the wear and tear of mind and body.

The world has seen many a sad picture. I will draw one of the surgeon. It is mid-day; the sun is bright and beautiful; all nature is redolent of joy; men and women crowd the street, arrayed in their best, and all, apparently, in peace and happiness within and without. In a large house, almost overhanging this street so full of life and gayety, lies upon a couch an emaciated figure, once one of the sweetest and loveliest of her sex, a confiding and affectionate wife and the adored mother of numerous children, the subject of a frightful disease of one of her limbs, or it may be of her jaw, if not of a still more important part of her body. In an adjoining room is the surgeon, with his assistants, spreading out his instruments and getting things in readiness for the impending operation. He assigns to each his appropriate place. One administers chloroform; another takes charge of the limb; one screws down the tourniquet upon the principal artery, and another holds himself in readiness to follow the knife with his sponge. The flaps are soon formed, the bone severed, the vessels tied, and the huge wound approximated. The woman is pale and ghastly, the pulse hardly perceptible, the skin wet with clammy perspiration, the voice husky, the sight indistinct. Some one whispers into the ear of the busy surgeon: "The patient, I fear, is dying." Restoratives are administered, the pulse gradually rises, and after a few hours of hard work and terrible anxiety, reaction occurs. The woman was only faint from the joint influence of the anesthetic, shock and loss of blood. An assistant, a kind of sentinel, is placed as a guard over her, with instructions to watch her with the closest care, and to send word the moment the slightest change for the worse is seen.

The surgeon goes about his business, visits other patients on the way, and at length, after the usual hour, he sits down, worried and exhausted, to his cold and comfortless meal, with a mouth almost as dry and a voice as husky as his patient's. He eats mechanically, exchanges hardly a word with any member of his family, and sullenly retires to his study to prescribe for his patients—never forgetting all this time the poor mutilated object he left a few hours ago. He is about to lie down to get a moment's repose after the severe toil of the day, when suddenly he hears a loud ring of the bell, and a servant, breathless with excitement, brings him immediate presence at the sick chamber, with the exclamation, "They think Mrs. — is dying." He hurries to the scene with rapid pace and anxious feeling. The stump is of a crimson color and the patient lies in a profound swoon. An artery has suddenly given away, the exhaustion is extreme, cords and stimulants are at once brought into requisition, the dressings are removed, and the recusant vessel is secured.

The vital current ebbs and flows, reaction is still more tardy than before, and it is not until a late hour of the night that the surgeon, literally worn out in mind and body, retires to his home in search of repose. Does he sleep? He tries, but he cannot close his eyes. His mind is with the patient; he hears every footstep upon the pavement under his window, and is in momentary expectation of the ringing of the night-bell. He is disturbed by the wildest fancies, he sees the most terrific objects, and, as he rises early in the morning to hasten to his patient's chamber, he feels that he has been cheated of the rest of which he stood so much in need. Is this picture overdrawn? I have sat for it a thousand times, and there is not an educated, conscientious surgeon that will not certify to its accuracy.

A TRIBUTE TO A MEDICAL TEACHER.

The students and alumni of the University of Virginia lately listened to an address delivered by Dr. Paul B. Barringer, on the history of the Medical Department of that University, in which the following tribute was paid to Dr. Robley Dunglison, who afterward for nearly a third of a century occupied the chair of Institutes of Medicine at Jefferson Medical College:—

After six years spent in the erection of buildings and perfection of plans, the University was thrown open to students on March 7th, 1825, and went to work with but forty students. This number, however, soon grew, and by the end of the term was quadrupled. The School of Anatomy and Medicine was the modest title applied to the single school, which has since developed into the Medical Department of the University of Virginia. This chair was then confined wholly and solely to the care of one Professor, Dr. Robley Dunglison, of England.

Dr. Dunglison was a young man not more than twenty-six years of age, but in the land of his nativity he had already gained a reputation, and as a writer in the London Medical Intelligencer, of which he was editor, he was...
already beginning to give promise of those high literary attainments which ultimately made him the first medical author of his day. Even at this time he was no ordinary man—being a man of broad views, wide general education, and, above all, wonderful energy and versatility. One would have thought that to have fulfilled all the duties pertaining to his chair, in addition to his official duties as chairman of the Faculty, would have engaged the entire time of any one man. But while here engaged in his multifarious duties, we see him, in conjunction with Professor George Long, of the University, editing a study of Roman and Greek geography. This evidence of wide classical training was subsequently signally shown in the production of his "Medical Dictionary," which is even at this day the best work of its kind in the language. Such culture could not fail to attract, and in 1827, within two years after the opening of the University, in compliance with a generally expressed demand, what had previously been but a single school was enlarged into a department; and thus we find, in October, 1827, just sixty years ago, that the life history and sphere of usefulness of this illustrious School of Medicine began with Dr. Dunglison as chief. And here, gentlemen, let me say that to a school, whose pride has ever been that its diploma represents a fixed standard of general scholarship, in addition to medical knowledge, it should be a matter of just pride and infinite satisfaction that its bark was first launched by the crowd of invalids, who might complain out of delay, I called at the time I knew him to be engaged.

"Pierre," I said to the servant who was in attendance, "carry my card to your master. I must have access to him without being seen by the crowd of invalids, who might complain of preference granted to me if I were admitted before those who preceded me here."

He returned after a few minutes and said:

"I will conduct you, according to the doctor's instructions, to his bed-chamber, which can be reached through a secret passage. There you will please to wait until I am permitted to take you to his office."

Ricord at that time was a bachelor, and I believe has never married. What was my astonishment when I entered a very large bed-room, of which the walls, from the high ceilings to the floor, were covered with none but magnificent oil paintings, representing sacred subjects. At the head of the bed was a sculptured oak prie-dieu, on which there was a superbly illustrated copy of the Gospels that was lying open. There was a red velvet cushion to kneel on at the foot of the prie-dieu, surmounted by a beautifully carved ivory figure of Christ on a gilded cross. After a little while I was led to the presence of the medical philosopher, who habitually seemed to delight in being a cynical unbeliever. Guessing at what had passed in my mind, he said, with a laugh not unmixed, I thought, with some embarrassment of manner, "You are surprised, are you not?"

"Certainly," I replied; "who would not? Faith! my first impression was that I had been introduced by mistake into the bed-chamber of the Archbishop of Paris."

"Well! well! my friend," said he, in a half-jocose and half-serious tone; "I hear and see so many unclean things during the day that, on retiring at night, I like, before going to sleep, to refresh my eyes by looking round my room on holy objects."

**Our Library Table.**

[All new publications noticed in this department, and all other medical works, may be procured by addressing Wm. F. Paul & Co., No. 642 Sansom St., Philadelphia. See advert., p. v.]


Messrs. D. Appleton & Co. have rarely or never produced so strikingly picturesque and attractive a work upon any medical subject as this latest contribution to the exposition of the principles of asepsis and antisepsis in their various interesting applications to surgery. It is but necessary to open the volume and turn over a few pages to become thoroughly and deeply interested. Each step of many of the most important operations of modern surgery is reproduced in lifelike form through the medium of phototypography, which is enhanced in effect by the beautiful type and paper which have been selected as media for the production of the most effective artistic results. To this let us add that the object of the volume is a systematic yet practical presentation of the Listerian principle which has revolutionized surgery within the last fifteen years.

The author is Professor of Surgery at the New York Polyclinic, and Visiting Surgeon to the Mount Sinai and the German Hospitals of New York City, and the abundant opportunities of selecting important cases for treatment and illustration which were thus offered him, added to those derived from his private practice, have supplied him with the means of contributing a very valuable and important volume in which to popularize the principles and practice of anti-parasitic surgery. Every surgeon interested in the most advanced operative procedures of the day, accompanied with the most scientific precautionary aseptic and antiseptic measures of conservative surgery, should possess this beautiful and thorough work of Dr. Gerster. It bears the stamp on every page of conscientious surgical knowledge and skill, tender regard for the patient's safety, and a true manly sense of the duties of the operator. We regret that space prevents us from giving to our readers some extracts elucidative of the chief characteristics of the work.


This new and original work, by Dr. Shoemaker, will doubtless become one of the standard text-books on diseases of the skin. It has all the elements of assured popularity, such as accuracy of description, proper diagnostic discrimination, modern classification, the most advanced views of pathology, and the latest and most accepted teachings of therapeutics, based, to a marked extent, on personal practical experience. In addition to this, the author has had large opportunities of testing special forms of treatment, and many of these have been founded upon original clinical observation. The work follows the most generally accepted classification of the best dermatologists, upon which it would be difficult or futile to attempt improvement, inasmuch as the leading authorities of the world in this specialty have long since adopted it as rational, and based upon sound principles of diagnosis. The Formulary of sixty pages, with which the text of the work concludes, is an important addition to the subject-matter, and will suggest at a glance the practical application of many internal and external remedies that may or may not be fully dwelt upon in the earlier portions of the book. Dr. Shoemaker's excellent work will be especially acceptable to the profession as being free from cumbrous technicality, and as having been prepared to interest and instruct the practitioner, and not to embarrass him with burdensome details that might make the study and the subject a tax rather than a pleasure. The typographical and general

In the preparation of this manual it has been the author's object to adapt it to the requirements of all persons into whose hands it may fall. Simple qualitative tests are given in full, and the rationale of chemical processes thoroughly explained, and, to meet the requirements of students somewhat familiar with laboratory work, nearly all the methods employed in quantitative estimations are given at length, especially in processes peculiar to physiological chemistry.

As by quantitative analysis nearly all the facts concerning the transformation of tissue and the elements of food have been brought to light, and as there seems to be no reason why the employment of quantitative estimations will not lead to a knowledge of types in the constitution of the urine peculiar to different diseases, the quantitative part of this work has been made somewhat lengthy, and the methods employed are the most exact. The practitioner and student will each find this excellent and carefully prepared volume of chemical analysis thoroughly adapted to his purposes in the study or the practical handling of the urine in health or disease.


Dr. Hamilton is generally recognized as a high and accepted authority in diseases of the nervous system and in medico-legal matters. Practical experience and sound observation of such cases have given him thorough familiarity with this branch of professional study. Lawyers and doctors will alike find this work, which has been prepared as an elementary treatise and book of reference, one which will interest and instruct them. Its scope is limited to those conditions of the nervous system which nowadays are so often the bases of litigation, and yet it includes a consideration of a variety of pathological states, such as insanity, hysterical conditions and feigned diseases, epilepsy, alcoholism, suicide, and cranial and spinal injuries.


The actual work accomplished by a medical institution like the College of Physicians can only be surmised from a sketch of its progress during a number of successive years. While quietly pursuing its even path, it may seem to be doing but little toward the furtherance of its good objects; but through its fine library, the public library, the public dispensary, its lectureship and its directory for nurses, it has done and is now doing much that is valuable for the good of the profession and the public. It could have no more enthusiastic, capable or worthy a chronicler of its past history or present work than Dr. Ruschenberger, who was for so many years its respected president.


This volume contains, we presume, the usual number of interesting papers, although in dimensions it has rather an insignificant appearance compared with similar annual volumes of even smaller States and Associations. In typographical execution it certainly suffers by comparison with its own predecessors, and suggests a natural inquiry whether it is always desirable for a committee of publication to practice economy merely for economy's sake.


This list is based upon an entirely new plan, each page being arranged so that the accounts of three patients, to the number of thirty-six visits each, may have been made during a current month or may extend over a number of months, according to the frequency of the visits. With this simple system the practitioner can, at a glance and without the trouble of tracing, ascertain the condition of the account of any patient; when, and how many visits have been made; what has been paid, and how much is still due. It is provided also with an index. "The List and Account" can be commenced at any time; this is certainly a great advantage.


This, as stated in its title, a book of treatment, and is made up of the chapters on treatment extracted from the last edition of Dr. Aitken's encyclopaedic work, "The Science and Practice of Medicine." It is not, however, confined merely to the views of treatment of its author, but the editor has rearranged and revised it to include those of other practitioners. It forms an alphabetical index of diseases, for easy reference, and will be found a work of utility to the practitioner who may desire prompt assistance and advice as to the method of handling cases in his practice.


The author has done much original work in the ethmoidal tract of the nose, which he considers a hitherto greatly neglected field, notwithstanding its wide pathological bearing, and he departs from the usual method of treating the subjects of polypus and other morbid conditions of the nose, in the greater attention shown by him to ethmoiditis as the cause and fomenter of many other sym- tomatic conditions, as of the ear, etc. Nasal troubles are of such frequent occurrence, and bring so much suffering and discomfort in their train, that a work based upon such careful observation as that of Dr. Woakes, must be considered a decided addition to the literature of the subject.

The Canada Medical Record states that Eczema Impetigo is treated as follows in the

Therapeutic Briefs.

Dr. Lauder Brunton, of England, recommends small doses of strychnia in Insomnia of the neuroasthenic type.

Manning (Wiener Med. Presse) treats Bubo by injection, every other day, with a small quantity of a one per cent. solution of corrosive sublimate.

An excellent preparation for Chilblains, Cold Sore, etc., is emulsion of oil of sweet almonds, rose water, glycerine and powdered tragacanth, applied on retiring at night.

A writer in the Scientific American, Feb. 18th, 1888, states that he was rapidly relieved of the symptoms of Ivy Poisoning by applying to the parts affected a solution of four ounces of baking soda in three quarts of water.

A Cure for Wrinkles.—It is said that when lanolin is well rubbed in, it passes directly into the skin, and acts as a nutrient to the subjacent tissues, smoothing out the folds produced by the alteration of these structures incident to age.

Dr. Thos. Addis Emmet urges that a Displacement of the Uterus should never be corrected simply on its own account, nor until the cause has been clearly ascertained; nor should a pessary be employed without a clear understanding as to what is to be accomplished by its use, beyond merely changing the degree of version.

Huchard, in the Revue de Clinique, recommends the following formula for administering Creasote in Pneumonia—

B. Creasot., Iodoform., Benzoin pulv., Balsam peru., gr. ¾. M. 1/₄ pt. pil. Sig.—One or two to be taken at each meal.

The Canada Medical Record states that Eczema Impetigo is treated as follows in the
London Hospital: Soften the scabs with some oily application, then wash off the oil with tepid water and apply the following:—

B. Zinci oxidi, gr. xxx
Acid. oleic., q.s. ad f 3 8
Vaseline, f 3 8

Applying daily, and the ether is an active solvent.

For CANCER OF THE UTERUS, the Medical Press and Circular suggests the use of a suppository as follows:—

B. Iodoform, gr. x
Cannbhotr., gr. iv
Extract. belladonne, gr. j
Oliv. theobroma, q. s.

Apply every night in the vagina a suppository of this strength.

Bardet, in the journal de Médec, Dec. 18th, 1887, recommends as a laxative and a glassy tonic combined, the following:—

Extract. cascarae sagradae fluid., f 3 7
Tinct. nucis vomicae, m ¾
Syrup. Aquae destillat., q. s. ad f 3 8

Sig.—Dose, a teaspoonful.

The following mixture for relief of toothache is suggested in a recent issue of L'Union Médicale:

B. Extract. opii (alcoholica), gr.x
Camphora., gr.x
Balsam. peruviana., gr.x
Resin. mastich., gr.x
Chloriform., f 3 8

Dip a pledget of cotton in the solution and insert it in the tooth.

For DYSPEPSIA, Dr. Ellis (Therapeutic Gazette, Jan. 16th, 1888) recommends quebracho in the following formula:—

B. Syrup. pruni virgin., f 3 7
Syrup. tolu., f 3 7
Extract. quebracho fluid., m ¾

Acid. hydrocyanic, diluted, gr.x
Morphia sulph., f 3 8

Sig.—A dessertspoonful, to be repeated pro re natâ.

The Canada Practitioner recommends for the treatment of COMODES the following application:—

B. Ether. sulphuric., f 3 7
Acidum carbonicum, gr. ¾
Acid. boric., gr. xx
Aqua, q.s. ad f 3 8

Apply twice daily. The carbonate of ammonium forms a soap with the grease of the skin. The boric acid exerts an antiseptic effect, and the ether is an active solvent.

For NASAL CATARRH, boric acid, in the strength of a teaspoonful of the powdered acid to a pint of warm water, is recommended by Gaillard's Medical Journal, Feb., 1888; three or four teaspoonfuls of the solution to be poured into each nostril two or three times daily. Or it may be prescribed as a spray for the nose, morning and night, as follows:—

B. Cocaine hydrochlorat., gr. j
Acid. boric., m ¾
Listerine, f 3 7
Aqua destillat., q.s. ad f 3 8

For INTESTINAL HEMORRHAGE the following useful astringent mixture is employed in the London Hospital (Canada Medical Record, Dec., 1887), this being the single dose:—

B. Acid. sulphuric. aromat., m ¾
Spirit. chlofoform., m ¾
Tinct. camphora comp., f 3 7
Decoct. hamatoxyl., q.s. ad f 3 8

Or—

B. Acid. gallic., gr.x
Acid. sulphuric. dilut., m ¾
Tinct. opii, f 3 7
Aqua destillat., f 3 8

For GASTRITIS, or GASTRIC CATARRH, the following mixture may be frequently received, according to the Pharmacetical Record, by giving the patient the following three times a day, before meals:—

B. Bismuth. subnitrat., gr. xxx
Liquor. potassii arsenith., m ¾
Acetilic. pula., gr. x

Sig.—Four or five of these pills to be taken daily for five or six days.

Roland suggests the following:—

B. Extract. jaborandi alcoholica., m ¾
Extract. scilla., m ¾
Resin. scammon., m ¾

Sig.—Four or five of these pills to be taken for several days.

For GASTRITIS, or GASTRIC CATARRH, may frequently be relieved, according to the Pharmacetical Record, by giving the patient the following three times a day, before meals:—

B. Bismuth. subnitrat., gr. xxx
Liquor. potassii arsenith., m ¾
Acetilic. pula., gr. x

Extrait. hydrastis canadenis fluid., m ¾

Or oxide of silver with extract of belladonna, in pills; or oxide of zinc, or nux vomica, with other bitters. The milk cure is effective. For acute gastritis, etc., hydrocyanic acid and morphia.

Jews and Miscellany.

THE WILLIAM F. JENKS MEMORIAL PRIZE.—The first triennial prize, of two hundred and fifty dollars, under the deed of trust of Mrs. William F. Jenks, will be awarded to the author of the best essay on "The Diagnosis and Treatment of Extra-Uterine Pregnancy." The conditions annexed by the founder of this prize are, that the "prize or award must always be for some subject connected with Obstetrics, or the Diseases of Women, or the Diseases of Children;" and that "the Trustees, under this deed for the time being, can, in their discretion, publish the successful essay, or any paper written upon any subject for which they may offer a reward, provided the income in their hands may, in their judgment, be sufficient for that purpose, and the essay or paper be considered by them worthy of publication. If published, the distribution of said essay shall be entirely under the control of said Trustees. In case they do not publish the said essay or paper, it shall be the property of the College of Physicians of Philadelphia. The prize is open for competition to the whole world, but the essay must be the production of a single person. The essay, which must be written in the English language, or if in foreign language, accompanied by an English translation, should be sent to the College of Physicians of Philadelphia, Pennsylvania, U. S. A., addressed to Ellwood Wilson, M. D., Chairman of the William F. Jenks Prize Committee, before January 1st, 1889.

A PEREMPTORY CALL (CAUL).—Dr. John Morris, of Baltimore, sends to the Maryland Medical Journal, February 11th, the following letter, which was received recently by an old Charles County physician:—

BALTIMORE, Oct. 25th, 1887.

DEAR SIR:—I respectfully call your attention to the fact that I was born with a caul on, and I under-
Clinical Lecture.

A CASE OF PROBABLE GENERAL EMBOLISM.—ACUTE RHEUMATISM.—ACUTE PNEUMONIA OF THE APEX, LEADING TO THE FORMATION OF ABSCESS.—REMARKS UPON THE PRESENCE OF TRANSVERSE MARKING OF THE NAILS AS AN INDICATION OF PREVIOUS DISEASE.

A Clinical Lecture Delivered at the Pennsylvania Hospital, by Morris Longstreth, M.D., Physician to the Hospital. Reported by William H. Morrison, M.D.

A CASE OF PROBABLE GENERAL EMBOLISM.

I wish first to show you an interesting case from a diagnostic point of view. The history that we have obtained is as follows: C.—, age twenty years, was admitted to the hospital two days ago. He is a clerk by occupation. He states that two years ago he had typhoid fever, but that beyond this he has had no illness whatsoever. Five days before admission the chest commenced. The first thing that he noticed was pain in the left shoulder, not precisely in the joint, but in this region. Within a few hours he noticed pains all over the body, with the exception of the hands and feet. He also had severe headache. The pain in the region of the shoulder soon moderated, and he then suffered most with deep-seated pain in the lumbar region. He also had some cough; but at first no expectoration. He had some bleeding from the nose. The bowels were constipated. It is noted that the urine was dark, and it is found to contain one-twelfth its amount of blood present, indicating that it was the presence of the blood that caused the albuminuria. Microscopical examination shows a considerable number of blood corpuscles, and while a few hyaline casts are found, most of the casts are composed of blood.

What have we in this case? The initial symptoms seem to point to rheumatism. He never had rheumatism before. The fact that the pain spread to all parts of the body would be against this diagnosis. Then we have this striking feature of bloody urine. This might seem to indicate an acute inflammation of the kidney. In addition, we find consolidation at the base posteriorly, and in that region bronchial breathing was heard. There was also some congestion in the left lung, not confined to the base, but scattered throughout the organ.

The urine, which was small in quantity, was passed frequently. It is of a bright red color—distinctly smoky. There is perhaps even more blood than we find in smoky urine. The specific gravity is 1.010, the reaction is acid and it is found to contain one-twelfth its bulk of albumen. Therefore very little more albumen than would be accounted for by the amount of blood present, indicating that it was the presence of the blood that caused the albuminuria.
noon, and have, therefore, not had sufficient
time to watch it carefully, and take up my
mind positively as to the nature of the affection
with which we have to deal in this
patient, but I shall give you my ideas in re-
ference to it.

As soon as I saw the urine, I at once thought of
that group of cases in which there is embol-
ism taking place, where there are numer-
ous scattered emboli entering the kidneys,
and blocking up certain of the vessels and
causing the appearance of blood in the urine.
If this blood came from acute inflammation of
the kidney, the urine would contain such a
large quantity of albumen that, on boiling, it
would become solid. There is, I think, no
exception to this rule. In this instance, on
the other hand, the urine contains a very
small quantity of albumen. If a sound were
passed into the bladder, and the mucus
lining of the organ wounded, causing bleed-
ing, there would then be only a small quantity
of albumen in the urine, as we have in this
case. It is important to make this distinction.
We have in addition a few hyaline casts, as I
have already stated. I cannot escape the
conclusion that this hemorrhage from the
kidney is due to some local obstruction of the
blood vessels.

What other features have we in support of
this view? We have the pain first in one
region and then in another—a very common
condition where there is embolus. Having
this clue, I at once turned to an examination
of the mucous membranes. Evidences of
embolism can often be found on the mucous
membranes when they cannot be detected
anywhere else. These evidences are transi-
tory. Yesterday I found on the lower lip one
or two spots the size of a pin's head, which
did not disappear upon pressure. The tongue
is a good deal coated, so that we cannot
make a satisfactory examination of its mucous
surface.

In support of this view of embolism, we
also have the epistaxis, and the condition of
the lung. There is, on auscultation, bronchial
breathing. I then pass to an area of vesicu-
lar breathing with mucous rales. We have
then an area of consolidation, and immedi-
ately adjacent an area of perfectly healthy
lung tissue. We have not here an ordinary
pneumonia with an area of consolidation
from which we pass to a portion of the lung,
only partially consolidated, and where we
hear fine crepitation. We have here, so to
speak, a lung blocked up by pulmonary ap-
oplexy. The blood vessels have become
stopped, bleeding has occurred, producing
consolidation of the lung.

When the patient was admitted to the hospi-
tal his temperature was 103°, but it is to be
remembered that when a patient is moved
from his home to a hospital, the temperature,
minute, but during the course of the first day,
when this area of consolidation developed,
they ran up to 42 per minute, and this morn-
ing they are 40. The pulse at times has been
as high as 120. This morning it is 94 per
minute.

I here show you the appearance of the
matters expectorated. It is not quite so
bloody as it has been, and the mucus is more
abundant and the blood is more mixed with
it and appears less brilliant. The bleeding
seems to be stopping.

A diagnosis of embolism is a difficult one
to make general unless it is made by exclu-
sion and by observation of the case over a
number of days. I ought to say that in this
case we may have had a severe cold resulting
in rheumatism at first, followed by an acute
localized pneumonia. We may have had a
rheumatism which has developed this endo-
carditis. I should, however, rely strongly
on the condition of the urine as excluding
Briggs's disease, and I know of nothing but
embolism that could give us this condition of
the urine.

Now as to the prognosis: there is nothing
more grave than general embolism. I have
seen a number of cases of this kind, some-
times from chronic heart trouble. Here we
do not know whether the cardiac disease is
chronic or acute, but I am inclined to think
that it is acute; that we have an acute disease
of the mitral valve and that the little vegeta-
tions formed upon its surface are being shed
off. This of itself is one element of the grave
prognosis. The blood is so changed that the
little masses of fibrin whipped out of the blood
have not sufficient plasticity to remain on the
valve. This indicates a serious alteration in
the constitution of the blood. General embo-
lishment where we have minute emboli going all
over the body, not stopping up large vessels,
but blocking up the capillaries and making
the affected organs look as though covered
with ecchymotic spots resulting from the
extravasation of blood around the emboli, is,
as I have already said, a grave condition.
This does not often result in the formation of
abscesses, principally, I think, because the
patients die before that stage of the disease is
reached. They die from the shock and from
breaking down of the tissues throughout the
body.

We may, in this heart, have some area of
ulceration which shows itself by the affection
of the valve. There may be a greater cause
for the occurrence of emboli than is indicated
by the physical signs presented. I may also
say that severe headache, such as we have
here, is another accompaniment of general
embolism.

It is only by careful watching of the case
that we can be absolutely sure of our diag-
nosis. Whether this is a combination of rheu-
atism with pneumonia and some inflammatory
condition of the kidney which has not as yet
expressed itself by the abundant presence of
albumen, or whether it is a case of general
embolism, is a question which time alone
can solve.

**ACUTE RHEUMATISM.**

The next case that I shall show you is one of
acute rheumatism in a man who has not
had rheumatism before, and who also presents
a cardiac murmur. H., age 27 years. His
family history is good, with the exception that
his mother has suffered with rheumatism.
He had a severe attack of chills and fever five
years ago, and has had attacks since then, the
last being three or four months ago. He
gives us no history of a previous attack of
rheumatism. The present illness began ten
days ago, with pain in the feet. For the first
days it was not very severe, but it after-
ward became worse and prevented him from
going about. He could walk with a great
deal of difficulty and pain. After the occur-
rence of the pain in the feet, he had severe
pain in the cardiac region, which, however, dis-
appeared upon the following day. The pain
soon spread from his feet to other parts of the
body. When he was admitted to the hospital
the bowels were very much constipated and
he complained of pains in the legs, arms
and shoulders. The pain in the feet had at
this time gotten better. There was no short-
ness of breath. Auscultation over the heart
showed a soft murmur at the apex, systolic
in time. Nothing abnormal was noted in the
lungs, with the exception of a few bronchial
rales. Examination of the urine gave negative
results.

On admission the temperature was 100°.
The day following admission the cardiac pain
appeared, and the temperature then rose to
102°. The temperature has remained above
100° since then. Day before yesterday the
patient commenced to have severe pain in the
left arm. The feet are swollen, but the right
foot is not particularly painful. The left foot
is painful on motion. The right knee is also
more swollen and tender than yesterday.

I shall next examine the heart. The soft
murmur is still heard at the apex. The aortic
sounds are perfectly clear. No abnormal
sounds are heard in the lungs. Of course, in
the majority of these cases of valvar disease,
acute and chronic, the vegetations do remain
attached, and, as I have said, the fact that
they do remain so shows no deficiency in the
plasticity of the blood. Here we have no
trouble of that sort.

When the patient was admitted to the hospi-
tal he was placed upon the use of acetate of
potassium, twenty grains every second hour.
Except in so far as it has relieved the pain, it
has had no marked effect. It has not brought
down the temperature, nor has it prevented
the occurrence of the rheumatic trouble in
other joints. When admitted the bowels were
much constipated, and had been so since the
occurrence of the illness, and he was, there-
fore, ordered one-half ounce of Rochelle salts.
The question of the regulation of the bowels
is one of the most difficult to arrange in the
treatment of rheumatism. The rheumatic
patient is apt to be constipated, and a great
deal of this will be found to be due to the fact
that the patient does not want to move and
will resist the desire to have the bowels
moved, on account of the pain produced by
the act of defecation. He will not make the
effort necessary to extrude fecal matter from the intestines. One of the
important elements of treatment in cases of
rheumatism is to clear out the intestinal canal.
The accumulation of fecal matter is itself a
source of poisoning and irritation, and if it is
allowed to go one day it is just as likely
to go ten days. The act of giving an enema in a case of rheumatism, where there are many
joints involved, is a source of trouble for the
whole day. If the constipation is allowed to
continue, the patient may not be able, out of one
enema, but of many. In all cases we should
commence early. In this case the Rochelle
salts have not produced much effect. I there-
fore ordered, yesterday, one-twelfth of a grain
of the mild chloride of mercury, with three or
four grains of the bicarbonate of soda, every
second hour. As a result the tongue has be-
come more moist, but the bowels have been
moved to only a slight extent. Here we do not
have so much difficulty in moving the patient, as the hip joints are not involved.

As already stated, the acetate of potassium
does not seem to be lowering the temperature
and the tendency for other joints to be in-
volved is increasing rather than diminishing.
I shall, therefore, stop the acetate of potas-
sum and order salicylate of sodium, in ten
grain doses every hour until six doses have
been taken, unless the temperature falls before
the sixty grains are given. It will then be
stopped. With reference to the local treat-
ment of the affected joints: Here the wris-
has been enveloped in a cloth soaked with a
solution of soda. Another application of
great service is lead water and laudanum.
The application is covered with an imper-
meable material, such as waxed paper. This
tends to soften the skin and promote its
circulation, and relieves the pain quicker than
anything else. How much of the effect is
due to the lead water and laudanum, it is
difficult to say. I am very much of the opin-
ion that a cloth soaked with plain water, with
waxed paper around it, would have a similar
effect. The solution of soda does not need
be covered with the waxed paper. The
cloth should be kept moistened. Here the
softening effect upon the skin comes from the
soda itself. Why are these rheumatic joints
painful? They are painful only so long as
the effusion in the joints and the peri-articu-
lar tissues is increasing. As soon as the
maximum swelling is reached the pain is over.
The pain is not the pain of inflammation in the
joint. Whatever can be done to relax
the articular tissues and allow the swelling to
increase with ease will relieve the pain. You
will not accomplish this by cupping or by
placing a blister on the joint. Anything that
will soften the articular and peri-articular tis-
sues will give relief from the stretching and
relief from the pain. I would recommend to
you equal parts of lead water and laudanum
applied on a cloth, surrounded by waxed
paper, as one of the most efficient means of
relieving the pain in rheumatic joints. I
always commence with the soda solution where
the pain is of any severity, holding the lead
water and laudanum in reserve. Where the
pain is not severe, wrapping the joints in
cotton is usually sufficient.

In the treatment of this case, we shall now
resort to the use of salicylate of soda, as
already suggested, and shall continue the calo-
mel and soda until a free movement of the
bowels is obtained.

ACUTE PNEUMONIA OF THE APEX, GOING ON TO ABSCESS.—TRANSVERSE MARKING
OF THE NAILS AS AN INDICATION OF PREVIOUS DISEASE.

I wish during the few remaining minutes of
the hour to call your attention to a case

which I showed you two months ago; it is
that of a young Italian, who came into the
hospital with what I thought to be an acute
lung trouble. We could obtain no history, as
the patient did not understand English. You
will be interested in the progress of the case.
He had solidification of his right lung, mostly
in the upper part. The diagnosis rested be-
tween an acute tubercular condition, with be-
ginning solidification, or an acute pneumonia,
and having no history we were unable to
positively settle the question. It now appears
evident, from the course of the case, that the
attack was one of anaphoric respiration, and that
now a certain amount of softening has en-
sued. This softening has been rather of the
nature of an abscess than of an ordinary
tubercular condition. Anteriorly there is on
percussion a hyper-resonance. The left lung
was not involved in the process. At the apex
of the right lung there is an area of softening
with emphysematous lung in front of it. On
deep percussion an almost tympanitic note
can be developed. Posteriorly there is flat-
ess on percussion at the apex of the right
lung. On auscultation over this region, pos-
teriorly there is a distinct breathing, continu-
ing and gurgling; the lung around the cavity
is evidently solidified, except in front, where
there is an area of pure vesicular breathing.
We have evidently had an abscess of the
lung, which has been the result of an acute
pneumonia.

The temperature chart shows a series of
rises and falls. At the present time the
patient has a rise of temperature and is not
so well as he was one week ago. The patient
has, however, on the whole, gradually im-
proved, but whether or not there is any hope
of the lung healing is doubtful.

It is interesting to watch the history of the
case as recorded upon the finger nails. When
I look at this patient's nails, I see on each of
them a distinct ridge, showing that the portion
of the nail which has grown since the acute
attack is much thinned out. The nails show
that this disease came on acutely, as would
occur in a pneumonia, and that the softening
has resulted from this and not from a tubercu-
lar process. This is the only element which
gives us any hope in this case.

Here is another man in whom an acute
double pneumonia occurred a few weeks ago.
You see on his finger nails the ridge showing
the acuteness of the attack. This is quite
distinct, and is seen on all of the nails. These
marks are very interesting and tell us a per-
fectly straight story. They will remain for at
least two years. If a person tells you that he
has broken his arm within eighteen months,
you will see the ridges on the nails of the
hand of the affected side, while they will be
absent on the other side. If you are told that
a patient has had typhoid fever, look
at his nails, and if the statement is correct,
you will find the ridges. The more acute the
illness, the sharper will be the ridge. When
the illness comes on, the nutrition of the body,
including that of the nail, ceases. We all
know about the hair falling out after a disease
like typhoid fever. It only begins to fall after
the growth has recommenced and the hair is
coming out up from the follicle. The nail is a
much more enduring evidence of disease. If
there has been an acute rheumatism coming
on within a few hours, with a temperature of
104° or 105°, the nail will be cut down
sharply. I have seen nails looking as
though they had been cut across. In typhoid
fever, where the disease comes on gradually,
there is not such a sharp cutting out of the
nail. There will rather be an area of thinning,
which will not be seen until the nail grows
beyond the white mark at its base. I first
observed this condition in my own finger
nails, in 1879. I had at that time relapsing
fever, which, as you know, is an affection in
which there is one week of fever, then a week
without fever, followed by a return of the
fever for another week, and so on indef-
inently. When I was recovering, I saw that
all of my nails had white lines across them.

—For arresting hemor rhage torsion is next,
in point of value, to ligation; the principal
objection is the length of time required if
many arteries are cut. Torsion is adapted to
arteries as large as the femoral.
TREATMENT OF SUMMER COMPLAINT.*
BY W. S. CHRISTOPHER, M.D.,
Of Cincinnati, Ohio.

In treating these cases six objects should be kept in view—

1. The bowels should be cleared as far as possible of the fermenting masses giving rise to the trouble.

2. Substances capable of undergoing the same pathological fermentations, and therefore capable of sustaining the process, must be withheld from the patient.

3. Efforts should be made to finish by antisepsis the work left undone by the cathartic.

4. Elimination of the chemical products of the ball is well borne by the child. This is an old time preparation, and is not yet ready to be discarded. I have used with some success a food prepared by thoroughly boiling crackers, and when the mixture has cooled down to about 100° F., treating the mixture with "Maltine." This cracker food is not entirely free from nitrogenous constituents, the crackers containing about twelve per cent. of albumen, but it has a practical value which overcomes this theoretical objection. As a test of this food, before the hot weather came on last summer I put a five months' foundling upon it, and kept her on this food exclusively for four weeks. At the end of this time she had gained slightly in weight, notwithstanding the fact that she was sympathectomized to the degree that she had suffered destruction of the bones of the nose, and had a gumma. This was proof enough that life could be supported on it through a short period.

When the intestinal fermentation is of the acid type, the food to be allowed is not so easily found. The sugars and starches must be withheld. Milk, ordinarily classed as an albuminous food, contains sugar, and if administered under these circumstances not only feeds the acid fermentation, but soon adds to it an additional putrid fermentation. This change is frequently observed clinically, and seems to be due to the occurrence of the lactic-butyric fermentation. Beef tea, animal broths free from starches, and peptones, are the only safe foods to give under these circumstances.

Antisepsis.—Thus far I have been somewhat disappointed in the results of intestinal antisepsics, and must class them as inferior in importance to the preliminary cathartic, and to the proper selection of diet in these cases. They play an important rôle, but not the most important rôle in the management of summer complaint. In this connection I wish to call attention to the very valuable paper of Dr. L. Emmet Holt, on "The Antiseptic Treatment of Summer Diarrhoea" (A. Y. Med. Journ., Jan. 29th, 1887). With the statement of Dr. Holt's paper I can heartily agree, except as to a few minor and relatively unimportant matters. As intestinal antisepsics, I confined myself last summer to mercuric chloride and salol. This latter substance, which is said to be decomposed into salicylic and carbolic acids after reaching the small intestine, would seem to be particularly adapted to intestinal antisepsis. On the contrary, I found it rather uncertain in its action, occasionally doing all that could be expected, but much more often not. It is usually absorbed as salol, and patients using it soon exhalate from their whole bodies its peculiar odor.

Mercuric chloride is not satisfactory, except when given in injection in rectal troubles. With the other antisepsics I have, as yet, no experience in this disease. I wish to lay particular stress upon the use of diuretics. Their value in severe affections is sufficiently shown by the cases already mentioned, but in milder cases they play an important rôle in controlling and alleviating certain nervous symptoms. The alkalies and water form the best diuretics for this purpose.

Pain, when severe, must be met with opium. Opium, with bismuth, is again indicated when the number of watery stools becomes so great as to endanger life, but this condition, I think, arises only rarely. Free purgation is essential to the treatment of this disease on the plan herein indicated, and the opium treatment cannot be consistently employed with it. With the opium treatment of the disease it is very easy to control quickly all the symptoms and make the case at once present a much improved appearance, but the good result is more apparent than real, and the old train of symptoms soon sets in again.

In conclusion, that to which I wish particularly to direct attention, is:

1. The recognition of the two forms of pathological intestinal fermentation met with in summer complaint, and the classification of the cases in accordance therewith.

2. The selection of diet based upon this classification.

3. The use of diuretics in cases of summer complaint presenting undesirable symptoms on the part of the nervous system.

4. Disinfection of the stools.

THE DIRECT OPERATION FOR HERNIA.*
BY THOMAS W. KAY,
Of Beirut, Syria.

The direct method consists in cutting down on the sac, under careful antisepsic precautions, removing the parts surrounding the sac and closing the hernial opening. This application of Listerism seems to have been first employed by Mr. Chas. Steel, of Bristol, England, though Dr. H. O. Marcy, of Boston, first published cases in October, 1871. That the direct method gives more cure than any other method is not to be questioned; for, in studying the cases reported by various operators, I find that at least 90 per cent. of those operated on are cured, and I think that in future we can safely look for better results.

The patient having been prepared for the operation, the sac is shaved, well washed with soap and water, and then with a solution of the bichloride of mercury. Hands, instruments and sponges are disinfected in a solution of carbolic acid. The incision, two or more inches in length, is made over the external ring, and parallel to the inguinal canal. The neck of the hernial sac must then be carefully separated from the cord and vessels, and also well separated from the walls of the canal, up as far as the parietal peritoneum. If the contents of the sac cannot be returned, it must be opened and, if gut, dissected loose and returned, or if omentum, ligated and cut away. The neck of the sac should now be well drawn down and stitched across with gut, by the shoemakers' stitch, as described by Marcy, of Boston. By some it is simply ligated, and Ball, of England, recommended twisting it. If the hernia is small, the sac should then be cut across just below the

* From the Maryland Medical Journal, March 30, 1888.
suture and the lower end left in the scrotum. But if large, it will be well to follow the advice of Macewen in dissecting the sac out, plaiting it upon itself in its long axis, by means of a gut thread, and inserting it across the opening, next the peritoneum, so as to act as a barrier.

Having thus treated the sac, it remains to attend to the inguinal canal. In most cases, it is no longer a canal, but only an opening, the valvular arrangement having been lost from the pressure of the hernia, so it is only necessary to bring the pillars together by several interrupted sutures, and, as a rule, the more the better, for they excite inflammation. Should the valvular arrangement be present, one cannot do better than to follow Macewen in passing a suture, by means of a curved needle, through the conjoint tendon, from without in, and then through the conjoint tendon, a little higher up, from within out, thus piercing it at two points. The two free ends of the suture are thus carried through the external pillar, so that when tied the external pillar rests on the outer side of the conjoint tendon.

As material for sutures, silk, catgut, wire and kangaroo tendon are used. Catgut is unreliable, being too readily absorbed, and giving way before adhesion has taken place. Both silk and wire are liable to set up irritation, and to give rise to inflammation in the tissues. Kangaroo tendon is, in my estimation, the most reliable material for sutures that we have, not being readily absorbed, and causing very little irritation by its presence. In finishing the operation, all bleeding points must be secured, either by torsion or gut ligatures; the wound cleansed and washed out with the bichloride solution, strength 1–1000; a few pieces of catgut put in for drainage; the cutaneous wound closed by silk sutures, and then dressed with iodriform and antiseptic cotton, a compress and bandage being put over the whole. In one of my cases, a large scrotal abscess made its appearance, and in this same case, in which I used catgut, the sutures gave way on the fourth day, after violent coughing. Wearing a truss for a few months after

TREATMENT OF WOOPING COUGH WITH ANTIPYRIN.*

BY J. P. CROZER GRIFFITH, M.D.

The article of Sonnenberger (Deutsche Med. Wochenschr., 1887, 280), on the use of antipyrin in whooping-cough, is of so great value and interest that a short account of his results may not be out of place here. This author had under observation since 1884 two large epidemics of the disease at Worms; and becoming greatly dissatisfied with the usual methods of treatment, determined to experiment with antipyrin. As a check upon his results he treated some members of a family with this drug, and to others taken sick at the same time he gave quinine or chloral, or the bromides, or some other well-recognized plan of treatment. In other instances he administered antipyrin for a few days, then allowed an interval to pass in which no medicine was given, and finally returned to antipyrin. In a short time it became clear to him that this drug exceeded in value all others which he had yet employed for the malady in question, and he has continued to use it up to the present time—a period of two and a half to three years. He treated about seventy cases of the disease with antipyrin alone, giving it in doses of one-seventh of a grain in quite young children, up to seven to fifteen grains for larger children or adults, three times a day; though he believes much larger amounts might be given.

A most important fact is that the best results were obtained when the course of treatment was commenced at the beginning of the disease. Under these circumstances the affection lasted in all but three to five weeks, and was of a mild character, with not more than six to seven slight paroxysms in the twenty-four hours. When it is remembered that an average case has, according to Eichhorst, twenty to thirty paroxysms in a day, while in a severe case the number may even reach one hundred, it will be recognized what an improvement this is. But even when the treatment was instituted at the acme, and with the most unfavorable hygienic surroundings, good results were obtained. The paroxysms often became less violent after the first dose, and after several days occurred less frequently. When the drug was stopped the symptoms grew worse, showing that the effect was actually due to its use. In only five cases did he observe complications, and there was no instance of antipyrin collapse. It would seem, then, pure cavil to deny that in antipyrin we have a drug capable of influencing whooping-cough most wonderfully, especially in the first and second stages, where other means so often fail.

Encouraged by Sonnenberger’s success, I have administered antipyrin in several instances of whooping-cough, and with excellent results. The number of cases is not large enough to be of great value, except as confirming this author’s statements; but it seemed to me better to report them now, rather than to wait with the object of adding to them. My experience agrees with that of Sonnenberger, that the drug is most efficient when given early in the disease. I make no claim, of course, that antipyrin is an absolute specific. Most of the cases show, I think, that it may prove of great value in this disease, though in some of them the treatment was begun too near the third stage to offer a decisive test.*

TREATMENT OF TYPHOID FEVER BY SMALL DOSES OF CORROSIVE SUBLIMATE.

The Boston Medical and Surgical Journal, February 23d, 1888, alludes, in the following extract, to one of the latest methods of treatment of this disease, and adds a well-timed comment upon it—

Corrosive sublimate has the reputation of being the best germicide yet known, and typhoid fever is now generally regarded as a germ disease. Therefore, it is natural that clinical experimenters should have endeavored to avail themselves of the parasiticide properties of this mercurial salt in typhoid fever. Unfortunately, however, the doses in which the mercuric chloride is fatal to bacteria are rather hazardous for internal administration, by reason of the irritation which they occasion in the alimentary canal, as well as by reason of the depression of the vital forces sometimes consequent to therapeutic mercurialization.

Dr. Edouard Rondot has published, in the Gazette Hebdomadaire des Sciences Medicale, the results of his hospital experience with typhoid fever, as treated the past year by small doses of corrosive sublimate often repeated; the daily quantity of this salt prescribed for an adult patient not exceeding five milligrammes, or about one-twelfth of a grain. He reports twenty-three cases thus treated, all of which were characterized by their gravity, and all of which, except two, recovered, these two having been brought to the hospital in an advanced stage of the malady. In the twenty-one cases that got well, there was, he affirms, a shortening of the term of the disease, and a marked attenuation in the intensity of the principal symptoms, under the sublimate treatment. There was no unfavorable complication, such as diarrhea, avitaminosis or debility—complications which have often been imputed to mercurial treatment. Rondot prescribes the bichloride in an alcoholic potion, with balm water, syrup of punch and extract of cinchona. This formula, which, as it stands, would be impossible of execution in this country, may be thus rendered:

- Anise cordial, 20 grammes.
- Simple elixir, 30 grammes.
- Extract of cinchona, 2 grammes.
- Bichloride of mercury, 2 to 5 milligrammes.
- Dose, a tablespoonful every two hours.

Concurrently with this medicinal treatment, he gives plenty of nourishing milk in the form of milk and broths, and vinous lemonade. He also gives quinine in fractional doses, “to slow the movement of disintegration without diminishing the oxidations.” The average

* Read before the College of Physicians of Philadelphia, Jan. 6th, 1888.
duration of the disease under this treatment has been fifteen days. Rondot believes that his sublimate potions do good principally by the action of the sublimate on the blood, where, however, they are relatively few in number.

For a local effect on the alimentary canal, it would be well, he thinks, to employ, besides, a microbicide which is almost completely insoluble, like naphthal.

We are not disposed to expose ourselves to disappointment by expecting precise specific results from this bichloride treatment of typhoid fever, not having yet realized our very moderate expectations from the treatment by naphtholine. Are we to arm ourselves with a different weapon for the pursuit of this microbe, according to the nature of his lair, whether in the blood, in the alimentary canal, or in the tissues themselves, as the spleen, mesenteric glands, etc.? Under such circumstances, the last state of the patient, we cannot but fear, runs a chance of being worse than the first.

TREATMENT OF INTESTINAL OBSTRUCTION.

Dr. Robert N. Taylor* reports six cases, and concludes with the following remarks:—

The teaching of the above six cases is, to add some emphasis to the practice of withholding purgatives and giving opium or morphia in cases of intestinal obstruction. Of whatever the kind or character of the obstruction, to whatever cause it may be due, only harm can come from giving purgatives. The more insurmountable the obstruction, the greater is the harm done by purgatives, as was well illustrated in the autopsy upon the case of stricture of sigmoid flexure. No one who had seen the conditions there presented would ever want to give purgative medicine in a case of intestinal obstruction.

While obstructions due to more trivial causes do better and are rendered more comfortable by opium, they are more safely conducted to a favorable issue by the “splinting” treatment of opium than by the whipping, lashing treatment of purgatives. The opium treat-

ment with irrigation, and in some cases, probably, massage, is the best that we can do for these cases, short of laparotomy.

And here is a word upon irrigation: Judiciously employed it is a most valuable aid, second to none in many conditions. Properly used the matter should be carried up the colon by a long rectal tube, allowing a little to escape at the end, so as to distend the gut in front of the advancing tube. By this means a tube, or rather a soft, flexible rubber pipe, may be passed through the entire length of the colon, down into the cæcum, delivering the fluid there, and affording the surest means of passing water through the ileo-cæcal valve, if desired. The common, stiff, hard rectal tubes sold in the shops are worthless, and worse, they are dangerous, and should not be used under any circumstances. A piece of soft, flexible rubber drainage-tubing, the end beveled with scissors, twenty-four to thirty-six inches long, answers every purpose, and makes an excellent instrument.

TREATMENT OF HEPATIC COLIC.

In a recent issue of the London Lanard olive oil in large quantity is vaunted as a cure for hepatic colic due to gallstones. Dr. Touatre, of New Orleans, has written an interesting account of self-cure of biliary colics and gallstones, in the second number of a bi-monthly Roumanian journal (Archives Roumanies de Medicine et de Chirurgie), whose editor is M. Georges Assaky. The method of procedure was as follows: At seven in the evening a blue pill of the weight of fifteen centigrammes was taken, and this was followed twelve hours later by the taking in one draught of twelve tablespoonfuls of olive oil; a quart of an hour later a similar dose of olive oil was taken, and then the patient addressed himself to sleep on his right side. At nine o'clock the blue pill acted, producing a copious biliary evacuation, but no gall-stones. Three o'clock in the afternoon saw another bilious stool without stones, but from seven in the evening till midnight six stools were passed; the first two contained seventeen calculi, of the size of a large pea, of conical shape, grayish-yellowish aspect and soft consistence. Altogether sixty stones were evacuated, and six of these had the volume of an olive, and were of a black color. The passage of these calculi by the cystic and biliary canals was for the most part unattended with pain, a few spasms being felt probably at the time of the movement of the large calculi. An inexpressible relief was obtained from the pains over the liver and shoulder, which had previously caused much distress; the liver also diminished in size. For three months Dr. Touatre enjoyed perfect health, when the trouble commenced again; the olive oil was repeated in similar fashion, and with the result that eighteen more calculi were discharged by the bowel. Since then he has enjoyed excellent health. He admits that some courage is required to swallow the large doses of olive oil.

A CHEAP AND EFFECTIVE TEREBINTHINE BATH.*

BY HOWARD PINKEY, M.D.,
Of New York City.

The following is a simple device for making a very agreeable oil of effective terebinthine bath.

This method of preparing a turpentine bath is probably well known to, and has been used by, many others, the process being so simple I presume they have not thought necessary to publish it. If it has been so published, I have not seen or heard of it. It only occurred to me during a recent and painful illness, and is as follows: I was being treated by my friend, Professor J. R. Learning; one portion of his treatment, upon which he particularly insisted, was that certain portions of my body (back and chest particularly) should be rubbed twice daily with a mixture of oil of turpentine and vaselin. These applications gave me great relief; nevertheless, I cannot say I looked forward with pleasure to them, as almost every movement was painful. At this time the idea of replacing the rubbings by a turpentine bath occurred to me. But how to make the bath so that the oil should not float on the water, but be thoroughly and evenly mixed with it, was the question. I thought of the different methods in which I had used turpentine in my practice. The mode of using it with soap for rectal injections, seemed practicable for bath use. Thereupon I had my nurse make, in a large bottle, a saturated (six ounce) solution of " old yellow soap." When prepared, three or four ounces of oil of turpentine was added, and the contents well shaken. This formed a very nice, creamy-looking emulsion. I had my bath-tub filled with hot water, and half the emulsion added. I was then placed in the bath, which exhaded a very pleasant and distinctive pine odor. (The unpleasant and pungent vapors from the turpentine seem to be changed by emulsifying.)

After remaining in the bath about five minutes, I experienced a decided feeling of relief from pain, and a genial glow over all the immersed portions of my body. After remaining fifteen minutes I was put in bed, when I soon felt a decided (not unpleasant) tingling or prickling sensation in my skin. In a short time I fell asleep, and when I awoke I was much freer from pain than at any time during my sickness. The baths were continued as occasion required, until my condition became one of valescence. Judging from the effects on my own person, I believe that they will prove especially useful in the following diseases, viz., rheumatism, gout, insomnia, laryngitis, bronchitis, and in the early stages of eruptive fevers. There is only one precaution that I know necessary to be taken in using turpentine locally, i. e., to protect all especially sensitive and denuded parts by the application of some salve, as cocoa-butter, simple ointment, etc. These home-made terebinthine baths have the following to recommend them, viz.: They are equal, if not superior, to any of the pine extracts used for baths; they are much cheaper, containing a few cents; they are cleanly, having an excess of soap; every physician will find at or near the house of his patient the materials for making, viz., water, soap and turpentine.

* Amer. Practitioner and News, Feb. 18th, 1880.

* Medical Record, March 3d, 1880.
There are few affections that render life more miserable than chronic dyspepsia, associated, as it is, with so many varied and troublesome phenomena. Moreover, no class of diseases for which so many different remedies have been given, including acids, alkalies, bitter infusions, digestive agents, astringents, and what not. Nor can it be said that any one or all of these agents have given anything but temporary relief. Therefore, the greatest patience on the part of the physician, and no less forbearance from the patient, is necessary in treating these very troublesome diseases.

During the last decade, a most important as well as satisfactory method of treating these affections has been largely used in Germany, viz., irrigation of the stomach; and, by means of it, the most intractable cases have been permanently cured. For the past three or four years, I have resorted to irrigation very frequently, and have invariably cured the most obstinate forms of chronic dyspepsia, and have relieved materially many others by this process. I have even resorted to it in cases in which previous remedies have failed.

Much can be done to obviate the difficulties attending the first operations, by painting the pharynx and soft palate with a four per cent. solution of cocaine. This renders the parts softened, and then anointed with some unctuous material, preferably glycerine. The index finger of the left hand is placed firmly upon the base of the tongue, and the instrument—the point of which is slightly bent—is held loosely in the right hand and passed into the pharynx, and directed along its posterior wall. When the opening into the esophagus is reached, the admission of the instrument is obstructed from spasm. The patient is now directed to swallow, and these efforts, together with slight pressure on the tube, forces it into the esophagus, and then its onward course is easily accomplished.

I prefer to have the patient see me in the morning, about an hour and a half or two hours after having taken a cup of beef tea or warm milk; in fact, try to have the stomach empty and free of all undigested food, as these lumps are apt to get into the eye of the tube, and give rise to no end of trouble. About two gallons of water are used for each operation, and the temperature of it is about 106° F. The water is slowly poured into the funnel, well elevated above the patient's head, and just as soon as feelings of discomfort and distraction are complained of, the tube is quickly depressed, and by siphonage the fluid runs out. The ablation is continued until the esophageal fluid is clear and sweet. At first the stomach will only tolerate about a quart, but, after a few washings, much more fluid can be introduced. This is a very important feature, because, by thoroughly distending the stomach—not to over-distention—the organ is rid of all offending and irritating mucus, and circulation is made more active. It is well to add some alkali, say soda bicarb., 3 j., and soda boric, grs. xx., to each quart of water. The former renders the mucus less tenacious, while the latter is slightly astringent, stimulant and antiseptic. Again, boracic acid can be used with advantage. If gastralgia or enteralgia have been distressing symptoms, a half a drachm preparation of chloroform, or one drachm of spirits, ether, chlor., is a very valuable addition to this solution.

ACID TREATMENT OF INTESTINAL DISEASES OF INFANCY AND CHILDHOOD.

Dr. D. P. McLachlan, of York, Michigan, in a paper read before his County Society,* quotes the following prescription of Dr. J. Lewis Smith:—

B. Tinct. opii camphorat, Tinct. catechu, 3 j. 4 j.
Acid. nitro-muriatic., gtt. v
Mixture creta, 4 j.
Sig.—A teaspoonful every two to four hours to a child one year old.

He then condemns the views of Dr. Smith and other authorities as to the propriety of employing alkaline remedies in such diseases. He concludes his interesting paper as follows:—

Having shown that the alkaline treatment of this class of diseases is lamentably deficient in therapeutic results and decidedly wrong in theory, you will naturally ask me, what then is the proper treatment?

Let us for a few moments clinically examine our cases and see what the indications are for treatment. Certainly, they are, first, to check fermentation and prevent the formation of the acid so abundantly found in the stools in this disease, and which, when produced, is produced in the intestine by the products of fermentation. Second, to allay irritation, check the increased peristaltic action of the bowels and arrest the increased secretion of the intestinal follicles.

A favorite prescription with me for a child one year old is—

B. Tincture opii, gtt. x
Acid. nitro-muriatic., gtt. v
Syrup. aurantii cortex, q. s.

Sig.—Teaspoonful every two or three hours.

I have given this prescription a great many times in the last seven years, and it has never disappointed me. I might report cases by the dozen treated in this manner, but my paper is already too long. I will merely say that my patients so treated have all recovered, and that if, by being heterodox, I have made any mistakes, they have not been grave ones; at least, the grave has not hidden them from view.
IMPROVED OBSTETRIC FORCEPS.

At the regular meeting of the Obstetrical Society of Philadelphia, held March 1st, 1888, Dr. W. S. Stewart introduced a new form of forceps, devised by himself, with the following remarks:

It is not my intention to consume the time of this Society by giving the history of the origin and use of the obstetric forceps, nor to enter into a general discussion of its merits and demerits. I take it for granted that there is a large majority admitting their necessity and the great benefit they are to the lying-in patient. Therefore, I will state to myself in endeavoring to point out the advantages of having parallel handles, so that the application of either blade first can be made at will, as the exigencies of the case may require. It is in order to meet this necessity, which I have more than once experienced, that I have the honor and privilege of presenting for your consideration an instrument which will demonstrate its superiority, and consequently can be applied first.

To overcome the danger of slipping, and to secure the grasp on the fetus, it was necessary to devise some method of reversing the direction of the handles, in order that traction could be applied. To accomplish this a double lever was devised, one part on each handle and each working on the same pivot or fulcrum; to this the traction is applied, resulting in a power perhaps superior to anything we could have expected. The compression to the fetus is no longer in proportion to the power in the grip of the hand applied to the instrument, but is regulated simply by the resistance to be overcome, and will beautifully illustrate the mathematical relationship between the force and the resistance; consequently, all fear of slipping of the instrument is obviated, and the only force that is necessary to be applied is for the delivery of the fetus.

The compression is, however, controlled by a shut-off which is made on the toggle joint, preventing any risk to the child, and its limit corresponding to the position of the blades of the cross-handle instrument when the blades are in close apposition.

Should there be any irregularity of application and consequent difficulty in locking, we have devised a coned hub with a winged nut, which, though the handles may be at an angle of thirty degrees, enables us to adjust them accurately.

The advantages of this improvement, as experience has demonstrated, are summarized as follows: 1st. The application of either blade first. 2d. The impossibility of the blades slipping when properly applied. 3d. Moderate and even compression, the degree of compression being regulated by the amount of resistance. 4th. Greater facility for making traction.

Dr. Stewart stated that he had now delivered eight children with them without injury. He could deliver cases with his instrument which could not be delivered with any other made. The members must take his word for the results obtained thus far, or go with him and see if there were any evidences of injury to any of the children, as all of them were living upon whom the forceps were used.

TREATMENT OF CHRONIC BRONCHITIS IN CHILDREN.*

BY THOMAS J. MAYS, M.D.,

Professor of Diseases of the Chest in the Philadelphia Polyclinic.

Quite an extended experience in the treatment of these cases teaches us that persistent counter-irritation is of the first consideration. If there is much impediment to the ingress and egress of air, or, in other words, if there is much dyspnea, the child is at once placed in bed, the chest is enveloped with a hot flaxseed meal poultice (covered well with oiled muslin), which must be changed every three hours. In most cases, however, it is not necessary to order the child to bed, and counter-irritation is produced by a mild croton oil liniment. Croton oil and sweet oil, well mixed in the proportion of one to two parts of the former to six of the latter, is well rubbed into the skin of the child’s chest—in front, under the arms, and between the shoulder blades, not with a flannel or cloth, but with the mother’s or nurse’s fingers, twice a day, and then the chest is well covered with a layer of cotton wool. It is important that as much as ten or fifteen minutes be spent in rubbing the liniment well into the skin, after which the hands must be thoroughly washed. In the course of four or five hours a red blush of the skin will appear, ending in fine, yellow-pointed pastules. Simultaneous with this eruption the cough becomes easier, the expectation more free, the dyspnea less—in fact the most remarkable change will be brought about in the little patient.

Our attention was first called to the usefulness of this application by Dr. Park, in a short contribution to the London Practitioner for March, 1882 (p. 170), and although he principally recommends it in acute bronchitis, we can say that we have found it as useful in the form of bronchitis here described as he did in the acute form of the disease. Indeed, we may add that we have also given it a fair trial in acute catarrhal affections of the chest in children, and never had any reason to feel disappointed with its action.

The internal treatment must be directed toward a stimulation of the bronchial mucous membrane, and toward a recovery of the appetite. The former will be attained in a great measure by the following combination:

B. Ammonia muriat. Ex. euphorbiae nit. fæ., 4 dr. Tinctoria, 1 fæ.
Atropia sulph., 2 dr.
Chloroformi, 1 dr.
Syr. tolu, 1 fæ.
Syr. pelis liqu., 2 dr.
Aqua, 3 fl. iv.

Sto.—One teaspoonful every three hours.

For the purpose of aiding digestion, and as a general tonic, the following will be found useful:

Acid. phosphorici dil., 2 dr.
Acid. nitromuriatic. dil., 2 dr.
Acid. sulphuric. aromat. tinctoria, 1 fæ.

Syr. tolu, 1 fæ.

Sto.—Thirty drops in sweetened water after each meal, three times a day.

The diet should be exceedingly liberal, although no food must be allowed which is likely to disagree. Our main reliance must be placed on rich milk, soup, oatmeal, beef, mutton and other kinds of nutritious food. At no time during the treatment is it necessary to confine the child within doors during pleasant weather. Indeed, out-door exercises should be encouraged as much as possible.

RECENT FORMULÆ OF PARIS PRACTITIONERS.

A letter from Paris in the March 1st issue of the New York Pharmaceutical Record gives the following recent treatment of some of the Parisian physicians:

"Dr. Huchard’s formula for the administration of caffeine in those cardiac cases in which a tonic and diuretic medicament is indicated are more or less largely prescribed here, and the reports thus far are very favorable. The aqueous solution is as follows: Distilled water, 300 grams; caffeine and benzoate of soda, of each 10 grams. Dose: 2 to
have been ingested. To avoid vertigo, the patient should remain in a reclining position.

Germaine Sée’s prescription recently published against cardiac dyspepsia, is as follows: Tincture of iodine, 5 gm.; syr. arnicae rad., 150 gm.; syr. papaveris, 150 gm. Lassus’s paste for eczema is highly commended. The formula, as given in L’Union Médicale for January 21st, is: Salicylic acid, 1 to 2 gm.; oxide of zinc and starch, of each, 12.5 gm.; vaseline, 25 gm. Mix thoroughly and spread upon the parts affected; it is excellent in eczemas which are at once papulous and squamous, and for the intertrigo of infants. After the friction the part should be covered with cotton.

REMOVAL OF RESTRAINT AFTER CATARACT OPERATIONS.

We have previously called attention to the method of procedure of Dr. J. J. Chisholm in the after treatment of cataract cases that have undergone operation. Its excellent effects are reiterated by him in his annual report of the Presbyterian Eye, Ear and Throat Charity Hospital, recently issued. He states, as the most conspicuous good work done at that Hospital during the past year, the fact that not only have dark rooms, bed treatment and eye bandages been dispensed with, but now the eye not operated upon is left open for the guidance of the patient. He is retained in his room for one week, and is prohibited only from using the eye left exposed in reading and writing. For all other purposes he has the full use of it. He can dress himself, feed himself, take exercise in walking about the room, enjoy the visits of friends, and with room light enough to have them read to him. In this way the week of restraint rapidly passes by, after which he is allowed the freedom of the house. This liberty of action adds immensely to his comfort while the blind eye operated upon is being restored to sight.

This very great improvement in the after treatment of cataract cases, in only closing the eye operated upon by a piece of diaphanous isinglass plaster, was started in this Hos-
—For a case of neurasthenia in a young man with disordered digestion, Prof. Bartholow ordered 1/2 gr. corrosive sublimate, to be injected subcutaneously once a day; crease the after meals; easily digested diet; fresh animal food; little vegetable and fruit; exercise.

—The following is recommended for chronic eczema:—

B. Maranta, 3 j
Olei cadinis, 3 j
Hydrarg. chlor. mites, 3 j
Acid. carbolic, 5 j
Ung. petrolat., 5 j

Sig.—Apply.

For a case of scabies the following ointment was prescribed in the out-patient department of Jefferson Med. College Hospital:—

B. Naphthol, 3 j
Sapon. viridis, 3 j
Sulph. precipit., 3 j
Ung. zinci ox., 5 j

Sig.—Externally.

—For a case of "walking typhoid," Prof. Da Costa ordered five drops of dilute sulphuric acid every two hours; one-half ounce of opium every four hours; one grain opium suppository night and morning (may have to increase the opium). Sponge night and morning.

—For internal or concealed hemorrhage, Prof. Gross suggests the following:—

B. Acid. gallic., gr. ij
Ergotin., gr. j
Pulv. digitals, aa gr. j
Pulv. opii, gr. 1/2
M. ft. pil.

Sig.—One every four hours.

—A woman suffering with "flying neuralgia," shooting pains on right side of head and down the dorsal region, vomiting and constipation, was ordered by Prof. DaCosta to regulate diet and take a pill at night containing:—

B. Extract. hyoscym, 2 x
Extract. colocynthis, 2 x
Pulv. rhei, aa
Ol. cajuput, gtt. j.

Sig.—Before meals.

For the neuralgia:—

B. Liq. potass. arseniti, 2 x
Tinc. ignatia, 2 x
Tinc. cinn. cephaelis, q. s. ad f 3/4 j.

Sig.—f 3/4 j after meals.

—If you make a sac of net, and spread over a number of objects upon a table, made to represent the kidneys, liver, and other organs of the abdominal cavity, and then invaginate the sac, you will have a representation of the greater and lesser sac of the peritoneum. The cavities of the pleura and peritoneum may be regarded as large lymphatic sacs. If milk or some similar fluid be thrown into the peritoneal sac, in a short time the lymphatics of the diaphragm will be filled with the fluid and may pass to those of the pleura. This serves to explain why you may find fluid or pus at the same time in the pleural cavity.

—For a case of persistent hiccough in an elderly man, presenting a rather curious history. Age, 73 yrs. First attack 57 years ago, lasting 14 days; at same time had a fever while traveling along the African coast; since then has had long and short attacks; the last attack being of one hundred and twelve days' duration. No apparent cause; digestion good, no nausea or vomiting, no pain except soreness across abdomen from constant contraction and relaxation of diaphragm. The attack does not cease during sleep; worse upon taking food; pulse ninety-six and a little rigid. Prof. Da Costa ordered:

Bland diet, occasional laxative and

B. Chloral, 3 j
Tinct. belladonnae, 3 j
Sodii bromidi, 3 j
Syr. zingiberis, q. s. ad f 3/4 j.

Sig.—3 j frequently.

Later will give small doses of tinct. cannab. indic. and, in doing so, we feel the consciousness of a similar approving pressure from a numerous representation of the great American medical profession.

THE AMERICAN MEDICAL STUDENT.

This is the fertile theme which Prof. Austin Flint has selected for his address before the Alumni Association of Jefferson Medical College. Dr. Senn, of Milwaukee, in his letters from Europe last summer, published in the columns of the Journal of the American Medical Association, drew a most favorable comparison between him (the American student) and the foreign medical student, especially him of Germany, plainly exhibiting the peculiarities which render the latter less interesting in all his personal characteristics than the medical student of America. Prof. Flint has had for many years opportunities of association with students as teacher, adviser and friend, which must render him preeminently happy as a lecturer upon this well-chosen subject.

—The pressure of other important contributions to the current issue compels us to postpone to next month several editorials on practical medicine and topics of contemporary interest.

Our Library Table.

[All new publications noticed in this department, and all other medical works, may be procured by addressing Wm. F. Fell & Co., 126-128 Sansom St., Philadelphia. See advert. pages.]

ATLAS OF VENEREAL AND SKIN DISEASES.
By Prince A. Morrow, A.M., M.D., Clinical Professor of Venereal Diseases, formerly Clinical Lecturer on Dermatology, in the University of the City of New York. Messrs. Wm. Wood and Company, of New York City, announce that this large and important work, which they have had in contemplation since 1883, is now being published. As they considered it impossible for any one author to furnish, from his own collection of
cases and illustrations, the most typical and lifelike pictures of these diseases, it was determined from the outset to enlist the cooperation of the leading dermatologists and syphilographers of the world, prominent among whom are Prof. M. Kaposi and J. Neumann, of Vienna. The atlas of the former, of venereal diseases, just completed, and that of the latter, of skin diseases, now being issued in parts, will be largely drawn upon in the preparation of this work, the sole right to reproduce them being granted by the authors to Wm. Wood and Company. Among others who will contribute to their collections of original illustrations are J. Hutchinson, of London; Prof. A. Fournier and A. Hardy, and Drs. Ricord, Cullerier, Besnier, and Vidal, of Paris; Prof. Leloir, of Lille; Drs. P. A. Morrow, E. L. Keyes, and F. N. Otis, of New York; Dr. J. Nevins Hyde, of Chicago; Dr. H. G. Piffard, of New York, and others. Dr. Morrow will write the treatise on skin and venereal diseases.

The Atlas will be published in fifteen imperial folio parts, containing seventy-five superb chromo-lithographic plates, in flesh tints and colors, containing several hundred figures, many life-size, with descriptive text for each plate, and from sixteen to twenty folio pages of a practical treatise upon venereal and skin diseases; the whole forming one magnificent thick imperial folio volume. It will be sold by subscription only, at the moderate price of $2 per part. Three parts are now ready.


The publishers announce the early appearance of this important work, which will be profusely illustrated with full-page chromo-lithographic plates and wood engravings. It will be for sale by subscription only. Professor Taylor was formerly President of the American Dermatological Association, and joint author of Bumstead and Taylor's "Pathology and Treatment of Venereal Diseases." The work will be issued in eight parts, aggregating fifty-eight large folio chromo-lithographic plates, measuring 14 1/2 x 18 inches, and containing about two hundred figures, many of them life-size, executed with the utmost faithfulness and beauty of detail, and costing $2.50 a part. These plates will delineate typical cases from the practice of the author, and selections from the entire literature of Europe, including among others the works of Cullerier, Fox, Fournier, Hebra, Hutchinson, Kaposi, Neumann and Ricord. The text will deal chiefly with the practical aspects of the subjects, and will be illustrated with a series of unusually large engravings, executed specially for this work, and drawn principally from original matter in the possession of the author.


This work, which constitutes one of the series of volumes entitled "Physicians and Students' Ready Reference Series," has been prepared under the immediate supervision of Prof. W. S. Stewart, of the Medico-Chirurgical College, of Philadelphia. It is the outcome of accurate note-taking for a number of years of his lectures on Obstetrics in that school. The work is systematically arranged, including in proper order and in careful elaboration the various subjects of Anatomy, Physiology, Pregnancy, Labor, the Puerperal State, and Obstetric Operations, which, as exponent of the experience and professional skill of Prof. Stewart, should instruct and interest a large number of readers.


Each succeeding edition of this well-known work increases its usefulness and importance. As electricity becomes more widely appreciated in its applications to medicine and surgery, and to special departments, such as gynecology, the profession requires some guide like this valuable treatise to inform them of the progress and the possibilities of this potent agent. Its application to diseases of women forms, indeed, in this edition, the conspicuous feature of the more recent therapeutic uses of electricity.


In this little book are reprinted the Code of Ethics of the American Medical Association, with its constitution, by-laws and ordinances, brought down to 1888; the Code of Ethics of the American Institute of Homoeopathy and the Code of Ethics of the National Eclectic Medical Society. The Code of the Homoeopathic Institute is strikingly similar to that of the first named. Altogether, it is a handy little book for reference.


This useful and practical volume is one of the series of publications constituting the "Physician's Leisure Library," each one of which is devoted to some important branch of medical or surgical science or art. The low rate at which such excellent works can be obtained must attract many medical practitioners to them. In the work before us, the value of different operations for hemorrhoids is intelligently presented.

Alden's Manifold Cyclopaedia.

John B. Alden, Publisher, of New York City, has issued a prospectus of this valuable and useful work, to be published in thirty volumes, with several thousand illustrations. The Manifold Cyclopaedia will be much more than a "Cyclopaedia of Universal Knowledge;" it will embody also a Dictionary of the English Language—containing every word which has just claim to a place in it.

Editorial talent of experience and skill is engaged in the conduct of the work, and the publisher's past association with Cyclopaedia making is good basis for the pledge he makes to his patrons that The Manifold shall be inferior to no other Cyclopaedia in any of the important qualities of a popular guide to knowledge.

This Cyclopaedia is meant for "the millions," and its price is made very low; per volume, in cloth, 50c.; half Morocco, 65c.; postage, per volume, 10 cents. Reduced prices are offered to early subscribers.


Books and Pamphlets Received.


Les Microbes de la Fievre Jaune. Par le Dr. D. Tamayo. La Havane, 1888.


The Galvano-cautery Sound and its Application, etc. By Robert Newman, M.D., of New York, 1887.


Therapeutic Briefs.

[Short paragraphs embodying the practical personal experience of any of our readers will be acceptable as contributions to this department.—Editor COLLEGE AND CLINICAL RECORD.]

A study for WARTS, suggested by E. Vidal, is the following:

- Acid, salicylic, 66 p. j.
- Alcohol, Ethyl sulphuris, 66 p. v.
- Collodion, D. x. M. Sto.—Paint the warts with the solution daily.
- Dr. John A. Wyatt, in the Virginia Medical Monthly, February, 1888, contends that in surgical operations the dangers from Ether,
whether immediate or remote, are so much less than those from chloroform, that the latter should only be employed in exceptional cases.

To cure HICCOURH, Dr. Dresch, in the Bulletin Général de Thérap., suggests that the sufferer close the external auditory apparatus with the tips of the fingers, making firm pressure, while at the same time some one gives him small swallows of water.

An excellent prescription in some stages of BRONCHIAL CATARRH is the following:—

B. Ammoni chlorid, 3ij
Extract. glycyrhyz. gr. xx
Syrup. pruni virginianae, f 3 ij
Sodii phosph., f 3 ij
Syrup. ipecac., f 3 ij
Aqu., fij. M.

Sig.—A wineglassful t. d.

In addition to the above, the patient should take Strychnis sulph. gr. ½, three times a day.

For DIARRHEA from indigestion, pains in the bowels, etc., the following will be found useful:—

B. Olei olive, 3 ss
Acacia pulv., 3 ij
Opium pulv., gr. ii
Syrup. f 3 ss
Syrup. destillat., f 3 iss. M.

Sig.—A tablespoonful every two or three hours.

The London Recorder, January 20th, 1888, states that Bivert, a St. Petersburg pharmacist, has found the following a successful formula for preparing SALICYLIC COLLOIDATION, a useful remedy for corns:—

B. Collodii, p. c.
Acid. salicylic. crystal., p. x.
Terebinth. venet., f 3 ij.
Chlorophyll, q. s. M.

Dr. E. T. Bruen, of Philadelphia, in the Therap. Gazette, February 15th, 1888, gives the following formula for a tonic pill in PHTHYSIS:—

B. Iodoform., gr. ½
Acid. arsenicos., gr. ½ to 1 ij
Fil. ferri carb., gr. ½
Extract. cannabis indica, gr. ½
Quinine sulph., gr. ½. M.

Sig.—One t. d.

M. J. Simon (Lyons Medical) suggests the following enema for INFANTILE CONVULSIONS:—

B. Moschi, gr. iij
Campophora, gr. xv
Chloral hydrat., gr. vij
Vitell. ovum
Aqua destillat., f 3 iss. M.

This to be used after the rectum has been emptied by means of a large wet or oily enema.

The Amer. Agriculturist, Feb. 1888, suggests the following method of preparation of a recipe for the sick room: FILLET OF CHICKEN. Reduce a quart of chicken broth to less than half that quantity by slow simmering; strain into a plain mould, and let it stand while you broil a neat fillet from the breast of a tender chicken. Season this with salt and pepper, and put it into the mould of reduced broth, which must be set on ice until it hardens. Turn out on a small oval dish, and decorate with parsley.

Dr. W. P. Chunn, in the Maryland Med. Journal, Jan. 28th, 1888, has found the following prescription to allay incessant desire to urinate and IRRITABILITY OF THE BLADDER, when due to phosphiatic urinary deposits:—

B. Acid. benzoici, 3 ij
Sod. borat., 3 ii
Aqu., 1 iii. M.

Sig.—A tablespoonful three times a day.

Dr. A. C. Follatt, of Huron, Dakota, reports in the Medical Record, March 3d, 1888, that one of his patients took ten grains of QUININE to abort a commencing cold. In about half an hour she began to suffer from nausea, vomited freely, and was soon greatly prostrated. About an hour later a severe metrorrhagia set in and continued for three or four days.

The following powders for the treatment of DYREMA are recommended by M. Vigier, in the Journal de Medecine, Jan. 8th, 1888.

B. Morph. hydrochlorat., gr. ½
Acacia pulv., 3 ss
Bismuth. subnitrat., 3 iss. M.

Sig.—Use by insufflation in nares.

A. Amyl pulv.,
Acid. boric,
Tinct. benzoin., 3 iss. M.
Triturate, sift and dry. Add gr. iss morphis hydrochlorat., if deemed advisable.

In cases of CYSTITIS, Dr. J. B. Scott, of Kansas, reports that he has found the old formula, known as the Lafayette mixture, to produce excellent results (Therap. Gazette, Feb. 15th, 1888):—

B. Epsps., 3 j
Liquor. potassae, ½ j
Spirit. aetheris nitros., 3 iij
Extract. glycyrrhizae, 3 ss
Ol. gaultheria, m xj
Syrup. acacia, ½ ij.

Sig.—A dessertspoonful three or four times daily, after meals and at bedtime.

The College and Clinical Record.
The College and Clinical Record.

**News and Miscellaneous.**

The next Meeting of the Association of American Medical Editors.—The following programme has been arranged for the meeting at Cincinnati, Monday evening preceding the meeting of the American Medical Association, May, 1888: Meeting called at 8 p.m. Reading of minutes. President's address, Dr. William Porter, of St. Louis. Report of Committee on Organization, Dr. McMurtry, Chairman, Danville, Ky. Election of officers for ensuing year. Extraordinary business. Questions for consideration—

1. Is the multiplicity of medical journals an advantage to the profession? To be discussed by Drs. Crothers, Hartford; Sim, Memphis; Wile, Conn.; Love, St. Louis; Culbertson, Cincinnati; Cushing, Boston; Coones, Louisville, and Gray, Chicago.

2. How far do medical journals distributed by drug houses and manufacturers interfere with regular medical journalism? To be discussed by Drs. Reynolds, Louisville; Davis, Chicago; Shoe-maker, Philadelphia; Bond, St. Louis; Connor, Detroit; Kiernan, Chicago; Thacker, Cincinnati, and Fulton, St. Paul.

Members are requested to limit their remarks to fifteen minutes, and if possible to ten. The place of meeting will be posted in all the hotels by the local committee.

Arrangements can be made at this meeting for a "press dinner" for another evening during the week, but it will be impossible to conclude the business of the Association and have the dinner at the same evening.

**Mutter's Lecture.—** Dr. O. H. Allis commenced a course of lectures on the "Surgical Pathology of the Articulations," at the College of Physicians, Philadelphia, on March 6th, which will end April 6th, to which the Fellows of the College and the Medical Profession were invited.

The Department of General and Orthopaedic Surgery in the Philadelphia Polyclinic and College for Graduates in Medicine, for the treatment of all bodily deformities, has been reorganized as follows: Professor, H. Augustus Wilson, M.D.; Adjunct Prof., A. B. Hirsh, M.D.; Chief of Clinic, J. F. Bower, M.D.; Assistant, Wm. S. Shimer, M.D.; Mechanician, Mr. Gustaf Gervert; Massage and Swedish Movements, Mr. K. W. Ostrom, from the University of Upsala, Sweden, and Miss Anna Jonsson, Graduate of the Royal Central Gymnastic Institute of Stockholm, Sweden.

A machinist's workshop, with all the necessary tools, has been fitted up in the college building, so that the fitting, applying and altering of surgical-mechanical appliances can always receive the combined attention of the surgeon and mechanical engineer. The wards of the hospital afford facilities for cases requiring house treatment. Dispensary services on Mondays, Wednesdays and Fridays, at 11 o'clock.

Conjoined Twins.—At the regular meeting of the Obstetrical Society of Philadelphia, held March 1st, Dr. William Goodell exhibited a specimen of Conjoined Twins, which had been presented to him by Dr. Junius F. Fuller, of Roxborough, N.C.

The specimen was a perfect one; the bodies were united at the hips and there were three feet in common. Some years ago an analogous living specimen of conjoined twins was on exhibition in this city, and he had brought them before his class at the University, and had given a lecture upon the subject. From investigations then made he found that this form of conjoined twins was not a very rare one, as Aldrovandus and other old writers had described and figured them. The specimen which he presented must have been aborted at the third month of utero-gestation.

Jefferson Medical College.—The Annual Address before the Alumni Association will be delivered by Professor Austin Flint, of New York, in the lecture room of the College Hospital, on Monday, April 2d, at 8 o'clock, P.M. Subject: "The American Medical Student." The Annual Meeting of the Alumni Association will take place in the lower lecture room of the College, on Monday, April 2d, at 12 o'clock, noon.

The Annual Commencement of the College will be held on Wednesday, April 4th, at noon. Prof. Bartholow will deliver the address.

The Gossip says that the adoption of electricity as a means of disposing of murderers will not be permitted by the legislature. One child in a certain family was left-handed, and the second appeared to be so at the age of one year. It was then learned that the mother always carried her children on her left arm. She was advised to change and hold it on her right arm; the infant, having its right hand free to grasp objects, soon became right-handed.

The Journal of Reconstructive Surgery has changed its name to one more readily appreciated and understood by the medical profession, The Dioretic Gazette. Dr. Geo. B. Fowler is its editor, and in his hands it will doubtless accomplish the important mission which its entering proprietor desired, in the scientific establishment of a journal of physiological medicine.

—the American Institute has awarded the Medal of Superiority to the Jerome Kidder Manufacturing Company, New York, for their 1887 exhibit of "Electro-Medical Apparatus and Appliances and Instruments." For fifteen consecutive years they have received the highest awards from the American Institute and wherever exhibited in competition. The materials and workmanship of their batteries are not to be excelled. The "Tip Battery," a specialty of this firm, can be instantly thrown out of or into action, and there is no trouble from handling the elements, or the dripping and inconvenience incident to the ordinary faradic battery.

Dr. L. P. Gibson, Secretary of the State Medical Society of Arkansas, in his circular announcing the meeting of that society on April 25th, gives the following hint to the figure-heads who are so often found occupying ornamental but idle places in Societies: The members are requested to read carefully the list of committees, and to remember when their names appear there that they have not been put on the committees for ornament, as a compliment to those who are more deeply interested in the welfare of the association. The object of this address is to make sure that every member of the society is properly placed. The journal regards the patient as sick or injured; probably it will doubtless accomplish the important mission which its entering proprietor desired, in the scientific establishment of a journal of physiological medicine.

—an exchange mentions the case of a young lady who, after having a tooth extracted without an anesthetic, yawned continuously for several weeks. We would suggest in explanation that the dentist probably left a gap in her mouth.

Dr. E. W. Piper (J. M. C., 1884), formerly of Philadelphia, is now practicing in New York City.

Dr. N. I. Redpath (J. M. C., 1887) is connected with the Hospital for the Insane, Fort Steilacoom, Md., is physician to the German Society of New York.

Dr. F. C. Herr (J. M. C., 1879) is at Delaware, Ohio.

Dr. Geo. A. Ickes (J. M. C., 1886) is at Millersville, Pa.

Dr. J. H. Freas (J. M. C., 1886) is at Johnson City, Tenn.

Dr. J. A. Franklin (J. M. C., 1886) is now at and Cameron, Mo.

Dr. Edwin F. Lehman (J. M. C., 1884) has removed to Minneapolis, Minn.

Dr. A. R. Howell (J. M. C., 1887) has removed from Russellville to Atkins, Ark.

Dr. William H. Ziegler (J. M. C., 1880), formerly of Philadelphia, is now at Oakland, Cal.

Dr. Francis F. Rowland (J. M. C., 1873) has removed from Media, Pa., to Los Angeles, Cal.

Dr. E. W. Piper (J. M. C., 1884), formerly of Philadelphia, is now practicing in New York City.

Dr. N. L. Redpath (J. M. C., 1887) is connected with the Hospital for the Insane, Fort Steilacoom, W. T.

Dr. A. V. Goswell (J. M. C., 1877), at Baltimore, Md., is physician to the German Society of Maryland.
Dr. J. E. Halbert, (J. M. C., 1873) is a Demo- 
ocratic member of the House of Representatives of  
Bolivar County, Miss.

Several prominent physicians from Philadel- 
phia accompanied the remains of Dr. Milton B. Muser (J. M. C., 1868) to Lancaster, for interment.

Dr. J. B. Stoner, (J. M. C., 1883), has been 
appointed Assistant Surgeon U. S. M. H. S., and  
assigned to duty at Marine Hospital, New York City.

Dr. G. W. Stoner, (J. M. C., 1881), Surgeon  
U. S. M. H. S., has been detailed as chairman of the  
board for physical examination of officers and  
candidates, Revenue Marine Service.

Dr. W. H. H. Githens, who resigned the secre- 
taryship of the Philadelphia Obstetrical Society  
the first of the year, after an uninterrupted service of 
eleven years, was presented at the last stated meet- 
ing, in the name of the society, with a very hard-  
some mantel set (including clock and side orna- 
ments), in recognition of the very valuable Services  
he had rendered the Society during his long term  
in office.

Notes and Queries.

EXPERIENCE OF TWO YOUNG OB- 
STETRICIANS.

JUDSON, Ind., Feb. 14th, 1888.

A circular letter in your journal (1887, p. 270),  
relating to attendance on women about to be  
confined, reminds me of my experience during 
the winter of 1865-66. Mr. Keely, a fellow-stu- 
dent of Jefferson Medical College, and myself  
visited old Bedford street, one Sunday, to see  
if we could get a case of midwifery to attend. An  
old colored Auntie piloted us around and ob- 
serd, sometimes we thought we did and sometimes we thought we didn't. After two hours, during which time we

listened for and counted the fetal pulsations, as  
well as the placental bruit, discussed the present- 
tation, etc., we saw a great light. The bowel was  
emptied, during an expelling pain, of fully half a 
gallon of fecal matter, and after having the nurse  
remove the soiled linen, we could feel the cervix  
for the first time, and found, to our great satisfac- 
tion, that it was dilated about the size of a dollar,  
with the head of the child presenting. I don't  
know about Keely, but for my part, through a long  
period of varied obstetrical practice, these two  
hours were the most trying to me of any I have  
ever experienced. While we did not find it ne- 
cessary to call on Prof. Wallace, his interest in us  
ever abated, and he would often ask us how we  
were getting along, and give us a word of encour- 
gagement, but we could always see that he felt  
sorry for the "poor women." He said his first  
case of labor was a cross birth, and twins.  
T. F. LEACH.

Deaths.

ARPPELL.—At Fort Lee, March 12th, 1888,  
Thomas F. Arpell, m. d. (J. M. C., 1849), U. S.  
Army. He was, it is said, the first volunteer sur- 
geon mustered into the service in the late war.  
After the three months' campaign he was trans- 
ferred to the regular army, and remained in active  
service until his retirement, three years ago. His  
health had not been good, the result of injuries  
received in the Medoc war.

BOWMAN.—At Harrisburg, Pa., March 6th, 1888,  
J. D. Bowman, m. d. (J. M. C., 1856).

CHAPMAN.—At Brooklyn, N. Y., March, 1888,  
Edwin Nesbit Chapman, m. d. (J. M. C., 1845),  
aged 60 years, formerly Professor of Therapeutics and  
Materia Medica in the Long Island College Hospi- 
tal, and afterward of Clinical Midwifery and Dis- 
eses of Women and Children in the same institu- 
tion.

ENGLEMAN.—At Philadelphia, Feb. 6th, 1888  
Edgar J. Engleman, m. d. (J. M. C., 1839), aged  
74 years.

FOREMAN.—At Lancaster, Penn., February, 1888, 
Samuel B. Foreman, m. d. (J. M. C., 1876).

MUSER.—At Philadelphia, March 2d, 1888, Mil- 
ton B. Musser, m. d. (J. M. C., 1868), in his forty- 
second year.

ODDY.—At Philadelphia, February 25th, 1888,  
John Oddy, m. d. (J. M. C., 1869).

SERVICE.—At Philadelphia, February, 1888,  
Lecky M. Service, m. d. (J. M. C., 1848).

STEWARD.—At Thomasville, Ga., February 8th,  
1888, H. Seymour Steward, m. d. (J. M. C., 1857),  
formerly of Elyria, O.

WILLETT.—Suddenly, at Memphis, Tenn., Feb- 
6th, 1888, E. Miles Willett, m. d. (J. M. C., 1859).

Vol. IX. No. 5  
May, 1888.

THE COLLEGE AND CLINICAL RECORD.

Clinical Lecture.

THE MORPHIA HABIT.

A Clinical Lecture delivered at the Philadelphia Hospital,  
BY J. C. WILSON, M.D.,  
Physician to the Hospital and Lecturer on Physical Diagnosis  
in the Jefferson Medical College.

Reported by William H. Morrison, m. d.

GENTLEMEN.—The patient whom I bring  
before you this morning is a victim of the  
Morphia habit. He has been for a long time  
what is technically known as an opium eater. He is a Frenchman, thirty-nine years of age,  
a widower, and by occupation a clothing in- 
spector. His parents died when he was quite  
young, his father of some acute affection and  
his mother of consumption. He is the young- 
est of thirteen children. All the rest of the  
family are now dead. Two of them died of  
consumption, but none of them were insane, 
and none were addicted to the use of alcohol.  
The patient's general health was good until  
he came to this country, fourteen years ago.  
Shortly after his arrival he had a severe attack  
of pneumonia. In 1878 he was treated in one  
of the hospitals of this city for what was said  
to be locomotor ataxia. The affection, he tells  
us, was characterized by numbness in the ex- 
tremities and by some difficulty in coordina- 
tion, and he thinks was brought on by catching  
cold. He again had pneumonia, and in 1883  
he suffered with a third attack of pneumonia,  
which confined him to the hospital for two months.

About seven years ago he began the use  
of morphia, on account of mental depression  
brought on by business troubles. To relieve  
this, a friend suggested the use of morphia.  
At first he used small doses, one-fourth of a  
grain daily. This was taken in the morning  
before breakfast. At first this cheered him  
up, and he was "happy all the time." In a  
few months he found it necessary to increase  
the dose, and in a short time he reached three  
grains, which was taken in one dose. He  
continued to increase the quantity, until he  
finally took thirty grains of morphia as his  
single daily dose.

About a year ago he tried to reduce the  
dose, and for fifteen months he took doses  
ranging from fifteen to thirty grains. I always  
doubt the statements made by victims of the  
opium habit, but this man is so intelligent,  
and appears to be so candid, that I am inclined  
to think that he did take very large doses.  
As soon as the effect of the daily dose had  
passed off, and the time for the next dose  
approached, he had headache, vomiting and  
violent sinking pain in the stomach; there  
was this, with sometimes, cramp-like pain in  
the stomach, and sometimes cramp in the  
lower extremities. The morphia was at  
times rejected and had to be repeated. If  
the dose were retained he soon felt all right.  
At first the drug gave a feeling of satisfac- 
tion, but after a time each dose simply alloyed  
the distress without making him feel better.  
During this time he was constantly making  
efforts to break off the habit. For the past  
six months he has been making a vigorous  
effort to reduce the dose. For this purpose he  
has used coffee and whiskey in large doses,  
which, by their stimulating effect, replace, to  
a certain extent, the influence of the morphia.  
He succeeded in reducing the daily dose to five  
grains, and maintained it at this for two months, when he gave up  
and came to the hospital.

He was admitted three weeks ago, and he  
says that he has received no morphia since  
admission. He has been in the ward with  
the other patients, and has had but one visit- 
or, who, I think, would not bring him any  
morphia, as he is very desirous that he should  
recover. The only narcotic which has been  
given him has been cannabis indica, which  
has been administered on several occasions,  
and has succeeded in inducing sleep. He  
tells us that after bringing the dose down to  
five grains, he suffered from severe pain in  
the back and stomach. With this there was  
persistent vomiting. When admitted he was  
delirious, and had been so for a day or two.  
He had also suffered from insomnia and had  
tremor. Whether the dose is decreased gradu- 
ally or rapidly, few patients escape delirium,  
which is like the delirium tremens of alcohol-
ism. The patient appears to be extremely anxious to rid himself of this habit, and he states that he has taken no morphia since he has been in the hospital, and that he would not take it even if he had the opportunity.

The morphia habit is more prevalent in this community than one would perhaps suspect. The cause of this prevalence is twofold. In the first place, it largely arises from the good-natured carelessness of the profession. In this case, fortunately, the profession is not to be arraigned for the crime of making an opium eater. This man states that he took morphia not on account of pain, but because he was recommended by a friend to use it to relieve the mental distress which he suffered as a result of business affairs. In the second place, a cause of the opium habit is the lax way in which druggists supply narcotics to unauthorized individuals. I find, upon inquiry among those suffering from this habit, that, with few exceptions, it has arisen either in the course of some chronic sickness or during a painful illness attended with insomnia. Under these circumstances the patient has been given opiates to relieve pain, and allowed to regulate the administration for himself. The physician forgets that a narcotic has been ordered, and the patient passes from his knowledge by which he can obtain that which he requires in a satisfactory manner. When, however, the dose is taken at night, the patient is apt to show some signs of reaction in the morning, and a certain amount of ill-health will be observed. The individual is unable to apply himself to his usual avocations. He desires to be alone, is a little moody, and is apt to have periods of dullness and distress unaccountable. At this time signs of ill-health manifest themselves. The pupil will be found to be contracted at a certain period of the day, corresponding with the administration of the dose, while at another period they will be found to be widely dilated. The appetite is irregular and capricious and less than customary with the individual. This diminution of appetite is apt to be varied by attacks of boulinia, in which the person eats excessive amounts of food, and these are apt to be followed by spells of indigestion. It will be found that he is a poor sleeper, and that he will sit up and read or write or wander about the house. In the morning he will sleep late, having, perhaps, taken an extra dose during the night.

After a time these things attract the attention of the patient's friends, and suspicion is aroused. More frequently it is thought that he is the subject of some irregularly manifested visceral trouble. The progress of the case will be such that, ultimately, impelled by his wretchedness or induced by his friends, he consults a physician. Now one of the most curious mental perversions manifests itself. Such an individual will go from doctor to doctor, and unless the physician find a clue and press it in the most energetic way, he will conceal the cause of his trouble. Even when the doctor, noticing the strongly contracted pupils, and told of unaccountable attacks of constipation alternating with diarrhoea, puts the question point blank, and the patient admits that he takes opium, he will almost invariably state the quantity as much lower than it really is. This tendency to lie on the part of these individuals is a mental manifestation of the action of this drug that is almost characteristic. I once had under my care a young, refined and pious woman, who in every respect could be depended upon. She had been placed in a room with a nurse, for the purpose of being cured of this habit, and she called on God to witness that she had no morphia secreted in the room. Within a few minutes I turned over the mattress of the bed and found sixty one-quarter-grain morphia pills. In every other respect she could be depended upon to tell the truth.

As the habit goes on, there almost invariably comes a time when the individual must come under treatment. There are, however, exceptionally, individuals who seem to bear large doses of narcotics in a most wonderful manner. These persons go through a lifetime in poor health, but never coming to a point where the dose of the narcotic fails to bring them up to their usual every-day physical and mental condition. As the dose is increased, the symptoms manifested by our patient arise. The dose previously taken fails to stimulate the nervous system, and must be increased to obtain the usual effect. A longer or shorter time, during which the patient vainly endeavors to diminish the dose, there comes a time when no amount of the drug will bring even temporarily a feeling of satisfaction, and the patient falls into a condition of continual wretchedness and sleeplessness, is unable to digest his food, suffers from obstinate constipation and diarrhoea, and from more or less frequently repeated vomiting. He wastes away to a mere skeleton, and, finally, is incapacitated for the ordinary duties of life. At this point, unless the habit be broken up, the patient is in danger of succumbing to any intercurrent affection.

When the patient comes under treatment you will usually have a serious undertaking. You will see from time to time in the journals, statements that individuals have been cured of the habit while they pursued their ordinary avocation. For my part, I believe that very few of these cases are really cures. I think that the patients have succeeded in eluding the vigilance of their attendants. No morphia habitué can be depended upon to tell the truth. From what I have seen of the most carefully-managed cases of this kind, I believe that few morphia eaters who have taken large doses, say from five to ten grains per day, can stop the use of the drug, either gradually or abruptly, without great physical suffering and mental anguish, such as would impel them to take the drug whenever it is possible for them to get it. I say this advisedly, having had considerable experience with these cases. I believe that any attempt to cure the morphia habit while the patient is at large will be followed by negative results, and that those cases reported as successful have not been real cures. In attempting the radical cure there are two methods which may be followed. The first is that of abrupt discontinuance, or the method of Levenstein; and the second is that of gradual discontinuance. The method of Levenstein is, I believe, not used in this country. It is attended by an amount of suffering which, in view of the fact that some of it can be avoided, is unnecessary. The gradual method is the one usually pursued, and even this is attended with great physical and mental hardship. In this method the process is as follows: The patient is confined in a room with two attendants, one for the day and the other for the night. He is never allowed to be alone. As soon as he is prepared for the treatment he is given a bath and the clothing which he is to wear is allowed to remain in the room to be occupied. The physician must examine the clothing to see that no morphia has been concealed, for a large proportion of these cases will secrete about their persons or belongings, or in the
room, a supply of morphia which will last for several days. In this way the physician is apt to be deceived and the treatment prolonged. Every precaution must, therefore, be taken to get rid of the morphia that has been secreted.

The patient is put to bed and the physician administers the drug hypodermatically. The patient should not know what is given. During the first twenty-four hours, the dose should be what he is in the habit of taking. In this way you get control of the patient and save a good deal of suffering in the beginning. The next day the dose should be diminished one-half. The following day it should again be diminished one-half, and by the fourth day the dose may be entirely stopped. The hypodermic injections must, however, be continued for several days longer, even if you give nothing but water, or simply the 3/4 of a grain of morphia. By the seventh or eighth day this may also be stopped. As soon as the physical effects of the morphia which has been taken pass off, there is relaxation of the vaso-motor system of the intestinal tract, with a pouring out of fluid into the intestine and stomach, with copious vomiting and free diarrhoea, often colliquative. There is intense craving for the drug. There is marked nausea and inability to take food. There is complete sleeplessness, and sooner or later delirium appears, and this is often attended with tremor, and is precisely analogous to delirium tremens of alcoholism. Finally the delirium may become intense and active, and during this period there is danger of sudden heart failure and collapse, which in some cases have proved fatal.

After you have once ceased giving the drug there are only two indications which will lead you to return to it, unless you intend to abandon the treatment. There are cases in which from heart failure the danger to life is so great that you must abandon the attempt, but these cases are extremely rare, and I have never met with one. In twenty-four or thirty-six hours after the withdrawal of the morphia, if there is a tendency to collapse of such severity as to cause alarm, you must give a large dose of morphia, say one-fourth to one-half a grain. This increases the force of the heart in a way that no amount of ammonia, digitalis, or alcohol is capable of doing. A large hypodermic injection of morphia will stimulate the circulation, induce sleep, and give you a chance to continue the treatment. The other condition in which it is necessary to administer a large dose of the drug, is when the gastric irritability is such that no amount of nourishment can be retained and there is danger of the patient becoming exhausted. Under such circumstances you gain a little time by giving one or two relatively large hypodermic injections. No patient can endure such suffering as this unless guarded all the time. The time at my disposal to-day does not permit me to give you the details of treatment by which the nervous system shall be sustained and the strength kept up. I must, however, put you on your guard against allowing visitors or friends to see the patient. Most of the patients have friends who are so foolish as to bring them supplies of the drug. They may watch for a few or two or three weeks, and carefully secluded from the access of all acquaintances. After this he may be allowed to go out with a nurse or attendant, or may be sent to the country or seaside, and after a month or six weeks, many are able to return to their ordinary occupations.

With reference to the necessity for this sort of treatment to overcome the opium habit, it may be said that it is desirable to undertake it in every instance where you can prevail upon the patient and his friends to submit to it. It is an expensive and troublesome process, and not without much suffering, and some danger. The fact that it is expensive, and that it is painful and troublesome, so long as it is within the patient's means, is fortunate, and stands in the way of a relapse.

There is another thing which must always encourage the patient and his friends, and this is that morphia and opium, no matter how long the doses taken or how long they have been continued, do not produce destructive lesions of the nervous system or of the viscera, so that the treatment may be undertaken with the hope that the patient will be restored to his original intellectual and physical state. In this respect opium is unlike alcohol, which gives rise to degenerative changes in the viscera and in the nervous system. The effects of opium are functional, and are not necessarily accompanied by organic lesions.

RELAPSE IN TYPHOID FEVER. Extract from a Clinical Lecture delivered at the Pennsylvania Hospital.

BY PROF. J. M. DA COSTA, M. D., Of Jefferson Medical College, Philadelphia. Reported by W. H. MORRISON, M. D.

I shall, in concluding this lecture, show you a case which, although not rare, is instructive. It is a case of marked relapse in typhoid fever. November 29th, the temperature of this patient was 99.5°. December 1st, it was, in the morning, sub-normal, 97.6°, in the evening, 99°. The temperature continued normal, sometimes becoming sub-normal, until December 8th—nine days ago—when the temperature went up from 98° in the morning to 100° in the evening. The next morning it was 99°, that evening, 101°, it continued gradually rising until it reached 103°.

The relapse made its appearance without apparent cause. The tongue became dry and the spots on the abdomen reappeared. There was no diarrhoea, and even during the original attack the diarrhoea had not been marked. The first attack had been complicated by pneumonia, which, however, has not returned.

The temperature this morning is 100.4°. The tongue is red, but no longer dry; the spots can still be seen. Convalescence will probably set in within a few days. As a rule, relapse in typhoid fever ends in recovery, and is of comparatively short duration. If the average duration of an original attack of typhoid fever be taken at twenty-four days, the relapse will continue not more than twelve days, that is to say, one-half the length of the original seizure.

A relapse of typhoid fever requires the same care as the first attack. All the symptoms of the former sickness may be reproduced, even to intestinal hemorrhage, and under rare circumstances, perforation. There are fresh morbid processes in the intestine, although they are not apt to be so deep-seated.

The treatment in the present case has consisted in the use of dilute nitro-muriatic acid, twenty drops every four hours. When the tongue was dry, he retained which can now be stopped. He has also received whisky. He is allowed three pints of milk and one pint of beef-tea in the twenty-four hours. This is the average quantity of food which we allow our cases of typhoid fever. This man was also given cocaine, in doses of one-sixth of a grain every fourth hour, on account of cardiac weakness. There is, however, no occasion to continue its use.

Alumni Address.
with methods of medical instruction undertaké to decide how medicine should be taught, judging only from a dimly remembered experience of student life many years ago. Others, unconsciously influenced by interest in some special method employed in a school with which they are connected, are disposed to regard every other plan as inefficient; and some, generally not connected with medical colleges, seem to be penetrated with a desire to decry the methods of teaching in our own country. Revolutions in science or in teaching are not made in a day. Thirty-one years ago I attended my last course of lectures at the Jefferson Medical College; and I was I to contrast the opportunities afforded to medical students to-day with those which I enjoyed in 1856-57. I could show what amount to a revolution in methods and efficiency of teaching; but this has been the growth of more than a quarter of a century. An experience of thirty years as a medical teacher has convinced me that if the growth of more than a quarter of a century. An experience of thirty years as a medical teacher has convinced me that if the improvement in medical training may be traced as far as our own territory is concerned, in 1886, one-fourth were from the State of New York, the others being residents of States north, south, east and west, and Canada and Nova Scotia. I do not find a preponderance of men who had received a college education much greater than in the general class of graduates, although there are some differences of envy, on the part of the unsuccessful, of their more fortunate fellow candidates. I have been curious to ascertain certain facts in the personal history of the "good student." Out of the number of this class graduated at the college with which I am connected, in 1886, one-fourth were from the State of New York, the others being residents of States north, south, east and west, and seventeen States being represented, including Canada and Nova Scotia. I do not find a proportion of men who had received a college education much greater than in the general class of graduates, although those who were graduated at literary colleges were generally superior to those of less elaborate preliminary education. On the whole, the "good students" graduated at our largest medical colleges are a credit to their class, and, I believe, will compare favorably with recent graduates in any country, and under any system of teaching. In my observation, the number of such graduates is increasing, and the professional esprit in this class is becoming more and more marked. The standard of acquirement attained by our best graduates of the present day well merits the admiration of those who are able to compare it with the highest standard of thirty years ago.

The "average" medical student here is about the same as the average medical student elsewhere. He does not attain the rank of the "good student," for many and various reasons. Many average students are sadly deficient in mental training, even if their preliminary education be up to the proper standard. Many students do not know how to study. Many are careless and have no fixed purpose, no enthusiasm, no capacity for consecutive mental effort. Some are bright, quick, and apt, but indolent. They may be "cramping" for their examinations, and thus escape from the class of "poor students," but their knowledge is superficial and indefinite. The "poor student" is a poor creature indeed. Those who are but little above the unfortunate candidates who fail in their examinations seldom do any credit to themselves or to the profession, although there are some rare exceptions to this rule.

American medical students, as a class, are different from medical students in other countries. This is due, in part, to a great difference which exists in our method of teaching. In this country, nearly all of the teaching which students receive is given by the Faculties of our medical colleges and the official corps of teachers. Students are brought in close contact with each other and assemble daily in the lecture-rooms. Few students, during the sessions of the colleges, have any social life beyond their associations with their fellow students. "Cramming" by special instructors not connected with the colleges is much less in vogue than formerly, at least in New York, and there is now comparatively little "cutting" of lectures and trusting to hard work for a short time to make up. Meeting with each other daily, students quickly
form friendships with those who are congenial. The days are so fully occupied, as well as the evenings, that students are not usually fastidious about their lodgings or dress, and many make great sacrifices in order to be able to attend what is thought to be a first-class college. They are more ready to assist each other, pecuniarily and otherwise, than any class of men with whom I have been brought in contact. I have often known students to lend their last dollar to a fellow student in trouble. Strange to say, the temptations of a large city have little influence on medical students as a class; and, as a rule, they are sober and temperate. In an experience of thirty years of close contact with medical students, I have met with but few instances in which they have become disgracefully involved in affairs with the opposite sex.

As a rule, students have a true affection for the college of their choice; and, especially in cities in which there are rival institutions, they are earnest partisans. The "assisted" student (one who does not pay his full college fees) is more or less an object of pity and contempt. It offends a student's sense of justice to feel that a fellow student receives concessions in fees when others are, perhaps, making considerable sacrifices to meet the requirements of the college. Students have an acute sense of justice, and if all be treated alike, and with absolute fairness, it requires but little tact to keep a large class in order.

Sectional feeling and prejudice, which were rife in the large schools thirty years ago, are fast disappearing. Personal quarrels between students are now very unusual. Boyish pranks in the lecture room are not uncommon, but it is very seldom that a teacher is treated with positive disrespect.

Medical classes are merciless critics. Every professor and teacher is freely and fully discussed, and the opinion of those whom I have classed as "good students" becomes the nearly universal judgment. This judgment is handed down from one class to another, and a teacher who has made a positive failure in his first course of lectures has a difficult, almost impossible, task before him in attempting to secure the confidence of his class. Ornate language and oratory, so called, are to be numbered among the lost arts of successful medical teachers. It is now almost universally recognized, by teachers and students alike, that the science of medicine has become too large to allow much attention to be devoted to what was formerly called elegant lecturing. As a rule, the most popular teacher is the one whose teaching is most direct, simple and emphatic.

Many public-spirited medical men of the present day, not practically familiar with modern methods of teaching in medical colleges, have fallen into the error of assuming that the average medical education acquired in America is vastly inferior to what is usually attained in England, France or Germany. This is an error, at least as regards teaching in the larger American colleges; but the methods by which American students obtain their education is quite different from what attains in European capitals. In this country the competition between the different colleges is most active, and, it is fair to say, this competition relates mainly to efficiency of teaching. There is little purely perfunctory performance of professional duties. There are many justly eminent men in our profession here who cannot succeed as teachers, for the art of imparting instruction is not to be acquired by every one. The fact that most of our successful colleges are self-sustaining has a certain advantage. Each college is able to recruit its faculty with the best teachers; and, as a rule, each professor uses his best efforts to make the teaching in his department efficient. No amount of endowment or redundancy of apparatus and appliances for teaching can supply the place of vigorous and efficient instruction on the part of the teaching faculty of a medical college. Making some allowance for courtesy of expression on the part of foreign medical teachers who visit our schools, it is not too much to say that professors from abroad are surprised at the size of our medical classes in attendance on lectures, at the interest and industry shown by American medical students, and the vigorous style of teaching displayed in lectures. In America, teaching by lectures has reached its highest development, and our system, supplemented by recitations and practical exercises, keeps our students constantly at work for the three years, and produces results within that time fully equal, as regards the great majority of students, to those obtained by four or five years' study under the systems in vogue in Europe.

It is far from my intention to attempt to glorify American medical teaching beyond its merits. I speak only of the system carried out by the schools in our larger cities, with an abundance of practical and clinical material efficiently used. There are many medical colleges in this country that have no logical reason for existence, and in which the teaching is of a very low order. The majority of our students recognize the defects of these schools and attend them only as a matter of necessity or from force of circumstances. It is not at this moment apparent how the existence of inferior medical colleges can be avoided.

Medical students in European capitals have, particularly at the beginning of their studies, certain decided advantages over American students. Abroad, a suitable preliminary education is the rule; and the requirements as regards certain elementary and collateral studies are much higher than ours. In the so-called practical subjects, however, I believe that American students have an advantage. Our system of instruction is eminently practical, and the study of what may be termed the theory of medicine by consecutive and connected didactic lectures being carried on in close connection with clinical teaching, our best graduates, as a rule, are singularly well prepared for the practical studies of their profession.

There is less opportunity here than abroad for students who have wasted the greatest part of their time to be "crammed" for their final examinations. This system of "cramming" is one of the greatest evils connected with examinations. In the city of New York, when candidates for hospital appointments were subjected to a competitive examination by a committee, the personnel of which was seldom changed, it was almost impossible for candidates to obtain appointments unless they had been prepared especially for the examination by certain persons. These persons, by studying the questions asked at the examinations for a series of years, finally knew nearly every question that would be asked, with the answers that were expected. The result was that many of those who passed brilliant examinations were found, in the performance of their duties in the hospital, woefully ignorant and inefficient.

That the condition and opportunities of American medical students can be improved, there can be little doubt; and a question of great importance to the future of our profession is, What are the best practical means of securing the desired improvement?

Original Communications.

A REPORT OF FIFTY-THREE CASES OF LAPAROTOMY.

Prof. William Goodell, M.D., of Philadelphia, read before the Obstetrical Society of Philadelphia, April 5th, 1888, a paper on this subject, in which he stated that during the year 1887 he had fifty-three cases of laparotomy, as follows: Ovariotomy, 27 cases, 22 recoveries, 5 deaths. Oophorectomy, 19 cases, 18 recoveries, 1 death. Hysterectomy, 1 case, 1 recovery. Malignant tumor of omentum, 1 case, 1 death. Pelvic abscess, 2 cases, 2 recoveries. Exploratory incision, 3 cases, 3 recoveries. Total, 53 cases, 46 recoveries, 7 deaths. He showed a table, giving the name of the medical attendant of each case and the place and time of the operation.

With regard to the fatal cases, the first one was a case of malignant papillary cyst of both ovaries, by which every abdominal organ seemed to be infected. Bleeding intestinal adhesions needed several ligatures and the application of Monsel's solution. Incurable obstruction of the bowels took place, and the woman died on the seventh day. The second fatal case was in a short but exceedingly fat woman, weighing 254
pounds, who could not walk without assistance. The area of raw surface made by the deep and long abdominal wound was the most extensive Dr. Goodell had seen. Both ovaries, being diseased, were removed; they had contracted adhesions to the abdominal wall, and the larger weighed only about twenty pounds. The lady was operated on at her own home in the country, and was not again seen by Dr. Goodell. She died on the fourth day, from peritonitis. The third case was a forlorn hope. At the time of the operation she had septicemia; she was delirious and very ill indeed, and suffered great pain. By her shrieks she disturbed one whole floor of the University Hospital, although she was on that account confined in a remote room. The cyst was intra-ligamentary, and was adherent to the abdominal wall, the intestines, the stomach, the aorta, the womb, and to the whole pelvic basin. All the adhesions but the pelvic ones were severed, but the latter were not touched, as it was feared to be dying, and it was apparent that she could not survive the shock of a completed operation. Many stimulating hypodermic injections were given during and after the operation, but she never rallied, and died seven hours later. The fourth was a bedridden and very emaciated woman, in whom the cyst had burst several weeks before, and she was being slowly poisoned by the absorption of the colloid matter. The cyst had universal adhesions, and every abdominal organ seemed infected. The peritoneal cavity was flushed and drained. The patient died on the eighth day, from the shock of a completed operation. The drainage tube met this danger. He had seen Dr. Zweifel, of Leipsic, invest a large bleeding area on the abdominal wall, and, transfixing skin, muscles and peritoneum from without, fasten a number of sutures to ivoried rods on either side of the skin flap thus formed. He had used the cautery in times past, but not recently. In a recent case of severe general hemorrhage from the base of the whole broad ligament, after removing a distended Fallopian tube, he had checked the bleeding by a series of ligatures, enclosing the whole broad ligament from its pelvic attachment to the uterus, introduced entirely beneath the raw surface.

A practical point of the utmost importance upon which he would insist, is that when the bleeding is checked, all the danger is not over; whenever there has been much stripping of peritoneal adhesion, in spite of the fact that the bleeding may have been checked, a lymph flow, sometimes profuse, is often poured into the abdomen if it is not carried off at once by the peritoneum; it forms an excellent culture field for the few bacteria which are almost sure to enter at any operation. The drainage tube meets this danger. He has had a good many cases of rectal fistula which have been very troublesome, but the tendency here seems to be to heal. The peculiar liability of pus cases to this accident is readily accounted for by the tendency of the ulcers to form rectal adhesions, and, ulcerating through, to evacuate itself. In many cases the wall between the abscess and rectum must be very thin. The best after-treatment in abdominal cases is to put them in the hands of a trained nurse, and leave much to her judgment.

Dr. Goodell said he liked to give credit to his fellow-countrymen whenever he could, and, if he was not mistaken, the credit of first doubling peritoneum on itself, and maintaining bleeding surfaces in contact by pins or by quill sutures, was due to Dr. Kimball, of Lowell, Mass. Several years ago Dr. Goodell had resorted to this plan, but not since he had used Monsel's solution or the thermometer.

THE LOOFAH: A VEGETABLE SKIN SCRUB FOR ASEPTIC OPERATIONS.

BY JOHN B. ROBERTS, M. D.,
Of Philadelphia.
Read before the Philadelphia County Medical Society.

The necessity of scrubbing the integument thoroughly with soap and water, in order to remove dirt and secretions, before operating aseptically upon the part, has recently compelled the provident surgeon to carry with him operations a bristle brush, such as is used for cleaning hands and finger nails. I have recently saved myself the expense of supplying brushes for emergency operations, and avoided the inconvenience of carrying away from the patients' houses such wetted brushes, by using portions of the peeled and macerated fruit of the loofah or towel gourd (Luffa Erythrina). A few of these segments are carried in my operating case at all times, and, when once used, are thrown away. According to the London Chemist and Druggist, this gourd is grown extensively in the West Indies as well as in Africa and Arabia; but I am told it can be cultivated in Philadelphia gardens. It is a cucurbitaceous plant, with fleshy fruit which resembles, in shape and size, the Indian clubs used for calisthenic exercises. When the epidermis, mucilaginous pulp, and seeds are removed from this fruit, there remains the fibrous network or skeleton, which, when dried, acts so well as a scrubbing brush for the skin. This dried skeleton, when wet,
soft than a bristle brush, and acts exceedingly well as a skin scrub for obtaining an aseptic condition of the skin. I have been is harder than a sponge, though perhaps rather

116

thoroughly to cleanse the skin, but also to could hardly be accomplished by so soft an

produce in a few moments an erythema. This

called commercially, is cut, transversely to its

which, if desired, may afterward be split longi-

tudinally. For my own use, I prefer the

unsplit segment, which seems to have a rather rougher and harder surface, and better removes the dirt and secretions from the crevices of the skin. As the entire loofah can be bought for a few cents, these segments—of which from five to ten can be made from each—cost not more than two cents apiece; to throw them away after using is, therefore, no great extravagance.

It will be understood, I trust, that this material is available for scrubbing the skin of the patient, but it is not suitable for cleansing the spaces under the surgeon's nails; for that purpose I always carry a toilet nail brush. My advocacy of the loofah is for cleansing the skin of patients at whose houses a brush for cutaneous purification is often not readily obtainable, though a new and clean scrubbing brush, such as is used for floors, would be perfectly satisfactory.

I buy the loofahs which I use in private practice, and at the Polyclinic, of Genois & Laubach, 1301 Chestnut street, who seem to have been the chief importers of the article in Philadelphia.

Notes of Practice,

ORIgINAL AND SELECTED.

THE TREATMENT OF COLDS AND BRONCHITIS.

A leading article in the Therapeutic Gazette, April 16th, 1888, gives some interesting and valuable advice upon this subject.

When the cold is a wide-spread general one, involving the whole body in a condition which, according to our thinking, is a form of sub-acute rheumatism, with aching pains and general wretchedness, a free jaborandi sweat, followed by a few full doses of quinine, will often liberate the sufferer at once, especially if the sweat be aided by mercurial or other purgation. Coryza has long been a bugbear to the family doctor, but, thanks to bismuth and cocaine, we are now enabled to view it without trepidation. We learned also quite recently a curious lesson from an old barber. Happening to be in the shop when suffering from a violent cold in the head, the grizzled remnant of a colored regiment, now Junior Vice-Commander (Brigadier-General) of the Grand Army of the Republic, offered at once to cure us by manipulation. After much banter and the agreement of no cure no pay, the editorial head was well manipulated by the mysterious proceed known as dry shampooing, and the result certainly was that the coryza disappeared. Bismuth and cocaine injections into the nose we think almost invariably, however, bring relief without calling in the assistance of the manipulator.

When the bronchial tubes are distinctly affected, the so-called expectorant remedies are of course indicated. As of old, these still are best divided into three groups: first, the narcotic expectorants, which are to be employed to allay excessive cough and quiet nervous irritability; second, the sedative expectorants, to be used in the first stages of a bronchitis to facilitate secretion and expectoration; third, the stimulating expectorants, useful in the advanced stages of a bronchitis when expectoration has already become free.

The advantages which can be obtained in bronchitis from the use of ordinary narcotics, such as morphine and hyoscyamus, and the difficulties which surround their action, are too well known to our readers to require comment. It is, however, perhaps not as widely recognized that chloroform is one of the most valuable remedies that we have for quieting cough; perhaps it may also be allowable to call attention to the fact that in nervous or hysterical females or males in whom the nervous element dominates all the bodily functions, often the best expectorant mixture is simply one containing pure narcotics. A mixture which we have often used with great advantage, and which is readily prepared in the household without the intervention of the apothecary, is made by adding a dessertspoonful of each of whisky, paregoric, and glycerin, and 30 minims of chloroform. The whole to be well shaken and to be taken in teaspoonful doses pro re nata. Many a night's rest have we seen secured by placing a little bottle, tightly corked, of such a mixture by the bedside of the patient and allowing him to take a sip whenever required. In our earliest medical teaching was inculcated a profound faith in the value of hydrocyanic acid and wild-cherry bark as a means of quieting a cough. It is well known that if a patient survives the first twenty minutes after the ingestion of a toxic dose of prussic acid, the probabilities are very strong that recovery will occur, and that there are not more than one or two cases on record in which death has resulted from such a dose after the first hour following the ingestion. In two hours usually all sensible effects have disappeared. If a remedy be so fugacious in its action that a poisonous dose leaves no perceptible influence two or three hours after its taking, how long does the effect last of a dose which is so small that at no time it has any perceptible influence? Kegs of prussic acid have been administered in minute doses three or four times a day for the relief of the nervous symptoms of bronchitis. If the remedy in such doses has any effect it will be simply to exert a momentary influence, and the administration of a prussic acid three or four times a day represents a method of therapeutics which we have styled in the lecture room "kangaroo therapeutics," because it consists in attempting to make the patient travel the road toward health by a series of physiological spurts or jumps. Wild-cherry bark preparations contain scarcely more than a trace of the prussic acid, and certainly are useless.

The ordinary depressant expectorants of our boyhood and of the text-books have in our practice been replaced very largely by the citrate of potassium. If tartar emetic or ipecacuanha be given in such dose as to produce prolonged nausea and vomiting, it will undoubtedly usually bring about free secretion in the early stages of acute bronchitis, but the method is so disagreeable and so exhausting that it is only to be tolerated when the patient is a robust man, to whom time is so important that it is essential that he be cured in the most speedy manner possible, even at great bodily inconvenience and some risk. Unless the older depressant expectorants be given in nauseating doses they have comparatively little power, and we think that any of our readers who will use the following cough mixture in the first stages of bronchitis will never depart from its employment unless some new remedy of greater power be discovered. The dose of it, of course, must be varied according to the strength and peculiarities of the individual patient. That which we indicate is for a robust man:

B. Potass. citrat., Sus. immonis, J fr. 6 ss

Syr. ipecac., f3 ss

Suc. limonis, f3 ss

Te. opii camph., f 1/2

Syropi., q. s., ad f 1/2

Sig.—Dessertspoonful every two hours.

Of the older stimulating expectorants the only ones which still retain our confidence are the muriate of ammonium and the syrup of garlic. The ammonia salt does seem to have a very peculiar influence upon the respiratory mucous membrane. It is valuable in acute bronchitis when free secretion has once been established, but in some cases it seems also to have the power of bringing about secretion. In the rare instances in which the citrate of potassium mixture fails we habitually resort to the muriate of ammonium, and have often seen very good results. It must be remembered that its action is fugacious, and that it is comparatively of little use when given at longer intervals than three hours. It ought, indeed, to be administered at least every two hours, and when circumstances favor it, it is much better to use it every hour. The dose must, of course, vary with the frequency of...
administration, but from thirty to sixty grains
should be given daily. Much larger amounts
than this exert no toxic influence, and we
have never seen the patient who would not
for a time tolerate a drachm of the remedy a
day unless there was some special irritability
of the stomach. It may be given in capsules
if the stomach be very insensitive, each cap-
sule to be followed immediately by a drink of
water; or it may be given according to the
following prescription, which affords the best
disguise that we have been able to concoct:—

B. Ammonii chloridi, Ext. glycyrrhize, aq. 3\text{iss}
Glycerini, \text{iss}
Muriel. acacie, \text{iss}
Syropii, Aque, \text{iss} q. s. ad f\text{iss}.
Sto.—Dessertspoonful every two hours.

Syrup of garlic is so disagreeable to most
patients that it is very rarely used. In our own
practice, in ordinary cases, the only stimulant
expectorants used besides the muriate of am-
monium are oil of eucalyptus, terebene and oil
of sandal-wood, and occasionally oil of cubeb
or copaiba. The doses of these remedies are
so small and the taste of most of them so dis-
agreeable, that they should always be admin-
istered in capsules. The oil of eucalyptus is
perhaps the most efficient. It may be admin-
istered in an ordinary cold or a bronchitis
perhaps the most efficient. It may be admin-
istered in an ordinary cold or a bronchitis
so soon as free secretion has been obtained.
Terebene is a little more stimulating than the
oil of eucalyptus, and to be employed some-
what later in the disorder (5 minims). The
oil of sandal-wood is about equivalent to
terebene, while the oil of cubeb is employed
still later in the disorder.

A CASE OF MACEWEN'S OPERATION
FOR THE RADICAL CURE OF HER-
NIA, FOLLOWED BY SPEEDY RE-
TURN OF THE HERNIA.

BY W. W. KEEN, M.D.,
Of Philadelphia.
Read before the Philadelphia County Medical Society,
February 22d, 1888.

I think it important to report failures as
well as successes. Macewen's operation, also,
has been so generally successful that it is the
more important to report the failure of this
case, as the immediate result of the operation
seemed to promise a cure; but, as you will
see, the hernia has quickly reappeared. For
the notes of the case I am indebted to Dr.
Lambach, the Surgical Resident.

The patient is a man thirty-two years of
age, a fresco painter, but for some time at
work dredging oysters. When seventeen
years old he first noticed a right oblique
inguinal hernia, for which he wore a truss for
a year, and then laid it aside. The hernia
remained cured for thirteen years. A year
ago, while at work dredging for oysters, the
hernia returned, and descended into the upper
scrotum. He entered St. Mary's Hospital on
the sixth of January, 1886, on account of the
distress and inability to pursue his occupa-
tion. The operation was done on the 13th;
on the fifth day I removed five of the nine
external sutures, and on the twelfth day the
remaining four. There was no pus at any
time. The highest temperature was 102°.
He had then two chills, the first on the fifteenth
day, his temperature rising to 103°; but as
there was no evidence of suppuration, as it
yielded promptly to quinine and arsenic, and
as his occupation had exposed him to mias-
matic infection, we were justified in attributing
this to malaria. He was kept in bed for
twenty-nine days—i. e., until February 11th.
At this time I examined him, and found the
hernia perfectly cured. He was then allowed
to get up, a spica and compress being applied.
Examining him yesterday (February 21st), I
found the hernia had returned, with, however,
one gain—at the time of the operation the
external ring was very large, requiring four
double sutures. Now it will only admit the
index finger, the sac was then dissected from the
scrotum. The external ring was then closed by four
double sutures. Now it will only admit the
index finger then was passed within the
abdominal wall, and the peritoneum was dis-
sected for half an inch around the circumfer-
ence of the internal ring. A moderately stout
ligature of chronicized catgut was tied to the
lower part of the sac, and a series of stitches
taken from the lower portion of the sac to its
mouth. This stitch, by means of Dr. Ellwood
Wilson's curved trachelorrhapsy needle, was
then passed through the abdominal wall from
within outward at a point a half-inch above
and external to the ring, the skin being drawn
upward and outward so as to allow the stitch
to emerge through the abdominal muscular
wall, but not through the skin. The traction
was made on this stitch, thus puckering up
the sac, which latter was drawn through the
ring and rested against the inner surface of
the abdominal wall, to become adherent there,
closing the hernial opening by a firm pad.
The stitch was then carefully secured in place.
The external ring was then closed by four
double stitches of chronic catgut, passed
double stitches of chronic catgut, passed
from side to side. I was extremely careful,
edenuding the inner surface of the abdominal
wall, to get a large raw surface at the internal
ring, so as to gain firm union at that point,
and the patient was kept on his back for four
weeks; yet it gave way a few days after let-
ing him up.

I shall repeat the operation if he is willing.

THE USE OF ANTI-SEPTICS IN
PARTURITION.

Dr. E. S. McKee (Cleveland Medical Gazelle,
April, 1888) states that with obstetricians in
Germany it is the practice of the majority to
disinfect the hands with a 1-1000 solution of
corrosive sublimate; external genitals, 1-2000;
vagina or uterine cavity, 1-4000. The vagina
and especially the uterine cavity are washed
with distilled water. In cases where there has
then she failed to menstruate. The husband
then she failed to menstruate. The husband
for the last time, the husband had daily morn-
ening sickness in the hus-
band, after the fact of pregnancy is known or
suspected, I have frequently noted. The
case I would report is unique, from the fact
that the sickness appeared in the husband at
such an early period of pregnancy. Two
weeks after the appearance of menstruation
for the last time, the husband had daily morn-
ing attacks, and not until it was time for the
next menstruation had the woman any other
evidence that conception had taken place, and
then she failed to menstruate. The husband
continued having the attacks for two months.
During her previous pregnancies the husband
had suffered from the same attacks, but not
until they were both cognizant of the fact.
Dr. Wm. Goodell remarked that Sir Francis Bacon had written some lines on this subject, the substance of which was that “loving husbands so sympathize with their pregnant wives that they have morning sickness in their own person.” A writer in the Lancet of May 4th, 1878, p. 666, also refers to a case in point which occurred in his own practice. In this case the husband’s nausea and vomiting began and ended with his wife’s.

TREATMENT OF DIABETIC COMA.

To combat the acidity of the organic fluids in diabetic coma, Dr. Jaccoud recommends saline purgatives, and large doses of alkaline substances. (Brit. Med. journ.) Inhalations of oxygen and subcutaneous injections of ether are also beneficial. Excessive fatigue and digestive disturbances should be guarded against; they have a considerable effect in causing diabetic coma. An exclusively meat diet should be avoided. The acid impregnation of the organism (the usual characteristic of diabetic coma) is betrayed by the presence of oxygen and subcutaneous injections of ether causing diabetic coma. Dr. Jaccoud recommends placing drainage tube, is to make use of a figure of eight suture—and tie; this brings both deep and superficial parts together.

—Prof. Parvin states that of the entire number of deaths among children 33 per cent. are from diarrhoea; of this 33 per cent. about 96 per cent. are under 5 years of age. Further, of that 96 per cent. some 63 per cent. are of children under one year of age. It has been estimated that one-fourth of all children die, and this is rather an under- than an over-estimate. This mortality usually arises from disorders of digestion.

—Prof. Da Costa states that treatment of hypertrophy of the heart is always the same. Decrease diet, but do not starve, as that may increase the trouble. Place patient upon non-stimulating food—milk and vegetables, but no meat; avoid tea and coffee and use cocoa; also avoid active exercise. Give occasional laxative. The special agents are aconite, veratum viride and dilute hydrocyanic acid. Aconite in small doses and long continued is the best treatment.

The following disinfectant has been used in the wards of some of the city hospitals, with gratifying results:

- One drachm of bromide of soda added to one pint of the spray often allays nervous irritation. During the day use some protective, as cosmoline, applied to nares.

One drachm of bromide of soda to one pint of the spray often allays nervous irritability. Never use strong solutions. Alum is the best apparatus for cleansing the nares. Liquids for this purpose should always be tepid and alkaline in reaction. The temperature of the liquid which is comfortable for the end of the elbow is about right. Never use a bland fluid to nares, as it is irritating, as much so as an acid solution; must be alkaline; may use bicarbonate of soda, borax or common salt; one drachm of one of these to one pint of water is about the right proportion. Sometimes can get better results by combining the above.

Use the atomizer about three times a day; if inconvenient to use so often, use especially at night, as a great deal of damage is done by the long-continued irritation. During the day use some protective, as cosmolene, applied to nares.

One drachm of bromide of soda added to one pint of the spray often allays nervous irritability. Never use strong solutions. Alum is the best astringent to add to the spray. Pinus canadensis is a good astringent for mucous membranes. Sometimes a vigorous alternative to nares is required, then use:

- B. Hydrargyri chloridi mitis, gr. xv
- Bismuth. subcarb., Talc.
- Chloride of soda, 70 parts.
- Carboic acid, 28 parts.
- Water, 9 q. ad 2000
- Ether, q. s. to disguise the odor of the carbolic acid.

The above is the concentrated solution, and for use take:

Concentrated solution, 1 part.
Water, 9 parts.
M. et S.—Disinfectant.

—Impacted calculi are often the cause of retention of urine in children when not congenital. When drawing the urine from any patient, have him in recumbent position or sitting posture; if erect, the heart’s action may be suddenly arrested, causing death. Draw only a portion at one time; wait two or three hours and draw the remainder. The dangers of suddenly emptying bladder are paralyzation of that organ, may rupture small vessels, or cause cystitis.

—Dr. Sajous teaches that in the treatment of simple chronic rhinitis cleanliness is of the utmost importance. The douche is not recommended now as much as formerly, except when the accumulation is great, which is rare. Ear affections are apt to follow the use of the douche. By all means have patient avoid swallowing, if you use the douche, as it is at this moment that the Eustachian tubes open. Breathe through the nostrils. The atomizer is the best apparatus for cleansing the nares. Use the atomizer about three times a day; if inconvenient to use so often, use especially at night, as a great deal of damage is done by the long-continued irritation. During the day use some protective, as cosmolene, applied to nares.

One drachm of bromide of soda added to one pint of the spray often allays nervous irritability. Never use strong solutions. Alum is the best astringent to add to the spray. Pinus canadensis is a good astringent for mucous membranes. Sometimes a vigorous alternative to nares is required, then use:

- B. Hydrargyri chloridi mitis, gr. xv
- Bismuth. subcarb., Talc.
- Chloride of soda, 70 parts.
the pharynx. Throw the head backward, and the fluid flows against the pharynx, and is partially applied to palate by the air which gradually escapes from the lungs. If necessary for the fluid to reach posterior nares, the patient should lie down, take a mouthful of the fluid, draw out the tongue as far as possible with a handkerchief, and gargle while in that position. By throwing the head suddenly forward the liquid may be brought through the nose.

—Under certain conditions, Dr. Sajous considers that cocaine for acute rhinitis is beneficial, say for two or three applications, but for constant use, this agent is exceedingly injurious and may cause paralyzis. If the patient consults you early, order three powders, each containing—

B. Cocaine hydrochlorata, gr. 74
Morphia acetat., gr. 12
Pulv. t. c., gr. II
Sodii phosphatis, gr. iv. M.

One every three hours: after three powders have been used, continue the same prescription minus the cocaine. When the malady has reached the third or mucous-purulent stage, the treatment is more difficult, but we can hasten a cure by two-drop doses of tinct. belladonnae every three hours, with the addition of a little quinine.

—Two ligatures should be applied to the umbilical cord. The reasons for the additional ligature are, first, cleanliness, and, second, it is probable, not proven, however, that a placenta when only partially emptied of blood is more easily detached by uterine retraction than one which is flaccid, and, hence, which may more readily follow the lessened size of the uterus and diminished surface of attachment without separation. In multiple pregnancy the second ligature is necessary because of the possible vascular connection between the circulation of the two fetuses in the placenta. Divide the cord between the two ligatures, leaving a large button-like projection at the external portion, so that the ligature cannot slip off. Dry the external portion with a soft cloth, and watch the end for a few moments to see that there is no bleeding; if bleeding, apply another ligature. (Parvin.)

—A case of jaundice of long standing was recently brought before the class by Prof. Bartholow. Had attacks of hepatic colic, each attack followed by jaundice. The following treatment was suggested: Try to effect the solution of the calculus—

B. Sodii phosphatis, 3iv. Sgl.—Dose, 3.

Give after the stomach digestion is over. Avoid fats; lessen the quantity of starchy food; every effort must be made to produce alkalinity of the intestines. Cut off the sugar; may give saccharin gr. 1 or 2 and salol gr. 1 or 2 in a pill; act upon the kidneys. To remove the jaundice, benzoic acid is the best of all remedies; alternate benzoic acid with phosphate of sodium; warm alkaline baths.

—The following is the substance of the treatment for epistaxis recommended by Dr. Sajous: Position is an important element. Have patient stand up, if possible; if not able to stand, lie flat upon the back. Immerse the feet first thing in hot water. Apply blister over liver. Insufflate a powder composed of equal parts of tannin and gallic acid or a drachm each of the above to an ounce of water, and apply with cotton wool.

If all this does not stop the hemorrhage, we must then resort to plugging. For anterior nares use small pieces of sponge fastened to a string, which serves to draw them out. To plug posterior nares, pass a flexible catheter through the nares to pharynx, and bring it out of the mouth with long forceps; to the end projecting from the mouth attach a string which has a plug of cotton secured near the centre; draw the catheter out through the nose. This leaves one portion of string projecting from nose, and the other end hangs from the mouth. In this way you have full control of the plug. Plug should never be left in the nose over thirty-six hours, ten hours the minimum. Remove with care. It is well to apply a spray of warm alkaline water before removing.

Dr. Sajous: Position is an important element. Have patient stand up, if possible; if not able to stand, lie flat upon the back. Immerse the feet first thing in hot water. Apply blister over liver. Insufflate a powder composed of equal parts of tannin and gallic acid or a drachm each of the above to an ounce of water, and apply with cotton wool.

The cleanliness of this mode of treatment must also be regarded as an advantage.

On the other hand, the disadvantages of this treatment as compared with the methods in general use are pain and the danger of the formation of abscesses. It is true that a certain amount of pain almost always follows the injection of the insoluble salts of mercury. It is, however, rarely severe and usually very transient. Both the pain and the danger of the formation of abscesses are diminished by throwing the medicament deep into the muscular masses; while the danger of abscesses becomes absolutely nil if the procedure be conducted strictly in accordance with antiseptic methods.

The two insoluble salts of mercury which have been employed are calomel and the yellow oxide. Dr. Wilson's observations have been made with calomel alone. The drug is suspended in glycerine, as suggested by Smirnoff, and in order to secure greater accuracy of dosage, the doses are ordered from the apothecary separately, in drachm vials. The average dose is one grain.

This method of treatment differs from the treatment by the hypodermatic injections of the soluble salts of mercury in this important particular, that the insoluble salts, being gradually acted upon in the presence of the fluids of the body, slowly undergo chemical changes which result in their ultimate conver-
sodium. The gradual action of this remedy is shown by one of Dr. Wilson's cases, in which injection into a double chloride of mercury and salt of mercury is followed by rapidly developing constitutional effects of the metal.

While it is not probable that this method of treatment will come into general use, it must be regarded as an important addition to our therapeutic resources.

THE ETIOLOGY OF YELLOW FEVER.

Dr. George M. Sternberg, appointed last year by the President of the United States special commissioner to investigate the subject of the etiology of yellow fever and preventive inoculation as practiced by Freire in Rio Janeiro, quite recently communicated the results of his labors to the College of Physicians of Philadelphia. This communication took the form of a preliminary report, and anticipates the more elaborate official report to be hereafter published by the government. Dr. Sternberg's elaborate and painstaking investigations conducted in the city of Rio Janeiro have led him to startling results. He failed to discover the specific microbe described by Freire, and sharply criticises that observer's technical methods. As a matter of fact, Dr. Sternberg is forced to the conclusion that Freire himself has failed to isolate any specific pathogenic yellow fever germ.

Dr. Sternberg then turned to an examination of the results of preventive inoculation as practiced by Freire, and from a personal investigation of a large number of cases subjected to this procedure, was able to show that the method as practiced was useless, and that Freire's conclusions were absolutely without warrant.

INDEX MEDICUS.

We have on several previous occasions called attention, editorially, to the self-sacrificing spirit of the publisher, Mr. Geo. S. Davis, of Detroit, in supplying, without remunerative return, so valuable a periodical to the profession. Reiteration of this view may lead reading medical men to inquire more fully into its merits, and to lend their aid, by subscription, to continue a publication so worthy of their support.

Selections.

ADDRESS BY PROF. J. M. DA COSTA AT THE DINNER TO PROF. D. HAYES AGNEW.*

Fifty years ago, on this very day, there stood, with the honors of a University just received, a young man on the threshold of his life. His thoughts were the pleasantest ones of the occasion; his aspirations had hardly taken shape; he was the popular comrade of the hundred and fifty-five whose real life, like his own, was to begin. Fifty years have passed, and their Agnew has become our Agnew of the many thousands of the American profession.

Honored Guest.—In addressing you tonight I feel that I speak not simply for those who are gathered around you, nor for those in this Commonwealth whose interest will centre here, but for the whole profession who hold you in such esteem, and whose sympathetic thoughts, could they reach you, would come to you in messages of such good will and affection as to overwhelm you with their warmth.

Your career has been, indeed, a remarkable one; and you must pardon me, and let the occasion be my excuse, if in your presence I allude to its success, and to the main causes of that success. Nor is it wholly unfitting in one to do so who has known you and watched your progress with friendly interest almost since you came to this city to try your powers in a wider field. The training you brought with you as a rural practitioner of note was indeed valuable. Self-reliance, cool judgment under difficult circumstances, are not the least reward of a country physician's hard life. You enrolled yourself as a teacher of medicine in its most laborious branch, and fittingly took charge of a school which has been the nursery of famous anatomists and surgeons,—where Godman's practical skill was displayed, and Joseph Pancoast laid the foundation of that intimate knowledge of the human frame which made him afterward so great a surgeon.

This Philadelphia School of Anatomy, in College Avenue, has indeed left its mark in the history of medicine. It has been to us what the Windmill Street School was to the London of William and of John Hunter, of Hewson, of Cruikshank and of Baillie, of Benjamin Brodie, of Charles Bell. Its rickety structure harbored not only anatomists,—some of them your own pupils, who were to succeed you as celebrated teachers—but its dingy walls heard eloquent discourses on diverse branches from more than one of your future colleagues; in its garret, independent and fruitful researches on the textures of the body were pursued; in its cramped lower room, physiological experiments were carried on, which have made their deep impress on the science of our day.

For ten years, working in this school of anatomy, you lived laborious days and nights, and in its stern training your classes grew, until the narrow quarters would hold them no more, and you became the popular, admirable teacher you have proved yourself since, on a larger scale and on a different branch, as Professor of the Principles and Practice of Surgery in the famed University with which your reputation is forever identified. You learned to present facts plainly and impressively, to teach Nature's truths with Nature's simplicity, and without a deadly paralysis of words.

But in these ten years of unremitting work you did something more than teaching. You laid, by exact knowledge, by steadiness of purpose and affability, the foundations of that large practice which you have since enjoyed, developing every day, more and more, into the trusted surgeon whose deft hand and cool judgment caused his advice to be generally sought. Every country shows in its professions the national traits. You certainly represent as a surgeon, besides much skill, the American characteristic of resolute common sense.

You have been tried in many a hard case. In none harder, than when your reputation caused you to be selected among the counselors at the wounded couch of one for whose relief millions were anxiously watching. That in these trying times you bore yourself with the same calmness and dignity we know in you, every one in these millions recognized.

Your success as a surgeon of great repute must, indeed, have been gratifying to you. Not only for the opportunities it afforded you of doing so much active work in your profession, but only because it gave a personal value to your writings, especially to your opinions expressed in your elaborate work on Surgery; but because it enabled you to carry out a plan of action, of which I may not speak,—one which showed you to be possessed of the same high sense of honor for which Sir Walter Scott has received the unbounded admiration of mankind.

May you, dear sir, who have these many claims to distinction and esteem, may you on this the fiftieth anniversary of entrance into the profession which you have graced by your industry, your sagacity, your skill, your character, may you accept the homage of those who are engaged with you in the same pursuit, as a sign of widely felt regard and appreciation. May your vigorous frame preserve your powers; may your memory, as you lay your hand on the chirurgical point of time will not lessen the respect, nor subdue the tenderness of feeling with which old and young alike regard you.

* Given by his Medical friends in honor of Prof. Agnew's fiftieth anniversary of entrance into the profession.


On Preventive Treatment in Primary Syphilis. By Edward Bennet Bronson, M.D. New York. (Notices of these works will appear in a subsequent issue.—Editor College and Clinical Record.)

PAMPHLETS RECEIVED.

A Treatise on Fractures and Dislocations. Vol. II. Dislocations. By Lewis A. Stinson, B.A., M.D. 8vo. 541 pages. 163 illustrations. (Vol. I. Fractures.) Price $3.00 per vol.; cloth, $4.00, leather; or $5.50, cloth, for the two; $7.50, leather. Lea Bros. & Co., Philadelphia.


A TREATISE ON FRACtURES AND DlSLOCATIONS. Vol. II. Dislocations. By Lewis A. Stinson, B.A., M.D. 8vo. 541 pages. 163 illustrations. (Vol. I. Fractures.) Price $3.00 per vol.; cloth, $4.00, leather; or $5.50, cloth, for the two; $7.50, leather. Lea Bros. & Co., Philadelphia.

THE RESEARCHES OF MORELL COWPER, M.D. late Professor of Anatomy in the University of Edinburgh. Second Edition. 12mo. 102 pages. Lafayet-


As a means of relief in Toothache, the Chemist and Druggist, March 17th, 1888, suggests the following pellets:

B. 1. Opii pulv., gr. j
2. Menthol, gr. j
3. Allthuag, gr. j
4. Miculag. acacae, ss. M

Make into half-grain pills and keep in well-stoppered vials. For use, insert one into the hollow tooth.

TOBACCO AMBLYOPIA may be uniformly relieved, says Mr. St. Clair Buxton, in the Lancet, by the following:

B. Liquor. hydrargyri per-chloridi (B. F.), f3 ss
2. Potassii iodidi, f3 ss
3. Aquae destillat., f3 j

With the following pill, three days together, simultaneously with the solution:

B. Extract. nucis vomicae, ss
2. Extract. hyoscyami, gr. j

A writer in the Medical Record, April 21st, 1888, states that he employed the following external application in MYALGIA, with excellent results:

B. Chloral hydrat., Camphor, ss

The pain was entirely relieved in a few hours, and the constitutional effects of the chloral fully experienced. Only two applications were employed, and but a small quantity of the salve was used.

Dr. J. Lewis Smith, in reporting to the New York Pathological Society, recently, a fatal case of DIPHTHERIA, attended with umbilical phlegmon, in the New York Infant Asylum, stated that it was worthy of mention that there had been no other cases of diphtheria since use had been made of turpentine steam in the hospital, suffering intense pain. He told the doctor, "That's Appleton."—New York Daily News.

IN THE CHEMICAL LABORATORY:


A number of the essays and researches will be of interest to readers to the advertisement of Messrs. John McDonald and Co., Philadelphia.
The officers of the Graduating Class of 1888 of the Jefferson Medical College were: George M. Gould, President; J. S. Baer, Vice-President; Samuel F. Ashcraft, Treasurer; C. E. Downes, Secretary.

PERSONALS.—Dr. Burr MacFarland (J. M. C., 1888) will practice at Bordentown, New Jersey.

Geo. H. Flett (J. M. C., 1884) is at Berryville, California.

Dr. A. D. Nebish (J. M. C., 1887) has located at Tekama, Nebraska.

Dr. C. B. Ingram (J. M. C., 1886) has removed to Mt. Gilead, North Carolina.

Dr. H. L. Aikire (J. M. C., 1887) is practicing his profession at Logan, Kansas.

Dr. Joseph E. Hall (J. M. C., 1889), formerly of Pennsylvania, is now located at San Diego, California.

Prof. Roberts Bartholow, of Philadelphia, has been elected an honorary member of the Royal Medical Society of Edinburgh.

Dr. W. W. Sturges (J. M. C., 1887) is House Physician and Surgeon to the Allegheny General Hospital, Allegheny City, Pennsylvania.

Mr. William Bucknell, of Philadelphia, has given five thousand dollars to the Jefferson Medical College Hospital, to establish a free bed for the treatment of diseases of the kidneys.

J. H. Bates, of New York, has removed his Advertiser Agency from 41 to 38 Park Row, New York.

This reliable house is well known to all medical publishers and editors, although its name may not be so familiar to medical readers.

Dr. Charles P. Bye's 81st birthday was celebrated recently at Oxford, Pennsylvania, by over 300 people. He graduated at Jefferson Medical College in 1831, and has been practicing fifty-seven years. He was given a platoon and set of harness. Among the letters of regret was one from Dr. D. Hayes Agnew, years ago Dr. Bye's old neighbor.

Matlack—Courtright.—At Wilkes-Barre, Pennsylvania, April 9th, 1888, George T. Matlack, M. D. (J. M. C., 1884) of Miner's Mills, and Clara Courtright, of Green Ridge.

Death.

SPENCER.—At Fort Trumbull, Conn., March 22d, 1888, William C. Spencer, M. D. (J. M. C., 1861), Major and Surgeon U. S. A.

The officers of the Graduating Class of 1888 of the Jefferson Medical College were: George M. Gould, President; J. S. Baer, Vice-President; Samuel F. Ashcraft, Treasurer; C. E. Downes, Secretary.

PERSONALS.—Dr. Burr MacFarland (J. M. C., 1888) will practice at Bordentown, New Jersey.

Geo. H. Flett (J. M. C., 1884) is at Berryville, California.

Dr. A. D. Nebish (J. M. C., 1887) has located at Tekama, Nebraska.

Dr. C. B. Ingram (J. M. C., 1886) has removed to Mt. Gilead, North Carolina.

Dr. H. L. Aikire (J. M. C., 1887) is practicing his profession at Logan, Kansas.

Dr. Joseph E. Hall (J. M. C., 1889), formerly of Pennsylvania, is now located at San Diego, California.

Prof. Roberts Bartholow, of Philadelphia, has been elected an honorary member of the Royal Medical Society of Edinburgh.

Dr. W. W. Sturges (J. M. C., 1887) is House Physician and Surgeon to the Allegheny General Hospital, Allegheny City, Pennsylvania.

Mr. William Bucknell, of Philadelphia, has given five thousand dollars to the Jefferson Medical College Hospital, to establish a free bed for the treatment of diseases of the kidneys.

J. H. Bates, of New York, has removed his Advertiser Agency from 41 to 38 Park Row, New York.

This reliable house is well known to all medical publishers and editors, although its name may not be so familiar to medical readers.

Dr. Charles P. Bye's 81st birthday was celebrated recently at Oxford, Pennsylvania, by over 300 people. He graduated at Jefferson Medical College in 1831, and has been practicing fifty-seven years. He was given a platoon and set of harness. Among the letters of regret was one from Dr. D. Hayes Agnew, years ago Dr. Bye's old neighbor.

Matlack—Courtright.—At Wilkes-Barre, Pennsylvania, April 9th, 1888, George T. Matlack, M. D. (J. M. C., 1884) of Miner's Mills, and Clara Courtright, of Green Ridge.

Death.

SPENCER.—At Fort Trumbull, Conn., March 22d, 1888, William C. Spencer, M. D. (J. M. C., 1861), Major and Surgeon U. S. A.
lar contracted kidney does not, I believe, result from the process of congestion just alluded to; though, as I have already said, occasionally, especially in elderly people, the kidneys from long-standing congestion may appear hard, and exhibit a slight amount of fibroid change. These statements seem at variance with those of one of the most eminent of your members, Dr. Delafield, who, in 137 cases of death from heart disease, reports 27 large white kidneys, 29 atrophied kidneys, and 28 of chronic nephritis which could not be classed as either large white or atrophied organs. Perhaps the apparent discrepancy is to be explained by the cases being heart disease of which it was not specifically known whether it preceded the renal affection or followed it.

During life it may be very difficult in individual cases to determine whether we have, as the result of the heart malady, simply a congestive condition of the kidneys, or real Bright's disease; in truth, as in both states dropy is a prominent symptom, we obtain but little aid from the general symptoms, having to base our opinion largely on an accurate cardiac investigation. It may be thought that the urine would afford us much assistance, but this it does not always do. A good many of my observations, in purely cardiac cases, speak of urine of low specific gravity, scanty, containing traces of albumen, and here and there casts. The character of these casts is, for the most part, epithelial and not highly granular, though this, too, must not be taken as an absolute rule. On the whole, the most important diagnostic sign, with reference to the urine, is found in the slight and varying amounts of albumen and in the infrequency of the casts. Moreover, though it has been stated that the urine, in even these heart cases with renal complication which is not Bright's disease, may have a low specific gravity—in one of my cases it was only 1.006—as a rule, the specific gravity of the scanty urine is high, ranging from 1.020 to 1.034; in one instance of mitral disease my record speaks of 1.030. Sugar was examined for, but found only once; here there was aortic regurgitation. Urates, my notes say, are often abundant; biliary coloring matter is not infrequent.

The character of the pulse, the absence of marked arterial tension, and the precise physiological signs of the cardiac disease, give us more valuable diagnostic evidence, taken as a whole, than the state of the urine. We may also lay stress on the want of uroemic symptoms, and avail ourselves of the ophthalmoscopic as a means of diagnosis. It has, in fact, happened to me several times to determine, by finding albuminuric retinitis, the true meaning of the renal change and the secondary nature of the valvular affection. In one of these instances, indeed, albumen was at several examinations absent, tube casts were but few, the specific gravity was, as a rule, low; but the whole progress of the case, the uroemic symptoms which arose, the absence of dropsy, showed, irrespective of the eye appearances, that the renal malady was the preponderating and original affection.

Before proceeding, it may not be without interest to point out that the most common form of valvular disease, associated with renal disorder of the kinds we have found to exist, is mitral narrowing. In 8 of the cases at the Pennsylvania Hospital it is noted only in 2 that the urine is free from albumen. In the cases in which a real structural affection, a parenchymatous nephritis, is developed, mitral stenosis has a preponderating influence. Next stands—for tricuspid disease is so rare that I have not data sufficient to judge by—mitral regurgitation. In uncomplicated aortic disease albumen and casts are very seldom detected in the urine; so seldom, that it is always a question whether a mitral complication is present when kidney engorgement is found.

Pure hypertrophy and pure dilatation, instances, therefore, of enlargement without valve affection, give us the same form of kidney derangement we have been studying; but with reference to hypertrophy, unless the cavities are at the same time decidedly stretched, we do not find albuminous urine.

Thus this existed in only 1 out of 10 cases noted at the Jefferson Clinic. In pure dilatation, urine albuminous in traces, indicative of congestion of the kidney, is more common. Still, it does not exist in the majority of cases; and I have known it not to appear until the last week of life, even though that life had been a burden for months, owing to the enormous dropsical swelling and the turgid lungs.

We have been studying diseases of the heart and the kind of kidney affections they induce, selecting for analysis cases where, from the history, or the post-mortem results, or from both, the record of the antecedent malady was clear. We now turn to diseases of the kidney and their combination with diseases of the heart. It is well known that this combination is a frequent one. We find diseases of the kidney associated with valvular disease of the heart, with hypertrophy, with dilatation, and with pericardial affections. In studying the subject I mean to draw conclusions only from instances in which, from the history as well as from the concomitant features of the case, we may fairly judge that the kidneys were the first, or, at least, simultaneously, diseased. Let us examine the valvular diseases of the heart as they are found associated with affections of the kidneys.*

From an analysis of these observations it becomes evident that the character of the kidney affection, in combination with the valvular lesion in the heart, is, in the vast majority of instances, the contracted one. Next stands acute Bright's disease, where, also, we find valvular affections, but here without the hypertrophy so common in the first group. In the acute, the strong influence rheumatism exerts is very evident; nor is that influence lost in the chronic, where an unusually large proportion are associated with rheumatism—too large a proportion for us to assume that it is a mere coincidence.

Let us inquire what the state of the valve lesion is. It is chiefly an affection of the mitral valve, consisting in a thickening of the mitral, with here and there rough deposits. Next in frequency, but with similar pathological changes, we observe a lesion of the aortic valves, occasioning either aortic narrowing or aortic regurgitation. A further cause of the valve affection is seen in some of these cases to be due, I believe, to the hypertrophy of the heart forming part of the Bright's disease preceding some general terminal disease of the valve, though even this may be wanting. A stretching of the valve subsequently takes place, but insufficient to close the orifice in the enlarging heart. Thus the hypertrophy and the dilated condition of the cavities give rise to the valvular imperfection, rather than this to the enlargement of the heart. It is in this way that I explain some very striking and interesting cases of hypertrophy occurring in advance of the valvular lesion, which I have observed, and in which the autopsies showed simply this imperfect closure of the orifice with a slightly thickened mitral valve, and at times with shortened and more rigid papillary muscles.

I have known, but this occurs often, a similar state at the aortic orifice. The aortic disease that existed was due to the stretching of the valve, which, having reached a certain point, could go no further. This stretching, with the simultaneous thickening, produced an opening through which the blood flowed back. It is thus that we may have a valvular disease following hypertrophy with dilatation, rather as the result of this process, than the hypertrophy and dilatation as the result of it. If you ask me whether this is a common cause of valvular lesion in Bright's disease, I say it is distinctly not; it is very much less common than marked valvular thickening with degenerative change.

You see, then, that the valvular disease of the heart which occurs in diseases of the kidney may be of varying origin; chronic thickening, deposits, degenerative changes, coexisting rheumatic alterations, which have led to these changes, and, lastly, mere hypertrophy and dilatation, which, associated, perhaps, with slight valve thickening, or with rigid papillary
muscles, in its turn leads to valvular imperfection. Omitting the last-named group, the ordinary valvular affections in the Bright's diseases are the result of the altered tissue nutrition of the valves and the degenerative changes which take place there, as they take place in both the large and small vessels of the body. They are favored to a greater or less degree by the morbid products which, from want of proper elimination on the part of the kidneys, circulate in the blood. It may also be a question whether, in part at least, the altered nutrition of the valve may not be due to affection of their nervous supply. The changes, the degenerative ones certainly, are favored by age. Yet we cannot assume that age is the important factor it appears at first sight; for the acute Bright's affections show also, as has been proved, a strong tendency to injuries at the same time that it leads to other complications of Bright's disease, is more often the disease of the kidney and of other textures.

Before ceasing to examine this aspect of the subject, I will call your attention to some purely clinical facts which must make us receive with caution many of the statements of coexisting valvular disease of the heart and of Bright's disease. It is often recorded that there was present a soft murmur, variously heard; in some instances at the apex, in others at the right base. Now these murmurs in Bright's disease are not the result of valvular affection. They come from the state of the blood, or they are simply murmurs from temporary perversion of valve action—what we might call functional murmurs. They are inconstant, they are soft, and they are not signs of valvular disease of the heart. You will easily see that the error is all the more readily committed because we have hypertrophy, with or without dilatation, as such a common attendant upon Bright's malady. Thus, the mere hearing of a murmur in the heart is not a sign of valve affection in Bright's disease, not even when there is coexisting hypertrophy. We have to take into account its persistence, its character, generally rough, the state of the second sound of the heart, and the fact that it may be heard in the axilla, and posteriorly near the angle of the scapula, to make clear that it is of organic type, and not of the temporary character just referred to. Bearing this in mind, we shall have to reject a great many of the cases of so-called valvular disease of the heart, often loosely reported, in which the only evidence of the valvular affection is based upon a murmur, the particular character of which is not stated; or its softness or temporary nature is alluded to, but an erroneous conclusion is drawn from its existence.

The difficulty does not exist with reference to diastolic murmurs, which, in my experience, are always organic. But it is not lessened by a study of the pulse, which is in itself altered by the arterial lesions of the Bright's malady and by the thickened left ventricle; nor can we place, for similar reasons, much dependence on sphygmographic tracings.

I think, then, that the number of cases of valvular disease of the heart, existing as a complication of Bright's disease, is more often overstated than understated. Indeed, with the greatest care, unless the case has been for a long time under observation, it may be almost impossible to detect the true relation between the maladies. Much of the difficulty will be, however, solved, if we accustom ourselves to look upon them as not dependent upon each other, but due to a common cause, working almost simultaneously, or even at different periods—mischief in kidney, heart, and other textures. To the frequent starting of this common cause in rheumatism, attention has been called.*

* Will be concluded in July issue.—Ed. College and Clinical Record.

REFLEX COUGH FROM PREGNANCY.

BY GEORGE ERETY SHOEMAKER, M. D.,
Of Philadelphia.

Read before the Philadelphia County Medical Society, May 9th, 1888.

All of us have seen cases where, in the early months of pregnancy, the stretching or pinching of nerve fibres in the uterus has been interpreted, through the medulla, in the muscles correlated in vomiting. Of all of us know of the reflex sensations, of the vasomotor and trophic changes, of the mental phenomena, and the occasional bowel complications of early pregnancy. Instead of these, in the case which is here related, the sensory impulse travelled from the uterine plexus through other sympathetic paths to the cord, to the medullary centre of the pneumogastric, and out along that and other nerves to the apparatus involved in a cough. The case was as follows:

Mrs. X., aged thirty, very muscular, almost an Amazon in physique. General health apparently perfect. She has had two children, three miscarriages, and is now in the seventh month of her sixth pregnancy. It was in 1885 that she was first seen, while bleeding from a miscarriage at two months. She then stated that for several days before the uterus emptied itself, she had been troubled by a cough, without expectoration, coming on whenever she laid on her back. It ceased with the loss of the uterine contents.

Second Attack.—Six months later, having been well in the interval, she was again pregnant at two months. No symptoms causing distress now appeared, except a cough, which, for two weeks, had troubled her as soon as she lay down at night, continuing at intervals until she arose, when it ceased almost entirely for the day. No pain, expectoration, or signs of respiratory irritation. A small dose of bromide and chloral, with hyoscyamus, taken in the evening, at once relieved the condition, which, however, returned immediately if the medicine was omitted. The tendency to cough subsided as pregnancy advanced, and the subsequent labor was normal.

A third attack, exactly similar, occurred when she again became two months pregnant, in January, 1888. The cough continued for two weeks before she applied for relief, and then was at once removed by the same treatment as before, a sedative given in the evening.

The patient has never had vomiting of pregnancy. Before coming under observation she had had one child and two miscarriages. History of cough with these was uncertain.

Examination showed no malposition or flexion of the uterus, and no laceration or erosion. The organ was freely movable, with no later tenderness; the ovaries normal. The diagnosis then, in the three successive pregnancies under observation in this patient, has been reflex cough from gestation, without other symptoms.

That large numbers of the symptoms which we daily see are reflex, it is easy to say, but it is by no means as easy to determine the limits of these reflexes; or to see why, in one case, one path should be taken, and in another case another. With the same stimulus to the same group of nerve filaments, the result will be interpreted in vastly different effects. So intricate, too, are the relations of different parts of the nervous system, and so diverse the influences which serve to switch off, as it were, the ongoing nerve impulse in this direction or in that, that in many instances we are obliged simply to record facts, and leave unexplained, because yet unknown, steps which lead to their development.

It will be remembered that the pneumogastric nerve has an extremely wide distribution and connection. That besides going to the heart, and besides influencing the vasomotor system through the medullary vasomotor centre, it goes to the lungs and larynx, to the pharynx and cesophagus; that it is connected with the external auditory canal, and with the meninges of the brain; that it goes to the stomach and intestines, to the liver and spleen, and, in short, to most of the abdominal viscera. Its connection with fibres of the sympathetic in the abdomen, enables it to receive impulses from organs such as the
It is rare that from so slight a cause, apparently, such extensive lesions in all parts of the body should follow, and especially that septicemia should set in so early and violently. Only twelve hours after the injury was received pain existed in the entire leg, presumably from early invasion by the lymphatics; within thirty-six hours after the injury, the left shoulder joint was involved, the temperature rose to 104.5°, and was followed speedily by a chill, the involvement of other joints, and, after a comparatively long illness, by death. The infectious endocarditis of the right side was a typical lesion. Associated with this were infarcts in the brain, heart, lungs, spleen, kidneys and intestines.

This case may teach us two important lessons: 1. The danger of delay even in slight wounds. Three hours elapsed between the receipt of the injury and any surgical attention, and that of the most superficial character. Within that time doubtless the mischief began. The local trouble, however, was at no time serious in external appearance. When I first examined the foot on the fifteenth day and found the joint entirely destroyed. I immediately amputated the toe at the metacarpophalangeal joint. The wound healed kindly within a week without any inflammation. Both shoulders were tender, but not visibly inflamed or swollen. A few days later both knees became tender. The pain in both shoulders and knees yielded to an ointment of equal parts of ichthyol and agnine. His temperature under quinine and agnine. His temperature under quinine (twenty grains a day) ranged from 102° to 104°. It was somewhat reduced by antifebrin from time to time.

Both shoulder joints soon became painful; and a chill occurred on the 13th.

February 24th. I saw him in consultation with Dr. Bartleson. The toe was scarcely at all red. It was moderately tender, and a small opening existed at the site of the wound, with a very slight discharge. Manipulation of the toe, however, showed me that the joint was hopelessly diseased; the cartilages were gone; the grating of the bone was very perceptible on the least movement, and the ligaments were entirely destroyed. I immediately amputated the toe at the metacarpophalangeal joint. The wound healed kindly within a week without any inflammation. Both shoulders were tender, but not visibly inflamed or swollen. A few days later both knees became tender. The pain in both shoulders and knees yielded to an ointment of equal parts of ichthyol and agnine. His temperature under quinine (twenty grains a day) ranged from 102° to 103° until March 3d, when it again rose to 104°, accompanied with much sweating, but produced such exhausting sweats that its use was abandoned. He had, also, complained of a moderate pain in the belly, with slight tenderness. He had had no intestinal troubles.

March 5th. He was suddenly seized with right hemiplegia; became unconscious early the next day, and died at 8 P.M. on March 6th.

It seems to me that the desirability of a proper preliminary education is too evident to admit of discussion; but questions that very properly and profitably may be discussed are, whether a good English education and a fair knowledge of Latin are indispen-
some of these "practitioners," after hard and
some colleges accepted "five years of prac-
ting" as equivalent to a course of lectures," some of these "practitioners," after hard and
students with absolutely no knowledge of
were certain men lacking these advantages, but, having youth, ability, enthusiasm and
preparations to the study of medicine, there
were exceptions. An illustration of this.
There is much that can be done by the faculties of medical colleges to improve the
opportunities of medical students, to render
which in earlier efforts? These defects, however," and education, do well in their medical
and general practitioners in Great Britain, is
quite at a disadvantage.

On the whole, I think it may be fairly said
that, while proper mental training and a
"liberal" education are very desirable as
preparations to the study of medicine, there
are certain men lacking these advantages, but,
having youth, ability, enthusiasm and industry, who cannot be repressed. These,
however, are the exceptional men, who seem
destined to succeed under any and all cir-
cumstances.

In this country the only grade of medical
men, as regards their pretensions to the position of practitioners of medicine, is
determined by the degree of M.D. Licentiates
form a very small proportion of the class of
general practitioners. The professional
income and social position of many physicians,
even when actually overburdened with prac-
tice, are rewards so small as inevitably to
exclude a high order of talent and acquire-
ments. Such a grade of practitioners must,
however, exist both in rural districts and in
large cities, although the income of many is
less than the average earnings of ordinary
mechanics.

It is difficult to suggest a practicable way
in which those who receive the degree of
M.D. from our colleges may be divided into
classes, and it is to be feared that whatever
division is made must continue for many years
to depend upon the public. The only feasible
method of making any distinction between
students who have passed a preliminary examination and have
studied for the full three years at such col-
leges. In other countries, under a more or
less paternal form of government, and where
the practice of medicine is strictly regulated
by law, the necessity of at least two grades of
professional training are exceptions, and to them the labor involved in acquiring
a professional education is enormous. A
student with absolutely no knowledge of
Latin may acquire the nomenclature of medi-
cine without serious difficulty, as a child
learns the words in a foreign language, but
he is at a considerable disadvantage.

I think it may be fairly said
that, while proper mental training and a
"liberal" education are very desirable as
preparations to the study of medicine, there
are certain men lacking these advantages, but,
having youth, ability, enthusiasm and industry, who cannot be repressed. These,
however, are the exceptional men, who seem
destined to succeed under any and all cir-
cumstances.

The shortcomings and errors of judgment
in teachers frequently present serious obsta-
cles to the acquisition by students of the
knowledge to be reasonably expected of them
after three years of study. Who is there
among us who has taught for a number of
years who cannot now recognize great defects
in his earlier efforts? These defects, however," and education, do well in their medical
and general practitioners in Great Britain, is
an illustration of this.

There is much that can be done by the faculties of medical colleges to improve the
opportunities of medical students, to render
which in earlier efforts? These defects, however," and education, do well in their medical
and general practitioners in Great Britain, is
an illustration of this.

There is much that can be done by the faculties of medical colleges to improve the
opportunities of medical students, to render
which in earlier efforts? These defects, however," and education, do well in their medical
and general practitioners in Great Britain, is
an illustration of this.
of systematic instruction by books and recitations, it is not difficult for a student to learn his chemistry, anatomy, physiology and materia medica, and to acquire the necessary technique of medical chemistry, microscopy and dissections. Anatomy and physiology constitute the groundwork of medicine; and the materia medica furnishes a considerable part of the means used in the treatment of diseases. It is most important that these subjects be taught so thoroughly and efficiently that students shall know them as they know a familiar language. This can best be done by lectures with frequent repetitions and reviews, reinforced by recitations from books. The serious work of the first two years of study does not seem to involve much more than the acquisition of certain established facts taught dogmatically and impressed on the memory by repetition and thorough drilling. A student learns and forgets his anatomy, for example, once or twice before he becomes even a fair anatomist. It is evident enough that youth is the time for this. Anatomy and physiology give the grammar and a great part of the vocabulary of medicine; for the classification and nomenclature of diseases have, or should have, essentially an anatomical basis. I venture to assert that a well-educated boy of nineteen can learn anatomy, physiology and materia medica more easily and thoroughly in two years than can a ripe scholar of thirty in three. Learning by efforts of memory is not unattractive to the young, while it is often mere drudgery to those of more maturity of mind.

In my opinion, students, while learning the so-called elementary subjects, should listen to lectures on the practical branches and attend clinics. It should be borne constantly in mind by teachers that the final object of the course of instruction of medical students is to qualify them for the practice of their profession. Medical students should begin early to observe the aspect and treatment of disease, and to witness surgical operations. They cannot be too familiar with the practical duties of their profession. The notion that young students cannot comprehend lectures on practice, surgery and obstetrics is not well founded. While students are devoting their best efforts to the study of the elementary subjects, it is of immense use to them to hear lectures on medicine, and thus to learn from the first the practical value and importance of a thorough knowledge of anatomy, physiology and materia medica. I make this statement after much reflection, observation and inquiry among intelligent students at different periods in the course of study.

After a student has devoted two years faithfully to the elementary subjects, if found qualified on examination, he may safely leave these branches and devote the remainder of his term of study exclusively to the practical departments. While he is studying practice of medicine, surgery and obstetrics, it is not possible for him to forget his materia medica, physiology and anatomy. His memory is being constantly refreshed by the applications of the primary branches to the study of actual disease. Now is the time to gather up what he has seen and heard on practical subjects in lectures and clinics during his first two years of study; and now he can become practically familiar with the methods and technique of physical diagnosis, surgical dressings, operations, etc.

Can a faithful student become qualified to begin the practice of his profession within a period of study extending over three years? Undoubtedly he can; but he must certainly not confine his anatomical study to the three years of the study of the so-called practical subjects. He should be required to attend lectures and clinics on these subjects for at least two years. It seems to me absurd to exclude even a first-course student from everything that relates to the actual practice of our profession. I venture to assert that a first-course student cannot occupy two or three hours of his day better than by attending clinics and listening to lectures on practice of medicine, surgery and obstetrics, and that a student, pursuing such a course, will, in the end, be better qualified as a practitioner than if he had ignored these subjects during his first year of study.

No amount of what is called instruction can fully qualify a man to practice medicine. The conscientious study of a single case, of which he has the sole care and responsibility, is often of more practical value than the observation of a score of similar cases in a clinic. A recent graduate should be qualified to begin practice; but no preparatory training can equal the lessons of actual experience.

Neither the professor nor the student should expect to accomplish too much during the collegiate course. A mature practitioner who is an accomplished physician, skilled in all methods of diagnosis, a competent surgeon, an expert-artist, a microscopist, a clinical observer, a practical physician, a homoeopathist, a bacteriologist, etc., is unknown. No length or amount of study will produce a physician of such varied accomplishment and learning, and the schools should not attempt impossibilities. A well-educated physician should have some knowledge of all departments of medicine and should be equal to any emergency; but the science of medicine has become too large for the grasp of any single intellect and the technique too multifarious for any one hand. It is an error to attempt to teach, thoroughly and exhaustively, even the legitimate specialties, such as ophthalmology and otology, in the ordinary curriculum of a medical college. Nevertheless, students should receive such an amount of instruction in the so-called special subjects as will enable them to recognize the diseases of all organs of the body and make no blunders in diagnosis and treatment. A legitimate specialty involves special dexterity, acquired by long practice as well as special study. A specialist who has an imperfect knowledge of general medicine is a dangerous practitioner. After graduation, a student may study any restricted subject exhaustively; but his special acquirements and skill should always have as a foundation a comprehensive knowledge of the science of medicine. Without this no one can be a good practitioner, either as a surgeon or as a specialist of any kind.

There is one serious defect in medical teaching in this country which has been due to the rapid extension of the boundaries of medical science within the last quarter of a century. The actual knowledge at the present time is so extensive that lectures are necessarily confined to existing facts and opinions. It is not possible for each professor to enter to any considerable extent into the early history of his subject. It seems to me that a chair devoted to the history of medicine is now a desideratum. Students are now graduated with little or no knowledge of the history of the great discoveries and advances in medical science; and this defect could be met without materially increasing the labors of a medical class. It is also desirable that students should have some idea of the proper ethics of intercourse with fellow-practitioners. There are points of strictly professional etiquette which are as important to the medical practitioner as are the polite usages recognized by gentlemen; and it is certainly proper and desirable that medical students should be told something of the proprieties and amenities of professional life.

I fear I have wandered from the direct question of what can be done to improve the condition of the American medical student. When I say, what can be done, I mean what can be done in the near future, and that the greatest benefit to the greatest number. It may be well, however, to begin by considering what cannot be done.

It is impracticable to bring all the medical schools of the different States under the control or supervision of the general Government. Our political organization does not admit of this, which can exist only under a centralized power, and would involve a considerable expenditure of public moneys. In my opinion, absolutely uniform medical legislation in all the States is equally impracticable. The States are composed of different races, not only with respect to color, but with respect to education, habits and tastes. They have different institutions of learning; they have their own systems of practice, such as homoeopathy and eclectic medicine. There are no medical schools where all the necessary subjects are taught, and a man cannot acquire a comprehensive knowledge of the science of medicine without a large expenditure of his time.

There is one serious defect in medical teaching in this country which has been due
forms and improvements seem to me to be may be able to prepare themselves properly in the healing art, and that professional sectarianism is illogical, artificial and insincere.

No general medical examining board can be efficient and useful unless the majority of its members be medical teachers, qualified by constant study to test the acquirements of candidates in the science of medicine as it exists to-day, not as it was a decade or more ago.

As regards the medical student himself, it is not possible to secure for him efficient and thorough instruction by legislative enactment or even the liberal endowment of medical colleges. His condition is likely to be improved by honorable and generous rivalry and emulation among colleges with regard to the practical efficiency of their teaching. Improvements in medical teaching, judging from the past, will probably originate in the colleges themselves. No medical college in this country can afford to stand still, and I venture to assert that no step in advance in medical education has been hastened by recommendation or even the liberal endowment of medical societies or by legislative enactment of certain inevitable reforms and improvements. The great majority of students desire to qualify themselves thoroughly for the practice of their profession. The statistics of the only college to the records of which I have access are very instructive on this point.

In this college, the attendance on more than two courses is optional, and its classes are made up of students from all parts of the United States, with some from foreign countries.

In 1867, 24 per cent. of undergraduates who received the degree of M.D. voluntarily attended more than two courses of lectures. In 1877, the proportion was increased to 36 per cent. In 1889, this proportion was increased to 62 per cent.

4. In the interest of the profession, and especially of those who are about to enter the profession, something should be done to remedy the evil of the existence of medical schools in which it is impossible for students to obtain a thorough medical education. In 1886, the total number of "regular" medical colleges in the United States was 90. In 1885 these colleges graduated 3994 students. Out of the total of 90 colleges, twelve graduated in 1869, nearly one-half of the total of graduates for the year. It is useless to look to medical education for any remedy against medical colleges, ostensibly regular, publishing circulars setting forth admirable plans of teaching, etc., but whose existence is a scandal to the profession and a fraud upon the American medical student. Whatever relief is possible must come from the medical colleges of established standing in this country; and this is not possible in declining to recognize the courses of lectures and the degrees of certain colleges which have no claim to the confidence of the profession.

The confidence of the profession in the various medical colleges is measurably indicated by the actual support which the different colleges receive. A college cannot be said to receive the support of the profession if the number of students availing themselves of its educational advantages and seeking its degree be ridiculously small. This, moreover, is the case with regard to a large number of colleges in this country; and the sooner such colleges cease to exist the better.

In studying the college statistics for the year 1885–86, I have found thirty colleges each graduating not more than twelve students. The average number of graduates of these thirty colleges was 7.7. Two colleges graduated twelve students each, the highest number, and one college graduated but one.

The last-mentioned college has seven professors, one demonstrator and one lecturer. For the convenience of students occupied in other pursuits during the day, all the lectures are given in the evening. The college requires a matriculating examination and has a "graded course" of three years. It is the medical department of a University, and, in addition to the clinical and other advantages enjoyed by its students, "the diplomas from this school are signed by the President of the United States."

It was not my intention, when I selected the subject of this address, to do more than to sketch the personal characteristics of the American medical student and to try to show why he is what he is; but my interest in medical education has led me into topics that I did not at first propose to discuss. With all that may be said of medical schools that certainly do us no credit, their influence is relatively so small that they are practically of little importance in comparison with the great institutions of learning which have made the profession of this country what it is to-day. We can certainly be pardoned if, at this reunion, we join with pride to the commanding and honorable position which the "Jefferson" has maintained for more than three score years. Steadily she has advanced in usefulness and influence. May her progress in the future equal the record of the past. Let us, one and all, whatever our other interests may be, cherish the "Jefferson" and encourage her in her good work! The honor and dignity of the profession rest largely with our great medical schools. The American medical student is confided to their care, and the schools will not betray this sacred trust. Medical students are always benefited by honorable competition and emulation between colleges.

We can do much to encourage this generous rivalry by striving to promote cordial feeling and concert of action in important matters relating to medical education. We who are connected with colleges should not be envious of the honorable success and prosperity of our rivals, nor should we be unwilling to follow if we do not always lead. We cannot keep pace with the rapid progress of medical science without effort. Let us hope that our Alma Mater may never relax her noble efforts in behalf of American Medicine.

---

Prof. Brinton treated a case of pruritus ani by giving, internally, 20 grains of teucrium scorodarium three times a day, one-half hour before meals. Locally, before retiring, bathe the parts well with water, then lime water, and quickly dry, and apply the following:

B. Ung. hydrarg. nitrat., 3j.
Ung. petrol., 3j.
Sto.—Apply locally.
The selection of a climate for patients with pulmonary tuberculosis.*

By Frederick J. Knight, M.D.,
Of Boston, Mass.

1. Those presenting the earliest physical signs of chronic tuberculosis of the apex, who have as yet shown little, if any, general disturbance from the disease, and who complain only of morning cough and expectoration. It is this class of cases especially which shows the effect of improved ideas of treatment. The change from the old plan of enforced invalidism to an active out-door life has brought about many cases of arrest in this stage of the disease. It is, perhaps, not saying too much to say that the prognosis has been changed as regards this class of cases from very bad to very good. While I have had such patients do well in different climates, some of whom without leaving home, the results have averaged far better, in my experience, in those who have sought mountain climate than in those who have pursued any other course. The region which I have found most satisfactory for this kind of treatment is the eastern slope of the Rocky Mountains, in the States of Colorado and New Mexico, where the altitude ranges from 4000 to 8000 feet.

The question will naturally be asked whether the patient should go at once from the sea-board to such a high altitude, or make a number of stops on his way out, in order to become accustomed to the diminished pressure. I have never known any ill effect in patients of this class from making the change at once; but it is especially necessary that they should consult a good local medical adviser at once, that they may be guided from the beginning, particularly in regard to the kind and amount of physical exercise which they should take.

2. Patients with more advanced disease, showing some consolidation, but no excavation, nor any serious constitutional disturbance.

The mountain climate is suited to many of this class also, and it is fortunate if they are in condition to try it, but if considerable area of one lung, or the apices of both, are consolidated, and there is well-marked constitutional disturbance, if the pulse and temperature are both constantly above 100, then it may be well to try some low altitude first. For very low elevations, the dry, rather stimulating air of Aiken and its vicinity, or the pine regions of Southern Georgia, may be recommended for the greater part of the year, the patient going north in the summer. When quiescence in the morbid processes is established, a move to the higher altitudes should be made.

3. Hemorrhagic cases, that is, patients in whom a pulmonary hemorrhage has been perhaps the earliest and a frequently recurring symptom, but in whom there is as yet no marked febrile reaction, nor much physical evidence of disease.

This class seems particularly suited to the high altitude treatment. Contrary to the old idea, these patients appear to be less liable to haemoptysis in high altitudes than on the plains. I do not remember any patient of this class in whom the tendency seemed increased by the removal to a high altitude, and although such patients are usually advised to make several stops on their journey upward, I doubt if this precaution is often necessary. Of course, it will be understood that what is said in this connection does not refer in any way to the haemoptysis from rupture of a large vessel in a cavity of advanced disease.

4. Cases of advanced disease, those with cavities or severe hectic symptoms.

Patients of this class had better, as a rule, stay at home; certainly, if they are sick enough to be confined to the house. They can usually be made much more comfortable in their own homes than at any health resort, yet I have sometimes advised that such a patient with very constant and harassing cough be sent to the moist climate of Florida, and

the relief to the cough has more than compensated for the want of some home comforts. A poor patient, or one without abundant means even, should not be given such advice.

5. Patients in an acute condition.

These may be quite different in their nature and requirements. We find (a) cases of acute general infiltration. These patients should be kept at home definitely. (b) Cases which begin violently with high fever and marked consolidation of lung, resembling pneumonia. Patients of this class should be kept at home till after the subsidence of the acute symptoms, and then may be removed to some low, dry place; afterward increasing elevations may be carefully tried. (c) Cases of acute exacerbation during the progress of chronic disease. Patients of this class should remain at home during the acute stage, going, perhaps, to some mild, sedative climate during its decline; but as soon as possible after the febrile disturbance is well over, if their condition otherwise warrants it, they should go to an elevated region.

6. Cases of so-called fibrinous or interstitial pneumonia. Special indications in these cases have to be considered. If the patient is young, and the heart is not enlarged, he may be sent to high elevations. If he is over fifty years of age, or if his heart is dilated, or if his cough is very harassing, a lower altitude should be chosen. Southern California offers excellent places for such, with varying elevation and moisture to suit individual symptoms.

7. Patients recovering from acute pleurisy or pneumonia, in whom the irritation of the pleura is feared. High elevations is the place par excellence for these. The increased respiratory and consequent increased nutritive activity are exactly what is wanted to prevent the development of chronic disease.

8. Patients in whom the tubercular process has seriously invaded the larynx.

Such patients should be recommended mild and even moist climates, and on no account be sent to high altitudes. Southern California answers the purpose well. The dry air of high altitudes, however much good it may do by stimulating general nutrition, usually

proves so great a local irritant to the larynx that incessant cough ensues, or, if the disease is situated high in the larynx, the swelling and ulceration of the cartilages are aggravated so that severe dysphagia and insufficient nourishment ensue.

9. Those with complications of other diseases.

In regard to these a good deal of care has to be exercised oftentimes. In cases of cardiac affection it may be said that while marked dilatation should prevent a patient's being sent into a high altitude, it is not necessary to exclude every one from such who has a cardiac murmur, or who even is known to have organic valvular disease, with moderate hypertrophy, but such patients should be carefully watched and regulated in their habits, and should not be sent into the very highest altitudes.

In regard to renal disease, while it is admitted by the resident physicians that acute nephritis is severe in high altitudes, they do not admit that patients with chronic disease are made worse, but claim rather that they are benefited by a residence there.

Patients with intestinal ulceration are said to do badly in high altitudes, but they do badly everywhere.

In regard to the rheumatic diathesis, it may be said that acute rheumatism is thought to be rather prevalent and severe in high altitudes, and such a tendency might turn the balance in favor of a lower resort. On the other hand, the chronic form of rheumatism does not seem to be made worse by elevation.

A common cause of pelvic peritonitis.

Prof. Goodell, of Philadelphia, in a recent clinic (Medical and Surgical Reporter), stated that a very common cause of this malady in the lower classes is gonorrhoea. Such a complication may also result from a cold caught while menstruating, from attempts to induce abortion, from the introduction of an unclean sound, or from other causes wholly innocent in character. There is one good
feature about the virus of gonorrhea and the pelvic inflammation to which it gives rise, and that is, that it is almost always superficial in its action, and that it does not penetrate deeply beneath the surface and end in troublesome abscesses. Peritonitis occurring as the result of other causes frequently ends in an abscess. Peritonitis occurring as the result of pelvic inflammation to which it gives rise, and of other causes, is usually accompanied by localized peritoneal inflammation, and, in this peculiarity, I think, we may find an explanation of the well-known fact that prostitutes are liable to trickle into the peritoneal cavity, but as a result of the tapping, adhesions may form abscesses; although pus may be found in the tubes and ovaries. Very firm adhesions are the usual outcome of this variety of peritoneal inflammation, and, in this peculiarity, I think, we may find an explanation of the fact that prostitutes are commonly sterile. Almost all of them at one time or other have had attacks of gonorrhea which are accompanied by localized peritonitis. This may be very slight; perhaps, indeed, the woman may not be conscious of her additional trouble, but it will leave its traces in displaced ovaries, adherent tubes, flexions of the uterus, etc., and it is these which interfere with conception.

TREATMENT OF VARIOUS THROAT AFFECTIONS.

A correspondent of the Canada Lancet (April, 1888) gives the following items of interest as to the treatment of certain laryngeal and pharyngeal affections in the London Throat Hospital by Dr. Wolfenden:—

In cases of acute laryngitis in the adult, he prescribes a calomel purge, followed by the same drug in small and frequent doses combined with Dover's powder, at the same time administering the following if the pulse be full: B.—Tinct. aconiti, m. x; aq. M. xiiij. Sig.—A teaspoonful to be given every fifteen minutes for four or six doses, then every half hour for several doses, and finally every hour or two hours; the time between doses being lengthened as soon as the skin appears moist and the heart's action reduced. When the disease has advanced and secretion is being poured out, the following mild expectorant is prescribed: B.—Ammon. carb., grs. v.; tinct. scillae, m. x; tinct. camphor, co. m. xvi; syr. zingib., g. iii; infus. serpentaria, ad., g. iii. Every four hours. If the cough is very troublesome, m. xij or m. xiiij of tinct. Morph. hydrochlor. are added to the above. Locally, he recommends cold compresses of ice or the Lieter coil.

In cases of subacute laryngitis he prescribes the following: B.—Tinct. benzoine, co. g. iv. Sig.—A teaspoonful in a pint of hot water for each inhalation, night and morning. The patient is cautioned not to go out of doors for at least half an hour after using the inhalation. Trochisci Krameriae are also ordered, each lozenge containing grs. ij or iiij of the ext. of rhatany.

In some cases the following vapor is preferred: B.—Olej. eucalypti, g. iiij; magnes. carb. levis, grs. lx; aq. ad., g. iiij. To be used in the same manner as the above.

In chronic laryngitis, in addition to any constitutional treatment required, he usually prescribes the following vapor: B.—Olej. pini sylvestris, g. iiij; magnes. carb. levis, grs. lx; aq. ad., g. iiiij. Sig.—A teaspoonful in a pint of hot water for each inhalation, night and morning, also troch. Krameriae.

In tuberculosis laryngitis he prescribes a vapor of benzoin and chloroform, as follows: B.—Tinct. benzoine, co. g. iiiij; chloroformum, m. iv, in a pint of hot water for each inhalation, and as a local application uses solutions of lactic acid, varying in strength from 20 per cent. to 60 per cent., and applied by means of a brush, twice a week.

In granular pharyngitis he finds the galvano-cautery the most satisfactory treatment.

TREATMENT OF TYPHOID FEVER IN CHILDREN.

Dr. F. Forscheimer, of Cincinnati, in a clinical lecture before the class at the Cincinnati Hospital (N. O. Med. and Surg. Journal, April, 1888), gave the following brief outline of his treatment in such cases:—

I believe in the possibility of aborting typhoid fever with calomel, and I think I have done it six times during this epidemic, and that I have done it before. The whole trouble lies in the inability to prove this. If I get a case before the fifth day, I always give a dose of calomel, and a large one, sometimes repeating it. I follow this up with a rather full dose of antipyrine, because it lessens pain and seems to have an antiseptic effect. I consider it of great importance to have two beds, one for the day and one for the night. It is necessary to have the largest, lightest and airiest room in the house. The diet should be absolutely fluid. No bread, no toast. I have seen hemorrhages occur from the bread. The patient will complain bitterly of having nothing solid to chew. In these instances I find it very satisfactory to give tolu to chew. I frequently give a drop of the dilute nitro-muriatic acid every hour. I give sustaining measures, mainly whisky, and in antipyretics avoid everything which will cause a collapse. I give the lukewarm bath.

BISMUTH SALICYLATE IN DISEASES OF THE ALIMENTARY CANAL.*

BY W. H. L. HALE, M.D.,
Of Philadelphia.

I wish to say a few words with reference to tapping. A woman comes to you with a cyst; is it wise to tap? You may lay it down as a golden rule not to tap a woman with ovarian cyst, for there is a tendency for the affection to become malignant. Papillary tumors often begin as benign growths and ultimately become malignant. Many of these ovarian tumors are papillary in character. Another danger is that some of the fluid may enter the peritoneal cavity and deposit there some of the papillary germs. A third danger is that as a result of the tapping, adhesions may form, and this greatly complicates the subsequent operation, which in ninety-nine out of every hundred cases is called for. Why does tapping cause adhesions? After the removal of the cannula, a few drops of the fluid are liable to trickle into the peritoneal cavity, but

* Extract from a Clinical Lecture in the Polyclinic, April, 1886.
any impression on the meat, in some cases, the interesting process of counting in every mouthful must be a species of ruminination very diverting to the mind, and congenial to the statistical bent of the great treasury minister. For the purpose of mastication, however, shaving the meat off thin across the fibre with a sharp knife would be more effective, and more favorable to sociability at meals. Most people cut it in chunks, and so swallow it, after a treatment that is merely lubricative, like that of a serpent.

MOLDS OF ADMINISTRATION OF ALCOHOL IN DISEASE.*

BY BENJAMIN WARD RICHARDSON, M.D., F.R.S.,
OF LONDON, ENGLAND.

In my lecture on the alcohols, published so far back as 1869, in the *Medical Times and Gazette*, I wrote: "Alcohol, one of the most commonly used of accredited remedies, has never been properly tested as a remedy for human diseases. I mean by this that it has never been tested as alcohol of a given chemical composition, of a given purity, and in given measures. Wines, beers and spirits are anythings, compounds of alcohols, and compounds of alcohols with ethers and other foreign substances. It is time now, therefore, for the learned to be precise respecting alcohol, and for the learned to learn the positive use of one of the most potent instruments for good or for evil." In the nineteen years that have passed since that was published I have steadily followed out the practice there suggested, and for fifteen years past have never prescribed alcohol in any other form than the .830 ethyl alcohol—the ordinary pure but not quite absolute alcohol of commerce. I have known, therefore, in prescribing alcohol, for these years, the precise thing prescribed, which is, I think, what few can say. I have by this means learned the value of dose as well as of action. If I have wanted any other of the agents that belong to alcoholic beverages—the bitter of hop, diastase, an ether—I have added it in the same precise manner, and I most respect-fully suggest that this is the only way in which alcohol can be scientifically applied in the treatment of disease.

The advantage is all on the side of accuracy; but there is another and more cogent reason for this rule. By following it alcohol is kept in the hands of the prescriber and the chemist. When it has served its purpose it can, like mercury or arsenic, or other dangerous remedies, be withdrawn. Ordered, instead of prescribed, as a common drink, the patients become their own doctors and their own destroyers. It is hard enough, as we have seen, to prescribe alcohol as to prevent evil from it; to order it without care is to endanger its current utility, and to make the perpetuation of its evils the most imminent of dangers.

On the mode of administering alcohol by prescription a word may be useful. I prescribe .30 alcohol, adding to it usually a little glycerin; one drachm of glycerin to a half-ounce fluid measure of alcohol and two ounces of water. For those adults who are not accustomed to alcohol a half a fluidounce in ten ounces of water is a good standard dose. That does will produce a distinct physiological effect. It will quicken the pulse to two thousand beats, and will cause a preliminary rise of a fourth of a degree of surface temperature. This dose may be repeated every hour for four hours without harm, but not beyond that with impunity.

For ordinary drinkers of alcohol this dose is small. They will take an ounce or an ounce and a half at once and not be seriously influenced, and to them in emergency this dose may not be too considerable. Its repetition must, of course, be considered with more care.
tract of ergot, three times a day; 4 grains of quinine each morning, and over the abdomen—

B. Iodinii, 3 ss. Ung. belladonnae, 2 M. Lanoline, 3 ss. M.

If the uterine contractions are feeble in the first stage of labor, and patient has become exhausted, with almost complete failure of the os to dilate, the membranes not ruptured, we may create a lull in the labor by the administration of morphine, when, after a few hours of sleep and quiet, uterine contractions may return with normal vigor. (Parvin.)

—One of the best methods of removing foreign bodies from the external auditory meatus, when the tympanic membrane is intact, is by injecting water in the ear; which, in most cases, will pass between the membrane and foreign body and force it out. (Dr. Hearn.)

—Prof. Bartholow treated a case of anterolateral sclerosis by a mild galvanic descending static current, one pole at the spine and the other to the extremity. Internally, hydrobromate of nicotine; also recommended rubbing with wet pack which is at a temperature of 98° F. (Prof. Holland.)

—For chronic eczema, Prof. Holland recommends the following treatment: Soften crusts with oilegum preparation or bread poultice and remove them; then apply the following:

B. Liq. carb. deter., ½ j. Aquæ rosæ, ½ j. Solanin, ½ j.

The liquor carbonis detergens is made of four parts of coal tar, 4 parts; tinct. soap bark, 9 parts. Shake together and let stand for eight days; then strain, and it is ready to dilute for use.

—For a case of idiopathic epilepsy in a boy aged eleven, Prof. Da Costa ordered a prescription:

B. Potassii bromidi, gr. xx. Tinct. cannabis indica, gr. ½. Syrup. aquæ, q. s. ad, f ½ j. M. Sto.—Take three times a day.

Milk and vegetable diet. To prevent the paroxysm, inhale five minims of nitrite of amyl.

—Prof. Da Costa has relieved several cases of tapeworm, which applied to the hospital for relief, by the following treatment: Have patient fast for a few days, and at night give a powder containing 5 grains each of calomel and powdered jalap, followed in the morning by ½ ounce of Tanret's pelletierine, and in two hours give another ½ ounce of pelletierine. If the bowels do not move by three p. m., give colocyth. The pelletierine comes in one-ounce bottles.

—The best remedy for tapeworm is pomegranate, but must be given in the proper way. Clean out the canal thoroughly, and for this the soda salts are good, preferably the phosphate of sodium to dissolve the mucus in the canal, which must be given in the intervals of digestion, followed by a purgative; then give a strong decoction of pomegranate bark, four ounces of the fresh bark to one pint of water, and boiled down to eight ounces; follow this by a purge. (Bartholow.)

—For chronic myelitis with "douleurs fulgurantes" and epileptoid trepidation, the therapeutic effects were remarkably rapid and constant; the pains and the trepidation ceased. In a case of disseminated sclerosis with trembling of the left superior member, the results were more remarkable still. After four days of treatment, the trembling had almost ceased and on the sixth day it was gone altogether.

In paralysis agitans, in tic douleuroux of the face, in post-hemiplegic hemiathetosis, antifebrin had been equally beneficial in the pains of locomotor ataxia and in chronic rheumatism; in fact, in the latter affection and in all cases of pain of long- standing, antifebrin had shown itself to be the better analgesic.

In combating phenomena of motor excitation, epileptoid trepidation, exaggerated reflexes, tremblings, antipyre has been of but little benefit; it has given negative results in paralysis agitans, tic douleuroux, and has had but little effect on the reflex spasms (hiccough, eructations, etc.) of the hysterical. In these cases, acetylazine has given better results, except in paralysis agitans, in which it fails altogether. These two medicaments are very rarely followed by unpleasant symptoms, such as vomiting, exanthemata, rashes, profuse sweatings.

Acetanilide is better borne by the stomach than antipyre. Solanin is a very useful nerve agent whenever one wishes to obtain a depressant action on the bulbous or spinal cord. It proves a paralyser to the motor nerves, and an analgesic to the sensory. Inefficacious in acute articular rheumatism, solanin succeeds very well in muscular rheumatism; it acts as well as acetanilide in allaying the pains attending ulcer of the stomach, as these observations show.

It is much superior to both antipyre and antifebrin in the treatment of old and rebellious sciatricas, and in obstinate neuritis. Its influence is as marked as that of the other medicaments in calming the pains of locomotor ataxia. But it is chiefly as a moderafor of motor excitation that solanin is destined to do good service. In two cases of chronic myelitis with "douleurs fulgurantes" and epileptoid trepidation, the therapeutic effects were remarkably rapid and constant; the pains and the trepidation ceased. In a case of disseminated sclerosis with trembling of the left superior member, the results were more remarkable still. After four days of treatment, the trembling had almost ceased and on the sixth day it was gone altogether.

In paralysis agitans, in tic douleuroux of the face, in post-hemiplegic hemiathetosis, antifebrin had been equally beneficial in the pains of locomotor ataxia and in chronic rheumatism; in fact, in the latter affection and in all cases of pain of long-standing, antifebrin had shown itself to be the better analgesic.

In combating phenomena of motor excitation, epileptoid trepidation, exaggerated reflexes, tremblings, antipyre has been of but little benefit; it has given negative results in paralysis agitans, tic douleuroux, and has had but little effect on the reflex spasms (hiccough, eructations, etc.) of the hysterical. In these cases, acetylazine has given better results, except in paralysis agitans, in which it fails altogether. These two medicaments are very rarely followed by unpleasant symptoms, such as vomiting, exanthemata, rashes, profuse sweatings.

Acetanilide is better borne by the stomach than antipyre. Solanin is a very useful nerve agent whenever one wishes to obtain a depressant action on the bulbous or spinal cord. It proves a paralyser to the motor nerves, and an analgesic to the sensory. Inefficacious in acute articular rheumatism, solanin succeeds very well in muscular rheumatism; it acts as well as acetanilide in allaying the pains attending ulcer of the stomach, as these observations show.

It is much superior to both antipyre and antifebrin in the treatment of old and rebellious sciatricas, and in obstinate neuritis. Its influence is as marked as that of the other medicaments in calming the pains of locomotor ataxia. But it is chiefly as a moderafor of motor excitation that solanin is destined to do good service. In two cases of chronic myelitis with "douleurs fulgurantes" and epileptoid trepidation, the therapeutic effects were remarkably rapid and constant; the pains and the trepidation ceased. In a case of disseminated sclerosis with trembling of the left superior member, the results were more remarkable still. After four days of treatment, the trembling had almost ceased and on the sixth day it was gone altogether.

In paralysis agitans, in tic douleuroux of the face, in post-hemiplegic hemiathetosis, the results were less pronounced, but too small doses may have been given. At any rate, further trial of this remedy in these diseased conditions is recommended. The average dose is twenty-five to thirty centigrammes per day, in divided doses. This medicament always is well tolerated.

In the discussion which followed the paper of Sarda, Professor Grasset remarked that solanin is especially adapted to combat the medullary symptoms produced by lesion of the lateral columns of the spinal cord. In epileptoid trepidation notably, and in the trembling of *sclerose en plaques* solanin works wonders. The effects are, perhaps, not very
THE ATTITUDE OF RELIGIOUS SERIALS TO CHARLATANISM.

Leading medical journals have frequently discussed this subject; medical societies have rarely handled it. The State Medical Society of Arkansas, however, adopted the following resolutions at its Thirteenth Annual Session, held at Fort Smith, April 25-27, 1888, and directed that they be furnished to various medical associations, and to the medical and religious press, soliciting their cooperation in bringing about a correction of these grievous and palpable errors:

Resolved, That the members of the State Medical Society of Arkansas have for years observed with pain and mortification the patronage given to charlatanism in all its multifarious aspects by the religious press of our country.

Resolved, further and most specifically, That the appearance in religious papers, of advertisements place them, and attempt to excuse themselves by saying that it is necessary to take these advertisements in order to obtain means to conduct their papers; but, in the language of orthodox theology, we would say: "Put behind you that damnable doctrine that we must do evil that good may come."

Resolved, further, That, as a Society, we declare that the continued perpetration of the above offences by some of the clergy and religious press brings harm to the bodies of their constituency, and damages materially their influence upon the thinking class of the medical profession.

AMERICAN INTERNATIONAL CONGRESS OF MEDICAL JURISPRUDENCE.

The Medico-Legal Society of New York has decided to hold an International Congress of Medical Jurisprudence, at which representatives from all countries will be invited to attend and contribute papers. This will be held in the city of New York during the year 1889, at such a place and time as will be determined later on.

It is believed that a congress like this will advance the cause of justice and humanity, and will pave the way for a clearer definition of the principles which should govern the administration of justice in our enlightened age. The intercourse between men eminent in their profession, the exchange of views between them, the treatment and discussion of questions that form an integral part of both law and medicine, by those whose voices are recognized as the leaders of science, will form another link in the universality of all true science.

The Congress will hold a session of four days. Members of the Medico-Legal Society will entertain as guests all foreign visitors, and arrangements will be made for reduced rates of ocean and railway travel for those who attend from a distance.

A THREE YEARS' COURSE AT JEFFERSON MEDICAL COLLEGE.

It will gratify the numerous alumni and friends of the school to know that the Faculty have determined to modify existing regulations in accordance with the advanced spirit of the age, so that three years of instruction will be required of all students attending lectures at that institution. The Trustees will doubtless promptly confirm this laudable action. The change will not go into effect until 1890.

Our Library Table.

[All new publications noted in this department, and all other medical works, may be procured by addressing Wm. F. Fink & Co., 1210-1224 Sansom St., Philadelphia.]


Therapeutic Briefs.

[Short paragraphs embodying the practical personal experience of any of our readers will be acceptable as contributions to this department.—EDITOR COLLEGE AND CLINICAL RECORD.]

Dr. H. C. Ghent, of Belton, Tex., considers dilute cider vinegar an excellent application in obstinate Epistaxis.
1. Strophantus exercises a distinctly tonic action on the heart—in proper doses it may stimulate; it increases blood pressure, increases diuresis, and removes edema.

2. It acts moderately in valvular affections, kidney troubles, increased arterial pressure, and favorably in functional heart troubles, and possibly in portal congestion.

Excessive Perspiration of the feet, of a year's duration, and so disagreeable to the patient that he thought of suicide, was cured by Legouix (Gaz. Med. de Paris), quoted in Journ. of Cut. and Gen. Urin. Dis., May, 1888.

In fifteen days, by applying twice a day the following mixture, after the feet had been bathed during several days in a weak infusion of walnut leaves:

B. Glycerip, grm. x
Ferri perchlorid., grm. xxx
Essent. bergamot, gtt. xx. M.

For FETID BREATH, the following formula for pastilles is recommended in the American Druggist:

Coffee, roasted and powdered, 3 iij
Charcoal powdered, 3 iij
Boric acid, gr. x
Asafoetida, gr. iv. M.

Tincture of vanilla, or
Mucilage of gum Arabic, q. s. M.

Reduce the solids to a moderately fine, uniform powder; flavor it with the tincture, and then mix it with enough mucilage to make a mass, which is to be divided into troches or pastilles weighing ten grains.

MILK JELLY is made as follows, according to the suggestion of Prof. Liebreich:

Heat one quart of milk with one pound of sugar, and when the sugar is dissolved continue the heat, at a boiling temperature, for about ten minutes. Now cool it well, and then add, slowly stirring, a solution of one ounce of gelatin in a cupful of water. Next add the juice of three or four lemons and three wineglassfuls of wine, brandy or other liquor. Let the glassess containing the mixture in a cold place, which is to be divided into troches or pastilles weighing ten grains.

Bubay in the Edinburgh Med. and Surg. journ. It consists of—

Menthol,
Ammon. chlor.,

When finely pulverized, this will be found a useful insufflation in chronic laryngeal catarrh, laryngeal phthisis, nasal catarrh and ozena, and syphilitic rhinitis.

The same authority recommends a twenty-five per cent. solution of menthol in olive oil as an application in acute pharyngitis and tonsillitis. When applied to the nasal mucous membrane it should be from five to twenty per cent. only.

Another formula, for local application, consists of—

Iodine, iodide of potassium, Menthol, Glycerin, Water.

THE UNIVERSITY MEDICAL MAGAZINE.—In accordance with a resolution adopted by the Faculty of Medicine of the University of Pennsylvania, the first number of a medical monthly will be issued October 1st, 1888, under this title, edited under the auspices of the Alumni and Faculty of Medicine of the University of Pennsylvania. Drs. George E. de Schweinitz, M.D., and Hobart A. Hare, M.D., are the editorial committee. It will contain original articles and clinical lectures by the members of the Faculty, Clinical Professors, Demonstrators and Instructors, and will represent their teaching and practice in the various hospitals with which they are associated, etc., etc. A. L. Hummel is the publisher.

—W. D. Granger, of the Buffalo Insane Asylum, in the Alienist and Neurologist, states in regard to insanity in New York, that the increase, as cared for in the asylums of the State, is greater than the proportionate increase of the population of the State. In 1870 there was one insane person in 406 of the population; in 1880, one in every 533, and in 1886, one in every 406. It is reasonably safe to say that this increase will continue until one in less than every fourth hundred of the population will be in an insane asylum. These facts, showing the rapid increase of the insane, are startling.

THE PRESCRIPTION OF POISONS BY DRUGGISTS.—The Indiana Legislature has passed a law declaring that " From and after the passage of this act, no pharmacist, druggist, apothecary or other person, shall refill more than once prescriptions containing opium or morphone, or preparations of either in which the dose of opium shall exceed one-
fourth grain or morphone one-twentieth grain, except with the verbal or written order of a physician." A violation of the law is declared a misdemeanor, punishable by a fine of not less than ten nor more than twenty-five dollars.

—THE PROCEEDINGS OF THE NINTH INTERNATIONAL MEDICAL CONGRESS.—Volumes I and II are now being distributed by Wm. F. Fell & Co., 1330-1334 Sansom St., Philadelphia, who are prepared to bind them (in Cloth for 60 cents per volume; in Morocco for $1.00), in good style, with the seal of the Congress on the side in gilt, and lettering with name of Sections on back in gilt. Gentle men desiring to have their copies bound will do well to communicate with the above firm at once, or the books will be sent to them in paper.

—We have received from Messrs. Wells & Richardson Co., Burlington, Vermont, a photograph of little Amy Cox, showing in a most effective manner the good results obtained from the use of Lactated Food as a substitute for mother's milk. The child is the picture of health and beauty, and they will be very glad to forward one of these photographs to any physician sending them his address, as a most vivid representation of the effect of their well-known preparation.

—A recent item in the Med. Standard, to the effect that the rubber-covered index finger had been united two hours after the accident, and in four weeks the finger was well, sensation and motion being unimpaired, reminds us of a case in Philadelphia, in our early professional experience, in which a penis similarly injured was similarly treated, with excellent results. In the latter case, however, the party causing the accident, the wife of a faithless husband, had been bound over to keep the piece.

—Dr. Fordey Barker, of New York, while attending the late Roscoe Conkling, received letters from Tom, Dick and Harry advising him how to treat his patient. One person wanted him to put a steamed potato in his ear; one a boiled onion, from Tom; Dick and Harry advising him how to treat his patient. One person wanted him to put a steamed potato in his ear; one a boiled onion, another stated that milk was not a good thing for a sick man to drink.

—The editor of Daniel's Medical Journal, March, 1888, states that at a recent wedding in a Texas physician, the latter and his father-in-law, also a physician, subscribed for his journal. We hope that a like result may attend his presence at the weddings of all his medical friends, and that such marriages may be frequent in the lonesome state.

—Dr. J. R. Briggs, of Dallas, Texas, announces the proposed publication, monthly, of the Texas Health Journal, the first issue to be in July, 1888. Dr. Briggs will be the editor, and the Texas Health Journal Publishing Company the publishers. All parties interested have our best wishes for its success.

—The American Association of Obstetricians and Gynecologists is the title of a new organization of specialists, perfected at Buffalo a few weeks since, which will meet in Washington, September 18th, 19th, 20th, coincidently with the meeting of the Congress of American Physicians and Surgeons.

—Dr. G. J. Engelmann, of St. Louis, in a letter from Berlin to the St. Louis Cour. of Med., May, 1888, alludes to the fever-epidemics which prevail in that city in an alarming extent, and has taken possession of gynecology, and at present absorbs everything in its dangerous whirl.

PERSONALS.—Dr. E. R. Gardner (J. M. C., 1882) is now located at Montrose, Pa.

Dr. J. H. Glass (J. M. C., 1887) has removed to South Fork, Cambria Co., Pennsylvania.

Dr. E. E. Montgomery (J. M. C., 1874) has removed to 1818 Arch Street, Philadelphia.

Dr. S. Mason McCollin (J. M. C., 1878) has removed to 1823 Arch Street, Philadelphia.

Dr. Horacio Garman (J. M. C., 1883) Minister Plenipotentiary to the United States from Nicaragua, has recently visited Philadelphia.

Dr. E. E. Graham (J. M. C., 1887) will sail on Wednesday, June 6th, with the intention of remaining abroad for a considerable time in the medical centres of Europe.

—The tenth Polyclinic Lecture of the season of 1888 was given on Friday, May 11th, 1888, on "Treatment of Lateral Spinal Curvature," with a demonstration of the application of the Swedish movements, by Prof. H. Augustus Wilson, M.D. (J. M. C., 1879).

Marriages.


MCCANDLISH—KERR.—At Granville, Ohio, May 16th, 1888, Henry M. McCandlish, M.D., of Philadelphia, and Olivia H. Kerr, daughter of John C. Kerr, M.D. (J. M. C., 1872), of Canton, China.

Deaths.

AULICK.—In March, 1888, H. Aulick, M.D. (J. M. C., 1869), Surgeon U. S. Navy.

The sound now gives a measurement of only three inches, but before the descent of the fundus the measurement was probably five inches. When we turn to an examination of the patient, we find in front a pouch containing fluid. This is the bladder, and under these circumstances it always contains a certain quantity of residual urine. An important factor in the complete evacuation of the contents of the bladder is the action of the abdominal muscles, but here the muscles cannot act because the bladder is outside of the body. In order to urinate, she finds it necessary to replace the bladder with the fingers, and even then the urine only dribbles away. This is because the urethra is sharply curved around the sub-pubic ligament, and we have stenosis by angulation. When I pass the sound through the urethra into the bladder, you can see the end moving beneath the mucous membrane.

In the treatment of a case of this kind, the first thing to be done is to cure the laceration of the cervix. After this has been done and the parts have thoroughly contracted, I shall narrow the aperture of the vagina and, perhaps, remove some of the redundant tissue. These operations are not always as successful as we might desire. For the present, however, I shall simply give her a tonic remedy, and direct her to replace the womb and to insert a suppository containing five grains of tannic acid. This will sometimes so contract the vagina as to prevent the escape of the uterus.

Carcinoma of the Neck of the Womb.

This patient is a married woman, who has had several children and some miscarriages. She is nearly forty years of age. She noticed a few months ago that she was losing too much blood, and that there was a discharge from the vagina. She consulted a physician, who diagnosed carcinoma and sent her to us. I find, on examination, that the diagnosis was correct, and that the disease has involved not only the neck of the womb, but the surrounding parts to a considerable extent. This is, unfortunately, too often the case when these
patients come under observation. Women are so liable to pains in the back and in the pelvic region, that they often pay no attention to them. After a time they have a hemorrhage or some discharge, and they seek advice. At this point I wish to disabuse your mind of one error, and that is, that cancer is necessarily accompanied with severe pain. In other parts of the body cancer is usually associated with pain, but in the uterus there is generally no more discomfort than what is experienced from a retroversion, or other simple trouble. It often does not cause as much suffering as a polypus. After the disease has passed the internal os and involves the fundus of the organ, the pain is, as a rule, intense. The absence of suffering is the great reason why the disease is not recognized until it has made considerable advance. When hemorrhage occurs, the cancer has become ulcerated, and then we cannot hope to do much in the way of a radical cure. If the case were seen earlier, it might be possible to reach a healthy portion of the cervix, and thus prevent a recurrence of the growth.

In this case the posterior lip of the cervix has disappeared, and the disease has extended so near to the rectum that I shall have to operate with great care, or I may possibly hasten its perforation. The anterior lip of the cervix is also almost entirely gone, with the exception of a small rim behind the bladder. Of course, in such a case, the prognosis is very bad. All that we can hope to do is to lengthen life.

I propose, to-day, to remove as much of the diseased tissue as possible, and thus lessen the loss of blood. I begin with these fenestrated polypus forceps and tear away the tissue as rapidly as I can. The more boldly you work the less hemorrhage you have, for you sooner get through the diseased tissue. Having removed all that I can with this instrument, I scrape the surface thoroughly with a curette. I have in this way made a funnel-shaped excavation in the cervix into which I can introduce four fingers. The hemorrhage has not been great, but I know that if it were profuse I could easily control it by packing the cervix, an operation I have performed many times, but have never had a fatal result from it. I have opened in one case Douglass's cul-de-sac, but the patient had no more trouble than usually follows the operation. In this case I feel that there is only a very thin layer of tissue between my finger and the peritoneum posteriorly.

Having removed all that can be taken away in this manner, I tear the entire surface with the hot iron, using the cautery of Paquelin. I have never had secondary hemorrhage follow this operation.

This woman will, I think, be able to return to her home in the course of two weeks. There is, ordinarily, very little pain, and an anodyne is not required. If necessary, we shall use a suppository containing one grain of the aqueous extract of opium. In the course of a couple of days there will be a foul-smelling discharge as the result of the slough caused by the cautery, and for this we shall direct the use of injections.

Anteflexion of itself calls for no treatment, but when it causes dysmenorrhea, and when the pain is not due to irritability of the womb, the anteflexion should be relieved.

The patient has now been placed thoroughly under the influence of ether. There is a decided anteflexion, and the sound gives a measurement of three inches. The best method for the treatment of this condition is dilatation. This is much better than the cutting operation, which consists in slitting up the posterior lip of the cervix to the vaginal junction and then introducing a knife within the canal and cutting the little spur of tissue that remains. This is not so successful as dilatation, and is far more dangerous. Many lives have been sacrificed by the bloody operation, as it has been termed. I have performed the operation of dilatation in three hundred and seventeen cases and have never had any alarming symptoms. In a few instances there has been a slight metritis, with some involvement of the peri-uterine peritoneum. I shall now proceed to the performance of the operation in this case. We employ thorough antisepticism in this operation. The vagina is first cleansed with a 1:1000 solution of corrosive sublimate. After introducing a speculum, I catch the cervix with a tenaculum and hold it while I introduce Ellinger's dilator, and then reverse it. This readily passes. When it does not enter at first, introduce it as far as it will go, and separate the blades. Then close it and introduce it a little further, and in this way you can soon tunnel your way through the canal. Care should be taken to see that there are shoulders on the dilator to prevent it from entering too deeply into the cavity of the womb. The shoulders should be two inches from the extremity of the instrument, and there should be at least half an inch between the ends of the dilator and the fundus of the womb. If the blades were in contact with the fundus of the womb, they would be liable to tear the tissue as they were opened and cause serious results. Having the dilator properly introduced, I gradually separate the blades, not using too much force at once. I have torn
the cervix while dilating. The tear did not give any trouble, but there was a certain amount of hemorrhage. This was controlled by the application of Monsel’s solution and the introduction of a tampon.

I have now dilated as far as can be done with this instrument. I next employ a much more powerful dilator, the blades of which have no tendency to feather. Having slowly dilated to one inch and a quarter, I remove the ether, and allow the instrument to remain until the patient begins to show that she feels it. Before the beginning of this operation, I always direct that an opium suppository be introduced into the rectum, so that it will have begun to act by the time that the effect of the anaesthetic has passed off. Before removing the dilator, the vagina is again thoroughly cleansed with the corrosive sublimate solution, and some of it is allowed to enter the cavity of the uterus. This is perfectly safe when the os is in this patulous condition. The dilator is now withdrawn and a ten grain suppository of iodoform is slipped into the vagina.

I can confidently recommend this operation to you in such cases as this. Occasionally it is necessary to repeat the dilatation, but one operation almost always gives decided, if not complete, relief.

Original Articles.

(Concluded.)

ON THE RELATION OF THE DISEASES OF THE KIDNEY, ESPECIALLY THE BRIGHT’S DISEASES, TO THE DISEASES OF THE HEART.*

BY J. M. DA COSTA, M.D., LL.D.,
Professor of the Principles and Practice of Medicine at the Jefferson Medical College, Philadelphia, Physician to the Pennsylvania Hospital.

Let us pass to the examination of the hypertrophy of the heart which exists in combination with Bright’s disease of the kidneys; I mean where the hypertrophy, with or without some dilatation, is a pure process, and not complicated with valvular disease. With reference to the acute cases of Bright’s disease, I have already mentioned that we do not find hypertrophy. In the 22 cases of this character at the Jefferson Clinic, and in the 57 cases at the Pennsylvania Hospital—therefore in 79 cases—in most of which there was marked dropsey, in not one were the signs those of hypertrophy, not even in the instances with valvular lesion. A few doubtful exceptions are observed in the notes where strength of impulse is mentioned; but in these it is probable that the valvular affection which coexisted had its origin in a previous attack of rheumatism.

Thus, then, we may assume as positive that hypertrophy of the heart does not occur in acute Bright’s disease. This is vastly different in the chronic form of the malady. Here, as is well known, hypertrophy is the rule. This subject is a matter of such common observation that it scarcely needs reinforcement by figures; but I will quote, since they are based solely upon post-mortem records on a most extensive scale, the recent researches of Goodhart in "Guy’s Hospital Reports" for 1889.

In the ten years from 1873 to 1882 inclusive, there were autopsies of 344 cases of granular kidney, and of 196 of chronic parenchymatous nephritis. The weight of the heart in the cases in which the kidneys were described as granular was in only 103 under twelve ounces, which was, therefore, within the limits of average weight. In 226 it was above this weight. Making allowance for all possible exceptions, as old age and wasting disease, and adding 36, which were hypertrophied hearts, though of average weight, there are 262 cases of marked hypertrophy in 329 undoubtedly granular kidneys.

After making all deductions for the cases of chronic parenchymatous nephritis, there were in 25 only a heart of average weight; in 119 there were hypertrophy of the left ventricle, a proportion of over one to four. In lardaceous disease of the kidney, hypertrophic changes in the heart and arteries were not observed, which agrees well with the general observation on the subject.

Dilatation of the heart becomes associated in a more or less marked degree with the growing muscle. It affects preeminently the left side of the heart. In Goodhart’s paper, just quoted, I find 51 cases of notable dilatation of the left ventricle associated with hypertrophy in the 344 cases of granular kidney, and 33 cases in the 196 cases of chronic parenchymatous nephritis. It would therefore appear that the dilatation predominates in chronic parenchymatous nephritis, while pure hypertrophy does so in granular kidney.

In cases of hypertrophy, such as I have described, the heart attains very great size; the muscles are firm; for the most part it is a pure hypertrophy, only here and there there takes place some increase of the fibrous texture, as well as of the muscular. The muscular fibres are a little more opaque, and sometimes more granular than normal. As the disease advances, secondary degeneration, granular and fatty, may occur; but they do not happen unless there be decided coexisting disease of the vessel.

The state of the vessels in these instances of hypertrophy is very interesting to note. They show the same condition which has been found in the kidneys, in the brain, in the spinal marrow, in the lungs, and in many other parts of the body.

The inner coat is thickened, the muscular coat hypertrophied, the outer coat in a state of fibroid change, and the whole lumen of the vessel greatly lessened by these encroaching lesions. This lessening of the calibre is the same—as are the changes the same that we find in the renal vessels—and it may take place to a very great degree. My colleague at the Pennsylvania Hospital, Dr. Arthur V. Meigs, has recently shown me a section of a heart, obtained from a man under his care who died of granular kidney, with aortic valve disease, and left ventricle from three-fourths of an inch to an inch thick, exhibiting besides increased muscle beginning interstitial change. Microscopically examined, the first ascending branch of the left coronary artery was so much thickened, chiefly by the increase of the intima, that the lumen of the vessel was a mere chink, the thickening being irregular, about four times more on one side than the other.

You will readily see how such a state of things might lead to secondary degeneration by cutting off the blood supply from the hypertrophied muscle; and it is most likely that these degenerations which we have in the hypertrophied hearts of Bright’s disease, which, however, I believe, are not the rule, come on as an after-result of the altered vascular supply.

As a few minutes ago I called your attention to some points of diagnosis with reference to vascular disease in Bright’s affection, I may now call your attention to some points with reference to hypertrophy. It is not always easy to make this out clinically. We have to consider not only the size of the percussion dullness, but the extent of the impulse, as well as its force and position; the lowered apex beat, which is often felt on a line with or beyond the nipple; and the heavy character of the first sound. Nor must we fail to take into account the character of the second sound, its accentuation at the base, which commonly happens in these hypertrophies in connection with renal change. Strong, extended impulse, displaced apex, altered sounds, and increased percussion dullness are the phenomena by which we judge; but not by any one of these alone, certainly not by the impulse, which may be temporarily increased by other causes than cardiac hypertrophy. On the whole, I lay most stress on the altered character of the sounds of the heart, both at the apex and the base, and the changed position of the impulse.

The enlargement of the heart which takes place in Bright’s disease of the kidney may be made use of in prognosis. We are often greatly at a loss to form an opinion as to the probable length of the case and to the way in which it is progressing. Up to a certain point the occurrence of dropsey and of eye changes will assist us, as well as the evidences of marked arterial tension. But dropsey, while common in chronic parenchymatous nephritis, is very generally absent, or but slight, in cirrhotic kidney. The urinary examination does not
always afford us much light, for some of the worst cases are those in which—I allude especially to the cirrhotic kidney—the amount of albumen is small, or often temporarily absent, and in which the tube-casts are few; nor can we lay too much stress on the character of these casts. It is under these circumstances that I think the heart condition becomes an especially valuable means of prognosis. Where the heart is but slightly affected there will be reason to believe that the case will "continue for some time, provided we do not observe signs of uremic poisoning. Where, on the other hand, the hypertrophy is marked, there is ground for the fear that the disease is more general, is advancing, and that the case will not belong to those long cases of the affection which we sometimes encounter. Thus the study of the heart may be made use of as a means of estimating the amount of general change and the likelihood of shorter or longer life.

Let me reiterate the view that, according to my experience, the hypertrophy in the majority of instances is a pure hypertrophy, unconnected with degenerative changes. It is certainly so in the earlier stages of the affection. In instances of long-standing disease and in elderly people these degenerative changes may be found in the progress of the case; but my observations do not at all agree with those of Buhl, who has stated that fibrous and chronic interstitial myocarditis is very frequently found in connection with the hypertrophy. To its occasional occurrence I have already alluded.

Dilatation of the heart, unconnected with hypertrophy, or at least predominating over the increase of the muscular walls, is extremely rare. When it happens, it is the latter kind of cases, namely, beginning as hypertrophy, but the rate of increase of the muscular structure not remaining in proportion to the dilatation of the cavities that is met with. Among the cases at the Jefferson Clinic I have collected some instances of what might be fairly called dilatation unaccompanied by hypertrophy, or attended only by a slight degree of hypertrophy; and I have seen a

small number in private practice. Goodhart points out that in the young the risk of dilation of the heart is much greater than in older persons.

Another lesion of the heart which we observe in connection with Bright's disease, both acute and chronic, is *pericarditis*. But inflammation of the outer membrane of the heart forms only part of that general tendency to serious inflammation which we find in Bright's disease. It is probably due to the contaminated state of the blood, and neither its occurrence nor its explanation need here detain us.

Of all the heart affections passed in review, hypertrophy is the most common. Let us look at its cause. I leave out of consideration those cases where clearly existing valvular affection may have led to the hypertrophy; though even here it is always questionable whether some of the increased growth be not due to other causes than the valvular affection, and may not have preceded it. I will take the pure instances of hypertrophy and ask, How are we to explain them? It will serve our purpose best if, in considering this much mooted and most intricate subject, we give a short summary of the different views held as to the cause of the hypertrophy, rather than attempt an historical review of how and by whom these views have been brought forward.

One of the main views entertained is, that the hypertrophy of the heart is due to the blood contaminated by renal excrementitious matter, exerting a stimulating effect upon the action of the heart, thus leading to hypertrophy of the ventricle; and, further, that the impure blood requires greater force of ventricular contraction to propel it through the unwilling vessels. This view has the great authority of Bright, and is to this day advocated by some eminent teachers.

A second view, while taking note of the influence of the impure blood, holds that the altered blood tension produced by the disease of the kidney, and the difficulty of the blood circulating through it, give rise not only to the well-known feature of heightened arterial tension, but to increased size of the heart to overcome the resistance of the renal organs. This is largely the view of Traube and some of the German investigators, and has been recently reaffirmed by Corrili.*

A third view is that the left ventricle beats with augmented force because the arterioles refuse to receive the altered blood, and in consequence of the resistance these vessels hypertrophy, especially in the arterial coat. To overcome this muscular resistance, the heart has to act with greater force, and its muscles increase. This is, in the main, the view of George Johnson, and is largely based on that change in the muscular coat of the arteries which he has so well described.

A fourth view is that a fibroid degeneration, a fibroid overgrowth of the outer coats of the arteries, takes place over a large portion of the vascular system. In consequence of this, the heart has to struggle to overcome the resistance of the permanently narrowed vessels, narrowed by these hyaline, fibroid changes; and the enhanced blood pressure shows not only in the raised arterial tension, but the increased resistance leads also to cardiac hypertrophy. This is essentially the view of arterio-capillary changes, of a vascular fibrosis as the cause of hypertrophy of the heart, which has been strongly and ably advocated by Gull and Sutton.

The last two views have much in common, at least as regards the production of the hypertrophy in consequence of the altered condition of the vessels.

I will mention a fifth view, which for the present I shall simply indicate, namely, that the hypertrophy, as well as to a great extent the vascular changes, are the result of a common process which takes its origin in the ganglionic nervous system. This is the view which in its main features flows out of some researches made by Dr. Longstreth and myself, and which here I simply state, intending presently to call your attention to the particular facts bearing on it.

Now, analyzing these different views, let us first take notice of the assumed influence of impure blood, and it is for practical purposes possible at the same time to examine into the supposed alteration of the blood pressure due to the resisting kidneys. These views which I thus group together seem to me untenable. If true, why should we not have hypertrophy of the heart, and especially the form of hypertrophy far the most common, of the left ventricle, in other diseases of the kidneys than Bright's disease? Why should not, too, in the acute form of this malady, the heart be increased? It might be objected to this argument that in the acute affection, the disease does not last long enough to produce muscular increase; but the objection will not hold good with reference to the other diseases of the kidney, in which serious, we might even say destructive, kidney lesions take place, in which uræmic symptoms happen, yet in which there is no cardiac hypertrophy. I will take the instances, a number of which have come under my observation, of persons dying from extensive cystic degeneration of the kidneys, in whom the heart was found absolutely normal. * * * I have thus presented to you five cases leading to death with the most advanced cystic degeneration of the kidneys existing, with the blood evidently impure, and, finally, occasioning, in the majority, marked uræmic symptoms, yet with actually normal condition of the heart.

I might go further in this line of argument, and call your attention to the enormous kidneys with calcifi embedded in them, kidneys which produce abdominal tumors large enough to be mistaken for gastric and omental cancers, also leading to death, and in which no disease of the heart was found; so, too, in instances of cancer of the organ; though in this condition certainly, and even in cystic degeneration at times, the argument is somewhat vitiated by the fact that, while one kidney undergoes extreme change and disorganization, the other may remain normal, or, at least, be still capable of performing its function fairly well.

The next views, those of arterial changes, whether in the muscular coat producing mus-
cular hypertrophy, or from fibroid growth in the outer coats, I shall not discuss, further than to say that I believe the anatomical researches on which they are founded to be correct, having often seen the conditions referred to. Nor is it necessary to go into the question which is the most common of these changes; for I think that both may be found in different cases, and even in the same case at different stages. While thus concurring in the correctness of these observations, I will point out how insufficient they are to interpret the cardiac hypertrophy; how impossible it is to prove that blood is resisted by the altered vessels on account of its character; how difficult it is to explain the enlarged heart simply as the result of vascular changes, when we have striking alterations in the vessels, both large and small, in old age, and from syphilis, and in and beyond aneurisms, where we do not find cardiac hypertrophy happening as rapidly, or to anything like the extent that it does in Bright's disease, if, indeed, it happens at all.

Let me now, before taking up the fifth view, which I told you had grown out of observations by Dr. Longstreth and myself on the nervous ganglia, call your attention briefly to these observations, and supplement them by some which have not hitherto been published. Let me add, and here acknowledge, that in the researches about to be brought forward, which were most difficult and laborious to carry out, it is to the care and attention of Dr. Longstreth that they owe their merit, rather than to anything I have myself been able to do. Let me also recall that in the investigations we made on Bright's disease we found marked changes in the renal* ganglia, of a character showing increased fibrous tissue and atrophy of the ganglion cells. These were associated with decided alterations in the renal vessels, as exhibited to you in these micro-photographs, which will make the matter clearer to you than I can from description. This condition in the renal ganglia has been confirmed by Saundby,†

* How does death come in the hypertrophied heart of Bright's disease? It comes with contraction of the left ventricle and dilatation of the right; in other words, it is a death of apoplexy rather than one of asthenia. The diseased ganglia do not produce paralyses of the heart.* I have, I trust, made clear to you that there exist, associated with the enlarged heart, marked changes in the ganglia of the sympathetic nerve, from which the cardiac nerves are derived. It is going too far to assume that these changes are an integral part of the disease; that they may determine the hypertrophy? How, I cannot explain to you exactly. It would not be difficult to bring forward a theory of loss of controlling influence on the heart, produced by the altered condition of the nervous apparatus; but our knowledge of the physiology of the nerve supply of the heart is not accurate enough to admit of absolute reasoning from cause to effect. Our greatest difficulty is, that this is the heart, and it is that change in the vascular textures supplied by the derangement of the heart and affected ganglia and nerve filaments.

These are, of course, not matters that can be at once proved or adopted. You must take them as lines of thought which have come naturally from the investigations pursued, and which promise as rich a return as any that we have had from following out views hitherto brought forward. Whether the suggestions based on these researches prove to be correct or not, I think that the observations themselves furnish one more proof of the general character of what we call Bright's disease, especially in the cirrhotic form. They show us that the primary changes are to be looked for away from the kidneys, not in them, and that there is a general disease, based on a general widespread cause, underlying the vascular changes, heart atrophy, and kidney disease.

But to return from these reflections to the state of the heart in Bright's disease. Look-
Bright's disease which are really affections of the kidney; there may be deposits or degenerative processes in the kidney simply superadded to the textural changes in the contracted organ. These intricate questions cannot be here discussed; they are, indeed, with present knowledge, beyond our solution. But, examined in the light of the view which we have inquired into to-night; will each group of cases look at by itself; with the structural alterations in other organs and parts than the kidneys, minutely inspected; with the condition of the blood vessels everywhere, and of the nervous ganglia, noted; with the antecedent changes as far as possible considered, it may be that other groups will stand forth separately as showing diverse general states as their basis.

No pathological research in these days of keen induction stands long by itself. No view can be even approximately proved, that we do not at once begin to search how, as practical physicians, we can make it available for the prevention or cure of disease. That the treatment of Bright's disease, and of what are regarded as its complications, is not what we wish for, is everywhere felt. If lines of investigation and of thought should lead to the recognition of the malady being a general rather than a local one, and discern its starting-point, lines of practice which are in accordance will be pursued, and it is by following these lines that helpful and hopeful results will, I believe, come. As yet, even with the wish to work in that direction, we may not have the exact agents for the purpose. But science now is too resolute to halt helplessly before obstacles when once the path beyond is clearly recognized.

**Notes of Practice, Original and Selected.**

**Simple Sphygmographs.**

The sphygmographs which show and record the rate and nature of the pulse beat are usually quite complicated and expensive instruments. In a recent number of _La Nature_ two forms are illustrated which cost almost nothing, and for many purposes are equally useful with the more expensive ones.*

The first form shows the rate and force of the pulse beat to the eye, by the movements of a little flag attached to a wire spring. A piece of fine brass wire is soldered at one end to a little metal cup,—a thimble without a top, for example,—and is then bent into a spiral spring, with the straight end passing up through its centre, and provided at the extremity with a little paper flag. On pressing the instrument upon the wrist over the artery, the pulse beats will be transmitted to the spring; and the flag will make various movements, according to the condition of the pulse of the person experimented upon. If desired, it can easily be arranged so that, at each movement of the upright wire, it shall strike against another wire, and close an electric circuit, into which a telephoné or electric bell may be introduced, thus rendering the beats perceptible to persons at a distance.

A still simpler sphygmograph consists of a small piece oflooking glass, fastened to the wrist by a rubber band. A pencil of light, either natural or artificial, is allowed to fall upon the glass, and is reflected upon the ceiling, or a screen placed in any convenient position. By this means the pulsations are greatly magnified, and can be rendered visible to a large number of persons at once. This simple arrangement is especially well adapted for the use of lecturers.

**Cascara Sagrada in Rheumatism.†**

**BY H. T. GOODWIN, M.D., Assistant Surgeon, United States Marine Hospital Service.**

The effect of Cascara Sagrada in rheumatism I discovered by accident. About three months ago I was attacked with severe rheumatic pains in my shoulder, the slightest motion causing intense pain. The third day of the attack I commenced taking as a laxative ten drops of the Cascara, t. i. d. The first morning after taking it the pains were so much less severe that I could move my arm freely.

* That I have submitted, I had not taken the Cascara with any idea of relieving the rheumatism, it occurred to me a few days later that possibly the sudden subsidence of pain might have been due to the drug. There being a few cases of rheumatism in the wards, I determined to try to verify my suspicions. Discontinuing the salicylates, iodides, etc., which these patients were taking, I substituted a thin, cascarasagradafli, t. c. c., t. i. d. The result astonished me. Within twenty-four hours there was marked improvement in every case. One case is especially worthy of notice. The patient was a Swedish sailor who had been admitted three months previously. He suffered intensely, and, although almost everything had been given from which relief might be expected, his suffering was not alleviated. For a day or two after admission he improved on large doses of salicylate of sodium, but subsequently the pains returned as badly as ever, and the patient had no further beneficial effects. Iodide of potassium was given several different times, but, owing to an idiosyncrasy, could be continued only two days at a time, a profuse rash making its appearance over the patient's entire body, the pains remaining as acute as ever. They were not confined to any two or three joints, but felt in all, being more severe, however, in the wrists, finger joints, and ankles, all of which sometimes became edematous. On the evening of February 5th I commenced the exhibition of fifteen-drop doses of Cascara Sagrada three times daily. The following morning he was about the same; the second day he was much better; on the seventh he was so far recovered that he asked and obtained permission to walk out. From this on he continued to improve steadily, and on the 17th of February was discharged recovered.

I have since used the Cascara in fully thirty cases, some ten of which were in out-patients, and, with the exception of three or four in which there was a syphilitic taint, I have obtained the most satisfactory results. I commenced with 1 c. c., t. i. d., and have so far never had to increase it beyond 1.5 c. c., and even to this extent in but two cases. I have seldom had to wait beyond twenty-four hours for beneficial effects. In two cases I had to stop it temporarily owing to its opening the bowels too freely. In such cases I would suggest that one of the preparations of iron be given (separately) at the same time. I usually combine it with syrup or glycerin in equal parts, and instruct the patient to take from thirty to forty drops in water. In one case in which neither it nor the salicylate of sodium appeared to give much benefit I combined the two with good effect. It is but seldom the bowels are opened too freely by it, the cases above referred to being the only ones I have so far observed.

Among the out-patients upon whom I have used it were two intelligent officers of vessels. One was an old river pilot who had periodically suffered intensely for years. I gave him equal parts of the Cascara and syrup, of which I instructed him to take 2 c. c. t. i. d. and requested him to see me again in three days. He returned a month later, and then only to get the medicine renewed. He reported that he had never before had anything relieve him so quickly. The pains began to abate within twenty-four hours after taking the first dose, and in three days after left him entirely. He had no return, but, for fear of another attack, had come to ask for a bottle to keep with him.

The second case was that of Mr. R., first clerk on a large river steamer. He was suffering so much with pain in the hip joint and thigh that he could scarcely get to the office. I put him on large doses of salicylate of sodium, with colchicum and iodide of potassium, and instructed him to return in a day or two. In a week he sent a friend to say that the pain, instead of lessening, was so severe that he could not get to the office. The salicylate, etc., were stopped and he was given Cascara syrup, thirty-five drops, t. i. d. This was on Friday afternoon. On Sunday he came to the hospital and reported that he had commenced taking the second prescription Saturday morning, and that on Sunday he had felt...
decidedly better. He was ordered to continue the drops, and report on Wednesday. Tuesday he sent word that he should be unable to report, as he was sufficiently recovered to resume his usual place on the steamer.

I am not able to explain the action of the drug in relieving rheumatism; I leave that to other observers. I write this in the hope of inducing other medical men to use the Cascara, report their experience, and indicate, more particularly, in what class of cases they have found it of most benefit.

TREATMENT OF TYPHOID FEVER IN INFANCY.*

BY JOHN M. KEATING, M.D.,
Of Philadelphia.

We can receive Parrot’s opinion as the guide to the treatment of the French school of the day, in which he cautions against over-medication. The same general rules as to the personal hygiene of the patient that we have been accustomed to adhere to in adults will also apply to children. The author above quoted does not seem to be in favor of any very active treatment, and, judging from the tenor of his article, he rather leans toward the use of a cold bath as the best means of reducing temperature. Quinine will play the same rôle in the child’s case as it does in the adult’s.

Haggenbach gives the following rule for its administration:—

Child 1 to 2 years — 70 ctgm. to 1 gramme.
‘ 3 to 5 ‘ — 70 to 1 ½ grammes.
‘ 6 to 1 ½ ‘ — from 1 to 2 grammes.

I think these doses very much too large; indeed, I rarely attempt the reduction of temperature by quinine alone. I prefer other means, and then by suppository give the quinine.

In all febrile affections the necessity of exercising great care to prevent gastric irritation must be ever uppermost in our minds. We must endeavor to promote secretion and relief the intestinal tract of the accumulation within it without irritating it by an active purge. For this purpose our own treatment has been the administration of one-twelfth of a grain of calomel with bicarbonate of soda, or, if the bowels are irritable, giving half a grain of Dover powder with each dose. If, however, the disease has started off with a looseness of the bowels, it would then be better to substitute small doses of hydrargyrum cum cret., the body should be sponged off at least twice a day with a solution containing either Labarraque’s solution, vinegar, or alcohol in small quantities. If the child has been accustomed to its daily bath, this may still be continued. It is, however, to be gently placed in the tub so as to avoid all excitement, allowing it to remain but a few moments, then placing it between warm blankets and gently drying.

The water temperature is to be from 65° to 75°. The food is to consist of milk, previously boiled or well scalded, to which has been added an alkali, to prevent the formation of firm, hard curds. We consider this a matter of very great importance in the treatment of all febrile affections of children when the alimentary canal is involved, and since the introduction of peptonizing agents it is almost an essential to the thorough carrying out of the treatment of this disease to peptonize all the milk which is given to children, or should milk not be available for the case, broth, particularly chicken broth, which is usually so acceptable to children, should be given instead. Peptonoids are very valuable in this connection, also freshly-expressed beef juice and wine whey.

There seems but little indication, if we are satisfied early in the attack that the disease is typhoid fever, for the administration of medicine, though, unfortunately, it is a condition difficult to diagnose. We are constrained to think that overloading the stomach in the early part of the attack influences, in a measure, the type of the disease. Certainly our experience has warranted the belief that the tendency of most of the affections of childhood is toward recovery, provided the child is placed under circumstances which will insure careful regimen, diet and rest.

There is no disease where common sense plays such a part in the treatment as typhoid fever. It must be confessed that the impulse "to do something to cut it short" is irresistible. The physician should be a pilot, zealously watch his little patient, avoid the Scylla of high temperature, which surely kills, by baths, evaporating lotions, and such temperature depressants as antifebrin, antipyrin, with alcohol in moderate quantities, should the latter weaken the heart’s action, as I have seen it do; nor should he be caught by the Charybdis of over-feeding or over-stimulation, an unfortunately too common error at the present time. The little patient must not be stuffèd. And the misfortune of excessive stimulation at the onset of the disease must be avoided. Alcohol in many, indeed most of the cases, had better be avoided altogether except in connexiveness, and then only given as wine whey or weak whiskey and water as a tonic. Alcohol is most valuable in profound exhaustion, collapse, or "blood-poisoning," nothing that we know of more so. It is a powerful remedy, and the indications for its use are very evident. The same with food. Give the easiest assimilated food, in small quantities, and frequently repeated. Avoid overloading the stomach and intestines, and the consequences, which are irritation of the mucous membrane, accumulation of gases, intestinal catarrh, fermentation, and the result, hemorrhages or ulcerations and perforations. Feed only to maintain strength, to supply waste. This, I believe, embodies all in the treatment of this dreadful disease (one of the avoidable diseases which pure drinking water would abolish). To the above may be added, pro re nata, a little corrective medication occasionally, such as an opiate or sedative, to quiet the nervous system; dilute mineral acid, to act as an astrigent and to encourage secretion; the vegetable acids as refrigerants; bismuth and pepsin, or nitrate of silver of social use; oil of turpentine or cajuput for flatulence; and, during convalescence, iron, quinine and strychnia.

CONIUM AS A LOCAL ANÆSTHETIC.*

Attention has been called to the value of hemlock as a local anaesthetic in painful affections of the rectum and anus, by Dr. Whitla (Practitioner, April.) He states that he has found an ointment of conium very useful when applied in pruritus ani, especially when associated with or caused by hemorrhoids or fissures in the anus or lower part of the rectum. Having found the official extract of conium unreliable, Dr. Whitla prepares an ointment from the succus. This he does by evaporating two ounces of the succus slowly, at a temperature below 150° F., until reduced to one and a half or two drachms, and then triturating the syrupy residue with sufficient lanolin to make the weight up to one ounce. The product is a smooth, adhesive, stable ointment, of a light-brown or dark fawn color.

STUDIES OF THE CAUSATION AND TREATMENT OF SUMMER DIARRHEAS OF INFANCY.

In a paper on this subject read before the Pediatric Section of the New York Academy of Medicine, May 23d, 1888, Dr. V. C. Vaughan, of Michigan, discussed the following propositions as true, according to his belief:—

1. The factor which is most frequently operative in the causation of the summer diarrheas of children under two years of age is to be found in the food.

2. The changes whereby harmful substances are formed in the food either before or after it is taken into the body are fermentative in character, or, in other words, are due to microorganisms.

3. The microorganisms which produce the catarrhal or mucous diarrheas of infancy in summer may be, and probably are, only putrefactive in character, but those which cause the choleraiform or serious diarrheas, true cholera infantum, are more than putrefactive; they are pathogenic; they produce a definite chemical poison, the absorption of which is followed by the symptoms of the disease.

4. The bacteria which produce these diseases prove harmful by splitting up complex molecules and forming chemical poisons.

5. The most efficient preventive treatment of the summer diarrheas will consist in giv-
ing more attention to the food, methods of feeding, and to the sanitary surroundings of children during the first two years of their lives.

6. In the curative treatment of the summer diarrhceas of infancy, the destruction of the bacteria which are causing the abnormal fermentation is a necessity.

Prof. Vaughan then goes on to say: We have labored to show that the bacteria which cause the summer diarrhceas of infancy find in milk the most favorable conditions for their growth, activity, and reproduction, therefore, when we wish to destroy these bacteria we certainly shall not continue to feed them upon milk. The prompt and complete withdrawal of all milk, of every kind of milk, even that of the mother, in the treatment of the summer diarrhceas of infancy, has been advocated for many years by eminent clinical teachers, and now the chemist and bacteriologist have shown that this recommendation is a good one, and have given a scientific explanation of it.

The withdrawal of all milk food should be the first step taken in the treatment of the summer diarrhceas of infancy, then other means may also be resorted to in order to hasten the destruction of the agents of the harmful fermentation. Epstein* stops the use of milk, washes out the stomach, sometimes employs aexpiring wash, gives solutions of albumen as food and germicides as medicine. Holtt† and others recommend cleansing the alimentary canal with a free dose of castor oil in the early stages. Washing out the large intestine is, also, sometimes resorted to.

I have made a few experiments in order to ascertain the value of certain germicides in the destruction of the germ which generates tyrotoxicon. Two-ounce bottles were filled with milk, milk and ferment, and milk, ferment and some germicide, closed with glass stoppers, and kept in an air-bath at the temperature of the body for twenty-four hours, and the contents of the bottles were then tested for tyrotoxicon.

It seems from these experiments that 1 part of mercuric chloride to 24,000 parts of milk is sufficient to prevent the activity of the tyrotoxicon-producing germ, while 1 part of naphthaline to about 200 parts of milk is wholly without effect. This is not the first time that naphthaline has been found wanting. Seitz* found it without effect on the typhoid bacillus.

The sodium salicylate and resorcin were efficient in proportion of 1 part to about 200. In less quantities they were not, as was shown by some further experiments. There has been some dispute about the germicide properties of combined salicylic acid, Buchholz standing almost alone in claiming for it such properties. He found sodium salicylate, when present to the extent of 0.4 per cent., preventing the development of bacteria; and it will be seen that in my experiments it was present to the extent of 0.5 per cent. However, I cannot be sure that it acted as sodium salicylate; it may have been partially or even wholly decomposed by the traces of free lactic acid present.

The germicide value of resorcin is generally understood. Ehrig† has used a 1.5 per cent. solution of this substance in washing out the stomach in cholera infantum, but in two cases in which a little of the solution was left in the stomach, serious symptoms, accompanied by bloody urine, followed.

The germicide value of resorcin is generally understood. Ehrig† has used a 1.5 per cent. solution of this substance in washing out the stomach in cholera infantum, but in two cases in which a little of the solution was left in the stomach, serious symptoms, accompanied by bloody urine, followed.

THE VARIOUS REMEDIES FOR BRAIN AFFECTIIONS;
BY DR. GINGEOT,
Of Paris.

The uses of certain medicaments first became classic and ended by becoming commonplace. Bromide of potassium, as used in maladies of the brain and its appendages, is one of these. Iodized and phosphorized preparations, though less popular than those which have bromine for a base, are yet in common use in analogous cases. If, however, it is well understood that these medicaments may be useful in combating brain maladies, the knowledge of the precise circumstances under which they should be prescribed is not so perfectly known.

The bromides act in combating the condition of congestion and as calmatives. The iodides are stimulants; they act upon the lymphatic system and promote absorption.

The phosphates are also stimulants, having a special application to the substance of the nerve cells, and giving out phosphorus to the tissues.

This being understood, if we wish to combat idiopathic cerebral hyperemia, we would use the bromides. Also, if it be a case of encephalitis, or meningitis with congestive phenomena, we would use the same means. After the acute phenomena have subsided, the iodides should take their turn as medicaments which favor resorption.

When should we give phosphorus, or rather its salts? Take, for example, a case of cerebral hemorrhage; action returns slowly to the paralyzed limbs, the intelligence has not been fully recovered since the attack, ordinary tonics and good alimentation have failed to establish the equilibrium; we should then make tentative use of the phosphuret of zinc. Without entering into an analysis of the indications, we may say generally, that for the phenomena of irritation we should use the bromides; for compression the iodides; and for adynamia and slow reparative processes, the phosphates. These often correspond to the three stages of pathological evolution in which the bromides are indicated at the commencement, the iodides in the middle period and phosphorus in the final stage.

SUMMER DRINKS.*

The cooling influence of acids should be remembered in times of high temperature. The acid employed will necessarily be largely a matter of taste. Most persons would shrink from the use of dilute solutions of citric or tartaric acid, and yet may find relief from a beverage composed of diluted and unsweetened lemon juice. Should cider be found to agree with the digestion, a very pleasant summer drink may be compounded of equal parts of cider and any pure form of effervescing water, the rough cider being, as a rule, more palatable than the sweetened forms. Cold tea has many adherents, but it is worth noting that it should be poured out while still hot, and not allowed to stand to cool in contact with the leaves, since under these conditions the asperitect proprieties become more completely dissolved, and the tea becomes less palatable and more likely to disorder digestion. Tea has, however, its disadvantages, the chief undoubtedly being the amount of wakefulness produced by it when taken late at night. With regard to iced drinks it should be borne in mind that the refreshing sense of coolness resulting from their employment in bulk is speedily followed by reaction. This is less felt when a cardiac tonic is employed in this form—as, for example, the iced coffee commonly provided. Of the so-called "temperate drinks" and of the more common lemonade and ginger beer there is little to be said, provided that the purity of their source can be ensured; it is, indeed, on this account that we would urge the employment of the more troublesome, but infinitely safer home-made lemonade, prepared with boiling water and rendered more agreeable by the subsequent addition of any pure effervescing water. Sugar should not be added in any quantity, as it evokes so much heat during oxidation. It is curious to note that the French, who in hot weather so carefully and wisely avoid alcohol, overlook this influence of sugar, and indulge freely in summer drinks of syrups and such drinks.

DANGEROUS LEMONADE.—A style of lemon squeezer has been recently sold quite extensively which is made of galvanized iron, or iron covered with a coating of zinc. A word of caution should be given against the use of such articles, as the citric acid of the lemon will readily dissolve the zinc, forming unwholesome and poisonous salts. Lemon squeezer should be made either of plain iron or wood, or, better, like some we have observed, where the surfaces brought into contact with the fruit are of glass or porcelain. Zinc is a metal which is readily attacked by the weakest acids, and no article of food or drink should ever be allowed to come in contact with it.
Lemon Wine.—To one gallon of water add three pounds of pounded sugar, boil it for a quarter of an hour, skimming it well; pare four lemons very thin, and pour the thin syrup on the peel; make their juice into a thick syrup with one-half pound of pounded sugar, poured over the peel; add a slice of bread, spread on it a spoonful of fresh yeast, put it into the liqueur when lukewarm, allow it to work two days, then pour off into a small cask, close down tightly, let it stand for three months, and then bottle off.

Quince Cider.—A very pleasant beverage can be produced as follows: Take a quantity of ripe quinces, cut into quarters and with the pips, etc., removed. Boil these in a copper with double their weight of water; when boiled to perfect softness pour the must into a vat. To this add, to every fifty pints of must two pounds of sugar and half a pint of yeast, diluted in a sufficiency of hot water. Mix the whole well together and allow it to ferment. Then strain and bottle.

Lemon Whey.—Take a pint of milk and water, the juice of two lemons, and let the mixture boil for five minutes; strain and add sugar to taste, or one pint of boiling milk, half a pint of lemon juice, sugar to taste. Mix and strain.

Lemon Shrub.—The juice of twelve lemons, the thin rind of two, one pound of sugar, the whites of two eggs, well whisked, one pint of water, half a pint of rum, and half a pint of good Brandy. Mix and strain.

Milk Lemonade.—Loaf sugar, one and a half pounds, dissolved in a quart of boiling water, with half a pint of lemon juice, and one and a half pints of milk; this makes a capital summer beverage. A half pint of good Sherry added is a great improvement.

Still Lemonade.—The juice of three lemons, the peel of one, quarter of a pound of lump sugar, and a quart of cold water. Mix, digest for five hours and strain.

To Cool Water Without Ice.—Where ice cannot be procured, water may be cooled by wrapping the pitcher containing it in a towel of moistening this with water. The same towel may be used repeatedly, being dried thoroughly beforehand each time.

Class-Room Notes.

—Consumption does not result from nasal catarrh.
—In one case in six of sterility the husband is at fault. (Gross.)
—Inertia of the uterus is often the cause of post-partum hemorrhage. (Parvin.)
—Prof. Gross states that medical means are of no avail in hyperesthesia of the urethra.
—No effect is more certain than the power of galvanism to relieve pain. (Bartholow.)
—Any deformity of the pelvis in early life is almost invariably due to rickets. (Prof. Parvin.)
—Prof. Gross recently cured a large hydrocele of the neck of an infant by the injection of crude carbonate of lime.
—Prof. Bartholow prescribed three-grain doses of acetanilide for a small girl suffering from chorea, all the muscles being the seat of jactitation.
—Anteversion in latter part of pregnancy should be treated by abdominal bandages. Treatment in first part of pregnancy is unnecessary. (Parvin.)
—Pruritus ani, when due to engorgement of portal circulation and accompanied by heat of the anal region, may sometimes be cured by leeching the parts affected.
—Palpmary hemorrhage, when due to acute congestion of the lungs and the general condition of plethora, is usually promptly arrested by opening a vein in the arm.

—When operating for hernia, pass the knife under the stricture and cut upward; do not cut inward or outward, as there is no certainty as to the location of the artery. (Brin.)
—A case of acute pleurisy was successfully treated by giving, each morning, an ounce of soda and potassium tartras and 1/2 ounce of Bisham's mixture, three times a day, and withdrawing all fluid diet.
—For incontinence of urine in a boy six years of age, Prof. Parvin prescribed one-twelfth of a grain of alcoholic extract of bella donna three times a day, which was followed by very gratifying results.
—The favorite treatment of pneumonia in the Pennsylvania Hospital is by the administration of quinine, ten or twelve grains daily, in combination with tincture of digitalis, nitrate of potassium and whisky.
—The best way of promoting anterior rotation of the chin in face presentation, should intervention be necessary, is to resist the descent of that part of the face which is opposite, that is the forehead. (Parvin.)
—Dr. Sajous says that nasal douche should be rarely used for catarrh, but when used the Eustachian tube should be closed so as to prevent the fluid from passing into the middle ear and causing severe aural trouble.
—For specific vaginitis application of solution of corrosive sublimate, followed by tampons of alum and glycerine, or, if very severe, powdered alum alone upon tampon, and daily cleansing, is the treatment of Prof. Parvin.
—Dr. Hearn recently prescribed the following for a case of tinea versicolor, at Jefferson Medical College:—
 SIG.—One three times a day.
 B. Soda, r. m. 
 Glycerini, .01 
 Aguin, q. s. ad .05.
 Stg.—Apply at night.
—During the convalescent period of puerperity, vaginal antisepic injections should be given twice a day if the locbal discharge is offensive; otherwise discontinue after the one following the delivery of the placenta. (Parvin.)
—Prof. Da Costa finds, for fatty heart, that stimulating is the best treatment; the amount of whisky usually prescribed being one-half ounce, and to be taken at each meal. Digitalis does not do much good; strychnine is much better, acting as a tonic to the heart. The use of dry cups for dyspepsia is valuable.
—For a case of intercostal neuralgia Prof. Da Costa prescribed—
 B. Soda, arsenit, .01
 Ferr i lactat, .01
 P. pil. Stg.—One three times a day.
—Veratrine ointment to be rubbed in along the course of the nerve.
—For a girl suffering from ascites, swollen abdomen, pain, persistent fever and secondary puritus which had traveled by continuity, Prof. Bartholow prescribed one-twelfth grain hydrochlorate of picrocarpine morning and evening, warm applications to abdomen, hypophosphate of sodium, to be followed afterward by syrup of iodide of iron.
—The best method for curing fistula in ano without the use of the knife is by passing a silk or gum-elastic cord through the fistulous tract and bringing it out of the rectum, tie it. This will excite inflammation, and the cord will gradually cut its way out, followed by granulation. By this method the patient can be cured while following his ordinary occupation. (Prof. Brint.)
—For a patient who had lead poisoning and presented the following symptoms: severe abdominal cramps, constipation, anemia, constant headache, pale tongue showing marks of teeth, and had two convulsions, Prof. Da Costa prescribed fifteen-grain doses of iodide of potassium and half-drachm doses of syrup of iodide of iron. For the constitution a drachm of compound licorice powder at night.
—Oliver's test for bile in urine is efficient, and is performed as follows:—Make a solution containing thirty grains of pulverized peptone (Savory and Moore), four grains salicylic acid, thirty minims acetic acid and eight ounces of distilled water. Secure perfect transparency by repeated filtration. Pour twenty minims of urine into one drachm of the test solution, and if bile is present an opalescence appears proportionate to the amount present.

TREATMENT OF ACUTE TONSILLITIS IN CHILDREN.

Dr. F.H. Potter (Buffalo Med. and Surg. Journal) suggests the following treatment:—
1. When an inflammation attacks the tonsil, it is greatly influenced in its course by the presence of any diathesis.
2. The treatment must be so arranged as to meet and counteract this diathesis.
3. In all cases, simple as well as complicated, the general indications are to keep down the temperature and to relieve the local irritation.
4. The first indication can be met by the exhibition of antifebrine in proper doses; the second by the frequent application of bicarbonate of sodium, either in powder or in solution, to the surface of the tonsil.
5. This plan, properly followed, will generally limit the disease from one to three days.

THE COLLEGE AND CLINICAL RECORD.
The College and Clinical Record.

A MONTHLY MEDICAL JOURNAL.

RICHARD J. DUNGLISON, A.M., M.D., Editor.

Vol. IX.

No. 7.

PHILADELPHIA, JULY, 1888.

THE MEDICAL LITERATURE OF THE DAY.

A survey of the columns of our present issue devoted to recent medical publications will induce varied reflections on the part of the reader, according to his temperament and methods of thought. It will seem to many, perhaps, that on some subjects an unnecessary and superfluous number of medical treatises has recently been issued, and the wonder will arise within them as to the probabilities of a remunerative return for so much expenditure. Others will feel a cheerful patriotism that American medical literature is being enriched by such valuable additions. Gynecology, in its broadest acceptance as the description and treatment of diseases of women, not in its restriction as a specialty, seems to be the fertile field for the modern writer, and this is due, not only to the profound and universal sense of the importance of administering the best therapeutic and surgical relief to suffering sex, but also to the inclination and admiration that so many medical men have for the invention and adoption of mechanical measures and appliances. This tendency has doubtless led many a young man to study at the risk of being charged with the employment of a venerable and antique sentence, that something of the grammar and orthography of the medical profession.

It will be observed that the great mass of new medical books is of a practical character; even chemistry, with its minutiae of detail, seeking out channels in which it may subserve the purposes of the practicing physician. The medical world welcomes all these contributions and aids to its pleasure, its progress and its pecuniary profit, and chooses for itself those which offer to it the greatest amount of assistance in its battle for the prevention and relief of human suffering. The interests of publishers are intimately blended with their judgment as to the intrinsic value and commercial prospects of their productions, so that it seldom happens that books characterized by inferiority, or even mediocrity, are allowed to present themselves before a discriminating public. In the mass of current practical matter that the progress of the age is perpetually bringing to the surface, the critic of the present day is fortunately deprived of an opportunity of devoting a dozen pages or more, as in the old days of the quarters, to a complacent ventilation of his own self-satisfied views of the contents of a medical book. Few books are published nowadays that deserve so severe a punishment. Almost all medical works of these modern times, emanating from the press of reputable publishers, deserve laudation rather than castigation.

Our Library Table.

[All new publications noticed in this department, and all other medical works, except subscription books, are sold at a discount, by addressing Wm. F. Fell & Co., 1220-1224 Sansom St., Philadelphia.]

ATLAS OF VENEREAL AND SKIN DISEASES.


This beautiful work will doubtless command, if it has not already commanded, the enthusiastic appreciation of the whole medical profession. The skill of the artist, earnestness and ability of the editor, and enterprise and good taste of the publishers, have culminated in the issue of an Atlas of life-like portraits of disease, as striking as they are true, at once studies of art and of nature.


Dr. Sajous may be congratulated, as editor-in-chief of this novel and important work, on the satisfactory completion of his first year's labors. The editor's pathway is not strewn with roses, under the very best dispensation, and his course, like that of true love, is never smooth; but few who are not familiar with the exigencies of the occasion are aware of the difficulties that beset him even when he has, in addition to the printer, only a few associates, correspondents and contributors to keep in regulation marching order. The punctual and simultaneous appearance of the whole five volumes of this remarkable enterprise, depending on the pens, punctuality and perseverance of so many contributors that their names and single official titles fill fourteen octavo columns of type, is, therefore, worthy of special mention. The object of the Annual is the collection of the progressive features of medical literature at large, and clinical data from countries in which no literature exists, and to present the whole once a year in a continued form, prepared by writers of known ability. The work is in every way a success.


We welcome with much gratification a volume which forms such pleasant reading for the physician who may desire to know something of the grammar and orthography of the medical portion of the English language, if we may so term it. It is a sort of guide or introduction to the dictionary, showing him why the words exist, or rather the foundation of their existence. The mere practitioner will not find in such chapters as the Origin of Words, The Life and Death of Words, Nomenclature, etc., anything available for him in the next case of gastric fever or diphtheria he may be called upon to attend, but Dr. Campbell has given much food for reflection to the earnest, thoughtful student of his profession.


Vol. VI of this voluminous work embraces the subjects included between Prairie Itch and Teplitz Schönau. The variety of topics may be more intelligently presented to the reader when we state that Pregnancy, Frostate, Prurigo and Sforiases, Pneumato, Puberty, Puerperal Condition, Pulse, Purgatives, Quantraine, Rabies, Resection, Rhubarb, Sewage, Spilits, Syphilis, and a host of kindred matters are fully and ably discussed in all their therapeutic, hygienic, pathological and other relations. We can truly say of this excellent cyclopedia, we may so term it. It is a sort of guide or introduction to the dictionary, showing him why the words exist, or rather the foundation of their existence. The mere practitioner will not find in such chapters as the Origin of Words, The Life and Death of Words, Nomenclature, etc., anything available for him in the next case of gastric fever or diphtheria he may be called upon to attend, but Dr. Campbell has given much food for reflection to the earnest, thoughtful student of his profession.


This is a new American edition from the fourth revised and enlarged English one. Its author is one of the most distinguished gynecologists in the world, whose views are always worthy of the most respectful consideration. Dr. Sims, whose notes give additional value to the text, claims as peculiar points of interest in the book, that it insists on better nutrition, advocates the view that pathological changes are produced by mechanical...
causes, that the nausea of pregnancy is a
neurosis produced by uterine distorsion, and
that hysteria is a uterine, not ovarian, reflex
symptom, dependent always on flexion or
malposition.

A TREATISE ON FRACTURES AND DISLOCA-
tions. Vol. II. Dislocations. By Lewis A.
Stimml, B.A., M.D. 180, 541 pages. 163
illustrations. (Vol. I. Fractures.) Price $3.00 per vol., cloth; $4.00, leather;
or $6.50, cloth for the two; $7.50, leather.

This volume is complete in itself, being
devoted to the subject designated in the sec-
ted half of the title. As stated in the
publishers' announcement, the appearance of this
volume marks the completion of the author's
original plan of preparing a work which
should present in the fullest manner all that
is known on the cognate subjects of Fractures
and Dislocations. The volume on Fractures,
which appeared a few years since, assumed at
least be similarly received.

A MANUAL OF THE MINOR GYNECOLOGICAL
OPERATIONS. By J. Halliday Croom, M.D.
Revised and enlarged by Lewis S. McMur-
try, A.M., M.D. 228 pages. 12mo. Records,
1888.

This useful and reliable little work is
intended to furnish the student and practitioner
a brief and simple account of the more com-
mon gynecological operations, for, as stated by
the American editor, the manipulative part
of gynecic surgery has grown so much in
extent and importance as to render a work
of details of procedure like this especially
useful. It has gone through two Edinburgh
ditions, and with the important practical ad-
ditions made to it by the accomplished editor,
will doubtless become an exceedingly popular
contribution to medical literature.

THE APPLIED ANATOMY OF THE NERVOUS
SYSTEM. By Ambrose L. Ranney, A.M.,

When Professor Ranney's interesting and
picturesque work first appeared, it became
our pleasant duty to refer to it in the terms
of commendation it so well deserved. It is a
study of the nervous system from the stand-
point of its general interest and practical
utility in diagnosis. The work has been
rewritten, enlarged and profusely illustrated
with attractive woodcuts, and the latest dis-
coveries in anatomy and physiology are con-
spicuous through its pages. It occupies a
field that is peculiarly its own, and in which
it has no rival. The typographical and other
mechanical work is of the very best kind.

THE SURGICAL DISEASES OF THE GENITO-
URINARY ORGANS, INCLUDING SYPHILIS.
By E. L. Keyes, A.M., M.D. 8vo. 704
pages. Cloth, $5.00. D. Appleton & Co.,
New York.

Prof. Keyes has done the profession good
service in this thorough revision of the origi-
nal work which Prof. Van Buren and himself
prepared, now many years ago. As the latter
states in his preface, litholapaxy has ad its
place in the treatment of many of the abnormal conditions
of the genito-urinary system. Thoroughly
modernized as Dr. Keyes' important work
now is, it will long remain a monument of the
skill, originality and tact of its talented author.

A COMPEND OF HUMAN PHYSIOLOGY. By
12mo. Price $1.00. P. Blakiston, Son & Co.,
Philadelphia, 1888.

This is a new edition, still further modern-
ized, of an excellent work and an excellent
and popular series.

CONTRIBUTIONS TO THE STUDY OF THE
HEART AND LUNGS. By James R. Learn-
ing, M.D. 8vo. 300 pages. Price $2.75.

These interesting and important mono-
graphs have appeared at different times in
medical journals and in Transactions of State
societies. They embrace many of the most
important pathological conditions to which
heart and lungs are subject, and the views
entertained by the author were wholly origi-
nal, when first advanced, so that they were
met at the time by hostile criticism. And yet
it is but just to him to state that at the present
time many of them have been adopted and
taught by writers and teachers, without proper
credit being given to their originator.

DISEASES OF THE HEART AND CIRCULATION
IN INFANCY AND ADOLESCENCE. By John
M. Kestin, M.D., and William A. Edwards,
M.D. 8vo. Cloth. 215 pages. P. Blakis-
$1.50.

Diseases of the heart in children have not
hitherto had a fair exposition of their peculiar-
ties or their treatment in medical text-books.
In this we do not wish to intimate that they
have been wholly neglected, but the present
work—whose component parts are already
familiar to the readers of the Archives of
Pediatrics—is probably the only one which
has devoted itself systematically to their study.
It is the result of the careful observations and
experience of its authors. We commend it
to our own readers as an important addition
to the literature of the subject.

LECTURES ON DISEASES OF THE HEART.
By Alonzo Clark, M.D., LL.D. 8vo. 252
pages. Price $2.75. E. B. Treat & Co.,
New York, 1888.

This is the sixth volume of the series of
"Medical Classics" which is in course of pub-
lication by this well-known house. It con-
tains the substance of the distinguished Pro-
fessor's views in a department in which he
was acknowledged, from skill and experience,
to be thoroughly versed as to pathology and
treatment. The work is an interesting me-
to of his teachings, the colloquial lan-
guage of the lecture room being preserved,
while his calm and judicious exposition of the
subject must interest and instruct student
and practitioner alike.

THE INFECTIOUS DISEASES. By Karl Lie-
bermeister. Translated by E. P. Hurd, M.D.
2 vols. Small 8vo. (No. 8 and 9. Physi-
cians' Leisure Library.) Geo. S. Davis,
cloth.

These works are especially interesting at
this time, when animated pathology is en-
devoring to make good its right and title to
a vast morbid territory, to use the phraseology
of the translator. Its author is a very stren-
uous advocate of the germ theory of dis-
ease, and as his views as to pathology and
therapeutics are of the most modern date, the
results of his investigations and experience,
as here given, will be studied with the utmost
advantage by the practitioner.

A MANUAL OF PHYSIOLOGY. A Text-book
for Students of Medicine. By Gerald F.
Yeo, M.D., F.R.C.S. Third American Edi-
Cloth. 732 pages. P. Blakiston, Son & Co.,
Philadelphia, 1888. $3.00.

It is a deserved compliment to the author
and the American publishers that this excellent
text-book is now in its third edition, the latter
being a reprint of the second English edition.
Some portions of the work have been rewrit-
ten, notably the chapters on the Central Ner-
vous System, and illustrations added. In its
technical arrangement, clearness of style,
skillful handling of the subject, and typo-
graphical execution it is a model text-book.

A GUIDE TO THE PRACTICAL EXAMINATION
OF URINE. By James Tyson, M.D. Sixth

Professor Tyson's work has long been
recognized as an accurate and standard vol-
ume of information on the interesting subject
of which it treats, especially as to the impor-
tance of this secretion as an exponent of
pathological changes. While the tests for ab-
normal conditions of the urine seem to be
constantly undergoing a refinement of chemi-
cal manipulation, Dr. Tyson's work recognizes
and differentiates them at their true value and
importance.

LESIONS OF THE VAGINA AND PELVIC
FLOOR. By B. E. Hadra. 12mo. 329
pages. Records, McMullin & Co., Limited,
Philadelphia, 1888.

This is a practical elucidation of lesions of
the genito-urinary system of woman, and their
abnormal conditions of the urine seem to be
constantly undergoing a refinement of chemi-
cal manipulation, Dr. Tyson's work recognizes
and differentiates them at their true value and
importance.

The Treatment of Alkaloids. By Edward Pynchon, M.D., Chicago, Ill., 1888.


Sarcitica of the Urethra. By Henry J. Reynolds, M.D., Chicago, 1888.

of a Tooth, Dr. L. P. Bethel, in the Ohio Dental Journal, suggests that a little of the following mixture be applied to the cavity, on cotton, and allowed to remain a few minutes:

B. Aether, 1/3, Oli carbophilii, gtt.iij, Acid. carbolic, gtt.iij.

The author of this article, in making Vaginal examinations, soap is the best lubricant for the finger, says Annals of Gynaecology. It is cleaner and more slippery than oil or vaseline, and more easily removed from the hand, which is soon needed for something else; besides being more agreeable to the patient.

A GENERAL ANTIODE FOR POISONS, according to the Amer. Jour. of Pharmacy, May, 1888, may be made by mixing equal parts of calcined magnesia, wood charcoal, and hydrated oxide of iron, and is applicable in cases in which the poison is unknown. It should not, of course, supersede the stomach pump or other forms of emesis.

As a local application in NEURALGIA, L'Union Medica& recommends the following:

B. Alcohol camph., p. 90
Ether, sulphuric, p. 90
Tinct. opii, p. 6
Chloroform, p. 20

Saturate a flannel with it and lay it over the painful part, covering with an impervious material.

Pithesis Pulmonalis was treated by Dr. J. B. White (Med. Record, May 22d), with intra-pulmonary injections of carbonized iodine, according to the following formula:

B. Atropinum, gr. 1/4
Morphin sulph., gr. 1
Tinct. iodini, f. 3/ij
Acid. carbolic (pur), gtt.xxx
Glycerini, f. 2/2
Aqua, f. 1/2 M.

Of this, fifteen to thirty minims were injected into the pulmonary cavities with a hypodermic syringe.

Cracked Nipples are treated with great success by Finard (Cor. Amer. Practitioner), as follows: As soon as there are any appearances of cracks, or even tenderness of the nipples, a compress, folded in four and steeped in boracic acid solution, three or four per cent, is applied. Oil silk is placed over

THE COLLEGE AND CLINICAL RECORD.
to grow dark, down go the shutters; and if you the time you want them. And as soon as it begins
the mixture for producing TRANSIENT ANYES-
orose water. To this add the tinctures, and strain.
the following formula, in a wineglassful of
acid, or even by a tannin powder. In the
powdered talc, 3 ounces.
When the teeth are loose, the Chem-
and Druggist, of a recent date, says a
teaspoonful of a lotion prepared according to
the following formula, in a wineglassful of
warm water, used every morning as a mouth-
wash, will restore firmness to the gums:—
Tannin, 1/2 drachm
Lot of potassium, 12 grains
Tincture of iodine, 1/2 drachm
Tincture of myrrh, 1 drachm
Rose-water, 3 drachms
Dissolve the tannin and potassium iodide in the
rose water. To this add the tinctures, and strain.
In RECENT BURNS, Mikalsky, Revue de Thérap., May 1st, 1888, applies locally the following:—
B. Acid, tannic, Alcohol, Aethersulphuri, 51; 3; 5; 3
In the same issue we find a formula for a mixture for producing TRANSIENT ANES-
nesia, composed of equal parts of chloro-
form, alcohol and cocaine water.
Also a prescription for SEA SICKNESS:—
B. Antipyrin, gr. ixxiv
Cocain, hydrochlorat, gr. ixx
Caaffeine, gr. iv
Strychnin sulphat, gr. vi
Spiritu vini gallici, f3i
Aqua destillat, q. s. ad f3iij. M.
Sio.—A teaspoonful before departure; two tea-
spoonfuls during the first twenty-four hours, and
three teaspoonfuls daily afterward.
 Drug Stores in Dresden.—The drug stores
have a curious way, here, of shutting up just about
the time you want them. And as soon as it begins
to grow dark, down go the shutters; and if you
need anything, you go to a little bell-handle out-
side of one of the iron shutters, and ring it.
Then you hear some one at a crank inside; the
massive frame rolls up, and a head looks out of
the window. Finally the man or boy inside opens
part of the window, and he talks through the
part of glass, and make known your wants. Instead of
getting angry at being aroused, the man begs
your pardon for keeping you outside, and says:
"I thank you for your order." If you have not
the exact change, and the man inside is in the
same predicament, he will beg you most politely,
and thank you, to allow him to change it. Having
done so, he will thank you for calling (evidently
taking the visit as a social one), bow, close his lit-
tle peep-hole, bow again, and then smile sweetly
as he grinds down his iron shutter, and his smiling
face is lost to view. How different from the drug-
gists in America! I remember I once woke one
up in the States, and he came down stairs with a
shot-gun after me. But, as I remarked before, they
have a curious way of doing things in Dresden.—
Exchange.
—A "Country Practitioner" writes to the Mary-
Med. Journal, June 6th, 1888, asking advice as
to what instruments he should carry with him
in his daily rounds. He began with practice a small
pair of pill-bags and a lancet, but as he
purchased every new instrument whose merits
were endorsed by his medical journal, he now
takes with him, in addition to his medicine chest,
such medical instruments as sphygmograph,
stethoscope, galvanometer, galvanic batteries, syringes—syringes adapted to adults and
children—a magnetic machine, patent cupping
apparatus, case of surgical instruments, speculum, pessaries—assorted sires—and a vaginal syringe.
He thinks of adding to this varied collection three
testing instruments, and one opinion of the article after a careful trial.
Children relish it that cannot be induced to take
heartily endorse the Lactated Food."
—According to the Med. Record, May 26th,
1888, an Italian patient in one of Dr. Shrady's
wards in St. Francis Hospital, deliberately chewed
a fever thermometer and swallowed the greater
part of it before he was made to understand that
the instrument was not intended as a medicine.
Dr. W. M. Powell, of Albany, says that, after a careful examination of various batteries, he considers the Jerome Kidder
Battery the very best that is made, and says that it
has proved every way satisfactory, in his hands,
in the treatment of all diseases to which electricity
is applicable. He also commends the company
for their promptness in filling "small orders,"
which is certainly to their credit.
—Serpent Venom Antidote.—Forest and Stream
publishes Dr. H. C. Yarrow's experiments to dis-
cover an antidote for serpent venom. These were
conducted by him as Curator of Reptiles in the
National Museum. The antidote, Dr. Yarrow be-
lieves, has been found in the fluid extract jabo-
randi. Trials have apparently demonstrated the
efficacy of this injection when administered to
mammals; but it has not yet been shown to be of
avail in the case of birds. This result of the Na-
tional Museum season of experiments is of the ut-
most value to humanity.
—H. Hewstead, M.D., of Ostosta, N. Y., writes as follows in regard to Lactated Food:—"I have
used it with infants and invalids. There can be
but one opinion of the article after a careful trial. Children relish it that cannot be induced to take
many of so-called foods on the market. It certainly
supplies a long-departed want for children with weak
digestion, system suffering from marasmus and
wasting diseases. In many cases where the
mother's milk is worse than almost nothing; I
heartily endorse the Lactated Food."
—By the American Meteorological Journal, desiring to direct the attention of students to torna-
does or description of a tornado, $200 will be
given. For the second best, $50. And among
those worthy of special mention $50 will be
divided. A circular giving fuller details can be
obtained by application to Professor Harrington,
Astronomical Observatory, Ann Arbor, Michigan.
American Association of Obstetricians and
Gynaecologists.—This new Medical Association,
recently instituted, is likely to be one of the most
important gatherings at the general concave of
American physicians to be held at Washington,
Sept. 15th, 19th, and 20th next. Its preliminary
programme is an excellent one. Mr. Lawson
Tait, of England, will read a paper on "Methods
of Success in Abdominal Surgery."
—The old, old story, now venerable from its
remote antiquity, of a remote antiquity, of a ther-
mother placed under his tongue as an instru-
ment of curative effect, and getting rapidly well
enough to make his friends think that he had
reached the editor of the New York Sun, who kindly mentions
a Dr. W., of St. Louis, as one who recently made
the startling discovery of this illustration of faith-
cure. He has been received from Messrs. Root and
Tinker, Tribune Building, New York, a most
excellent portrait of Mr. George W. Childs, which,
framed, would be deserving of a place in any
office. It was prepared by them on the order of
J. H. Bonnell & Co., Limited, expressly for mem-
ers of the press of Pennsylvania.
—It is said that a medical society in Berlin,
Germany, sent out a long list of bogus prescrip-
tions, containing such anatomical and pathological
agents as tuber cinereum, urticaria rubra, and
peumphigus foliaceus, and that these prescriptions
were dispensed and paid for in more than sixty
drug stores.
—The conditions formulated by the Committee
on Infants' Foods at the American Medical Asso-
ciation are approximately as follows: By Card-,
rick's Food shall be dispensed by any other with which we are
familiar. Editorial note in Phila. Med. Times,
June 1st, 1888.
—The American Dermatologist is the title of a
new monthly which has just made its appearance,
edited by Dr. Ralph St. J. Perry, Indianapolis, Ind.
1888. July and August, in professional practice.

S. Missouri.

from El Dorado, Kansas, to Kansas City, Missouri.

Philadelphia.

from Canada, to Chicago, Illinois.

Kansas, is now at Marion, New York.

to Morton, Penna.

zales.

to 11th and 14th, 1888.

John North, of Keokuk, Iowa, is Secretary.

Dr. Isaac Peirce (J. M. C., 1888), of Tazewell C. H., W. G. Ashby (J. M. C., 1887), of Alexandria, and E. H. Lewis (J. M. C., 1887), of Culpepper C. H., were licensed by the Medical Examining Board of Virginia, April 20th, 1888.

Dr. A. K. Morton (J. M. C., 1886) has removed to Chicago, Illinois.

Dr. A. Hewson, Jr. (J. M. C., 1879) will be at the recent banquet of the Indiana State Medical Institution; the reform will not go into effect until July 15th.

Dr. J. B. Roberts (J. M. C., 1874) has accepted the presidency of the College.

Dr. A. H. Martin (J. M. C., 1885) has removed to Morton, Penna.

Dr. Isaac Barton (J. M. C., 1877) has removed to 11th and 16th street, Philadelphia.

Dr. A. H. Martin (J. M. C., 1885) has removed to Adrian, Michigan.

Dr. R. L. Cater (J. M. C., 1888) has removed to La Fayette, Alabama.

Dr. Carl Lewis Müller (J. M. C., 1888) is at Nevada City, California.

Dr. Isaac Barton (J. M. C., 1877) has removed to 111 16th street, Philadelphia.

Dr. A. H. Martin (J. M. C., 1885) has removed to Canada, to Chicago, Illinois.

Dr. J. W. Atwood (J. M. C., 1888), formerly of Kansas, is now at Marion, New York.

Dr. C. S. Bradferth (J. M. C., 1887) is at the Pennsylvania Hospital for the Insane, Philadelphia.

Dr. W. F. Kuhn (J. M. C., 1884) has removed from El Dorado, Kansas, to Kansas City, Missouri.

Dr. J. R. Waln (J. M. C., 1884) has removed from Bordentown, New Jersey, to 1841 Diamond street, Philadelphia.

Dr. J. B. Roberts (J. M. C., 1874) has accepted the position of Assistant Demonstrator of Anatomy at the University of Pennsylvania.

Dr. A. Hewson, Jr. (J. M. C., 1879) will be at the Mountain House, Cresson Springs, Pennsylvania, during July and August, in professional practice.

Dr. George Purviance, Surgeon, U.S. M. H. S. (J. M. C., 1867) has been detailed as record keeper, Board of Examiners, meeting in Washington, June 25th, 1888.

Dr. D. M. Appel (J. M. C., 1879), Captain and Assistant Surgeon U. S. Army, has been ordered from Fort Davis to Fort Hancock, Department of Texas.

Dr. W. H. Parish (J. M. C., 1870) read a paper on "The Management of Delivering prior to the New Month," before the Philadelphia County Medical Society, June 15th.

Dr. S. H. Dickson (J. M. C., 1870) passed Assistant Surgeon, U. S. Navy, has been detached from the receiving ship "Dale" and ordered to Marine Barracks, Washington, D. C.

The American Rhinological Association will hold its sixth annual meeting at Cincinnati, Ohio, September 12th, 13th and 14th, 1888.

Dr. John North, of Keokuk, Iowa, is Secretary.

Dr. W. H. Parish (J. M. C., 1870) read a paper on "The Management of Delivering prior to the New Month," before the Philadelphia County Medical Society, June 15th.

Dr. J. B. Roberts (J. M. C., 1874) has accepted the presidency of the College.

Dr. A. H. Martin (J. M. C., 1885) has removed to 111 16th street, Philadelphia.

Dr. A. H. Martin (J. M. C., 1885) has removed to Canada, to Chicago, Illinois.

Dr. J. W. Atwood (J. M. C., 1888), formerly of Kansas, is now at Marion, New York.

Cedema of the lungs, with Bright's disease.—Apoplexy associated with Bright's Disease.—Gumma of the heart.

Typhoid fever followed by erysipelas and, later, by nephritis.—Rheumatism of the scalp and other portions of the body.

A Clinical Lecture delivered at the Pennsylvania Hospital, by Morris Longstreth, M. D., Physician to the Hospital and Lecturer on Pathological Anatomy in the Jefferson Medical College.

Reported by William H. Morrison, M. D.

Cedema of the lungs, with Bright's disease.

Gentlemen:—I shall in the first place ask your attention to some specimens which were removed from the body of a man whom I did not have the opportunity of seeing during life, as he was admitted to the hospital only four hours before his death. For several days before admission, he had complained of shortness of breath, and a physician outside had considered the case to be one of pneumonia. He was brought to the hospital against the advice of Dr. Shoemaker, the resident physician, who thought he would be better at home. When admitted, he suffered greatly with shortness of breath, but we were able to determine that there was no pneumonia. There was evidently a great deal of congestion and probably cedema, but no consolidation. The temperature was 94°, and this would at once exclude the presence of any inflammatory affection.

At the post-mortem examination we found considerable hypertrophy of the left side of the heart, the whole of the apex being made up by the left ventricle. Normally, both the right and the left ventricle enter into the formation of the apex. On section of the heart there was found considerable thickening of the walls of the right ventricle. On the left side there is marked dilatation of the mitral orifice, which will not allow two fingers to enter. The valve is much thickened. The respiration was so noisy during life that it was impossible to determine whether or not a murmur was present. I should say that there must have been a murmur present, although not a marked one, for the leaflets close the opening very well. We also find thickening of the aortic leaflets. Hypertrophy is the marked feature of the left ventricle, and there is little dilatation except at the lower part. Looking at the appendix of the left auricle we note the evidences of mitral regurgitation. The appendix being less able to resist pressure, we always find there the first evidences of regurgitation. The kidneys also showed distinct signs of disease. As you see, the surface presents a coarsely granular appearance. On section, we note a great reduction in the thickness of the cortex. The cortical substance is practically absent. There are small portions here and there, but most of the surface is made up of the medullary substance. The capsule is thickened, and as it is removed, tears off some of the kidney structure with it. The kidney also contains several small cysts. In the other kidney the cysts, although larger, are not more numerous. The destruction of the cortex is just as marked. The two kidneys together weigh only four ounces, that is one-half of the normal weight.

This man was not suffering from any of the ordinary phenomena of uremia. The entire problem seemed to be in the lungs, and on examination of the lungs we find marked cedema. It pitifully thick and heavy. A good deal of the fluid has escaped, so that the cedema is not as marked as it was at the post-mortem. I am told that death was accompanied by a little convulsion, but this was more probably due to the formation of heart clots than to uremia.

This patient was certainly approaching the end of his life, and the kidneys could in all probability have been made to work, so that the man might have lived some time. There was no unconsciousness. No urine was passed after
Hemiplegia Due to Apoplexy in a Patient with Bright’s Disease.

I shall now show you a case of hemiplegia in a woman seventy years of age. She was the victim of an apoplectic attack five weeks ago. She was admitted two days after the occurrence of this attack. When first seen, her mental condition was apparently normal. Nothing could be learned from the patient, for she was unable to speak only a few scattered words. As you see, she is a large, flabby, fat woman; the face is markedly drawn to the left side. When first admitted the face was considerably flushed. The right side of the face is smooth, all the wrinkles having disappeared from the eye, the corner of the mouth and the ala of the nose. The right angle of the mouth has dropped, whereas the left is drawn up. On admission, the two pupils were about equal, moderately dilated and movable to light. The eyeballs, however, did not seem to move equally. The external rectus of the right side seemed deficient. When she protrudes the tongue, it is inclined toward the right side, which, of course, is what is usually seen. The muscles of the right side being paralyzed, the muscles of the left side necessarily force the tip toward the opposite side. The sphincters act normally. There is no trouble with respiration; there is no heart murmur. The urine is nearly normal in quantity, but contains a considerable quantity of albumen—about one-third its bulk—and also hyaline and pale, granular casts. The accessible arteries are more or less stiffened, but the temporals are not especially prominent. The heart’s action is rapid. The first sound is weak and the second is not clear, but there is no distinct murmur.

There has evidently been a hemorrhage into the brain. There is nothing in the condition of the heart or its valves that would lead us to think of embolism; and, indeed, the symptoms are opposed to such a view. There was a sudden onset with unconsciousness, followed by loss of power, involving the muscles of the right side, and also the power of speech. These conditions remain. Yesterday we noted that there was a certain amount of stiffness or contraction at the elbow and knee when the limbs were elevated. The clot is evidently on the right side, and it must be pretty well forward, and probably affects either directly or indirectly the convolution at the base of the third posterior frontal convolution, interfering with the faculty of speech. She is to a great degree aphasic. Although she says some words distinctly, they are apparently not the words that she wishes to use. Whether or not this is absolutely so is difficult to determine.

The presence of this stiffening of the paralyzed limbs is of some importance. If we find that there is this condition of irritation in the brain leading to tonic contraction in the muscles, it indicates that the amount of hemorrhage has probably been large, and that a considerable portion of the brain has been cut off from its blood supply. Although the rapid recovery of consciousness and the absence of marked symptoms are apparently favorable, yet the spasm of these muscles, indicating that a large area of the brain is in some way affected, would render the prospect of recovery unfavorable. Her age is also against her, as well as is the fact that the vessels have undergone atheromatous changes. It is probable that the circulation will not be reestablished. In addition, we have the renal disease.

Apoplexy is frequently associated with Bright’s disease. In the previous case death was brought about by congestion of the lungs; in other cases the fatal result is due to uraemic poisoning; and in other instances hemorrhage into the brain is the direct cause of death. We must here look to the alteration in the kidneys for the cause of the atheromatous condition of the arteries, the increased blood tension and the cerebral hemorrhage.

What should be done in such a case as this? One of the first indications after the return of consciousness is to reestablish the secretions. In this case, as we could not rely on the kidneys, we directed our attention to the bowels. She was given one-fourth of a grain of calomel with five to ten grains of soda every hour or two. After the bowels had been emptied, the calomel was continued in smaller doses, one-twelfth of a grain every third hour. The period of usefulness of this remedy has about passed, and I shall now order iodide of potassium, in five-grain doses, three times a day. This dose will be rapidly increased. It is well to postpone the administration of iodide of potassium until the secretions are well restored.

Gumma of the Cord.

The next case has been a very interesting one from the standpoint of treatment. The patient, a colored man, aged thirty-two years, was well until seven weeks ago. There is nothing in the family history bearing upon the present condition. He has been living a fast life. Seven years ago he had chills and fever. Eight years ago he had a chancre with enlargement of the glands in the groin, and two years ago he had a second chancre. We continually hear discussions as to the possibility of a man who has had one chancre ever contracting another. Theoretically, I believe that it has been settled that he cannot, but practically we frequently find such histories as that just given. It is, of course, impossible to say whether or not the first sore was a true chancre. I have seen cases where two true chancres have occurred in the same individual. Some seven months ago he observed pains in the hips. These were followed by severe pain in the breast, which continued several days. He also had pain in the back of the neck at night. Two months later he had a similar attack lasting eight to ten days. Two weeks before admission he felt that the right leg was getting numb; he then lost power in it. Four days before admission the left leg became affected in the same way. He was also unable to pass water. On admission the bowels were constipated, great difficulty being experienced in having them moved. The examination of the urine gave negative results.

The bladder was completely paralyzed, the catheter having to be employed two or three times a day. The paralysis of the legs was also almost complete. The muscles could be contracted to a certain extent, but not sufficiently to move the legs. There was anesthesia all over the legs, and this extended as high as the umbilicus and all around the body. The patient complained of pain in the lower dorsal region.

There has been no history of headache, nor of sore throat, and there has never been much eruction. With the exception of the initial lesion, which has left a distinct scar, the evidences of infection are very obscure. With very obscure secondary symptoms we have the appearance of some inflammatory affection of the nerves producing severe pain. This passes away, but in the course of two months it returns, and then in two weeks we have distinct evidence of the involvement of the cord, the nerves of the right side being first affected, and then the pressure has a chance with enlargement of the glands in the groin, and two years ago he had a second chancre. We continually hear discussions as to the possibility of a man who has had one chancre ever contracting another. Theoretically, I believe that it has been settled that he cannot, but practically we frequently find such histories as that just given. It is, of course, impossible to say whether or not the first sore was a true chancre. I have seen cases where two true chancres have occurred in the same individual.

Some seven months ago he observed pains in the hips. These were followed by severe pain in the breast, which continued several days. He also had pain in the back of the neck at night. Two months later he had a similar attack lasting eight to ten days. Two weeks before admission he felt that the right leg was getting numb; he then lost power in it. Four days before admission the left leg became affected in the same way. He was also unable to pass water. On admission the bowels were constipated, great difficulty being experienced in having them moved. The examination of the urine gave negative results.
same region on the other leg, the pain extended.

Seemed to be deep-seated and was found to stem from the erysipelas was followed by a complication.

In his temperature he was attacked by pain in the legs down the river, and was evidently suffering with typhoid fever or typho-malarial fever. This man was admitted to the hospital two months ago. He comes from a malarious district down the river, and was evidently suffering with typhoid fever or typho-malarial fever.

In this case the prognosis is favorable, the affection is not of long duration, and the patient came under treatment early.

Typhoid Fever Followed by Erysipelas and, Later, by Neuritis.

This man was admitted to the hospital two months ago. He comes from a malarious district down the river, and was evidently suffering with typhoid fever or typho-malarial fever of a mild type. Only on two occasions did the temperature reach 102°. As he was recovering from the typhoid fever he suffered a severe attack of erysipelas. The temperature in this attack reached 105°, and scarcely at any time was below 103°. His recovery from the erysipelas was followed by a complication of even a more unpleasant character, that is, neuritis. He first complained of pain along the anterior part of one leg. This seemed to be deep-seated and was found to involve the anterior crural nerve. This slowly passed away. Then with a rise in temperature he was attacked by pain in the same region on the other leg, the pain extending down to the foot.

Neuritis following typhoid fever is a most uncomfortable and obstinate complication, and I think that if we find it not very infrequent. It certainly is not among hospital cases. In this case its occurrence was, I think, facilitated by the depression produced by the erysipelas. This neuritis, as far as I can determine, is not a true inflammatory condition. There is usually no rise in temperature; the condition is, as a rule, limited to one nerve, and does not extend to others. It is rather to be considered a congestion of the nerve. When swellings take place in the sheath surrounding the nerve, pressure on the nerve itself is produced, giving rise to pain of the most severe form. This affection is rather obscure in its pathology. If it were due to a septicemic condition, why should we not have the ordinary signs of inflammation? As a rule, the temperature remains low. The fever in this case is an unusual occurrence.

What are we to do for such a case? We should not give morphia if it can be avoided, for the affection is apt to last a long time. Morphia deadens the pain, but it interferes with the general nutrition, and these patients are already much exhausted by the fever from which they have suffered. It is not often, however, that we can avoid the use of morphia. Although I strongly caution you against the use of morphia, I recognize the fact that we must often give it. In certain cases large doses of iron in an easily digestible form have brought about a termination of the case as quickly as anything else. As we had already been giving him large doses of iron and quinine for the erysipelas, we have continued in the same way. While iron and quinine are of service, there is only one thing that I know of that really seems to put an end to the pain, and that we have employed in this case. That is blisters. We have applied thick blisters as near as may be in the course of the painful nerve. The blisters employed were from half an inch to one inch in width and six inches long. After the blister had been opened we dress it with absorbent cotton, allowing the cotton to remain. In this way the blister quickly heals. We do this because we do not desire an irritating effect from the blister. We only want the counter-irritant effect. Another reason is, that we want to reapply the blister to the same spot as soon as we can. I recall the case of a patient some years ago who developed an exceedingly severe attack of neuritis after typhoid fever. The right arm became greatly swollen, and was so painful that he could find no relief. Blisters were applied, and I found that the only thing that conquered the pain was the application of a blister which practically surrounded the entire arm. This seemed to lengthen the length of the neuritis, which involved the whole brachial plexus. I have not found iodide of potassium of much service in these cases. Stimulation is not of much service, and, in fact, I have found that the administration of alcoholic stimulation increases the congestion of the nerve and interferes with recovery.

Rheumatism of the Scalp and Other Portions of the Body.

The case now before you is one in which at first there was some obscurity as to the diagnosis. The patient was a man aged 57, who had been much run down and exhausted by the fever from which he had suffered. It does not seem to recognize the desire to have pass water. The urine contained a little albumen, but there were no indications of renal trouble. Since the pain in the head has disappeared we note ptosis of the left eyelid; this tends to verify the diagnosis. We have had a rheumatic inflammation of the sheath of the nerve, and, as a result of the pressure on the nerve fibres, we have this pain.

As I have stated, the patient was unable to pass water. The delirium was not of the kind that would prevent emptying the bladder. Where there is delirium and loss of consciousness, with inability to pass urine, the patient does not seem to recognize the desire to have the bladder emptied. Here, however, the patient was quite aware of the desire, but he was unable to contract the walls of the bladder. This is a useful distinction. We have also had in this case a rheumatic bladder. Just as we have a rheumatic joint, a rheumatic testicle or a rheumatic ovary, so we may have a rheumatic bladder.

We commenced the treatment with the administration of the iodide of potassium in large doses, thirty grains every three hours.

There was still another symptom to which I have not alluded. There was a urethral discharge. I was at first inclined to attribute the difficulty in urination to the urethritis, but it was soon clear that such was not the case, for the urethritis was not of the form that causes much pain on urination. There was
no complaint of pain on the passage of the catheter. I did not regard the urethritis as of rheumatic origin, but as an urethritis coming on, as it may, in the course of rheumatism. This case may help you to make the distinction between gonorrheal rheumatism and rheumatic trouble with the bladder. In gonorrheal rheumatism the trouble usually comes on after the gonorrhea has lost all activity. Here the discharge seemed to increase as the trouble with the bladder increased.

This case has been one of considerable interest, and we have had to distinguish between different forms of disease. Rheumatic troubles of the bladder are not uncommon with rheumatism of the joints, but they are usually transitory. I shall now reduce the dose of iodide of potassium. We shall watch the eyelid and see if it regains its motion. If it does not, we shall use more stimulation. I think, however, that a continuance of the iodide will be sufficient. The trouble has been of such short duration that in all probability no deposit will be left that will permanently injure the nerve.

Original Articles.

THE MANAGEMENT OF DELIVERY PRIOR TO THE SEVENTH LUNAR MONTH.

BY WILLIAM H. PARISH, M. D.,
Of Philadelphia.*

In the management of delivery prior to the seventh lunar month, the welfare of the mother is alone considered. The non-viability of the embryo or fetus removes it beyond consideration. It is true that the question as to whether the threatened abortion or miscarriage is inevitable or not will frequently arise, and we have to consider our most anxious study, for, on the conclusion of the pregnancy hangs the life of the intra-uterine being if it is still living. It is my purpose, however, in this brief communication to discuss the management of the only the inevitable deliveries prior to the viability of the offspring, and not to treat in extenuo of any other part of the general topic of abortion or miscarriage.

The impossibility of ascertaining the number of abortions occurring in any large community has been generally recognized, so that the conclusions based upon figures given as to the proportional ratio of the number of deliveries of non-viable children compared with labor after the seventh month are unreliable. It is my belief, also, that the mortality following abortion or miscarriage cannot at present be arrived at even to a very approximate degree. The desire to conceal the cause of death, either because of the illegitimacy of the pregnancy, or because of criminal interference, or because of the known tendency of the gossipping to ascribe all such deliveries, especially if fatal, to criminal interference, leads to the writing of misleading certificates. Some of the deaths ascribed to septicaemia, or pycemia, or typhoid fever, etc., are deaths following abortions or miscarriages. Treatment must be based, however, not only upon the actual risk to the mother, but also upon a full appreciation of the fact that improperly managed deliveries of non-viable offspring entail upon the woman a number of serious conditions. Subinvolution of the uterus and of all the structures functionally associated or closely related by position is of frequent occurrence. Septic endometritis with septic endosalpingitis, ovaritis, and localized peritonitis, adhesions, crippled ovaries imprisoned, it may be, in lymph deposits, fixed and occluded tubes, permanently damaged endometrium, acute uterine flexions and prolapse, and septic blood infection with impaired nutrition and nerve exhaustion; such are, in addition to a fatal termination, some of the results to be guarded against by judicious treatment. Again, many cases of acquired sterility are traceable to abortions or miscarriages, and extra-uterine pregnancy, known now to be of greater frequency than was formerly supposed, may be doubtless, in many instances, traceable to tubes damaged by abortions.

He then, who basis his treatment upon only the desire to save his patient from death has not grasped the full indications of his case. To prevent death from hemorrhage and from intense blood poisoning is certainly his duty, but not his whole duty. His whole duty rests upon the indication of restoring the woman to the conditions of health both locally and generally, so that the various structures, especially of the pelvis, may be uninjured, and the various functions, especially of the sexual and related organs, may be performed with physiological ease and safety. Deliveries during the early weeks of pregnancy are attended with a minimum of risk to life, yet subinvolution, often with endometritis and endosalpingitis, frequently follows such an abortion. About the third month begins the actual danger of death from hemorrhage and septicaemia, and this danger increases as the period of pregnancy at which delivery occurs advances up to the time when viability of the child begins and the phenomena of labor at full time more or less present. It should be borne in mind that crippling of the functional sexual capacity of the woman is liable to result whatever the period of non-viable delivery.

The treatment of such a delivery is divisible into the expectant and the active plans. The chief difference between these two plans consists, on the one hand, in securing artificially the emptying of the uterus and to inject into its cavity hot antiseptic water. For this purpose I prefer strips of baked cloth, because of the ease of introduction and of removal. Antiseptic syringing is resorted to both before the introduction and after the removal of the tampons. The tampon should not be resorted to as a routine treatment. Hemorrhage that is not controlled by the postural treatment and by applications, is the only indication for the tampon. After the os is dilated the best way of treating the hemorrhage is to empty the uterus and to inject into its cavity hot antiseptic water.

In the absence of serious hemorrhage, the rule to avoid rupturing the membranes should be rigidly adhered to, inasmuch as an unbroken ovum tends to prevent or to check hemorrhage, and if the ovum is delivered with unbroken membranes, the placenta is most likely to be expelled in an intact condition. If the membranes have been broken, the embryo or fetus usually escapes from the uterus, while the placenta and membranes remain within the uterus and are probably adherent to it. Suppose the embryo or fetus has escaped, then, as is well known, the placenta and membranes will usually be expelled within twenty-four hours, yet in a large proportion of cases they will remain within the uterus for days, weeks, or months. Does the continuance of the placenta within the uterus for even a few days at a non-viable...
should not be resorted to. Its retention is a logical accident; it is unnatural and unpathological. Is it not wiser to take due precautions against such complications as polypi, fibromata, etc. When reliance is placed solely on the curette, the uterus may be supposed empty when it is not; fragments of placenta and of membrane, or even the entire placenta may be left, with extreme risk to the patient. The finger more surely serves the purpose. Every form of cutting instrument should be absolutely avoided. Simon's scoop is a dangerous instrument in the hands of the most careful. Much of the opposition to the curette is based upon the use of that or other cutting instrument. Even with the dull wire, due caution must be used not to injure the uterus. A softened womb may be penetrated by even a dull instrument. My preference for the finger over the curette is based, however, rather upon the uncertainty as to the efficient working of the dull curette than upon its dangers. It would seem scarcely necessary to caution any one not to mistake the somewhat elevated and roughened placenta site for portions of the placenta itself; but in one instance I saw such a mistake made by an inexperienced gentlewoman, who made active efforts with Simon's scoop until the uterine tissue was extensively gouged into by that dangerous instrument. Experienced men have left large masses of placenta—in fact, the fetus and its placenta both—in utero after the cavity has been cutured. The possibility of double pregnancy with separate placentae must not be lost sight of. I have seen an instance in which the physician removed with his finger under anesthesia one fetus with its secundines, and left within the uterus, unrecognized, a second fetus and its placenta until uterine contraction secured their expulsion.

I have not referred to the various complications of non-viable deliveries. They are numerous and may call for special additional measures, but the management of the delivery rests upon no peculiar principle. Criminal abortion brings with it greater dangers, but usually the management does not differ materially from that of the non-criminal delivery. In the criminal variety septic infection may occur before the abortion or miscarriage has begun, and the expectant plan of treatment is attended with the greatest dangers. An inj
dicious introduction of the sound may engender a septic inflammation of the endometrium and determine a fatal result before any part of the ovum is expelled. Under such circumstances non-interference contributes to death.

In inevitable abortion I have repeatedly emptied the uterus by compressing the body between two or three fingers within the vagina and in front of the uterus, and the other hand over the abdomen. I have also secured, in a few instances, a prompt ending of an incomplete abortion or miscarriage by the injection of hot water into the uterine cavity, of course securing its ready outflow. The hot injection awakens active corporeal contractions with cervical relaxation, and, if the fluid is antiseptic, diminishes the danger of infection.

[In the discussion that followed, Dr. Parish stated, in reference to the use of the dull wire curette, that he does not use it except at one stage, that is the third month, never after the placenta has been formed. He preferred the finger for many reasons, as already stated. Even with the dull instrument there is some risk of injury, and the method is unreliable. Before the differentiation of the placenta, the smooth wire curette will detach and remove the deciduous membrane with no danger. He had used forceps, though not exactly the same as spoken of, but the objection is that we cannot be sure with any form of instrument whatever that the uterus is empty. The finger alone tells us that. It is not only a therapeutic but a diagnostic appliance. It must be very rare for the uterus to possess the power to expel the ovum unaided, and then fail to take care of itself. There must be some special morbid condition to which the hemorrhage is due. He combines the use of ergot with the tampon, should the latter be insufficient when the ovum is intact, to give a smooth mass on which to contract. Antiseptic injections are indicated after such a pathological process as a miscarriage. He doubted if the uterine cavity usually closes air-tight after such a process. Not infrequently there is a separation of the uterus from the fetal layer of the placenta with adhesion of the uterine portion. This adhesion of the uterine portion. This adhesion is liable to give rise to septic inflammation and general infection. The patulous condition of the cervix is, to some extent, an evidence that the uterus is not empty, but the reverse does not hold good. It would be unsafe to conclude that everything had been expelled because the os was found to be contracted.]

**TREATMENT OF SNAKE BITES**

**BY C. R. EARLEY, M.D.,**

**Of Ridgway, Pa.**

Writers for the medical journals and papers are constantly advocating the free use of whisky as a remedy for snake bites. Why should we advise this use when we have had for many years proof of a very simple, convenient, and perfectly safe and never failing remedy in olive oil? I was a student of medicine and surgery in Belmont, Alleghany County, N. Y., on the waters of the Genesee river, where rattlesnakes and copperheads were unknown, from August, 1840, to March, 1845. The books on surgery placed before me to read, were Sir Astley Cooper, Sir Samuel Cooper, John Syng Dorsey, John Abernethy, John Bell, Robert Liston, William Gibson and others. Of course at this time I never had seen a case of snake bite.

My first year of practice was in Friendship, N. Y., from March 1st, 1845, to April 8th, 1846, and not a case of the bite of a serpent came under my notice. My first case was on July 27th, 1850, in Elk county, Pennsylvania. A boy about ten years old was bitten in the ankle by a rattlesnake while out with his father picking huckleberries on Boon's mountain.

The father carried the boy home on his back, and sent for me, and having paid no attention to the subject of snake bite after leaving my preceptor, I only remembered what Gibson said as to the use of olive oil in snake bites. I will here quote from William Gibson, M.D., late Professor of Surgery in the University of Pennsylvania. (See Gibson’s “Surgery,” Vol. 1, page 83.) "The use of olive oil has been highly extolled by many writers as a remedy for the bites of poisonous serpents."

Dr. Miller, of South Carolina, relates the case of a man who was bitten in the sole of the foot by a very large copperhead. Although very little time elapsed before he reached the patient, his head and face were prodigiously swelled and the latter black. His tongue was enlarged and out of his mouth; his eyes as if starting from their sockets; his senses gone, and every appearance of immediate suffocation. Two tablespoonfuls of olive oil were immediately gotten down, but with great difficulty. The effect was almost instantaneous; in thirty minutes it operated freely by the mouth and bowels; and in two hours the patient could articulate, and soon after recovered. The quantity of oil taken internally and applied to the wound did not exceed eight spoonfuls. In the course of twelve years, Dr. Miller has met with several similar cases in which the oil has proved equally successful.—See New York Medical Repository, Vol. 11, page 242.

I therefore put a pint bottle of olive oil in my satchel and visited the boy, and found his entire body, head, face and limbs terribly swollen, and the entire surface from head to foot covered with dark purple spots. The tongue was greatly swollen and protruding from the mouth; could not swallow. I at once filled a tablespoon with olive oil, and placing the spoon in the mouth with much trouble and effort, pressed it back to the back part of the tongue, and the patient swallowed the oil. Then I scarified the wound, and packed that with olive oil, and then gave more oil by the mouth, which he swallowed more easily. I thus gave the oil in tablespoonful doses till I had given six spoonfuls, when my patient became quiet, breathed easily, and could swallow without any trouble. I remained in the house all night, and the boy rested well, and on my sixth visit he was discharged perfectly well, and lives at this time a healthy farmer; has never shown a symptom of his case since he was discharged by me, and I have known him well ever since that time. I never gave him any other treatment for the bite than olive oil externally and internally. Since that time my practice has been very extensive in the counties of Elk, Clinton, Cameron, Clearfield, along the creeks and rivers, also skirts of the Alleghenies.

I have treated many cases, and have a record of twenty-five very bad cases, all of which were treated by the free use of olive oil internally and externally. I have never directed any other treatment. The inhabitants of locations where rattlesnakes and copperheads are found always keep a good supply of olive oil in their houses, and when bitten never call a doctor, but use olive oil freely, which in every case gives full and complete relief. Therefore my experience for the past thirty-eight years has fully proven the correctness of the treatment with olive oil of Dr. Miller, of South Carolina. Then why use whisky?

Olive oil has been used for various medicinal purposes in all ages. It was mentioned by Monsieur Pomit, chief druggist to the late French King, Louis XIV, to which he adds his father's observations, 4th edition, 1748. He says, "It is a natural balsam for the cure of wounds, being beat up with wine. It is of wine and this oil that the Samaritan balsam, with which the good Samaritan in the Gospel healed the wounds of the traveler, was made, and it is a medicine in use at this day." It was and is now freely used internally, in many cases with marked success.

**TERPINE IN DISEASES OF THE LUNGS.**

**BY D. M. CAMMANN, M.D.,**

**Of New York.**

Lately several drugs belonging to the group of the terebinthines have been used in medicine with a more or less favorable result. Among them are terebene, terebinthene, terrace, and terpinol. Their effects are similar in a general way to those of turpentine, with
individual differences in their action, or the relative amount of their action on various organs of the body. It is my purpose in this brief paper to consider the use of terpine in diseases of the lungs.

Terpine is a crystalline hydrate of the oil of turpentine. Crystals similar, if not identical in character, have been found in the interior of an old pine-log, where they were probably formed from the oil deposited in the wood. If oil of turpentine be allowed to stand for some time freely exposed to the air and to moisture, crystals of terpine will be deposited on the sides of the vessel. It is colorless, odorless, and almost tasteless, insoluble in water, soluble in alcohol, and melts at 106° C.

It was first prescribed as an expectorant by Lépine,† of Lyons, who calls it “the best expectorant in existence.” Its use in bronchial affections has been favorably mentioned by Vigier, Jeannel, Séé, and Boyland. New drugs are apt to be received with enthusiasm, to run a brief course, and then to drop out of use. Terpine has not escaped the usual fate at the outset of its career, but that it is a drug that deserves a permanent place seems probable. During the past year I have frequently used terpine in my class at the Demilt Dispensary and elsewhere, and a careful record of a number of cases has been kept by Dr. F. N. Patterson.

An analysis of twenty-five cases shows that nineteen were cases of bronchitis, most of them chronic, some of long standing, with extensive pleuritic adhesions. Four cases were of phthisis, one of pleurisy, and one of emphysema. The shortest time that any of these cases were under treatment was two days, the longest time nine weeks. The average length of treatment was seventeen days. From four to eight grains of terpine were given in pills, usually four times daily. Most of the cases took four grains four times daily, without any other drug. Twenty-four of the cases were improved, most of them markedly, and two only slightly. One case was unimproved.

This was a case of bronchitis that had lasted a month, and four grains of the terpine were given three times daily for five days. The expectoration became thinner, but no other change was apparent. The cough was lessened in all the cases except the one just mentioned. In twenty of the twenty-five cases the expectoration was markedly diminished; in four it was not diminished, and in one it was increased. In several cases it was increased for the first day or two, and afterward decreased. The cases in which the expectoration was increased were under observation only five or six days, and it is probable that if they had been treated longer a diminution might have been recorded in all. In eighteen it was thinner, becoming more watery and less purulent; in six it was thinner. Of the cases that were troubled with dyspnoea the dyspnoea was diminished in sixteen; it was unchanged in three. The patients noticed an increase in the urine in eleven cases; in eleven cases no increase was noticed. In some of the cases the appetite improved; in one case slight nausea, and in another fullness of the head were experienced after taking the pills.

The mode of action of turpentine and its derivations needs further investigation. That they are cardiac stimulants has been asserted, probably on insufficient evidence. The experiments of Nothnagel and Rosbach* indicate that oil of turpentine in all cases diminishes the blood pressure, and to a very slight degree, or not at all, the number of cardiac pulsations. Whether they enter into the circulation unchanged is uncertain. Whether the peroxide of hydrogen, which some of the terpines, in common with many other substances, are capable of generating and then absorbing* plays an important part in their action is a subject for further study. I have only endeavored in this paper to record a few facts, and to avoid theoretical explanations, which may be found in abundance in many books.

TERPINE

BY ARTHUR DIXON, M.D.,
Of Henderson, Kentucky.

The question of treatment in peri-phthisis, typhlitis and para-phthisis is one of exceeding interest, and upon it may depend the life or death of the patient. In cases of febrile im-
paction in the caecal region—the most favorite seat—there can be no question as to the propriety of using warm water, glycerine, castor oil, etc., and the internal ad-
ministration of cathartics, the best being, per-
haps, castor oil. In peri-caecal cellulitis, not-
withstanding the advocacy of salines to pre-
vent (?) peritonitis, nothing has succeeded so well in my hands as perfect rest both of body and mind, which implies an absolute avoid-
ance of cathartics, the hypodermatic use of morphia, counter-irritation and the application of heat or cold in the shape of fomentations, etc., and the ice-bag. Under this treatment with an occasional mercurial a number of cases under my care have terminated in resolution and recovery. If resolution does not take place, if the febrile condition remains and the pain and induration extend, operation is imper-
ative. No other course is left open save to take the chances of the abscess becoming encysted, or of its rupturing into some channel other than the peritoneal cavity. The use of the exploring needle for the diagnosis of pus I cannot think good surgery. There are usually symptoms present which point directly to the formation of pus, rigors, increased ele-
vation of temperature, anxious countenance, etc.; and if the aspirating needle fail to find pus, there can be no certainty that it does not exist, either behind the sacrum or deep down in the pelvic cavity. Moreover, it is an unsafe procedure from an antiseptic standpoint, it being an extremely difficult matter to render an exploring needle aseptic. Exploratory in-
cision is, to my mind, a much better and safer method: it does not prejudice the case, and if pus is not found and still be present, it will almost certainly, following the course of least resistance, make its way to the opening and be discharged externally.

In peri-phthisis rectal examination is often barren of results, but in typhlitis and para-
phthisis it is of perhaps more value than any one other diagnostic procedure, for here the induration and tumefaction is deep down, ex-
tending into the floor of the pelvis on the right side, where it can usually be made out, and when found, points unerringly to surgical interference. In cases of appendicitis, ostitis, and some other conditions followed by a fulminating gen-
eral peritonitis, operation is demanded at once; there can be no other hope, and slight as it is, the patient should be given the benefit of it. In regard to the treatment of the per-
forated appendix after abdominal section, I fully agree with Greig Smith that it is a waste of time to try to close the perforation; the simplest, quickest and safest plan is, obviously, that of the useless and dangerous ap-
pendix.

CONTINUANCE OF MENSTRUATION
AFTER REMOVAL OF THE OVA-
RIES.

Prof. William Goodell, in a recent Clinical Lecture,* stated that various theories have been advanced to account for the continuance of menstruation after the removal of the ovaries. One explanation is the presence of sup-
plemental ovarian tissue. There will some-
times be found disseminated in the broad ligament, at some distance from the ovary, small miliary bodies containing true ovarian stroma. A number of cases have been re-
ported in which this was present. Again, in some cases a third ovary exists. There is a case reported in which a well-known operator removed both ovaries some two years ago, and the woman afterward became pregnant. Another case is reported, from St. Louis, in which pregnancy occurred after removal of both ovaries. At the meeting of the Surgical Society of Germany, some five years ago, Koch presented a cancerous uterus which was furnished with three ovaries and three Fallo-
opian tubes.
Another explanation of these cases is, I think, found in the fact that the ovarian tissue is not wholly removed. In the case that I have shown to-day I am certain, absolutely certain, that I removed the whole of both ovaries. I am always very particular in regard to this point, for some years ago I got a lesson which I shall never forget. I at first used to remove the ovaries by the vagina. This is a very pretty operation, for it leaves no scar and it can be kept secret; but, at the same time, it is not so safe an operation, and occasionally the operator cannot reach the ovaries from below. In a case operated on by me in this way, I removed one ovary without difficulty, and then grasped the second with the fenestrated polypus forceps. Suddenly almost the whole of the ovary came away in the bite of the forceps. I tried to find the portion that was left, but it was very small, and it could not be reached. The operation in this case was performed as a cure for masturbation and excessive menstruation, yet both of these conditions continued uninfluenced by the operation. I again operated—this time by the supra-pubic method. I found that the portion of ovary left was not so large as a small bean, but that was sufficient to keep up the menstrual flux. This experience has made me extremely careful not to leave any ovarian tissue behind. If there is the slightest doubt, I pick away to keep up the menstrual flux.

I found that the portion of ovary left was not so large as a small bean, but that was sufficient to keep up the menstrual flux.

CHINESE METHODS OF PRACTICE.

A correspondent of the Philadelphia Press states that Yen-Tsze Hing, whose title in Chinese corresponds to our M.B., but which he prefers to ignore, including dentist, apothecary and chemist, is the leading Chinese physician in this country. He is a slender, bright-eyed, pleasant gentleman, rather under-sized according to American notions, and about forty-five years of age, and his principal practice is in New York. He has not adopted the American costume, but wears the flowing robes of his own country, of the richest texture and the brightest colors. "I have very little to do with American doctors," he said, "and have never had much intercourse with them. In surgery and chemistry I am willing to, and cheerfully do, acknowledge their superiority over us. The American surgeon, when he is well educated and takes pains to keep himself well up in his profession, knows more, I believe, than any other doctor in the world. "Our system of medicine," he continued, "is the result of the experience of our race for many thousand years. For example, four thousand years ago a shrewd observer in the north of China noticed that some of the domestic animals, when troubled with certain stomach disorders, ate eagerly of peppermint. He thereupon experimented with it and learned its value. Being a thrifty man and having the value of the discovery, he converted his estate into a peppermint farm, and he and his children after him devoted themselves to the culture, preparation and sale of the plant. They furnished it in all ways—fresh, dried and pressed, in aqueous extracts, alcoholic extracts, oil and the solidified oil which you call menthol. It has been used ever since in cases of such internal diseases as colic, summer complaints, kidney troubles and some liver disorders. Externally it is used for neuralgia, rheumatism, toothache, etc., and also for an antiseptic in dressing wounds.

"We have about the same theories and practice that you have about supplying the system with lime, iron, strychnine, quinine, beef, iron and wine, and the like, but there is this difference in our methods, that we go to nature directly for our standard remedies, while you supply them from scientific preparations. This difference is due, perhaps, to our ignorance of chemistry, though we prefer to think that it is because we would rather go direct to nature for our medicines than to obtain them from artificial sources.

"American wits, in their attempts to be funny at the expense of the Chinese, have described a dyspeptic going to a Chinese doctor, who, after examining the symptoms, writes a number of hieroglyphics on a piece of paper, and, after gravely burning the paper, makes the patient eat the ashes. The obvious inference is that the physician is employing a charm and pretending to heal by magic. As a matter of fact, in these cases of dyspepsia or heartburn, in which charcoal is the acknowledged remedy, we take a large sheet of cotton paper made for the purpose, and after rolling it up we burn it in a closed compartment in order to get as much as possible of the resultant charcoal, and give it to the patient to take in prescribed doses. Most American physicians are paid to keep their patients sick. In China we are paid to keep our patients well. The general rule among us is for the patient to pay a regular stipend to his physician while he is in health, and for this payment to cease entirely for the whole time the patient is sick. A large number of my patients pay me in this way, for we regard it as a sort of breach of contract for the physician to allow the patient to get sick. The system is a good one in some respects, and in other respects it is bad. On the one hand a Chinese doctor very seldom gets rich, but on the other hand he never gets poor, as the American doctors too often do."

SULPHUR AS A GERM DESTROYER.


It has been my endeavor to demonstrate the extraordinary value of a group of powerful remedies which have of late years undeservedly fallen into desuetude. It is my confident hope that American physicians, who have the credit of giving any remedy a fair and thorough trial, will work out and solve the problem of the future treatment of germ diseases, so that the world may know whether sulphur does or does not possess the remarkable curative properties attributed to it. It is my firm conviction that nature, in her extensive utilization of the antiseptic properties of sulphur in the preservation of the tissues and secretions of plants and of the living body, clearly demonstrates to us the value of this mineral as a remedy for diseases originated and caused by germs. When, therefore, the system is bereft of its natural deodorizing constituents, or when the germs of fungoid diseases have, by reason of their rapid growth, obtained the upper hand over them, it certainly behooves us to restore these constituents to the economy, and this we do by the appropriate administration of sulphur.

Sulphur can be administered in germ diseases generally in a variety of ways; a particular method being selected to suit the requirements of each type of complaint. It can be used as follows:—

1. In the form of a mixture suspended in glycerin, and rendered palatable by the addition of chocolate powder, cinnamon-water, or other flavoring agents. If the sweet taste of the glycerin be objected to, as is witnessed in some instances chloroformed mastic (three minims to each ounce) is a good unsweetened substitute.
2. As lozenges or pastilles, each containing about three grains. This is a very excellent method of administering this remedy to children. The mixture or lozenges are especially indicated in acute cases when it is highly desirable to get the system rapidly under the influence of the drug.

3. As vapor, evolved by burning a sufficient quantity of the mineral in the sick-room. Most useful in pertussis and phthisis.

4. Combined with a base as salts, such as the sulphonates and bisulphonates, sulphites and hypophosphites or compounds, obtained by mixing sulphur with Chian, or ordinary oil of turpentine, etc. These answer best in chronic complaints where the remedy is required to be continued for any length of time.

5. As enemata, containing sulphide of ammonium, etc., or as gaseous enemata, according to the plan of Bergeon.

**TREATMENT OF SUMMER COMPLAINT.**

In acute diarrhoea, with vomiting of milk, the child is at once taken from the breast or bottle, and no food except beef tea is given to it for twenty-four hours. Small doses of calomel—½ to 1 grain—are administered hourly for a day or two, to quiet the stomach and to excite the secretion of the liver. At the end of twenty-four hours sterilized milk is given. If the vomiting returns, the milk is stopped and beef tea is resumed for twenty-four hours, when milk is once more given.

No artificial foods are used in the Sanitarium. Irrigation of the lower bowel is practiced grossly to its full length into the rectum and

Dr. Brooker considers the sterilization of the milk a great improvement, likely to do away with wet-nursing and artificial foods. Milk as it flows from the breast is free from microscopic germs. Between the time when the cow's milk leaves theudder and the time when the baby drinks it various minute organisms may fall into it, which, either before or after the child takes it, produce changes in the milk which cause disorder of the digestive organs of the child.

By sterilization we either destroy these organisms or check their growth. The apparatus for sterilization is a covered tin bucket, ten inches in height by eight in diameter, and a wire basket, made by Dufur & Co., of Baltimore, large enough to hold six or eight nursing-bottles. In the bucket, filled to the depth of one inch with hydant water, is placed the wire basket with the nursing-bottles, each of them containing a suitable amount of milk and stopped with a wad of cotton batting. The bucket is then covered and placed on a gas-stove, and the water is boiled for half an hour, the milk, bottles and stoppers becoming sterilized by the heat. After cooling, the basket of bottles is kept in a cool place, and one by one, as needed, the bottles are removed, the stoppers taken out and a disinfected nipple is attached for nursing. Milk enough to supply one baby for twelve hours is thus prepared at once, and if kept in a cool place, even without ice, it will remain sweet and wholesome until used. The whole apparatus, including the bottles, costs a little more than a dollar.

It is stated by Dr. Brooker that when the infant's bowels have once been cleared of indigestible milk by change to beef tea and by irrigation, the use of sterilized cow's milk, properly diluted, is followed immediately by great improvement in the health of the infant, as great as when it returns to the breast of its mother.

For irrigation of the bowels a fountain syphon is used. For irrigation the depth of one inch with hydrant water, is placed the wire basket with the nursing-bottles, each containing a suitable amount of milk and sterilized by boiling.

The glasses are allowed to dry, and are quickly passed through the Bunsen flame to coagulate the albumen and fix the pus. Then the glasses are allowed to dry, and are quickly passed through the Bunsen flame to coagulate the albumen and fix the pus. Then the glasses are allowed to dry, and are quickly passed through the Bunsen flame to coagulate the albumen and fix the pus.

The gonococcus has never made that impression on the medical mind that it should, and this is probably because the means of detecting it are not so certain as in the case of the former, and also because the diagnosis of a gonorrhoea does not so much depend upon an examination of the products of a urinary inflammation as the diagnosis of pulmonary consumption depends on an examination of the sputa. In medical circles the gonococcus has demanded some attention, and it has undoubtedly been of use in some cases of interest. Although several investigators had suspected its presence as a cause of gonorrhoea, no one had done such exact work to detect it as Neisser, of Breslau. In 1879 he made a communication to the Centralblatt f. d. med. Wissen-schaften, in which he described what he has named the "gonococcus," or specific micro-organism of gonorrhoea. Since this time many others have confirmed his work.

The method of examination is very simple. A little of the pus is pressed between two cover glasses, which are then drawn apart. Then the glasses are allowed to dry, and are quickly passed through the Bunsen flame to coagulate the albumen and fix the pus. Then a few drops of the ordinary methylene blue or violet are allowed to cover the specimen for a few minutes and washed off. The specimen may then be examined in water or glycerin, or it may be dried and mounted in balsam, which makes it more distinct. The gonococci are seen in pairs or fours, apparently in the pus cells, while the contour of the pus cells is seen to be very indistinct, due to the Abbe illuminator. Keyser says they are in the cell, and Neisser says they are on the cell. Of course, this is not easy to decide, but from my own experience in examining the gonococci and the other microorganisms, I am inclined to think they are on the outside of the pus cells.

The best way to confirm the discovery of a microorganism is by cultivation and inoculation. This, of course, is not possible in every case of urethritis. Another way is by a process of staining which shall exclude every other microorganism. Dr. Gabriel Roux, of Paris, says that if the preparation be first stained according to Gram, and then be examined, and then be decolorized with alcohol and examined again, the gonococci will be seen stained at the first examination, and will be unstained after decolorization with alcohol. Allen and Wendt heartily confirm this. So far, I have not been doubtful in examining them myself, but as I have only looked for the gonococci in cases where gonorrhoea was undoubtedly present, my experience is of little value.

This discovery is of importance, in so far as it is one step nearer to our hope of classifying diseases in a scientific manner. Practically, it is of decided interest, as changing the mode of treatment, and thus cutting short the former length of the disease. It has also explained why some cases of apparently cured gonorrhoea break out afresh from taking stimulants after all signs and symptoms of the disease had disappeared.

To show how ready the members of the profession are with means of immediate relief, a writer in the Forschungsmigl reports that a lady in Paris was dining out recently in the Faubourg St. Germain, when she changed her mind, and that she suffered with headache the next day. Instantly, from the pockct of thirteen of the fifteen guests who were present, antipyrine was produced—in capsules, waters, powders, and elixirs—and she was compelled to take a dose then and there, notwithstanding her earnest protest, and her assurance of entire relief before starting home.
Class-Room Notes.

—The health of a child depends much upon its cleanliness.
—Catheters impregnated in a solution of carbonate of lead, and applied to catarrhal or burns, is generally followed by speedy relief.

—To preserve a brain for dissection, Prof. Chapman has it placed in a saturated solution of chloride of zinc for forty-eight hours, which hardens it materially, and the dura mater is easily removed; next, place it in alcohol for a short time.

—During the catarrhal stages of whooping cough, remedies are used that have been found useful in ordinary bronchial catarrh, as:—

8. Syrup. scillce comp., f. 5
Tinct. acmiini rad., n. vij
Tinct. opii deodorat., n. vij
Syrup. tolu., f. 5
Aquæ lauro-cerasi, f. 5. M.

Socr.—A teaspoonful every two, three or four hours. (Bartholow.)

—Locally, in diptheria, Prof. Da Costa recommends a solution of thymol, glycerine and water:—

8. Thymol, gr. iv
Glycerini, q. s. ad f. 5
Aquæ, f. 5. M.

This strength of solution may be too strong for some and require dilution, as the effect upon patients is different. Warm applications are better than cold.

—For a case of obstruction of the vena cava, general varicosity of all the veins of the body, Prof. Bartholow ordered injections of aqueous extract of ergot (Squibb's) along the side of the veins, which would excite enough inflammation to contract them; chloride of barium to contract the arterioles, 1/4 grain, to be given in the form of gelatine-coated pills.

—Usually there is very little desire for food during labor, but if it be protracted, some nourishment should be given, lest the patient become exhausted, any simple food sufficing, care being taken not to overload the stomach. The most grateful drink will be cold water, which can be taken freely; on the other hand, hot tea as well as alcoholic stimulants ought to be forbidden. (Parvin.)

—For a case of lymphadenoma, pain in region of spleen and extending to liver, with progressive wasting of vital powers, and temperature sometimes sub-normal while at others abnormal, Prof. Bartholow prescribed phosphorus in form of hypophosphites and central galvano-faradization. Another remedy proposed was injecting the enlarged glands with ergot.

—A case of infantile paralysis, with this history: At fifteen months of age had an attack of hemiplegia, with more or less restoration; no electric sensibility; marked diminution of electro-contractility. Prof. Bartholow prescribed the combined action of galvanic and faradic currents; internally, hypophosphites and cod-liver oil, and hypodermatic injections of strychnine into the muscles.

—The most efficient treatment of acute dysentery is by the administration of sulphate of magnesia; it is especially adapted to the acute stage where there are fever, pain, tenesmus and stools of mucus and blood. It lessens the hyperaemia and causes fecal evacuations, with the result of relieving the pain and the distressing straining. The following is the way in which it should be administered: to eight ounces of a saturated solution add one-half ounce of diluted sulphuric acid, and give a teaspoonful every hour or two in a wineglassful of water until it operates. Sulphate of morphia may be combined with it. (Bartholow.)

—A simple test for blood, and easy of application, is made by the addition of tincture of guaiac and oxidized ether to a weak solution of blood, when a bright blue color is produced. If a drop of blood be mixed with one-half ounce of distilled water, upon the addition of one or two drops of tincture of guaiac a cloudy precipitate of the resin appears, and the solution has a faint tint. If to this solution one drop of an ethereal solution of hydrocyanic acid is added, a blue tint appears, which, upon a few minutes' exposure, gradually deepens. This test is very valuable for minute quantities of blood, and Dr. Day, of Geelong, succeeded in obtaining sixty impressions from a stain upon cloth where the microscope failed to show any blood.

petent to protect themselves. Our contemporaries think that medical men should not be obliged to bear the odium of enforcing this view of the law, but where those whose duty it is are supine, and neglect their duties for the protection of the public in this matter, it might be wise for the Medical Council to attempt to enforce it, in a few instances at least, for the purpose of procuring a decision in Canada on so important a matter.

Our Library Table.

[All new publications noticed in this department, and all other medical works, may be procured by addressing Wm. F. Hin<update>...& Co., 1730-121 Sansom St., Philadelphia.]

ALENDEN'S MANIFOLD CYCLOPEDIA OF KNOWLEDGE AND LANGUAGE. Illustrated. John B. Alden, Publisher, 595 Pearl St., New York, or Lakeside Building, Chicago, Ill.* Vols. I to VI of this excellent Cyclopaedia have already appeared, and each succeeding volume amply fulfills the promises of the publisher and meets the highest expectations of the reading public. There seems to be little doubt that it will prove to be a very popular Cyclopaedia for many years to come. The embodiment of an Unabridged Dictionary of Language, and a complete Cyclopaedia of Universal Knowledge in one work, in large type, with thousands of illustrations, and all for a price less than people have been used to paying for a dictionary alone, is not only a novelty in plan, but to the ordinary book-buyer a surprising fact. The contents are of such general character which the popular reader requires—comprehensive, accurate and complete. In short, the marvellously low price makes it a work eagerly to be sought in every intelligence-loving household.

The great merit of the Cyclopaedia is its adaptation to practical use; giving under each head information most likely to be needed, in concise, easily available form. Careful examination impresses one with its accuracy, as well as the remarkable fullness of its information.

Whoever wants a Cyclopaedia—and who does not?—would do well to order a special volume, which may be returned if not wanted; or at least specimen pages. The complete set will consist of about thirty volumes, which will be issued at intervals every few weeks. The work is not sold either by agents or booksellers, but only by the publisher direct, which accounts for the wonderfully low prices; these being 60 cents a volume, postpaid, for cloth binding, 75 cents for half morocco, the latter or better binding being particularly commended.

PHYSICAL DEVELOPMENT, OR THE LAWS GOVERNING THE HUMAN SYSTEM. (With Portrait.) By Nathan Allen, M.D., LL.D. 8vo. 348 pages. Lee & Shepard, Boston.

The author of this excellent series of papers has devoted his attention through a long series of years to points connected with the physical development and improvement of the human race. Some of these papers have appeared in reviews, journals and periodicals in this country, and some have been printed in leading English journals, and thus have had an extensive circulation. Many of them have been rewritten in a condensed and abridged form, giving their substance in a smaller compass, and a number of others have been added, thus virtually making a new book. The topics discussed include physical culture, education, health, population, the family, etc., all giving practical, useful, reformatory and moral instruction. There are thousands of thoughtful men and women, in and out of the profession, who would be gratified and instructed with the sensitivity-written views of the author on such vital subjects as Physical Culture and Development, Early Education, Education of Girls, The Law of Longevity, Prevention of Crime, Hereditary Influences, The Law of Human Increase, Intermarriage of Relations, etc.

AN EXPERIMENTAL CONTRIBUTION TO INTESTINAL SURGERY, WITH SPECIAL REFERENCE TO THE TREATMENT OF INTESTINAL OBSTRUCTION. By Nicholas Senn, M.D. St. Louis, 1888.

DIET TABLES. Reed and Carnrick, New York.

Every practitioner will appreciate the desirability and expediency of having always at hand such valuable dietetic leaflets as those which Messrs. Reed and Carnrick, the celebrated manufacturers of foods and pharmaceutical preparations, have just issued. They desire to place one of these little books, free of charge, in the hands of every physician in the United States who cares to use them. We would suggest to our readers not to delay in accepting so generous an offer, as these leaflets have been compiled by thirty physicians, all of whom, except five or six, are authors of text-books and leading works upon the various diseases in which the diets are indicated. They are the only Diet Tables that have ever been published to our knowledge, where the diets in the various diseases have been fully given, and certainly the only one where so many distinguished physicians have united their experiences in feeding the sick.

The physician marks the articles of diet that he desires the patient to use, then tears off the leaflet at the perforation and hands it to the nurse or patient. When not desirable to inform the patient of his disorder, the name of the disease can be readily torn off.


This work is an excellent practical treatise on electricity and its application to the uses of the physician. It thoroughly instructs him not only as to the outfit required for electro-therapeutic measures and the principles of electro-diagnosis, but also as to all the methods of faradization, the technique of galvanism, the applications of electricity to the various diseases in which benefit may be derived from its use, electrolysis and electro-surgery. The author's recognized experience and reputation as an electro-therapist will invite attention to this useful book.


These two practical works, from the pens of practitioners of skill and reputation in the different departments in which their observations are recorded, still further enhance the value of the whole series, which Mr. Davis is laudably engaged in offering to the medical profession at such reasonable rates.


Therapeutic Briefs.

**Antipyrin and Sweet Spirits of Nitre** should not be brought together in a prescription.

As an application for burns, Centralblatt für Therap. suggests the following:

A remedy for Sick Headache is highly recommended by Dr. J. Wilmarth in the Boston Medical and Surgical Journal. July 19th, 1888.

A convenient method of prescribing Tincture of Iron that is not inky, is the following:

A convenient mixture for **Transient Anæsthesia** is suggested by the Revue Théâtrale, May 1st, 1888.

In a case of **Poisoning by Aconite and Belladonna**, reported by Dr. Bradley in the British Medical Journal, the patient recovered under the following treatment:—The hypodermic injection of 0.1 gr. of apomorphine ten minutes after the accident, and the injection of ether to stimulate the heart.

A convenient formula for the administration of **Chloral with Morphia** is the following:

**Too Many Doctors in London.**—A provincial paper states that London is alarmingly overstocked with doctors. A quarter of the whole population gets gratuitous medical advice. To enable the doctors, as a class, to live and thrive, they should be in the proportion of 1 to 1200 of the lay inhabitants; and, adopting this equation, there are 1943 more doctors in London than there should be. Even Brighton is over-doctored, with one physician to each 725 of its population; while in Sheffield there is but one to every 3000. The existing state of things is bad, but the future promises to be worse. On an average 600 doctors die every year, and on an average those 600 are represented the following year by 1800 novices. The specialists thrive. The baronets and the great consultants seem to get larger fees every year. On the other hand, there are many doctors now in the poorer parts of London who will see a patient, prescribe and supply medicine, at 6d. (twelve and a half cents) a visit.

**Portrait of the Late Dr. C. R. Agnew.**—At the last meeting of the Ophthalmological and Otological Section of the New York Academy of Medicine, a committee was appointed of which the chairman of the Section, Dr. David Webster, was a member, to obtain a good photograph of the late Dr. Cornelius R. Agnew, for the purpose of having engravings suitable for framing made of it; the right of issue and sale of such engravings to be given to some first-class publisher; if not, the committee to offer them to the profession at cost. Members of the profession who desire such an engraving accompanied by autograph signatures, should send their names and addresses to the Secretary of the Committee, Dr. Charles H. May, 640 Madison Avenue, New York City, at once. They will be notified of the cost of the same either by the publisher or by the committee having the matter in charge.

**The Issue of Medical Classics for June.**—A most interesting collection of delightful reading, embracing reasonable and sensible articles on just such matters as would interest the professional or, indeed, any other intelligent reader in summer. Its investigations into the dangers besetting summer resorts is particularly commendable.

**A Quack Doctor out West.**—A quack doctor out West is said to have invented a medicine that will cure any disease, and can also be used as an emboiling fluid after death.

**It is said that many German immigrants take their voyage so as to be confined on shipboard, thus saving an obstetrical fee.**

**Too Many Doctors in London.**—A provincial paper states that London is alarmingly overstocked with doctors. A quarter of the whole population gets gratuitous medical advice. To enable the doctors, as a class, to live and thrive, they should be in the proportion of 1 to 1200 of the lay inhabitants; and, adopting this equation, there are 1943 more doctors in London than there should be. Even Brighton is over-doctored, with one physician to each 725 of its population; while in Sheffield there is but one to every 3000. The existing state of things is bad, but the future promises to be worse. On an average 600 doctors die every year, and on an average those 600 are represented the following year by 1800 novices. The specialists thrive. The baronets and the great consultants seem to get larger fees every year. On the other hand, there are many doctors now in the poorer parts of London who will see a patient, prescribe and supply medicine, at 6d. (twelve and a half cents) a visit.

**Portrait of the Late Dr. C. R. Agnew.**—At the last meeting of the Ophthalmological and Otological Section of the New York Academy of Medicine, a committee was appointed of which the chairman of the Section, Dr. David Webster, was a member, to obtain a good photograph of the late Dr. Cornelius R. Agnew, for the purpose of having engravings suitable for framing made of it; the right of issue and sale of such engravings to be given to some first-class publisher; if not, the committee to offer them to the profession at cost. Members of the profession who desire such an engraving accompanied by autograph signatures, should send their names and addresses to the Secretary of the Committee, Dr. Charles H. May, 640 Madison Avenue, New York City, at once. They will be notified of the cost of the same either by the publisher or by the committee having the matter in charge.

**The Issue of Medical Classics for June.**—A most interesting collection of delightful reading, embracing reasonable and sensible articles on just such matters as would interest the professional or, indeed, any other intelligent reader in summer. Its investigations into the dangers besetting summer resorts is particularly commendable.

**A Quack Doctor out West.**—A quack doctor out West is said to have invented a medicine that will cure any disease, and can also be used as an emboiling fluid after death.

**It is said that many German immigrants take their voyage so as to be confined on shipboard, thus saving an obstetrical fee.**
Dr. T. D. Merrick (J. M. C., 1888) is at 1738 Diamond street, Philadelphia.
Dr. Chevalier Q. Jackson (J. M. C., 1886) is at 63 Sixth Avenue, Pittsburgh, Pa.
Dr. Theo. P. F. Pfeiffer (J. M. C., 1888) is at 2053 N. 25th street, Philadelphia.
Dr. S. J. Hickey (J. M. C., 1888) is at 117 Price street, Germantown, Philadelphia.
Dr. C. M. Holcomb (J. M. C., 1887) has removed from Spring Hill, Kansas, to Winfield.
Dr. M. L. James (J. M. C., 1882) has been elected Surgeon to the Richmond (Va.) City Almshouse.
Dr. George L. Porter (J. M. C., 1862) is the recently elected President of the Connecticut Medical Society.
Dr. F. Woodbury (J. M. C., 1873) has received the degree of Master of Arts from Lafayette College, Easton, Pa.
Dr. George Parvin, Surgeon U. S. M. H. S., has been ordered to proceed to Chattanooga, Tenn., as inspector.
Dr. E. R. Lewis (J. M. C., 1874) has been appointed Professor of Surgical Anatomy and Clinical Surgery in the Medical Department of the University of Kansas City.
The University of Bologna, on the occasion of the 800th anniversary of its foundation, conferred its honorary degree upon Dr. S. Weir Mitchell (J. M. C., 1850), of Philadelphia.
Prof. Holland, Chapman, Gross and Bartholow are summering in New England, Prof. Parvin in the vicinity of Philadelphia, at his country home.
Prof. W. H. Pancoast has returned from a tour to the West and Northwest, to Montana, California, Nevada, Utah, and the Yosemite Valley, visiting eighteen States and Territories.
Dr. E. L. Vansant (J. M. C., 1887) has been appointed Chief Assistant in the Medical Clinics, Jackson McAbee and daughter of the late David Fegley.—On May 28th, 1888, Henry C. Fegley, M.D. (J. M. C., 1877), of Ashland, Pennsylvania.
Goe.—On July 6th, 1888, John G. Goe, M.D. (J. M. C., 1886), of Bellefontaine, Ohio, in the 20th year of his age.
McAbee.—At Devan, Pa., on the morning of July 2d, 1888, H. Maria Gilbert McAbee, wife of Jackson McAbee and daughter of the late David Gilbert, M.D. (J. M. C., 1828).

Marriages.

SEYBERT—WEISS.—On June 28th, 1888, Frank F. Seybert (J. M. C., 1887), and Ida B., daughter of F. Feidt, Weiss, of Council Bluffs, Iowa.
WALTER—HESS.—At Kansas City, Mo., June 20th, 1888, Robley D. Walter, M.D., of Butztown, Pa. (J. M. C., 1884), and Susie E. Hess, of Kansas City, Mo.

Deaths.

DONALDSON.—Suddenly, on February 8th, 1888, E. E. Donaldson, M.D. (J. M. C., 1887), of Byesville, Ohio, in the 22d year of his age.
FEGLEY.—On May 28th, 1888, Henry C. Fegley, M.D. (J. M. C., 1877), of Ashland, Pennsylvania.
GEE.—On July 6th, 1888, John G. Goe, M.D. (J. M. C., 1886), of Bellefontaine, Ohio, in the 20th year of his age.
MCAbee.—At Devan, Pa., on the morning of July 2d, 1888, H. Maria Gilbert McAbee, wife of Jackson McAbee and daughter of the late David Gilbert, M.D. (J. M. C., 1828).

CONTENTS.

CLINICAL LECTURES:

1. Elements of the Lung, with Bright's Disease—Apoplexy associated with Bright's Disease—Stroma of the Cord—Typhoid Fever followed by Paralyptic, and later by Nephritis—Blepharism of the Skin and other Portions of the Body. By Montgomery, M.D. (J. M. C., 1890)...

ORIGINAL ARTICLES.

1. Edema of the Lungs, with Bright's Disease—Associated with Bright's Disease—Stroma of the Cord—Typhoid Fever followed by Paralyptic, and later by Nephritis—Blepharism of the Skin and other Portions of the Body. By Montgomery, M.D. (J. M. C., 1890)...

NOTES OF PRACTICE.

1. The Management of Delivery Prior to the Seventh Lunar Month. By W. E. F. Parvin, M.D. (J. M. C., 1887)...
2. Treatment of Sufk Disease. By C. R. Evans, M.D. (J. M. C., 1887)...
3. Treatment of Tuberculosis. By W. R. C. English, M.D. (J. M. C., 1887)...
5. Treatment of Summer Complaint. By H. V. Kramme, M.D. (J. M. C., 1887)...

CLASS-Room Notes...

EDITORSIALS.

1. Legal Treatment of Quackery...
2. Our Library Table...
3. Therapeutic Briefs...
4. News and Miscellaneous...
5. Marriages and Deaths...

CONTRIBUTIONS.

Vol. IX. No. 9 September, 1888.

THE TREATMENT OF LUNG CAVITIES.


The subject of the address which I have the honor of delivering before you today is that of the treatment of lung cavities. I selected this topic because the cavity condition is so frequently met in every-day practice; and because I believe that the prevailing opinion that the cavity stage of phthisis has, in most instances, passed beyond the bounds of human control is not only incorrect, but is prejudicial to the interests of both patient and practitioner; and I trust that before I have finished I shall be able to give you reasons for believing that patients thus affected have not necessarily passed beyond the curable stage of this disease, and that they are far better off than those suffering from an infiltration which is bound to lead up to this condition.

Let us now, at the very outset, briefly study the causes which produce and the physical features which accompany a pulmonary cavity. Probably the earliest and most direct cause of this condition, in the great majority of cases, is a proliferation and an accumulation of epithelial elements in the air cells or pulmonary alveoli—the result of a catarrhal process extending down the bronchial tubes.

On account of this rapid multiplication and accumulation of epithelial cells, the small bronchial tubes and air cells become blocked or filled up, and the whole results in a consolidation, or what is commonly called a catarrhal pneumonia. If the process of expectation of this catarrhal material would keep pace with the rapidity of its formation, neither catarrhal pneumonia nor catarrhal phthisis could ever occur. One reason why bronchitis is a less dangerous disease than pneumonia is the fact that in the former the catarrhal secretion can be readily expelled and an accumulation avoided by the act of coughing; while in the latter disease, this secretion takes place so low down in the smallest bronchial ramifications and in the alveolar spaces that coughing rather serves to hinder than to enhance the process of expulsion.

In this condition, therefore, the epithelial proliferation continues, the accumulation goes on, a group of air cells here and another there clogs up and they are bound together in a mass; and the mechanical pressure thus produced gradually interferes with the vascular supply, until finally the whole affected area is entirely cut off from its source of nutrition, viz., the blood. Of course, it is quite readily conceived that if this state of things continue for any great length of time, this isolated spot must perish sooner or later; and this is precisely what happens. The moisture which it contains leaves it by diffusion, the whole becomes a comparatively dry mass of albuminous material, and now begins to undergo a cheesy degeneration. This process is analogous, in every respect, to that which takes place in the manufacture of ordinary commercial cheese. Here it is well known that before the alumen of the milk becomes cheesy, the serum must be separated from it. The cheesy nodule in the lung begins to soften from the centre to the periphery, and so soon as communication with a neighboring bronchus is secured the whole mass is expelled and a cavity is left behind.

These, then, are the physical features which characterize the evolution of a lung cavity in a large number of cases of pulmonary consumption. So far, the process has been purely inflammatory, and is known as the yellow or pseudo-tuberculous variety of consumption; but during caseation a specific tubercle develops, which has the power of generating true tubercle, and while it is true that genuine tuberculosis accompanies and follows each case, it is also true that it occurs less frequently, and if it does exist, is less extensive than is usually supposed.

After a cavity is once formed, it pursues one of the following courses: (1) It may retain its original size and continue to secrete...
pus, and may become lined by a secreting membrane; (2) it may enlarge by further excava-
tion of its walls or by uniting with other cavities in its immediate neighborhood; or (3) its walls may contract and its sides come together and close up.

From a therapeutic point of view, which is our chief object to-day, a pulmonary cavity must be regarded in the light of two cardinal principles: (1) that it, as well as the disease of which it forms a part, is inherently a pro-
cess of necrosis or of mortification; (2) that not only its size but its existence depends on the degree of local and constitutional resist-
ance. The growth of a lung cavity may, in all its essentials, be compared to a chronic ulcer of the lower extremity. How often do we see in these affections a conflict between healthy and diseased action? The border line advances and recedes, making the ulcer appear large at one time and small at another, and this in direct correspondence with the local and constitutional strength or weakness of the patient. Such a course is frequently, if not universally, pursued in the formation and extension of a lung cavity. In some phthisical patients, you find that the lung tissue melts away like snow under the burning rays of a summer sun; while in others, excava-
tion is but slow to appear, in spite of the persistence of the disease, and if it does make itself felt, the process shows but little tendency to spread. Inquiry will probably always teach us that this difference in the liability of pa-
tients to lung cavities is owing to a difference in recuperative powers or in resistibility; that in the former instance, in all likelihood, the patient possessed a strong family history of the disease, together with a poor appetite and a want of assimilation, while in the other, there was an absence of these conditions.

As a rule, it may be stated that a patient with a quiescent cavity is more desirable for treatment than one who has an infiltrated lung, and who is bound to pass into cavitation sooner or later. The existence of an inactive cavity, or one very nearly so, is a measure of the local resisting power of the surrounding lung tissue; it is evidence that the lung has the strength to limit the process of disinte-
gration. There is precisely the same general condition here as is found in gangrene of an extremity. The formation of the demarca-
tion line shows that healthy action has suc-
cessfully antagonized the march of the disease, but before this occurs there is as much uncer-
tainty as to its point of location as there is concerning the probable size of a lung cavity after the process of destruction has once begun.

What now are the special indications which call for treatment in a patient who presents himself before you with a pulmonary cavity? They are (1) fever, (2) anorexia, (3) wasting, (4) harassing cough and expectoration, (5) loss of sleep, (6) diarrhea, (7) hemoptysis. First in the order of importance comes fever. The degree of fever which is present in these cases depends on the activity of the process of excavation. If this has ceased and the cavity is what may be called an old one, there is very little or no fever; but it can be laid down as a rule that in all cases of phthisis pulmonalis, even in those which show an erratic, subnormal temperature, excavation is followed by a rise of temperature. With pyrexia are associated rigors, loss of weight, increased oxidation, etc. Fever in phthisis, as, in fact, in all other diseases, has for a long time been regarded as the result of an infect-
ive process. Without entering into an elabo-
rate discussion of the causes and mechanism of fever, it may be stated that, according to the latest researches on this question, to which Dr. Isaac Ott, a member of this Associatio

, has added some of the most vital contribu-
tions, the phenomenon of fever must be looked upon as one which is brought about by a disturbance of the heat-regulating centre of the nervous system; or, in other words, there is a nervous centre which presides over the evolution and dissipation of body heat, the same as there are nerve centres controlling motion and sensation. A disturbance of these latter centres is followed by either pain or muscular spasm, while a disturbance of the heat centre causes a dissipation of heat. Fever is, therefore, a reflex disorder, and, ac-
cording to this theory, the elevated tempera-
ture which accompanies pulmonary inflamma-
tion and excavation is due to irritation of the thermogenic nerve centre and a consequent disturbance of the equilibrium between heat production and heat loss, of the body.

There is little doubt, too, that the pyrexia of pulmonary phthisis is best controlled by agents which act solely through the nervous system, and this in itself is a strong confirma-
tion of the neurotic theory of fever. Morph-
ine, chloral, potassium bromide, chloro-
form and ether abolish pain and suppress muscular spasm by diminishing the impress-
ibility of the centres of sensation and of motion. A number of our recently-discover-
ed antipyretics, such as antipyrin, antifebrin and phenacetin, bear an analogous relation to the process of fever. They reduce fever simply through their powerful influence on the nervous system.

Now all these antipyretics play an import-
ant rôle in the treatment of phthisical fever, yet, according to my own experience, which has been, however, rather limited so far as phthisis is concerned, I think preference must, on the whole, be given to antipyrin. It is very soluble in water or in any aqueous vehicle, is very palatable and is, therefore, readily administered, which cannot be said of the other two agents. The objections to it are its expensiveness and its tendency to pro-
duce erythema of the skin in some cases if given for a protracted period. One thing must be borne in mind, while giving these agents, and this is, that the ordinary small doses which are recommended, and which are usually large enough to affect the fever of acute diseases, are of very little use in the chronic fever of pulmonary phthisis. Ten or fifteen grains of antipyrin and eight or twelve grains of antifebrin or of phenacetin, every three or four hours, are sure to produce a marked effect; after a beginning, and must frequently be in-
creasing, probably doubled, before the fever is permanently subdued.

There can be no doubt that, aside from their antipyretic action, these agents, in virtue of their affinity for the nervous system, also exert a marked tonic influence on the whole body. In saying this I am not unmindful of the fact that when given for the purpose of lowering temperature in ordinary acute fever, they are liable to bring about sweating and depression, and at times produce a condition simulating collapse. It is needless to say, however, that such a state of affairs should never be provoked in phthisis, and, furthermore, that the reduction of fever can gener-
ally be secured without pushing the action of these agents to such an extreme point.

In consonance with the view that the fever of phthisis is, in some measure, at least, due to the absorption of pus and other deleterious material from pulmonary cavities and bronchial tubes, the surfaces of which are in a state of catarhal inflammation, various anti-
septic agents and methods have been devised and proposed for the purpose of combating this infective fever. Medicines have been given by inhalation, by the mouth, by subcu-
taneous injection, as well as by enema, with this end in view; and while there can be no doubt that disinfectants applied in these ways exercise a beneficial influence on the fever, it is a question whether they do it by a process of antisepsis or by checking the local inflam-
ation in the lungs. Among the agents which probably yield the best results when given by inhalation are ichthyol, carbolic acid and terebene. Personally I can recommend ichthyol, administered through a respirator, in the strength of a twenty-five per cent.

aqueous solution. This agent is especially useful in bronchorrhea and in actively secre-
ting cavities, the profuse expectoration in such cases becoming remarkably diminished in a very short time.

Equal in importance to the reduction of fever is the problem of alimentation. Nothing gives rise to greater anxiety in the treatment of the consumptive than the persistent loss of appetite and wasting; nothing taxes the ingenuity of the practitioner more, and nothing demonstrates his ability better than his success in devising ways and means whereby his pa-
tient is led to partake of a sufficient amount of nourishment. This constant tendency to
THE COLLEGE AND CLINICAL RECORD.

waste, without any effort at repair, is so great that one may be led to suspect that the real disease resides in the digestive and not in the respiratory organs. The stomach is, therefore, one of the principal battle grounds on which the patient has to be fought out; and it may be laid down as a law that, if a patient improves in every respect save in eating, he must still be regarded as in a regressive state.

The task of making a patient eat, and frequently against his own will, is a very arduous and delicate one, but it can usually be carried out successfully, if sufficient tact is displayed by both practitioner and nurse. System, promptness and perseverance will accomplish much. A little food at regular intervals, and oft-repeated, will furnish a patient a large amount of nourishment in twenty-four hours, and will convince him that he has the power to digest a great deal more than he thought he had. I have seen patients who, absolutely refusing all kinds of food, by persuasion, would take a glassful of milk, which is placed in the lower bowel is digested and absorbed. This method not only economizes the strength of the stomach, but I have seen it counteract the tendency to diarrhoea which exists in many of these cases. Milk, eggs, beef essence, Valentine's meat juice, the pulp of raw, fresh beef may be used. To the eggs and beef a small amount of pepsin may be added. The fluid foods are injected, while those of a semi-solid nature are best given in suppositories. One of the best ways to supply food by the rectum is to obtain hollow suppositories large enough to contain half or a whole teaspoonful of raw scraped beef-pulp, with a little pep- sin, and administer them three or four times a day.

So far as medicinal treatment is concerned, much can be done to arouse and restore the digestive power of the patient. A pressure and fullness in the gastric region, associated with sour eruptions after eating, is very often relieved by eight or ten drops of dilute phosphoric or of dilute nitro-muriatic acid in a glassful of hot water, after meals, or the same acids in combination with the compound tincture of cinchona, gentian and cardamom, or tincture of nux vomica, before meals.

In the next place, what can be done to quiet the distressing cough and expectoration which accompany the cavity condition? It will, of course, be understood that the measures which have already been proposed for the reduction of fever and for the improvement of the appetite do indirectly alleviate the cough and expectoration. Cough itself is but a symptom which represents the degree of irritation wrought by the congestion, inflammation and the accumulation of catarrhal material on the terminals of the pulmonary arteries and veins and anything which removes these offending causes or reduces their influence to a minimum will also ease the cough. In such a state of irritability, nothing is so soothing as the application of a large flaxseed-meal poultice to the chest. The patient soon experiences greater freedom of breathing, his cough becomes easier, the expectoration loosens and a general improvement in the local condition follows. If the cough is troublesome at night, one grain of codeia can be given at bedtime, with the of a grain of atropia if there is much sweating, and repeated in two or three hours if necessary. The morning cough, which persists until the cavity is partly cleared, can be very much facilitated by teaching the patient to bend his head as low as possible, as if he were in the act of tying his shoes, or by asking him to go on his hands and knees, with the head lower than the buttocks. These positions, although not very aesthetic, give the law of gravity a chance to aid in the expulsion of the offensive cavity contents.

Haemoptysis is another and, sometimes, a very important and urgent symptom in the treatment of pulmonary phthisis. When I say it is important, I do not judge it so much from a material as I do from a moral standpoint. There is nothing which disturbs a patient's mental equanimity more than the spitting of blood. Its depressing effect is inculcable, yet really, in ninety-five cases out of every hundred this symptom must be looked upon as a benefit rather than an injury—a relief to the congested part whence it comes, rather than a detriment to life. In the slow progress of cavity formation, the larger blood vessels become obliterated and disappear in the common ruin of the implicated part, and, as a rule, it is only those capillaries exposed on the surface of the excavation, similar to those often observed on the raw surface of chronic ulcers, which give rise to the bleeding. Occasionally, however, as in the rupture of an exposed aneurismal blood vessel or in what may be called a hemorrhagic diathesis, haemoptysis becomes, indeed, an alarming symptom; but these are the exceptions. In treating haemoptysis, give the patient as much encouragement as you possibly can. You can tell him, with perfect truthfulness, that blood spitting is always to be expected in such a disease, that in the great majority of cases it must be regarded as a vent of nature, to unload the overloaded and congested blood vessels, and that under these conditions it is of no serious significance. Internally, give the fluid extracts of hamamelis and geranium—one part of the former to three of the latter—in teaspoonful doses every hour or two, or oftener, if necessary. These agents seem to have a special control over hemorrhage and can be regarded as a vent of nature—styptic influence entirely independently of the tannic acid which they contain. They do not, as a rule, produce constipation, but, on the contrary, I have seen diarrhoea follow their use, which would hardly occur if their action were due to tannin; and I can further say...
that they succeeded in some cases in which tannic and gallic acids and ergot had failed. You will find this combination useful, too, in the hemoptysis which accompanies the early stage of the disease. Of course, if the bleeding proceeds from a large blood vessel, absolute rest and recumbent position must be enjoined and ice be applied to the chest.

Last but not least in importance in treating this condition comes pulmonary gymnastics. Objections are frequently urged against this mode of expanding the lungs after cavities exist, for fear of exciting hemorrhage. While it must be admitted that this objection is not entirely without foundation, yet, practically, it is shown that the danger is exceedingly limited, and that the benefit which the method confers on the patient does more than compensate him for the risk which he at first incurs. It is certainly indicated. The secret why so many consumptives, even in the cavity stage of the disease, experience such a great relief when they resort to high altitudes is that their lungs, which are habitually inactive, either from the want of exercise or from being impaired by deposits, are now immersed in a highly rarefied atmosphere which throws off every available lung space into action, in order to supply the needed amount of oxygen to the body. The air cells become fully inflated, and if the products of inflammation are not dispersed, the surrounding lung tissue is kept permeable and the disease is at least kept in abeyance. Very few of these people suffer from hemoptysis. This method of forcibly inflating the air passages of the lungs is precisely the same in principle as that which is so effectively employed by aurists in opening and in maintaining the patency of the Eustachian tube. This channel is not only utilized in this condition to allow air to enter or leave, but is also brought down alongside the body, during expiration. When a deep breath is taken in level or on a slight upward grade, is of great importance. The arms, used as levers, are swung backward and forward, twice daily, either on the level or on a slight upward grade; is of great benefit. There are also many forms of exercise which may be carried on indoors, those performed by the arms being the most important. The arms, used as levers, are swung backward as far as possible, on a level with the shoulders, during each inspiration, and brought together, in front, during each expiration; or the hands are brought together above the head, during inspiration, and gradually brought down alongside the body, during expiration. When a deep breath is taken in accordance with either plan and held until the arms are gradually moved forward or downward, or even much longer, the process of chest expansion becomes materially enhanced. Another very effective chest exercise is to take a deep inspiration, and during expiration only to count in a loud voice as long as possible. A male person, with a good chest capacity, can count up to sixty or seventy, while in a female, even with good lungs, this power is somewhat reduced. Practice of this sort develops lung capacity, and the increased ability to count longer is a means whereby the improvement going on within the chest can be measured. The effects of many of these movements may be facilitated by the use of dumb-bells and of chest weights.

The subject under review is a very large one, and I might and probably should have dwelt at greater length upon other methods and remedies, many of which are no doubt of much value; but my aim has been to lay only those points of treatment before you which I have tested, and which I can conscientiously recommend, and in doing this, I hope that I have been fortunate enough to impress upon you the conviction that the treatment of phthisis after it has passed into the stage of excavation is not such a formidable undertaking, is not beset by so many drawbacks as is usually supposed to be; and I furthermore trust that I have succeeded in giving consciousness to the feeling that no case of phthisis, unless actually moribund, should be treated with that masterly indifference which has hitherto been maintained by the profession toward this class of sufferers.

**Notes of Practice, ORIGINAL AND SELECTED.**

**SUMMER DIARRHEAS OF INFANCY AND CHILDHOOD.* **

BY PROF. LOUIS STARR, M. D., OF PHILADELPHIA.

The diarrheal affections of hot weather may be grouped under two heads, namely: 1st, ordinary summer diarrhhea, or enterocolitis, and 2nd, cholera infantum. The former is the more common and the more manageable, and so far from being a mild type of the latter, is a distinct disease, requiring its own method of treatment.

First: Summer Diarrhoea, or Enterocolitis: Therapeutic measures often fall in relieving this condition when uncombined with rigid enforcement of the general rules of health. The main hygienic features to receive attention are the following: Fresh air must be secured by taking the child to a public square in the cool of the morning and evening, or, better still, by a morning or evening trip on the water. The heat of the day must be spent in as cool a room as can be had. Coddling is to be discouraged, as many a stout mother has hastened her infant's death by too fond and constant nursing in the arms. The clothing must be as thin as possible, provided that woolen be always worn next to the skin. Twice or three times a day in very hot weather, the whole surface of the body must be sponged with water at a temperature of 80° F. and dried with gentle rubbing. The addition of rock salt renders these baths more bracing. Full warm baths must supplant the cold spongings if there be much prostration.

The diet is to be most carefully regulated as to quality, quantity, and intervals of administration. Sound cow's milk must form the basis of the food in bottle-fed babies, and peptogenic powder is a very useful addition to it. Medicinal treatment varies with the case. Should the patient be seen early in the attack, it is initiated by a laxative. A teaspoonful of castor oil with ten drops of paregoric, or the same quantity of spiced syrup of rhubarb, is sufficient for an infant of one year. Afterward, while the stools are yellow, homogeneous, and not very frequent, alkales and astringents are employed:—

**R.** Sodii bicarb., gr. xxvij
Syr. rhei aromat., f3 iv
Mist. cret., q. s. ad f3 xxiv. M.

**Sig.**—One teaspoonful every two hours for a child of one year.

When the stools are frequent, green and acid in reaction, the following may be employed:—

**R.** Syr. rhei aromat., fj iv
Bismuth. subcarb., 3 j
Syropi acaciæ, fjj iv
Misture cretæ, q. s. ad f3 xxiv. M.

**Sig.**—A teaspoonful every two hours.
At the same time the abdomen is to be reddened two or three times a day, with a weak mustard draught, one part of mustard to five of flour.

If the evacuations be liquid and contain whitish or greenish flakes, and the above treatment fall after a fair trial, good results often follow a short mercuroid course, thus:—

B. Pulv. ippecac. comp., gr. ʒ
Hydrarg. chlor. mixt., gr. ą
Cret. preparat., gr. xxxvij.
M. ut f. chart. xij.
Sig.—One powder every two hours for twenty-four or forty-eight hours, or until the stools become yellow and homogeneous.

Should the stools be frequent and serous, more powerful astringents are used, as alcoholic sulphuric acid, silver nitrate, or zinc oxide.

When the stomach is very irritable, rectal injections are resorted to, the drugs used being tincture of opium, silver nitrate, and ippecacuanha. Ippecacuanha is chosen where there is much tenesmus with the discharge of blood and mucus. It may be administered as follows:—

B. Ext. ippecac. fl., m̄ jj
Tr. opiat., m̄ jj
Mucilag. acacia, q. s. ad f3 viij.
M. ut f. chart. xij.
Sig.—Inject one tablespoonful every four hours.

Stimulants—wine of peptic, brandy or whisky—are given in all infantile cases where there is prostration.

In cases of recovery, the diet and hygiene must be carefully watched until all danger of a relapse has passed, the astringents are gradually dropped, and digestants and tonics ordered.

The anti-septic treatment recommended by Dr. L. Emmet Holt, I have lately tried with good results. It embraces the careful attention to regimen already alluded to, preliminary evacuation of the bowels with castor oil, and the administration of naphthalene or of sodium salicylate. Naphthalene is usually ordered as in the following prescription:—

B. Naphthalene, gr. vj
Sugar of milk, gr. xxiv.
M. ut f. chart. xij.
Sig.—One powder every two hours.

In conclusion, it may be well to draw attention to the fact that the keynote of successful treatment seems to be the maintenance of constant circulation in the contents of the intestinal tract. The object of this is to sweep irritating fecal matter or secretions away from the intestinal mucus membrane and give the latter an opportunity to recover from the catarrhal inflammation affecting it. Castor oil and calomel are the best drugs to accomplish this, and small, frequently repeated doses are to be preferred to single large ones, active purgation being undesirable. With bowels so swept, a bland, unfermenting diet, and attention to the health rules already mentioned, every aid is furnished to secure the successful action of such remedies as bismuth subcarbonate, naphthalene and sodium salicylate.

On the other hand, should opium be used to lock the bowels, one great factor in the causation of the disease is fortified in its position, and an increase in the degree of inflammation almost invariable results. The opium used in the foregoing prescriptions is only intended to prevent gripping or to secure cure retention in the case of the injection, not for the purpose of checking peristaltic action of the intestine.

In some cases, particularly where there is irritability of the stomach, milk, in no matter what form or how prepared, seems to keep up the disease. Under these circumstances my plan is to order one or two teaspoonfuls of starch water, should be given by the rectum every three hours. Two or three times daily a mustard plaster, one part of mustard to five of flour, must be applied over the whole surface of the abdomen, long enough to redden the skin, and the whole body should be sponged several times a day with water at a temperature of 95° F.

The clothing, diapers and person must be kept perfectly clean, the sick room must be kept as large and airy as can be commanded, and the movements improve in character, when a milk diet may be resumed.

One must not forget that a change of climate is a most efficient method of treatment, especially when the seaside is the objective point.

Second. Cholera Infantum: The large and frequent watery evacuations characteristic of this disease are such a drain upon the system that it is of the first consequence to replace the waste by food and drink, and at the same time check it by appropriate treatment. The irritability of the stomach is a formidable barrier to alimentation; nevertheless, every effort must be made to give food in small quantities and at short intervals. Should the infant be at the breast, it may be allowed to nurse for a few minutes every half-hour or hour. If hand-fed, it may be given the foods suitable in enterocolitis, or in chronic vomiting, in such quantities as can be retained, and at intervals corresponding in frequency to the smallness of the amount. Bits of ice and water should be allowed freely, even though they be rejected as soon as swallowed.

To check the diarrhoea, opium and astringents are necessary. A very serviceable formula is the following:—

B. Liquor morphine sulphat., fʒ iv
Acid. sulphuriq. aromat., m̄ xxiv
Elix. curacow, fʒ xxiv
Aqua, q. s. ad f3 xxiv.
M. ut f. chart. xij.
Sig.—One teaspoonful every two hours for a child six months old.

With this, two drops of laudanum, suspended in two teaspoonfuls of starch water, should be given by the rectum every three hours. Two or three times daily a mustard plaster, one part of mustard to five of flour, must be applied over the whole surface of the abdomen, long enough to redden the skin, and the whole body should be sponged several times a day with water at a temperature of 95° F.

The clothing, diapers and person must be kept perfectly clean, the sick room must be as large and airy as can be commanded, and the infant must lie upon a bed and not be constantly nursed on the lap. If it be possible, the patient should be sent early to the seaside or country, as this affords by far the best chance for recovery. Failing in this, the morning and evening airings in a coach, or daily steamboat excursions, must be resorted to.

Stimulants are needed from the first, to ward off prostration—from five to ten drops of whisky in a teaspoonful of lime-water may be given every two or three hours at the age of six months.

When collapse sets in, the quantity of alcohol must be increased, and, if the stomach can bear it, a combination of stimulants is useful, as:—

B. Spt. frumenti, fʒ iv
Ammon. carbonatis, gr. xxiv
Syr. acacia, fʒ xxiv
Aqu. menthae pip., q. s. ad f3 xxiv.
M. ut f. chart. pro ve nata.

The temperature must be maintained by hot flannel wraps and hot water bottles, and the child be kept in a horizontal position, and disturbed as little as may be.

In this stage astringents are still indicated, but opium must be used with great caution, or even discontinued entirely, when there are cerebral symptoms and semi-coma.

In the fortunate instances in which this plan is successful, it is still necessary to treat the succeeding diarrhoea, and to build up the general health by good food, tonics and fresh air.

TREATMENT OF FETID DIARRHEA.

The following seasonable formulae are suggested in Bulletin Medical, of recent date, for this complaint:—

B. Bismuthi salicylat., gr. xvi
Magnesia calcinat., m̄ xxiv
Cret. preparat., m̄ xiv
Calcis phosphat., gr. iii.
M. ut f. chart. xij.
Sig.—Rub to a smooth powder.
Dose.—Half a teaspoonful taken daily.

Also give an enema of—

B. Bismuth. salicylat., gr. xvi
Acid. salicyl., gr. xv
Aqua bullient., gr. iii.
M. ut f. chart. xij.
Sig.—To which add a strengthening diet.

Another plan of treatment is the following:—

B. Naphthalin. pur., gr. vj
Sacchar. Essent. bergamot., gr. vj
M. ut f. chart. xij.
Sig.—To which add a strengthening diet.

Naphthol, gr. xvi
Alcohol, gr. iii.
Dissolve, and add of distilled or boiled water 4 pint.
CASE OF SARCOMA OF THE SCALP.*
BY PHINEAS S. CONNER, M.D.,
Of Cincinnati, Ohio.

Primary sarcoma of the scalp is of such infrequent occurrence that I trust I may be pardoned for reporting a case recently under my care.

In the latter part of October, 1885, I was consulted by Mrs. S., aged 25, white, resident of eastern Kentucky, who stated that fifteen years before she discovered on the back part of her head a small hard lump, "of the size of a bean," not painful on pressure. For thirteen years there was no noticeable change in the tumor; but at the end of that time it began to enlarge, and continued to do so steadily until the time of her confinement (five months before I saw her), when the mass was "as large as a goose-egg." Since delivery its growth had been very rapid and attended with pain, at times severe. The woman was much emaciated and greatly enfeebled. The tumor, occupying the occipital region and looking much like a second head, was removed on the 23d of October, two inches below the vertex of the skull, was fifteen inches. The tumor was "as large as a goose-egg." Since delivery its growth had been very rapid and attended with pain, at times severe. The woman was much emaciated and greatly enfeebled.

The tumor was removed on the 23d of October, twenty narrow lateral flaps and a posterior one being made, and the mass readily and quickly removed on the fourth day, and the sutures (silk) on the eighth, when union was found to have taken place. The woman left for her home on the fourteenth day.

For eighteen months (until May, 1887) she continued well, but at the end of that time noticed a small tender spot, and soon after a hard lump, which increased slowly for three months, and then more rapidly. She was about a month advanced in pregnancy when the recurrence was observed. After her confinement (in the middle of January of this year), excessive rapid growth took place, and when I saw her on the first of March, the mass measured antero-posteriorly eighteen inches—laterally seventeen and one-half inches, with a greatest circumference of twenty-five inches. Its surface was of a bluish color, and several large veins ramified it. On the third of March I removed it, making no effort to save any covering, but cutting along the line of junction with the head. The pericranium was in places included in the diseased mass, and was taken away. After the bleeding (less profuse than at the time of the first operation) had been checked, the edges of the wound and the denuded surface were cauterized with the Paquelin button.

The mass, after removal, weighed seven and one-half pounds, and examination showed that it was a mixed spindle-and-round-celled sarcoma. Dry borated dressings were applied. At the end of the second week erysipeloid of the left side of the face, extending up on to the scalp, developed itself, but ran a mild course. Five weeks after the operation the patient left for home, the granulating wound being in excellent condition.

The points of special interest in this case are the years-long absence of any change in the original nodule, the marked influence of pregnancy and lactation upon the growth of the tumor both primarily and in recurrence, and, lastly, the immense size of the growth. The scalp is not seldom involved in sarcomata, and, lastly, the immense size of the growth. The scalp is not seldom involved in sarcomata, and, lastly, the immense size of the growth. The scalp is not seldom involved in sarcomata, and, lastly, the immense size of the growth.

A CASE OF INSANITY DUE TO MASTURBATION.
BY L. S. WALTON, M. D.,
Of Tullytown, Pa.

F. A., aged twenty-eight. On the evening of December 29th, 1887, I was for the first time summoned to see the patient, it being about 11 o'clock P. M. I found him lying on the lounge in the kitchen; I asked him why he did not retire; he said he could not sleep, and had not slept for four or five nights; this, of course, being only imaginary. He complained of dizziness, shortness of breath and palpitation of the heart, also of a distressed feeling through the brain, particularly in the temporal and occipital region. Vision was impaired.

Upon examination I found a heavily-coated tongue, bowels constipated, and general derangement of digestion; heart irregular and weak; general tremor of the extremities, muscular weakness, scrotum lax and in a cold, clammy, sweating condition; muscles flabby and relaxed; patella-tendon reflex abolished. He complained of nocturnal seminal emissions, which occurred without erection, and under the influence of lascivious dreams, and also just before or after urinating. I prescribed a cathartic and some potassium bromide.

The following day I found him in about the same condition, and on inquiring more particularly into the history of the patient, was told by his mother that about six years ago he had an attack very similar to the present. At that time he was treated by some three or four physicians, but with very discouraging results. He was finally sent to a hospital in Philadelphia, where he remained for some time, with about the same results. He was then sent to his home, where he finally recovered after about three or four months’ treatment.

From what I can learn from the family, the first attack occurred in the fall of the same year, and was accompanied by epileptic seizures. After recovering from the first attack he abandoned the vile practice of masturbation, only again to resume it in a short
time, with the most deplorable results. Upon questioning the patient, he told me that at the age of eight or ten years he began the practice of self-abuse, once, sometimes twice, daily, seldom leaving it longer than every other day, and continued until the age of twenty or twenty-one, at which time he was attacked as above described. In the present as well as the former attack, he insists that he can never recover. He walks to and fro in his room, almost entirely without sleep or nourishment, continually exclaiming that his soul is in torment, and will be tormented forever. He at times would threaten violence, and becoming unmanageable, he was admitted to the Norristown Insane Asylum, February 8th, 1888. On March 5th I visited him at the Asylum, and found him in an emaciated condition and beyond all hope of recovery.

THE TREATMENT OF DYSENTERY.*

A seasonable matter to which we desire to call the attention of our readers is the treatment of dysentery. The modern tendency is to strain evidence to prove the contagiousness of individual diseases, and to magnify the importance of the rôle played by bacterial organisms. Dyentery has not escaped this medical fad, and there is a marked inclination to consider it as a specific constitutional affection. The intestinal diseases of camps, prisons, and other places where people are crowded together in swarms, are probably constitutional, due to the presence in the blood of a definite poison, but to our thinking ordinary sporadic dysentery, the result of excessive heat, conjoined with impudence of diet, and often exposure to cold at night or other times, is as much a local disease as is pleurisit or sunburn. It ought, therefore, to be readily affected by local measures. In fact, if we examine the most effective methods of treatment, we find that they all have a direct immediate influence upon the affected parts. The saline depletes directly from the engorged portal circulation and stimulates the glandular apparatus of the colonic mucous membrane into activity; the mercurial labors with the hepatic vicos and also with the diseased mucous membrane; while the black, tarry discharges, which are the harbingers of ipecacuanha convalescence, demonstrate the action of the Brazilian root upon the alimentary glandular apparatus.

The point we want to call the attention of our readers to is the a priori probability that direct medication of the colon will afford the most successful, as well as the simplest (because involving least the general system), means of curing acute colitis. In chronic colitis we long ago practiced the method with extraordinary success. Injections of a half gallon of medicated water into the colon once or twice a day have been attended with phenomenal results. On the whole, the use of a drachm of nitrate of silver has been the most satisfactory; but in some individual cases the perusalphate of iron, nitric acid, and various other medicaments have produced the best results. It must be remembered that it is a local, not a constitutional, effect that is desired, and that the solution must be strong enough to be effectual. The enema is always returned inside of five minutes, and we have never known of any evidence of absorption of the drug.

It so happens that we rarely see cases of acute dysentery, and we therefore appeal to our readers to try upon an extended scale local treatment of the acute affection, and to report in our columns. We know that large injections of ice-water often alay most markedly the tormina and tenesmus, but have had no experience with the direct applications of medicaments in acute colitis.

The materials used should conform with the results of experience with other mucous surfaces. Subnitate of bismuth presses to the front as a claimant for trial, one or two drachms at a dose. Nitrate of silver may act here as in angina. Hydrastin, and even acetate of lead, are to be thought of, and especially would we suggest trial of nitric acid, in the later stages. The field of colonic therapeutics seems to us and open and inviting. Will not some of our readers enter therein, and give to us the fruit of their labors?

*Therapeutic Gazette, Aug. 15th, 1888.

The method of giving the enema is important. The best plan is to bring the patient into such a position that the buttocks, resting upon a bed-pillow at the edge of the bed, are so elevated that the natural tendency of fluid entering the rectum will be to run into the colon. The best form of syringe is the fountain syringe; if any of the forcing or pumping varieties are used, great gentleness must be practiced. An intestine which may angrily resist a rapid injection may often be readily persuaded to tolerate a large amount of fluid. The pipe which is introduced into the rectum should be large and flexible, and the effort should be to get it well up to the sigmoid flexure. In many cases of acute dysentery the lower part of the colon is probably alone affected, so that it is not always necessary to wash the upper portions of the gut; further, not rarely the injections should be practiced every two or three hours, and it does not seem necessary for the doctor himself to administer them. Any intelligent nurse can be readily taught to give them, but the practitioner should thoroughly assure himself that the drugs are really applied to the mucous membrane of the colon.

TREATMENT OF CATARRHAL JAUNDICE.*

BY R. N. KITTRELL, M.D.,
Of Gadsden, Ala.

When only a single recovery can be adduced in support of a certain line of treatment there is usually some room for doubt, but when five cases occur of the same disease, all conducted to speedy recovery by the same therapeutic measures, there is just reason to believe that the remedial agents are efficacious, and that a true sequence of cause and effect exists.

As my cases are identical in every respect, I will discuss them collectively, for fear of wearying the reader by tiresome repetition. In each case there were frontal headache, an intensely yellow integument and conjunctivae of mustard and water. The respirations were shallow, as more or less pain was usually produced by taking a full inspiration. The pulse varied from forty to sixty-five beats per minute, owing to the sedative effect of bile upon the circulation.

In all the cases there was slight pain and tenderness in the epigastrium and lower part of the right hypochondriac region. This symptom led me to believe that there was subacute inflammation of the duodenum, and that the jaundice was due to absorption, caused by the obstruction of the ductus communis cholechdochus by mucus. An examination of the urine confirmed this opinion. By means of Pettenkofer's test I detected the presence of bile acids in the urine, and thus clearly proved that the jaundice was due to the absorption and not to the suppression of bile. The first, as is well known, the biliary acids are formed by the liver, and, if it had been a case of suppression of bile and the liver had struck work, no biliary acids would have been formed, and consequently their presence in the urine could not have been detected.

On the other hand, in the case of absorption, bile is formed by the liver, but being dammed back upon the liver by obstruction in the biliary passages, the biliary acids along with other constituents are taken up by the kidneys, and consequently can be detected in the urine by the proper tests. I fear that my readers will accuse me of being too prolix and didactic, but this is the mode of reasoning by which I arrived at my diagnosis, and they will pardon me for reproducing it on paper. Having settled the matter of diagnosis satisfactorily to myself, I next considered the treatment. In each case I employed a drachm of the phosphate of sodium three times a day, and externally an application to the right side of dilute nitromuriatic acid. A flannel jacket was made, with whisht fur. The bowels were, for the most part, constipated, and, if moved, the dejections were of a light color. The urine presented the appearance, as one of my patients graphically described it, of mustard and water.

The respirations were shallow, as more or less pain was usually produced by taking a full inspiration. The pulse varied from forty to sixty-five beats per minute, owing to the sedative effect of bile upon the circulation.

In all the cases there was slight pain and tenderness in the epigastrium and lower part of the right hypochondriac region. This symptom led me to believe that there was subacute inflammation of the duodenum, and that the jaundice was due to absorption, caused by the obstruction of the ductus communis cholechdochus by mucus. An examination of the urine confirmed this opinion. By means of Pettenkofer's test I detected the presence of bile acids in the urine, and thus clearly proved that the jaundice was due to the absorption and not to the suppression of bile. The first, as is well known, the biliary acids are formed by the liver, and, if it had been a case of suppression of bile and the liver had struck work, no biliary acids would have been formed, and consequently their presence in the urine could not have been detected.

On the other hand, in the case of absorption, bile is formed by the liver, but being dammed back upon the liver by obstruction in the biliary passages, the biliary acids along with other constituents are taken up by the kidneys, and consequently can be detected in the urine by the proper tests. I fear that my readers will accuse me of being too prolix and didactic, but this is the mode of reasoning by which I arrived at my diagnosis, and they will pardon me for reproducing it on paper. Having settled the matter of diagnosis satisfactorily to myself, I next considered the treatment. In each case I employed a drachm of the phosphate of sodium three times a day, and externally an application to the right side of dilute nitromuriatic acid. A flannel jacket was made, with whisht fur. The bowels were, for the most part, constipated, and, if moved, the dejections were of a light color. The urine presented the appearance, as one of my patients graphically described it, of mustard and water.

The respirations were shallow, as more or less pain was usually produced by taking a full inspiration. The pulse varied from forty to sixty-five beats per minute, owing to the sedative effect of bile upon the circulation.

In all the cases there was slight pain and tenderness in the epigastrium and lower part of the right hypochondriac region. This symptom led me to believe that there was subacute inflammation of the duodenum, and that the jaundice was due to absorption, caused by the obstruction of the ductus communis cholechdochus by mucus. An examination of the urine confirmed this opinion. By means of Pettenkofer's test I detected the presence of bile acids in the urine, and thus clearly proved that the jaundice was due to the absorption and not to the suppression of bile. The first, as is well known, the biliary acids are formed by the liver, and, if it had been a case of suppression of bile and the liver had struck work, no biliary acids would have been formed, and consequently their presence in the urine could not have been detected.

On the other hand, in the case of absorption, bile is formed by the liver, but being dammed back upon the liver by obstruction in the biliary passages, the biliary acids along with other constituents are taken up by the kidneys, and consequently can be detected in the urine by the proper tests. I fear that my readers will accuse me of being too prolix and didactic, but this is the mode of reasoning by which I arrived at my diagnosis, and they will pardon me for reproducing it on paper. Having settled the matter of diagnosis satisfactorily to myself, I next considered the treatment. In each case I employed a drachm of the phosphate of sodium three times a day, and externally an application to the right side of dilute nitromuriatic acid. A flannel jacket was made,
sufficiently large to cover the entire right side, and confined by tapes attached to the borders of the flannel cloth and tied under the left axilla. This flannel was worn constantly, and was kept saturated with the dilute acid. Under this treatment the longest time required for recovery was thirteen days; two cases recovered within a week's time, and two in about ten days. I attribute the good results in these cases principally to the phosphates of sodium, for one of my patients neglected to use the acid, and recovered promptly in about a week's time. I consider that I have attained very good results in the treatment of this affection, and if any one can show better results from the employment of other remedies, I shall be glad to profit by his experience.

ANTISEPTIC METHOD OF TREATING BURNS AND SCALDS.

Prof. S. W. Gross, of Philadelphia, suggests the following as by far the most efficient and painless method of managing burns and scalds.* It is that practiced by Mosetig Moorhof, and it is the one invariably employed by Prof. Gross. The vesicles having been opened and excised, the entire burnt surface is smoothly covered with dry compresses of 20 per cent. iodoform gauze, over which gutta-percha is placed. The whole is then surrounded by a thick layer of sterilized absorbent cotton between layers of corrosive gauze, which is secured by a roller with a moderate degree of pressure. Such a dressing rapidly relieves pain, prevents contact of air and infection by septic pus, and by its per-
dressing suffices. In the worst burns, there is a tendency to suppuration, and the exsudate thrown off are aseptic. For burns of the face iodoform ointment (one part iodoform, absorbent cotton between layers of corrosive scalds.* It is that practiced by Mosetig

In the progressiveness of medicine many of our old and important remedial agents are, without adequate reason, pushed aside, and become superseded by something else which has been more recently placed in the therapeutic market. Such has undoubtedly been the history of calcium chloride—an agent held in the highest esteem by the earlier practitioners of medicine. It is hardly recognized by therapeutic authors of the present day. It is not mentioned by Wood (H. C.), Ringer, Bartholow, Stillé, Binz, Köhler, Schniederg, and Nothnagel and Rosbach. Dr. George B. Wood ("Therapeutics and Pharmacology," vol. ii, p. 356) says that before the discovery of iodine, calcium chloride was among the most popular remedies in scrofula, and that the united testimony of many practitioners shows that it possesses useful powers in these affections. It was likewise a favorite remedy with the late Dr. Warburton Begbie, and Dr. S. Coghill, of the Royal National Hospital for Consumption at Ventnor, in a communication to the Practitioner (vol. xix, p. 247), states that he has "again and again seen chronically indurated and enlarged glands, which absolutely amounted to deformity, and which had resisted all previous treatment, yield, even in adults, to the administration of this salt. In children and young persons, when the sleep becomes restless, the breath fetid, the tongue foul and coated, the tonsils enlarged, I know of no remedy approaching it in value. The colliquative diarrhoea which so often accompanies this condition, and, above all, that obstinate lincther eye which is seen with hypertrophy of the mesen-
teric glands, yield to the solution of the chloride of calcium like a charm." I have used this agent for a number of years, both in private and public practice, and can fully endorse the strong views expressed by Dr. Coghill, especially in so far as scrofulous affections of the neck are concerned. Very often one meets with pale, rickety children, who have swollen cervical glands, poor appetite, coated tongue, constipation, and in whom there is a general indication of mal- assimilation. Such patients usually receive the routine treatment of cod-liver oil internally, read, and iodine, and perhaps cod-liver oil, externally. This succeeds sometimes, but oftener fails. Here the chloride of calcium acts admirably. It reduces the enlargement, promotes nutrition, and is generally more efficacious than anything I have ever prescribed. Its resolu-

THE COLLEGE AND CLINICAL RECORD.

By AUGUSTUS A. ESHNER, A. M., M. D.,
Resident Physician, Philadelphia Hospital.
Extract from Prize Essay, Jefferson Medical College, 1880.

The materia medica has been ransacked in an endeavor to find a remedy for exophthalmic goitre, and in vain. Iron, digitalis, quinine, belladonna, ergot, strychnine, arsenic, iodine, veratrum viride, aconite, electricity and nitroglycerin have all been used, lauded on the one hand, rejected on the other. Graefe found iron useful only at certain stages—in the milder grades of the disease and contraindi-
cated in the severer forms. Digitalis has been said to be entirely useless, disturbing the digestion and affording not even temporary relief. There is no specific remedy. Rest is an important factor in the treatment. The general health should be improved, the diet carefully regulated, symptoms treated as they arise, force conserved and complications prevented. If the heart is weak, digitalis will be useful. If hyperthyroidism exist and the heart is over-acting, aconite will be required. The treatment throughout should be sustaining. With convalescence, arsenic, quinine, iron and strychnine may be used. Should eye complica-
tions arise, they are to be treated as they would be under other circumstances.

The best results have been reported from the use of electricity. Chvostek has reported a series of twenty-three cases treated exclu-
sively by the galvanic current, in all of which manifest improvement and, in most, complete recovery, took place. Recently, Charcot has strongly recommended the electrical current as the sole means of treatment, and supports the recommendation by the recital of cases which have entirely recovered by carrying out the method he proposes. He directs the use, first, of a faradic current, the anode applied to the nape of the neck, the cathode firmly over the carotid below the angle of the jaw, then lightly over the eyes; and next, that the goitre, the sterno-hyoid and sterno-thyroid muscles be paralysed. Following this, the galvanic current is used, the anode placed at...
TREATMENT OF SUMMER COMPLAINT.

A CORRECTION.

We quote the following correction from the issue of August 11th, of the Maryland Medical journal, in regard to the Treatment of Summer Complaint at the Thomas Wilson Sanitarium, Baltimore, Maryland, copied in the College and Clinical Record for August—

Editor Maryland Medical Journal.

Dear Sir:—In your editorial on the Thomas Wilson Sanitarium, a mistake was made in the dose of resorcin. As this is a toxic remedy, I am afraid the dose given may lead to trouble. Please make the correction read gr. 1/2 instead of gr. ij.

Yours sincerely,

W. D. BOOKER, M.D.

ANTIPYRINE IN THE TREATMENT OF GASTRALGIA.*

BY GEORGE E. RANNEY, M.D.,

Of Lansing, Mich.

The prompt relief afforded by the administration of antipyrine to a patient of mine subject to the severe periodic attacks of spasm of the stomach, prompts me to call attention to this drug in this connection that it may have a more extended trial in such cases, believing, as I do, it will prove efficacious.

The case referred to above was in a young man, a bank-teller, and though of slender build and nervous temperament, he had no dyspeptic or other symptoms which are known to be frequently associated with gastralgia. He had been a victim of the disease some two or three years. His attacks, which came on with but little premonition, were paroxysmal, acute and violent, recurring at short intervals, and lasting from five to ten minutes during a period of from eight to twelve hours. His more recent attacks averaged one a month, and were growing more frequent and severe and had become alarming as to a fatal result.

On first being called to see him I gave him hypodermic injections of morphia, administered chloroform and applied hot applications to epigastrium to control pain, which remedies I was obliged to continue some eight hours before permanent relief came. His attacks always left him exhausted, lame and sore for two or three days. On being called again to see him for the same trouble, in about four weeks after my first visit, I administered ten grains of antipyrine, and directed him to repeat the dose every hour or two as required to control symptoms. Three or four doses aborted the attack. The symptoms have since recurred at increasing long intervals, and have been met in the same way and uniformly with the same result, and with the remedy always at hand he no longer requires help from a physician or others.

GLUTEN BREAD FOR DIABETICS.

A writer in the Monthly Magazine states that a recent improvement in the mode of preparing gluten bread for the use of diabetic persons is said to render it much more palatable. It resembles ordinary bread in its general aspects, and is not unlike, in taste, certain kinds of cakes which are readily eaten by most people. Moreover, it is easily masticated. The formula from which this new gluten bread is made is set down thus: Best quality of yeast, 20 grammes; cold water, 120 gms.; butter, 125 grammes; gluten flour, 500 gms.; and eggs, 4. For one loaf. The yeast is stirred carefully and quietly into the water, which one teaspoonful of mustard is added to: Nitrous fumes of vapors, arising in vitriol or chemical works.

The gluten flour is mixed in and worked up with these ingredients, and a round loaf is thus made which is about 18 inches wide and 20 inches deep; it is placed before the fire for about an hour to cause the dough to rise, and is baked in an oven heated from below. Gluten flour is manufactured expressly for this and other kinds of cakes.

CLAUS-ZOOM NOTES.

The so-called torpid liver is in the majority of cases, gastro-intestinal catarrh and obstruction of gall duct. (Bartholow.)

Ureter retraction is a continued force, while contraction is intermittent; it is the retraction that prevents hemorrhage. (Parvin.)

Eggs raw, or better, whipped, are the most digestible of alimentary substances, and possess a high degree of nutritive value. (Bartholow.)

Tincture of aloes, diluted one-half, or even more, by water, is said to be an effective injection in gonorrheal, after the acute symptoms have subsided.
THE COLLEGE AND CLINICAL RECORD.

—Prof. DaCosta prescribed, for a case of fatty heart, beginning to dilate, one drop of a one per cent. solution of nitroglycerin, to be increased; also a small amount of alcoholic stimulant.

—Boro-tartrate of potassium is the first remedy for calculi in pelvis of kidney; a weak solution must be used and for a long time, a strong solution being detrimental. (Bartholow.)

—in a case of nocturnal incontinence of urine, Prof. Bartholow prescribed 6 grain of pilocarpine at night, to drive the superfluous secretions to surface. Food in afternoon and cut off extra supply of fluid.

—For a case of seborrhoea sicca Prof. Holland ordered equal parts of green soap and alcohol, to be used as a lather for head, to remove the crusts, to be followed by incision of white precipitate ointment.

—Twenty grains of iodide of potassium three times a day, ten grains of chloral hydrate for spasm, counter-irritation at back of neck followed by blister, was ordered for a case of hysterical epilepsy, by Prof. DaCosta.

—The following is recommended for sore nipples:—

For althropea:—

R. Acidi salicylici, 3 j.
Glycerini, q. s. M.
Sig.—Apply.

For catarhal pneumonia the following was given to a ward patient at the Jefferson Medical College Hospital:—

R. Ammonii iodidi, gr. ij.
Ammonii chloridr., gr. x.
Mixture glycyrhizea comp., 3 j. M.
Sig.—f 3 j. every three hours.

—to cut the uvula, draw it forward and cut, as this makes an oblique incision, and the raw surfaces are not scraped every time the patient swallows, as would be the case if cut horizontally. Spray with twenty per cent. solution of cocaine. (Sajoug.)

For a case of bilateral chorea, in a boy of seven years, Prof. Bartholow ordered:—

R. Cocain., gr. 4.
Picrotoxin., gr. 4. M.
Sig.—Twice a day.

Be careful of diet, see that he is not frightened, and keep him quiet.

—to relieve the pain in nerves superficially seated, Prof. Bartholow has directed the following to be applied externally:—

R. Spirit. chlorofomi, 3 j.
Vini rectificati, 4 j.
Atropine, gr. v. M.
Sig.—Apply on lint to painful part and cover with oiled silk.

—in case of stone in the bladder you will find the frequency of micturition is greater by day, during business, than at night, while at rest; the opposite condition of things is found in hypertrophy of the prostate. The pain, in case of stone, is at the close of urination, in the end of the penis; while in hypertrophy, if any, it is caused by the distention of the bladder before urination, and is relieved by the act.

Nocturnal seminal losses, as respects mechanism of production, are analogous with nocturnal incontinence of urine. This trouble may be considered a morbid state only when the losses are frequent and the health affected. Bromide of potassium best relieves spermatorrhea when due to plethora; belladonna is indicated in a relaxed condition of the genitalia, the emissions flowing without force, and without a distinct dream.

—Dr. James E. Reeves, of Chattanooga, Tennessee, in a communication to the Editor of THE COLLEGE AND CLINICAL RECORD, writes as follows in regard to the test for blood, referred to in the August issue, p. 200, which he characterizes as fallacious. "If the minutest trace of starch is mixed with the test, the process is worthless, as I showed in a West Virginia Court last year—producing the same reaction (the blue coloration) on a new celluloid collar that had never come in contact with blood. It was claimed that the celluloid collar worn by the accused murderer contained blood stains; I made the same test with the new collar and obtained the same result."

—In case of stone in the bladder you will find the frequency of micturition is greater by day, during business, than at night, while at rest; the opposite condition of things is found in hypertrophy of the prostate. The pain, in case of stone, is at the close of urination, in the end of the penis; while in hypertrophy, if any, it is caused by the distention of the bladder before urination, and is relieved by the act.

EXECUTION BY ELECTRICITY.

As the time approaches when, in New York State, the death punishment for criminals will be inflicted by a new legalized process as a substitute for that of suspension by the neck, much curiosity, and even anxiety, is being evinced as to its methods and immediate effects, and especially as to the certainty or uncertainty of the presumably lethal action of the current. The old method by hanging was never time-honored or respected, and the community will be glad to witness its abolition; but its successor has not yet wholly established itself in popular estimation. The old method by hanging was never time-honored or respected, and the community will be glad to witness its abolition; but its successor has not yet wholly established itself in popular estimation, mainly, however, on account of the prevailing ignorance as to its possibilities and capabilities in the emergencies in which these are to be legally applied. A New York daily paper has recently referred at some length to several interesting features connected with this change in the mode of criminal execution, from which we have taken some points for our own consideration.

Experiments on the lower animals have, of course, formed the basis of investigation as to the nature of the shock that may be required to produce an immediately fatal effect upon human life; but animals themselves have been found to vary in the amount required for the total and instantaneous destruction of vitality. Animals of the same species, the dog, for instance, have been found to exhibit remarkable differences in resistance to powerful currents, the smaller animal not being necessarily the first to succumb. But apart from the question of the destruction of life in the lower animals by means of electricity, experience and observation of the effect of lightning strokes on man have shown that the amount of current that has proved fatal in some instances has only sufficed to severely burn in others; in more than one case the flesh being burned to the bone. Lightning has burned, lacerated and even perforated human bodies without causing death, and in other instances has caused death without leaving a mark.

And here arises the interesting question which the practical test of experience will alone solve, whether it is absolutely certain that the executioner will be able, in all instances, to produce death by immediate shock without mutilation. A practical electrical engineer, who was recently interviewed by a reporter of the daily press of New York city, while stating, what is of course a well-known fact, that some men are more susceptible to the influences of electricity than others, added also that while there is no doubt of the ability of electricity to kill, it may overdo its work and be accompanied by some horrifying consequences. Another practical electrician also expressed the view that the electrical resistance of the skin being much greater than that of the interior of the body, the current may burn through the skin and produce mutilation. The experience of a Boston electrician, who was once apparently killed by electricity, is referred to in the paper already alluded to, and is singular, especially as exhibiting the power of the human body to resist violent shock; and the case is interesting, also, as...
elucidating the position that mutilation may precede or even be substituted for death. He came in contact with a highly-charged electric-light wire, and the current passed through his body from hand to hand, both hands being burned to the bone, and a blood vessel in his head was ruptured, causing blood to flow from his nose, mouth and ears. When discovered, six hours later, no signs of life remained, even to expert physicians, but, nevertheless, efforts were made to resuscitate him, and after long and vigorous work he regained consciousness, and finally recovered his health.

Then the question has been raised, whether a man apparently dead from an electric shock may not be brought back to life again by applying proper and prompt treatment. Science has not as yet determined the exact action, from an electrical standpoint, of the current on the human heart. Experiments and researches thus far have not settled it. Some scientists believe that the effect of electrified or shocked will unconsciously and involuntarily aid in disseminating useful medico-legal information.

**Therapeutic Briefs.**

[Short paragraphs embodying the practical personal experience of any of our readers will be acceptable as contributions to this department.—EDITOR COLLEGE AND CLINICAL RECORD.]

A good application for Burns is the following:

<table>
<thead>
<tr>
<th>A.</th>
<th>B.</th>
<th>C.</th>
<th>D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salol</td>
<td>Spirit. camphor</td>
<td>Menthol</td>
<td>Oxalate of cerium</td>
</tr>
<tr>
<td>p. j</td>
<td>p. 90</td>
<td>gr. xv</td>
<td>gr. v</td>
</tr>
<tr>
<td>Ol. olive</td>
<td>Ether</td>
<td>Cocain</td>
<td>Florida orange wine</td>
</tr>
<tr>
<td>p. vj</td>
<td>p. 30</td>
<td>gr. iiij</td>
<td>3 jy</td>
</tr>
<tr>
<td>Aquae calcis</td>
<td>Tinct. opii</td>
<td>Chloral hydrat</td>
<td>Extract of pancreatin</td>
</tr>
<tr>
<td>p. vj</td>
<td>p. 6</td>
<td>p. 20</td>
<td>4 jy</td>
</tr>
</tbody>
</table>

Apply with a flannel.

A Palatable Cod-liver Oil for Children may be prepared as follows (Amer. Pract.):

- Florida orange wine 3 jy
- Cod-liver oil 1
- Extract of pancreatin 4 jy
- xx
- Shake thoroughly.

Dr. E. B. Stevens states, in Obstet. Gazette, August, 1888, that, uniformly, women who have been for some time—say one to two or three years—in the morpbine habit, have an entire arrest of menstruation, which function is reestablished under treatment for the habit.

Another external application for Neuralgia is the following (Med. Record): Eau de Cologne, ether and chloroform, 1/2 of each, poured on a handkerchief previously wetted with cold water, and placed on the seat of pain, is said to give instantaneous relief. In nervous headache it is also efficacious.

In the treatment of Congested and Irritated Bronchial Mucous Membranes, Dr. Wm. Murrell, of England, employs ipecacuanha spray, the wine of ipecacuanha, either pure or diluted with an equal quantity of water, being applied either by a steam vaporizer or the ordinary hand-ball spray apparatus.

Oxalate of cerium is stated, in the Med. Press and Circ., to be of benefit in Sea Sickness, in doses of two to three grains every three hours. Its principal application hitherto has been in the treatment of functional sickness. It is also useful in subduing the Obstante Cough of pulmonary or laryngeal phthisis, asthma, etc., in doses of from one to one and a half grains daily; but the dose may be raised to fifteen grains without inconvenience.

A useful liniment in Neuralgia is the following:

<table>
<thead>
<tr>
<th>A.</th>
<th>B.</th>
<th>C.</th>
<th>D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spirit. camphor</td>
<td>R. Salol</td>
<td>Menthol</td>
<td>Oxalate of cerium</td>
</tr>
<tr>
<td>p. 90</td>
<td>p. 20</td>
<td>gr. xv</td>
<td>gr. v</td>
</tr>
<tr>
<td>Ether</td>
<td>Cocain</td>
<td>Chloral hydrat</td>
<td>Florida orange wine</td>
</tr>
<tr>
<td>p. 30</td>
<td>gr. iiij</td>
<td>gr. v</td>
<td>3 jy</td>
</tr>
<tr>
<td>Tinct. opii</td>
<td>Chloroform</td>
<td>Extract of pancreatin</td>
<td>Extract of pancreatin</td>
</tr>
<tr>
<td>p. 6</td>
<td>p. 20</td>
<td>4 jy</td>
<td>xx</td>
</tr>
</tbody>
</table>

In Abdominal Pain, Dr. Lauder Brunton (Brit. Med. Journal, June 2d) recommends codeine in doses of half a grain three times a day, increased to a grain if the patient is not relieved. It does not cause drowsiness nor does it interfere with the digestion. In long-continued enteralgia, not due to organic disease, it has continued to relieve pain for months together.

Professor Jaccoud (Brit. Med. Journal) recommends a copious diluent draught and an exclusive milk diet in the treatment of Gout; in cases in which there is considerable fever he gives a small quantity of hydrate of bромал. Preparations of colchicine and of salicylate of soda, though excellent as anaesthetics, are to be avoided. In patients affected with interstitial nephritis these substances produce most serious toxic symptoms.

The oil of turpentine is recommended as an application to all cases involving a Solution of Surface Continuity from Injury. (Med. Press.) In severe wounds of the hand or other parts, involving extensive laceration, the oil is said to prevent suppuration and sepsis, and so conduct to rapid recovery. In such cases the parts are well cleansed with hot water, and pledgets of lint steeped in the oil are applied. The dressing is kept saturated with a mixture of two parts of the oil of turpentine and one of linseed oil.

**Pamphlets Received.**

'Section of Contractured Tissues Essential before Mechanical Treatment can be effected.' By Lewis A. Sayre, M. D., New York.

'On the Deleterious Results of a Narrow Prepuce and Preputial Adhesions.' By Lewis A. Sayre, M. D., New York.

'Observations on Yellow Fever.' By John P. Wall, M. D., Tampa, Fla.

DEATH BY ELECTRICITY.—Dr. Richardson writes
on this subject, in the Asclepiad, as follows: "In
some researches on the application of the electric
discharge for the painless extinction of the lives of
animals to be used as food, the details of which
were recorded in the Medical Times and Gazette
for the year 1856, this mode of death was anything
but certain, in its effects. Sheep stricken apparently
into instant and irrevocable death by electricity,
after a few minutes showed signs of life, and
when they had not been dispatched in the ordinary
way by the knife would have been restored to
consciousness. The same fact has been observed
in attempts to kill dogs by the electric shock, and
I once published an instance in which a large dog,
struck into perfect unconsciousness by the stroke
from a powerful battery, was submitted to a surgi-
cal operation while lying, to all appearances, dead,
and was yet so little affected as to make an easy
and sound recovery. It would not be inferred from
such facts as these that the electric shock will not
kill at one discharge—in most cases it will—but
exceptionally, instead of killing outright it will
simply stun, and may induce the semblance of
death instead of the real event. It will be on a
common humanity, therefore, for the authorities
of New York, when they begin to give the coup de
grace by the electric shock, to supplement the
proper system of examination of the victims, so
that the act may not be crowned by burying the victims alive."

PREJUDICE AGAINST AMPUTATION.—Surgeon
Major E. Lawrie, in his report on medical adminis-
tration in the dominions of the Nizam, during 1887,
says the British Medical Journal, gives a curious
instance of the strength of the prejudice against
amputation: a limb which survived among semi-
civilized people. A native was severely bitten in
amputation of a limb which survives among semi-
civilized people. A native was severely bitten in
the foot off. They returned, armed to the teeth,
but, in order to guard against the chance of
his being able to see through the screen, two
eunuchs, who stood by the operator, threw a shawl
over his eyes. As soon as an operation was con-
cluded, and did not remove it the next arm had
been placed in position.

WOMEN AND OBSCENE LITERATURE.—A certain
class of very good and well-meaning folk, says the
London Hospital Gazette, never tire of deploring
the platform of the corrupt and licentious
conduct of men, but—from a recent discussion in
Parliament respecting the rapid spread of corrupt
literature in this country, it would appear that
the male sex are not alone to blame in this mat-
ner. Indeed, were the corrupt literature business
to depend on the patronage of men alone, it would
die a natural death. The chief customers of the
vile traders in obscene books and indecent
prints and photographs are said to be women.
In some parts of London there are reading rooms
and lending libraries open to females only, where
young girls can have the use of private rooms, and a supply
of obscene books and magazines at a small charge. This
is a matter which might well engender the attention
of the Social Purification Association.

THE VENERABLE WARDS OF THE VIENNA
HOSPITAL.—A correspondent of the Maryland Medical
Journal states that it makes a strange impression
on an American to go, for the first time, through
the syphilis wards with the professor. Arranged
in long rows, upon their backs, in bed, with nothing
covering them from their knees to their navels, lie
the men, ready for examination. Standing around
with various implements and dressings are five
or six active women, awaiting orders from their lord
and master, the professor. The men are not
allowed to touch themselves, so with their hands
under their heads they lie there with anxious faces
awaiting the next development in the treatment.
Truly, it is a comical sight, this mixture of the sexes
under the circumstances.

—In the biography of Dr. Marshall Hall, by his
widow, we find the following anecdote (quoted in
Medical Classics): "Dr. Wilkins lent Dr. Hall
an inscription to the effect that they were the gift
of the professor's master: 'Dear Dr. Hall—
read it. He was quite horror-stricken, and rushed
to the kitchen saying, 'Cook, I can't live any
longer with the doctor!' 'Why, what's the mat-
ter?' 'Matter enough,' replied the man; 'our
master has got Dr. Wilkins' body and soul, and
I have too much regard for character to stay where
there are such things going on.'"

—Dr. J. M. DaCosta, the Middleton Goldsmith
lecture for the present year, declined to receive
any compensation for his lecture, and requested
the New York Pathological Society to apply the
amount ($100) to any purpose which might seem
desirable. The matter was referred to the trustees,
who recommended that Dr. DaCosta's generosity
would be to purchase some microscopes for the use of the Society,
and requested the speaker to procure them. He
has succeeded in getting two microscopes, one
having an Abbe condenser and a 4 objective,
the other having no condenser and being of a low
power. The microscopes will be engraved with
an inscription to the effect that they were the gift
of Dr. DaCosta.

CHINESE SUPERSTITION.—The Lancet
states that a medical mission has nearly lost its
life through an outbreak of fanaticism at Foochow,
China. It seems that the doctor, who was attending
a patient with hemorrhage, immediately pro-
cceeded to check the latter, in disregard of a native
superstition according to which delay should have
been made until the patient's friends had finished
consulting the gods in the joss-house. The
patient died, and the Chinese would have boiled
the doctor in oil, but for the courage of some of the
converts.

INCREASE OF BEER DRINKING.—In the year
1866, 642,967,720 gallons of malt liquor were con-
sumed in the United States, being 11.18 gallons
to each man, woman and child in the country. In
1848, there were only 1.56 gallons to each.
In Great Britain, 32.79 gallons for each man were
consumed in 1886; in Germany, 23.78. It seems,
however, that the malt liquors have been driving
out the distilled, reducing the per capita rate from
2.52 gallons to 1.24.

—Merk's Bulletin, published monthly, contains
much valuable information in regard to new reme-
dies. Its publishers claim that it is not an adver-
tising or business medium in any sense whatever;
that no advertisements or business notices of
any nature are received in its pages, and that its method
of discussing its matters is purely scientific, sta-
tistic and neutral.
In answer to a correspondent, we would state that the Valedictory Poem delivered at the annual commencement of the Jefferson Medical College, March, 1879, by Prof. James Aitken Meigs, M.D., may still be procured from Wm. F. Fell & Co., 1220-24 Sansom Street, Philadelphia. Price, post-paid, 20 cents.

The name of The Canada Medical and Surgical Journal has been changed to The Montreal Medical Journal. It has been enlarged from sixty-four to eighty pages, and the subscription reduced to $2.00 per annum. We congratulate its esteemed editors on these evidences of its continued success.

The annual meeting of the Southern Surgical and Gynecological Association will be held at Birmingham, Alabama, September 11th, 12th, 13th, 1888. Dr. W. D. Haggard is President, and Dr. W. E. B. Davis, Secretary.

The Mississippi Valley Medical Association will meet at St. Louis, September 25th, 26th and 27th, 1888. Dudley S. Reynolds, A.M., M.D., of Louisville, Ky., is President, and John L. Gray, M.D., of Chicago, Ill., Secretary. These meetings are always eminently successful, whether regarded from a scientific or a social point of view.

PERSONAL.—Prof. Parvin has removed to 1636 Spruce street, Philadelphia. Dr. M. L. Emrick (J. M. C., 1888), is at 135 N. 15th St., Phila. Dr. George H. Flett (J. M. C., 1884) has removed to Sisson, California. Dr. E. L. Dawson (J. M. C., 1888) has removed to Buena Vista, Arkansas. Dr. A. P. Jacoby (J. M. C., 1887) has removed to Phillipsburg, New Jersey. Dr. J. B. Loos (J. M. C., 1888) has removed from Bethlehem to Scranton, Pa. Dr. Harry B. Ely (J. M. C., 1886) has removed from Laceyville to Ariel, Penna. Dr. J. H. O'Connor (J. M. C., 1888) has located at 1216 South Tenth Street, Philadelphia.

Dr. Calvin DeWitt, Major and Surgeon, U. S. A. (J. M. C., 1886), has been ordered to Fort Missoula, Montana. Dr. Daniel G. Caldwell, Major and Surgeon, U. S. A. (J. M. C., 1886), has been ordered to Jefferson barracks, Mo. Dr. D. M. Appel, Captain and Assistant Surgeon, U. S. A., has been ordered to Fort Bliss, Texas, for temporary duty. Dr. Henry Leffmann (J. M. C., 1885) has been elected Lecturer on Chemistry, at the Woman's Medical College, Philadelphia.

Dr. J. R. Maxwell (J. M. C., 1888) has located at Parkesburg, Penna.; and Dr. F. Horace S. Ritter (J. M. C., 1888), at Elkland, Pa. Dr. James E. Reeves, of Chattanooga, Tennessee, has accepted a commission from the State Board of Health of that State, to go all along the Southern line, to examine the quarantines, State and municipal, in order to perfect its own. The selection is an excellent one, and will doubtless result in very valuable service to the State and its people.

MARRIAGES.

COMSTOCK—CULLINAR. — On July 18th, 1888, A. J. Comstock, Jr., M.D. (J. M. C., 1884), and Elizabeth W. Cullinar, both of San Buenaventura, California.


FLEET—COCHRAN. — At Dunsmuir, California, August 15th, 1888, George H. Fleet, M.D. (J. M. C. 1884), and Georgiena Cochran.

DEATHS.

DAHLSTROEM. — At Philadelphia, Bertha, daughter of Max Dahlstrom, M.D. (J. M. C. 1885).

CONTENTS.

AORTIC ANEURISM AND EMPHYSEMA.

A Clinical Lecture delivered at the Philadelphia Hospital, by JOSEPH S. NEFF, M. D., Physician to the Hospital and to the Jefferson Medical College Hospital, etc.

Reported by WILLIAM H. MORRISON, M. D.

GENTLEMEN:—You will probably recall a case which I brought before you in the early part of the session, that of a colored man in whom there was considerable difficulty in arriving at a satisfactory diagnosis. After a thorough study of the case we diagnosed aneurism of the ascending arch of the aorta. The patient died some six weeks ago, from compression of the trachea, and the post-mortem examination verifies the diagnosis. I have here the specimens, which I shall exhibit to you.

In speaking of thoracic aneurism, I told you that sometimes the diagnosis is extremely easy, while at other times it is impossible to express a positive opinion. Thoracic aneurism of large size may exist and not be discovered. I have seen many instances in which such aneurisms were found post-mortem in cases where there was no suspicion that such a condition existed. In the present case, there was at the time that the patient was before you dullness in the second and third intercostal spaces extending one inch to the right of the sternum, and in this region there was also slight prominence. On palpation, there was a pulsation detected over this part, but it was not of an expansile character. As you know, an expansile pulsation is characteristic of aneurism. If you have that you an aneurism, if you do not have it, you cannot be positive that an aneurism is present. In this instance there was merely the impulse which might be transmitted to any solid growth overlying the artery. The diagnosis lay between aneurism, a solid growth lying over the aorta and solidified lung over the artery. The latter condition was eliminated without difficulty, for the pressure signs were too marked to be due to solidification of the lung. There was pressure on the trachea and on the recurrent laryngeal nerve, causing stridor and sometimes aphonia. It is interesting to note that a mass of this size (four inches in diameter) did not cause other pressure symptoms.

On auscultation no abnormal sounds were heard over the cardiac area and no murmur was heard over the tumor. The heart sounds were, however, if anything, more distinctly heard over the area of dullness than over the heart. There was no bruit and no murmur either systolic or diastolic. One of the great points in the distinction between disease of the aorta with no dilatation of the vessel and aneurism in this location, is that in the former there is almost always a large amount of compensatory hypertrophy of the left ventricle. Although this may be present in aneurism, it is not so constant. In this case there was no marked hypertrophy of the walls of the left ventricle; neither was there dilatation of its cavity. This was also verified by looking at the specimen. There was found no disease of any of the valves that would produce a murmur.

Aneurism of the innominate was excluded by the fact that pressure on the subclavian and carotid arteries did not affect the impulse. If the innominate artery had been the seat of the aneurism, this pressure would have stopped the impulse.

One symptom presented by this patient was pain. He was placed on the use of iodide of potassium in large doses, and in the course of time the pain ceased, and the impulse over the tumor also disappeared. Later on bronchial breathing was found at the posterior part of the chest, indicating that the lung was being pressed upon by a solid mass.

Turning now to an examination of the specimen, we find a large aneurism of the ascending arch of the aorta. We find that there has been a rupture of the inner coat of the artery about three-fourths of an inch above the valve. This point of rupture is of some importance. A true aneurism is a dilatation of the vessel without a rupture of
any of its coats. Usually there is a rupture of either the internal or of the internal and middle coats. In the latter case the blood is prevented from escaping into the surrounding tissue by the external coat. This constitutes the dissecting aneurism. I presume that in the present case there has been a rupture of only the internal coat. This aneurism is quite firm, and it is probable that the blood current did not pass through the tumor. This would explain the absence of expansive pulsation and of harsh sounds in the aneurism. The aneurism really simulated a solid tumor, and it was this that gave rise to the difficulty in diagnosis.

The first patient we examine to-day presents a good family record, having had the ordinary diseases of childhood. At the age of eighteen he had pneumonia, and three years ago he had a second attack of the same disease, from which he says he never fully recovered. After this he went west, and worked in the mines, and while there was struck in the chest. He then began to have pains in the heart and palpitation—symptoms which he had not before noticed. His habits are not of the best, and he occasionally goes on a spree, but he has not been a hard, steady drinker. During the past summer he was able to do some work, but now comes to the hospital complaining of nervousness, loss of flesh, pains over the chest and palpitation of the heart.

With this history, we are led to at once direct our attention to the chest as the source of the trouble. On inspection, we notice athrobbing impulse of the heart. When he is excited or makes any exertion, the heaving motion can be seen over a large portion of the chest. The apex beat is much below its normal position. On percussion, the cardiac dullness superiorly begins in about the normal position. The apex beat is at the middle of the seventh rib, some two inches below its normal position. Transversely, the dullness begins one-half inch to the right of the sternum. The area of cardiac dullness, however, does not indicate the size of the heart, for the edges of the lungs overlap the heart to a certain extent. The heart probably extends one inch beyond this line on both sides.

This increased area of dullness is due either to dilated hypertrophy of the ventricles or to pericardial effusion. If there were pericardial effusion, there would not be this throbbing impulse of the heart; the area of dullness would be of a pyramidal shape, and would extend beyond the normal upper limit, because the body of the heart would be pushed up by the effusion. We may therefore exclude pericardial effusion by percussion alone. I shall next practice auscultation. Listening over the area of the pulmonary artery, I hear a murmur with both sounds of the heart.

Over the right border of the sternum, in the second interspace, these murmurs are heard more loudly. At the third rib the diastolic murmur is still louder. Both murmurs can be heard as I pass down the sternum, but at the ensiform cartilage the murmur with the first sound is lost, but the diastolic murmur is still quite distinct. As I approach the apex, the diastolic murmur becomes fainter, and at last is barely distinguishable from the systole. The systolic murmur, which is shorter and harder than the systolic murmur heard at the base. Both murmurs are heard under the clavicles on both sides.

Where do these murmurs originate? This diastolic murmur is pathognomonic of aortic insufficiency, being a murmur occurring with the second sound of the heart, having its point of greatest intensity at or below the aortic orifice and transmitted downward in a line with the axis of the ventricle. This murmur is also transmitted upward into the carotid arteries. Such a murmur has frequently been heard in the radial arteries. The systolic sound heard at the apex is different from that heard at the base. How do we account for the dullness on percussion and the impulse at the upper portion of the right border of the sternum? The increased dullness is due to one of two or three conditions. It is produced by either increased size of the aorta, or by increased size of the arch of the aorta, or, possibly, by a solid tumor. It is evidently not a solid mass outside of the blood vessel, for if such were the case the dull note would extend over the lung, but this dullness is continuous with the dullness of the heart. There might be aneurism of the aorta just above the valve, involving the sinus of Valsalva, and this would lead to aortic incompetency. It is often difficult to make the diagnosis between aneurism and aortic insufficiency, for when such an aneurism is small, its signs are those of aortic incompetency. The impulse over the upper part of the sternum is felt immediately after the contraction of the ventricle. It is therefore evident that this impulse is not produced by extension from the ventricle, for if so it would be felt at the same time. If the impulse were due to the contraction of the auricle it would be felt before the ventricular contraction. It is therefore clear that the impulse is produced by the blood impact after it has left the ventricles, or, in other words, in the aorta or one of its branches.

We now have to decide, then, whether we have an aneurism of the valve Valsalva or not. In simple aneurism of the valve we do not have the degree of hypertrophy of the left ventricle that we find here, nor in valvular aneurism are the murmurs transmitted in the same direction as in the present case. Such a murmur is transmitted along the sternum and along the apex of the heart. It may be transmitted upward, but not downward. The main point against simple valvular aneurism is the hypertrophy. The aspect of the case is typical of aortic incompetency. I take it that the dullness over the upper right border of the sternum is due to dilatation of the aorta immediately above the valve. The line where dilatation ceases and aneurism begins is difficult to draw. We must, however, bear in mind the possibility of aneurism directly at the leaflet. When such an aneurism exists, it is small and almost always congenital. The argument against the existence of this condition is that we have here a direct history of injury, and that the symptoms referred to the heart were first noticed after this accident. This is a strong point against congenital aneurism. We should, from the history, presume that the cause of the trouble was directly attributable to the injury, perhaps rupture, of one leaflet or giving way of the coats of the aorta, with dilatation of the vessel and stretching of the aortic orifice to such an extent as to permit regurgitation.

In the treatment of this case all that is called for is to keep up the nutrition of the heart muscle. Digitalis is not to be used. There is no edema and no congestion of any organ, and until these symptoms occur there is no reason why we should endeavor to make the heart muscle act more forcibly. There is now tremendous hypertrophy, and digitalis would be the worst drug that we could employ at the present time. When, from fatigue or intercurrent trouble, compensation is ruptured and the heart gives out, we have a set of symptoms arising due to the imperfect flow of blood through the whole body, shown by congestion of the different organs, edema, shortness of breath, etc. And under these circumstances we must use all the stimulation in our power. It is then that digitalis and alcoholic stimulants come into play. As long as compensation is as good as it now is, the best that we can do, as I have said, is to keep up the nutrition of the cardiac muscle, which is especially necessary. As you know, the coronary arteries come off just above the aortic valves. When the valves are perfect, the recoil of the blood fills these vessels. During the contraction of the ventricle, the aortic leaflets are forced against the orifices of the coronary arteries. When there is incompetency of the aortic valve, the blood flows back into the ventricle, not entering the coronary arteries as freely as it should, impairing thereby nutrition of the heart. Among the most useful drugs may be mentioned quinine, arsenic and iron. These are to be associated with cod-liver oil, nourishing food and proper hygiene, avoiding all excessive labor and fatigue.

This man complains of cough, with shortness of breath and pain on the left side. Three years ago he "caught cold," which developed into a severe bronchitis, lasting two months, during which time the cough was...
excessive. Following this, he had shortness of breathing. Until three months ago he was able to work, but could not go up stairs or take extraordinary exertions without becoming very short of breath. Three months ago he again caught cold, and since then the cough has been excessive and accompanied with copious expectoration. If he is suddenly awakened out of his sleep, he has a paroxysm of shortness of breath, and remains in this condition until he expectorates freely. Sometimes such an attack will last the entire night.

With this history we are able to at once make the diagnosis by simple inspection of the chest. We note that the chest is large and equal on both sides. There is very little movement in respiration, and what there is is of a diaphragmatic character. There is also a marked change in the relative duration of inspiration and expiration. Instead of inspiration taking a longer time than expiration, the time of inspiration is two or three times that of the former. The intercostal spaces cannot be seen, and it is with difficulty that they are felt. In some places they appear to bulge. We have evidently general emphysema of both lungs. On percussion, there is hyper-resonance all over both lungs. On auscultation, I hear a faint inspiratory vesicular sound, and, in some places, a friction rub. We have evidently general emphysema of both lungs. On percussion, there is hyper-resonance all over both lungs. On auscultation, I hear a faint inspiratory vesicular sound, and, in some places, a friction rub. This emphysema is to be attributed to the attack of bronchitis occurring three years ago. As a result of the excessive attacks of coughing, there has been dilatation of the alveoli of the lung, and this has been equally distributed over both lungs. The walls of the alveoli have now, to a certain extent, lost their power of contracting, and, as a result, the lung is dilated. If there is distention of the lung, there cannot be normal inspiration. As a result of the distention, the alveolar walls do not receive their full amount of blood and degeneration ensues, and, finally, the walls of the alveoli rupture, forming large cavities. As the walls of the alveoli degenerate, we have the circulation in the bronchial tubes diminished, leading to hyperaemia of the bronchial mucous membrane and a susceptibility to fresh attacks of bronchitis. The more bronchitis the man has the more he suffers with emphysema, and, conversely, the worse the emphysema the worse the bronchitis.

In the present case, the degeneration of the alveolar walls has not gone on to any great extent, and it is therefore possible to relieve the bronchitis and tone up the alveolar walls so that they may regain a certain part of their elasticity, making the prognosis not unfavorable for many years; ultimate or absolute recovery is, of course, out of the question.

In the treatment of a case of this kind, the patient should expire into rarefied air. This may be combined with the inhalation of compressed air. In this way inspiration is deepened and the lungs are filled to a better degree. As expiration takes place into rarefied air, a large amount of the residual air is drawn out, and at the next inspiration pure air enters. This not only improves the nutrition of the alveolar tissue by stimulating the circulation, but also the nutrition of the whole body.

In addition, strychnia may be given internally, acting in these cases only as a general tonic, and not directly on the walls of the alveoli by contracting the muscular fibres. Attention must also be directed to the relief of the bronchitis, and care must be taken to avoid the recurrence of the bronchial inflammation. In two weeks this man will probably be as well as he was before the present attack, and will remain so until he again contracts bronchitis.

—One of the best methods of treating psoriasis is by commencing with small doses of liq. pot. arsenitis and gradually increasing to the poison line; then drop to one-half the dose and continue for a long time.

Locally: remove the crusts and apply the following:—

B. Acid. salicylic., 3j
   Acid. crysophanic., 3j
   Collodii flexili, 3s
   Ste.—Paint the part till plaster forms.

(Prof. Holland.)

Original Articles.

A CASE OF APPENDICITIS AND PERITONITIS ABCESS.

BY JOSEPH HOFFMAN, M.D.,
Of Philadelphia.

WITH AN INTERESTING DISCUSSION ON THE APPENDIX.

Read at a recent meeting of the Obstetrical Society of Philadelphia.

The patient, Mrs. B., married, with three children. When first seen she had a pulse of 128 and a correspondingly high temperature, and was unable to stir in bed without extreme pain. Careful questioning elicited the information only that eight days previous she had slipped from a chair, causing severe pain thereby in the right iliac region. This continued up to the time when I was called in, when she was compelled to take her bed. The duration of her trouble, according to her own statement, was limited to a little more than a week, though, in this connection, she mentioned the occurrence, previous to menstruation, of an ill-smelling vaginal discharge. Examination per vaginam discovered the presence of a tumor to the right, alongside the uterus, the touch of which gave her much pain. The rectum was empty, she having had a dysenteric attack the previous day. External examination was so painful that I did not attempt it. The pain in her back and right leg was intense. I decided that an operation was necessary, and called in Dr. Joseph Price for consultation, but, examining under ether, was somewhat uncertain as to the condition.

Operation being decided upon, an opening was made, and in the median line an exploration made. The caecal portion of the intestine was found matted down, and was freed after much difficulty. The appendix was almost totally removed, and the peritoneal cavity was washed. The abscess was almost gangrenous in spots and nearly ulcerated through. Surrounding this portion was a quantity of stinking pus, about two ounces. The pelvis was carefully washed out, no antiseptics being used, and a drainage tube introduced into the cul-de-sac, and a rubber tube led from the fossa, through the incision, which was closed by seven deep and superficial sutures. Nothing was done with the bowel save to cleanse it. The bowels were at first moved by enemata, and after a quantity of scybala was discharged, colonomel, in one-sixth grain, was given, to clean the tongue and relieve bilious vomiting.

The patient made an uninterrupted recovery, all the stitches being removed, as well as the tubes, by about the tenth day. The patient now, at the twenty-fourth day, is sitting up, entirely free from pain.

A curious feature of the case is, that after removal of the offending appendix, the patient, in that week, remarked she had never been so free from pain for two years, then going on to give exact history of her trouble, all of which pointed to peritonitis. Her pain had become so much a part of her that she did not seem to recognize it as foreign.

The points principally to which attention may be called are the closing of the incision and the location of the same. Although central, drainage was perfect, and though suffered, it promptly healed, showing, I think, that dogma, both as to location and to allowing the incision to remain open, is not wise. As in this case, the central incision enabled us to remove at the same time an ovarian haematoma, otherwise out of reach, and as drainage was perfectly obtained, these points, for such operation, are worthy of special consideration.

As to some points in the diagnosis, I shall not refer, leaving them to Dr. Price, who so kindly worked with me. I would only venture the opinion that here, as in all other pelvic surgical diseases, absolute diagnosis is very often impossible, depending, as it does, so much on an emesis, which, as in this case, is little to be relied upon.

Discussion.—Dr. Chas. B. Penrose. I would ask whether or not the pus was encysted
around the cæcum, or free in the peritoneal cavity.

Dr. Hoffman said the pus became evident only on raising the cæcum.

Dr. Penrose said the cases in which it is proper to make the incision over the cæcum are those in which there is an encysted abscess around the cæcum or the appendix. If there is free pus in the peritoneal cavity, a median incision would probably be better.

Dr. Goodell said that he, on several occasions, has been obliged to sever the appendix from its attachment, in operations for the removal of ovarian tumors, and the operation has seemed to have no effect. It seems to be a useless appendage. He did not know that modern research had thrown any light upon its use. In removing the appendix, he simply ligated it with silk and cut it off, carefully squeezing the end, so that no fecal matter should remain.

Dr. Jos. Price said a few years ago ovariotomists regarded the appendix as sacred, as something that should never be touched. The case reported is one of great interest. The woman had complained for two years, her trouble evidently beginning in an appendix. The cæcum was so much thickened and so low down in the pelvis as to suggest tubal disease. She, however, had good history and several healthy children, the youngest two years of age. The presence of the toruous body on the right side determined the choice of the median incision. On opening the abdomen, a small hematomata was first removed. Afterward, the cæcum was dealt with. The course of the case was all that could be desired. Dr. T. G. Morton teaches lateral incision and non-closure. As to the first, circumstances should influence the choice. As to the second, he did not believe in it at all. We are too far advanced in surgery for such procedures.

Dr. J. V. Kelley said that the general practitioner met more cases of perityphilitis than the specialist, and he was disappointed in not hearing more about the history of the present case. He was also surprised that this case occurred in a woman, the disease being much more common in men. The existence of pain for a year or two would be against the existence of perityphilitic abscess over that time. Perityphilitic abscess is an acute disorder and runs an acute course.

Dr. J. Price does not believe the view that perityphilitis is necessarily acute. He knew of a case of Dr. T. G. Morton where the operation for the trouble was repeated at the end of a year, and the appendix removed. Here the trouble was recurrent, gradually growing worse and necessitating the second operation.

Dr. M. O’Hara cited, in substantiation of Dr. Price’s view, the case of his own child, in which, inside of eleven months, there were two or three attacks. For four or five months he was in perfect health, although the condition (appendicitis) existed. Another attack followed and death from septic peritonitis resulted.

Dr. M. Price believed that the peritoneum can accommodate large quantities of pus for a time, just as abscess in other parts of the body can be tolerated.

Dr. William Goodell thought that perityphilitis, like any other form of inflammation, may exist for years. He thought Dr. Kelley had narrowed the question down too far.

Dr. Hoffman held it a mistake to believe inflammation and runs a acute course without the presence of a well-defined tumor. It is easy to make a diagnosis after operation, as is too often done. Pages could have been written after this operation, on the diagnosis of perityphilitis, but before operation it was impossible, because there was no history. There was nothing but the inflammation of the appendix to cause the symptoms of which she complained.

Dr. J. V. Kelley thought no one would diagnose perityphilitic abscess without the presence of a tumor. The pericecal tumors undergo resolution spontaneously, and abscesses do not form.

Dr. J. B. Deaver drew a distinction between appendicitis and perityphilitis, and believed very few cases of inflammation about the appendix undergo resolution.

Dr. G. M. Shoemaker cited a case which he thought proved a termination by resolution in one such case.

THE TREATMENT OF SYPHILIS OF THE LARYNX, TRACHEA AND BRONCHI.*

BY J. SOLIS-COHEN, M. D.,

Fortunately, lesions even of great destructive and menacing tendency are amenable, as a rule, to treatment; often promptly. The treatment, broadly stated, is that applicable to constitutional syphilis in general; mercury in the early manifestations and iodides in the late ones. In many of the latter, if not most, the mixed treatment combining the two specifics is the most serviceable. In congenital syphilis the gray powder is believed to be the most efficacious form of the drug. While willing to admit the secondary lesions often subside without traces and with much risk of subsequent tertiary manifestations, although mercury be withheld, I deem it the more prudent practice, and, therefore, the best practice, to employ mercury; in the belief that its specific constitutional influence affords the patient better protection as to future manifestations. As to the value of iodides in tertiary syphilis, there is no difference of opinion. Tonics are often indicated. All sources of irritation, exposure, excessive use of the voice, alcohol and tobacco, are to be avoided.

Sedative inhalations in vapor or spray are often of great topical benefit in subduing col- lateral inflammation; and antiseptic inhalations are indicated in gangrenous cases.

Secondary syphilis. Mercury may be administered by the stomach or by the skin. When the lesions are moderately severe or slow in progress, the corrosive chloride may be administered in doses of from one-sixteenth to one-eighth grain, three times a day. The green iodide may be given in doses gradually increased from one-sixth of a grain three times daily to the point of tolerance. The addition of extract of belladonna may cause it to be better borne by the stomach. In individuals in whom serious gastric disturbance is produced before any specific effect has been noted, and in seriously severe cases and cases of rapid progress, inunctions of a drachm of mercurial ointment daily are preferable, or pencillings with solutions of oleate of mercury in oleic acid, ten per cent. Lewin prefers hypodermic injections of corrosive chloride. Concurrent stomatitis is to be combated by the internal administration of potassium chloride, or the use of a saturated solution of that salt, or of a weak solution of potassium permanganate as a mouth-wash. It is hardly necessary at the present day to mention that salivation is to be avoided. In my own experience topical medication is, as a rule, superfluous in non-ulcerative secondary syphilis, and often unnecessary in the presence of ulceration. When topical medication seems necessary, inhalations of sprays of corrosive chloride (Demarquay), half an ounce or more daily of a solution containing one grain to four ounces of water, are useful locally and constitutionally. In particularly obstinate conditions, especially in the presence of hyperplasias, the topical applications of solutions of iodides and potassium iodide in glycerine (Schnitzler) half a drachm and a drachm respectively to the ounce, made daily or at longer intervals, sometimes accelerates the cure.

In the transitional stage and in the tertiary stages, the mixed treatment has been the most beneficial in my own practice; one-sixteenth to one-eighth of a grain of the corrosive chloride, five to ten grains of potassium iodide in half an ounce or more of the compound syrup of sarsaparilla, three times a day. It may sometimes be necessary to increase the dose of the iodide up to the point of tolerance. In such cases the grain to drop solution is the most convenient preparation. The danger of inducing oedema of the larynx by sudden large doses must not be forgotten. When necessary, sodium or ammonium iodide may be administered by the stomach or by the skin. When the lesions are moderately severe or slow in progress, the corrosive chloride may be administered in doses of from one-sixteenth to one-eighth grain, three times a day. The green iodide may be given in doses gradually increased from one-sixth of a grain three times daily to the point of tolerance. The addition of extract of belladonna may cause it to be better borne by the stomach. In individuals in whom serious gastric disturbance is produced before any specific effect has been noted, and in seriously severe cases and cases of rapid progress, inunctions of a drachm of mercurial ointment daily are preferable, or pencillings with solutions of oleate of mercury in oleic acid, ten per cent. Lewin prefers hypodermic injections of corrosive chloride. Concurrent stomatitis is to be combated by the internal administration of potassium chloride, or the use of a saturated solution of that salt, or of a weak solution of potassium permanganate as a mouth-wash. It is hardly necessary at the present day to mention that salivation is to be avoided. In my own experience topical medication is, as a rule, superfluous in non-ulcerative secondary syphilis, and often unnecessary in the presence of ulceration. When topical medication seems necessary, inhalations of sprays of corrosive chloride (Demarquay), half an ounce or more daily of a solution containing one grain to four ounces of water, are useful locally and constitutionally. In particularly obstinate conditions, especially in the presence of hyperplasias, the topical applications of solutions of iodides and potassium iodide in glycerine (Schnitzler) half a drachm and a drachm respectively to the ounce, made daily or at longer intervals, sometimes accelerates the cure.

In the transitional stage and in the tertiary stages, the mixed treatment has been the most beneficial in my own practice; one-sixteenth to one-eighth of a grain of the corrosive chloride, five to ten grains of potassium iodide in half an ounce or more of the compound syrup of sarsaparilla, three times a day. It may sometimes be necessary to increase the dose of the iodide up to the point of tolerance. In such cases the grain to drop solution is the most convenient preparation. The danger of inducing oedema of the larynx by sudden large doses must not be forgotten. When necessary, sodium or ammonium iodide may be administered by the stomach or by the skin. When the lesions are moderately severe or slow in progress, the corrosive chloride may be administered in doses of from one-sixteenth to one-eighth grain, three times a day. The green iodide may be given in doses gradually increased from one-sixth of a grain three times daily to the point of tolerance. The addition of extract of belladonna may cause it to be better borne by the stomach. In individuals in whom serious gastric disturbance is produced before any specific effect has been noted, and in seriously severe cases and cases of rapid progress, inunctions of a drachm of mercurial ointment daily are preferable, or pencillings with solutions of oleate of mercury in oleic acid, ten per cent. Lewin prefers hypodermic injections of corrosive chloride. Concurrent stomatitis is to be combated by the internal administration of potassium chloride, or the use of a saturated solution of that salt, or of a weak solution of potassium permanganate as a mouth-wash. It is hardly necessary at the present day to mention that salivation is to be avoided. In my own experience topical medication is, as a rule, superfluous in non-ulcerative secondary syphilis, and often unnecessary in the presence of ulceration. When topical medication seems necessary, inhalations of sprays of corrosive chloride (Demarquay), half an ounce or more daily of a solution containing one grain to four ounces of water, are useful locally and constitutionally. In particularly obstinate conditions, especially in the presence of hyperplasias, the topical applications of solutions of iodides and potassium iodide in glycerine (Schnitzler) half a drachm and a drachm respectively to the ounce, made daily or at longer intervals, sometimes accelerates the cure.
be substituted for the potassium salt, or hydriodic acid may be employed.

In the presence of edema, hypodermetric injections of corrosive chloride (Lewin), one-thirtieth of a grain, twice a day for a day or two, and after improvement, at intervals of three days or more, have proved quite efficacious. If amelioration is not prompt, and if the patient cannot be carefully watched by an attendant competent to interfere in an emergency, it is best, in my opinion, to perform prophylactic tracheotomy, instead of awaiting its urgent indication. The same rule is applicable to threatening cases of extensive hyperplasia, whether from specific or from nonspecific infiltrations.

Nevertheless, remarkably happy results, even in urgent cases of these kinds, have frequently followed active treatment by inunction (Ishaher) and by hypodermetric injection (Lewin). Intubation of the larynx from the mouth (O'Dwyer) has been recommended as applicable in many instances of edema and constriction heretofore treated by tracheotomy. As yet, I know of no experience with intubation in this special connection.

Ulcercations heal more promptly when the constitutional treatment is seconded by topical cauterizations with fused silver nitrate, or with mercuric nitrate, one part from to four to ten of water, or with cupric sulphate in crystallized or saturated solution. Chronic acid, one part from five to eight of water, has long been extolled (Jasmber). Some prefer iodoform (Morgan). On the other hand, extensive ulceration often heals promptly under the influence of constitutional treatment alone.

Vegetations, detached flaps of mucous membrane, and semi-detached fragments of necrosed cartilage call for operative removal with cutting forceps, evulsion forceps or snare, as may be most convenient, when these products are so located as to interfere with freedom of respiration or to threaten such interference. When these manipulations are impracticable, tracheotomy may be requisite. When tracheotomy has been performed under any of the conditions mentioned, the canula is to be removed as soon as it has become apparent that its retention is no longer essential to the safety of the patient. Cicatricial stricture of the larynx may be treated by the introduction of the intubation tube through the natural passages (O'Dwyer). This treatment may be applicable to stricture high up in the trachea. Stricture in the middle portion of the trachea requires low tracheotomy and the introduction of a tube long enough to reach beyond the constriction. Stricture at the bifurcation is hopeless.

Paralyses, even those of the posterior crico-arytenoids, are usually amenable to anti-syphilitic treatment even when of considerable standing. This fact seems to indicate that the atrophy found in necrotic paralysis is not due to simple inaction of the muscle, but rather to trophic impairments of neurotic origin. Electrization may be employed when relief does not ensue from systemic medication.

Membranous webs, occluding the glottis from side to side, are divided by incision or by galvano-electric cautery, the edges cauterized, and readherence prevented, if possible, by frequent introduction of dilating sounds. These laryngoscopic operations are often rendered futile by insurmountable tendency to recicatrization, whereby the morbid condition is reproduced. Success in cases of this kind would seem to require exposure of the interior of the larynx by external division of the thyroid cartilage, and excision of the whole or the greater portion of the cartilaginous tissue (McKenzie).*

When syphilitic laryngitis has existed for a long time, such an amount of destruction may have taken place, and such a degree of systemic poisoning, as to render recovery impossible. The constrictions produced by the cicatrizes of extensive ulcers, and the adhesions between adjoining surfaces, in cases that recover, are often such as to render tracheotomy necessary, with the permanent use of the tube; for the constrictions following syphilis are not, as a rule, amenable to dilatation.

Threatened asphyxia or unconquerable dyspnea, from gluma, loose cartilage, morbid growth, abscess, or edema, may necessitate tracheotomy. Tracheotomy for the purpose of conquering dyspnea due to tumefactions in the larynx is perfectly justifiable, and usually successful. It is likewise justifiable for the mere purpose of securing rest to the organ—much more so, indeed, than in analogous conditions attending tuberculosis.

The treatment for local adhesions consists in relieving the tension as far as possible by laryngoscopic division of the constricting bands of tissue, with knife or with electric cautery, and then cauterizing and recauterizing the adjacent surfaces, to prevent fresh adhesions. These cases require careful watching and prompt attention to overcome the disposition to recurrence, which is very apt to take place in spite of all efforts. When the epiglottis is implicated, much good can be done by teaching the patient to move the organ frequently by means of his forefinger.

In a case of stenosis due to "concentric hyperchondrosis," as a result of the hyperplastic chondro-perichondritis, Prof. Heine performed a successful resection of the anterior portion of the thyroid cartilage, splitting that structure in the middle line, separating the perichondrium and superjacent soft tissues, to the distance of one-half its surface on the two sides, with the elevator, and then removing the denuded portions by longitudinal section with bone forceps. The patient rallied so well from the operation that an artificial vocal apparatus could be substituted for the ordinary canula on the fifth day. He became able to resume work after a while; but the disease made new inroads, and he died, eleven months later, in an advanced stage of tuberculosis.

Despite the most judicious treatment, and the most satisfactory immediate results, recurrence or recrudescence takes place in many instances at variable intervals, requiring resumption of specific treatment. The most satisfactory results claimed by any writer have been in cases actively treated by Lewin with hypodermetric injections. It is advisable to keep patients under observation for many months after active treatment has been discontinued. Mercuric iodide (biniiodide) in small doses, one-twentieth to one-tenth of a grain, three times daily, may judiciously be given for prolonged periods during which apparent health exists. Potassium iodide, in diminishing doses, should be administered from time to time, for a few days every month, until the patient begins to show susceptibility to physiological effects from small doses; and then this susceptibility should be tested from time to time at intervals of a few months. Such supervision for two years at least seems to present the best prospect for remission from the diathesis.

It may be mentioned in conclusion that, under intermittent attacks of erysipelas, obstate cases of tertiary syphilis of the larynx and trachea have undergone cure after having resisted all medicinal treatment.

*Medical Times and Gazette, August 19th, 1871, p. 218.

Notes of Practice.

RECENT INNOVATIONS IN THE THERAPY OF SYPHILIS.*

BY G. FRANK LyDSTON, M.D.,
Lecturer on Genito-Urinary and Venereal Diseases in the College of Physicians and Surgeons, Chicago, Illinois.

New methods of treatment for various diseases and new applications of old methods are becoming so numerous, that the clinical observations of those who have opportunities for extensive experimentation in any particular direction are often of great value to the general practitioner. In the matter of the treatment of syphilis, for example, the practitioner of even large general experience has little disposition, and still less opportunity, for the trial of new and dubious methods of treatment. This fact will render it unnecessary for me to make an apology for the comparison of the various new methods which are about to be mentioned.

I will first consider the more recent modifications of the old method of treatment by mercury and the iodide of potassium.

The tannate of mercury has been used quite...
extensively by our German confrères for the last year or two, and has been adopted by a few syphilographers in this country. I have used it in a number of cases during the last six months, and can indorse it most cordially for children and adults with irritable stomachs. Women are especially apt to be intolerant of the ordinary mercurial preparations, but will bear the tannate in moderate doses remarkably well. Where ordinary preparations tend to produce enteric disturbances, the tannate seems to be especially beneficial. As might be inferred a priori, constipation is an occasional contraindication. I find that feeble patients bear a relatively larger proportion of the tannate than of any other preparation of the drug, but in general can see no reason for preferring it to the protiodide for routine use in the majority of cases. Parke, Davis & Co. prepare a pill which is almost as good as the French preparation of the protiodide, and on this ground of convenience is preferable in most instances to the tannate. The prolonged trituration to which the properly prepared tannate should be subjected is, perhaps, a partial explanation of its excellence in cases in which full doses are indicated, but the stomach is intolerant of the ordinary mercurials.

Mercurial preparations have recently been introduced and have certain advantages. I have used of late a great many of the tablets prepared by Caswell, Hazard & Co., of New York, and can indorse them most positively as an excellent medium for the administration of mercury. These tablets are especially useful during the primary stage of syphilis, when active treatment is not wise, and in cases of doubtful diagnosis, in which a mild course of medication is indicated, pending the clearing up of the obscure elements of the case. I have used tablets containing one-thirtieth of a grain every hour or two with marked success. My friend Dr. Charles Sinclair claims most encouraging results from this method in syphilitic ocular affections. As a rule, in from three or four per diem, the tablets are unsurpassed. They are almost tasteless and very convenient to handle.

Hypodermic injections of mercury are in vogue in some quarters, and, in a general way, I may say that it is my belief that they constitute our best means of treatment. There are different modifications, however, some of which are worse than the disease that they are intended to cure. In regard to nearly all of them, I desire to say one word of caution, viz., the mercury is apt to corrode the needles and make them brittle. I have myself been so unfortunate as to break off a needle in the tissues on two occasions. New needles should be frequently procured, and they should at all times be kept in carbolized oil. Care should be taken in cases of doubtful diagnosis lest a healthy patient be infected by a syphilitized needle. It is, perhaps, best to make each patient procure his own needle.

The albuminate of mercury has been recommended for hypodermic use. This is prepared by the admixture of the nitrate of mercury, sodium chloride and water with hydrargyrum bichloride. Of this preparation I can only say that it is unreliable and becomes rapidly turbid. Careful filtration improves it but temporarily, and, taken altogether, it is a great nuisance from a practical standpoint, and is more irritating than one would infer from its composition.

Abadie has recommended intra-muscular injections, and these have received the indorsement of Mr. Bloxam. The originator of this method is most enthusiastic in regard to its effects in irritable and choreidotic troubles. I regard it simply as an occasionally useful substitute for the ordinary subcutaneous injection.

Calomel in suspension has been lately recommended for hypodermic medication. I have not yet tried it, and do not know that I particularly care to do so, as it is certainly irritating, to say the least. A desire for fanciful therapeutic novelties may impel many to try it, and I am willing to listen to their results, providing they be not too strongly imaginative. Personally, I am using in almost a routine fashion, hypodermics of the saline solution of the bichloride, and with apparently excellent results. The treatment is necessarily a little severe, and sensitive patients may be absolutely intolerant of it, but if the discomfort be borne, I have failed to observe any evil effects from it. Slight connective tissue reaction is frequent, but in my own practice abscesses have not as yet resulted. This method of treatment must, however, be cautiously used in debilitated subjects, as in them suppuration is quite readily induced. The pain produced by the injections may be greatly mitigated by the addition of morphia or cocaine, preferably the latter, of which more anon.

Many cases may be treated exclusively by hypodermic injections, but a combined method is necessary in a large proportion of cases, especially in non-residents.

Localized fumigations with mercury have been recommended for stubborn syphilides, and have received the indorsement of Taylor. I have found frictions with the oleate, and applied as a fomentation, especially in colliquation of the latter, of which more anon.

Rubric acid water. With this preparation he terms "chrom-wasser," which consists of a solution of chromate of potassium in carbolized water. With this preparation he claims to give 36 grains of the drug daily. The quantity of water necessary is about 6000 gm. Guntz attributes his success to the power of oxidizing action of the drug. I have tried this method of treatment, but cannot as yet indorse it. I fear that my patients are not possessed of the iron physique and Indian rubber digestive apparatus of Guntz's patients, but sincerely hope that I may find a patient ere long who will be stolid enough to stand my experiment with the new god.

Iodoform is in use in some quarters as a remedy for syphilis, especially as a substitute for iodine and potassium iodide. I am using itodroform quite extensively, and believe that I am justified in the assertion that iodoform is not a substitute for either its parent or congener. It is a most excellent tonic, and in combination with Quevenne's iron acts very well in the syphilitic cachexia. As a specific, it is worthy of no confidence whatever.

Coca and its preparations is one of the best adjuvants for the treatment of syphilis that we possess. When conjoined with strictly antisyphilitic treatment, it corrects the nervous depression which both syphilis and mercury are apt to induce.

I have found that the combination of cocaine with the hypodermics of mercury gives much of the tonic effects of coca in other forms.

The chlorides of ammonia and the chlorate of potassium will be found to be occasionally useful in syphilis. The former is useful in nervous syphilis in the early stages, and tends to produce the resorption of the young cell deposits. Dr. Taylor, of New York, especially praises this drug. The potassium chlorate has some value as a temporary means of treatment where mercury is not well borne. It is, however, my personal belief that the theory of its oxidizing action in the blood is fallacious.

When ulceration of the mucous surfaces predominates, the potassium chlorate acts well as an adjuvant to the mercurials or iodides. Ptyalism is less apt to occur when it is occasionally given.

THE TREATMENT OF PLEURISY BY SALICYLATE OF SODA AND SALOL.

BY JOSEPH DRZEWIECKI, M.D.,  Of Warsaw, Russian Poland.

Last year I published in a Polish paper (Medycyna, Nos. 44, 45 and 46, 1887) a series of cases of acute pleuryis treated by salicylate of soda and salol.

* Dr. Taylor, of New York, praises the erythroxylon coca as follows: "Its marked tonic effect upon the heart, nervous system and capillaries, and its power to invigorate the system, improve nutrition and to sustain life is so great, that its use in syphilis, secondary to that of mercury and the iodide of potassium, is attended by results which no other agent known to us possesses. It is especially useful in the anaemia and cachexia of the secondary period."

† Medical Record, August, 1888.
of soda, and the results which I obtained, in short, are as follows: 1. Inflammations of the pleura, on which no other remedies had any influence, subsided quickly under the influence of salicylate of soda; 2. The use of salicylate of soda within, after twenty-four hours, produced a favorable turn in the course of the disease, the prickling pain, if it did not entirely disappear, at least diminished; 3. The temperature fell; 4. The quantity of urine rose considerably, and with it also the quantity of chlorides, accompanied by diminution of pleuritic effusion; 5. This treatment was continued during two weeks, after which time the patients recovered their health again. Such a short duration of pleurisy, which generally lasts at least three weeks, speaks so eloquently in favor of the treatment of pleurisy by salicylate of soda, that any further dispute on it would be needless.

This favorable action of salicylate of soda in pleurisy is by no means dependent upon its diuretic action, as some of my colleagues suppose, nor upon its sudorific action, as Eichorst pretends, because no diuretic or sudorific remedies, which have long been employed in the therapeutics of pleurisy, are able to conquer this disease so quickly as salicylate of soda. Besides that, perspiration appears very often as well in the beginning of pleurisy, when the patient has not yet employed any remedies, as in its further development, just as in rheumatism; and in this regard we have another proof to support my opinion, that a certain relationship exists between these two diseases.

In my opinion, salicylate of soda has in these cases a specific action, as well as in rheumatic fever. However, I must add, that in order to obtain a good result from salicylate of soda, it must be given in large doses, two drachms daily; or, as I prescribed, a tablespoonful of a per cent. solution every hour till signs of poisoning appear, marked by a buzzing in the ears, and afterward a tablespoonful every two hours. I have never seen any injurious effects, such as collapse or weakness of the heart. On the contrary, I can say that in cases where the pulse was very feeble it improved considerably, which can clearly be explained by the action of the remedy in reducing the pleuritic effusion and the temperature. On the other hand, a great buzzing in the ears, loss of appetite, and a repugnance to the drug, were the constant signs that accompanied each treatment. As I convinced myself, this unfavorable influence of salicylate of soda on the stomach can be greatly diminished by giving it with milk.*

From the results obtained in these few cases, it may be concluded that in salol we possess a more valuable agent in the treatment of pleurisy than in salicylate of sodium. Possessing all the positive qualities of salicylate of soda, it is free from unpleasant effects of the latter; viz., it very rarely produces buzzing in the ears, and even being employed for a long time does not spoil the appetite, which is a very important thing, and does not produce any feebleness of the heart, nor collapse. However, I must draw the attention to this, that in order to receive a quick effect from salol, it must be given in large doses, from eight to twelve grammes (5ij-iij) daily. Smaller doses, as half a gramme, even given often, have no such good action.

I have noticed that some of my colleagues, after having given only three or four grammes of salol to patients with rheumatism, become uneasy on account of the dark color of the urine, which was preserved in order to show it to the doctor. The dark color of the urine can only then be considered as a symptom of poisoning when present in fresh urine, as the urine of every patient who takes salol will, after standing in the air, turn black. As to myself, I went as far as twelve grammes daily, and I never saw any symptoms of poisoning. According to Professor Nencki, of Berne, the maximum dose is thirteen grammes, and although it has been observed that even twenty grammes of salol daily did not produce any symptoms of poisoning, yet this fact must be explained by the circumstance that the drug in these cases was not entirely absorbed. Finally, I must add that, as in rheumatism there exist cases on which neither salicylate of soda nor salol has any action, it must be supposed that also similar cases of pleurisy can be found which will not yield to such treatment. In one word, all that has already been said about salol in the treatment of rheumatism can also be equally said of the treatment of pleurisy.

COCAINE IN BRONCHIAL AFFECTIONS.

At a recent meeting of the Societe Medicale des Hopitaux, Dr. Perron, of Bordeaux, made a communication on the advantages of sprays of solutions of cocaine in various bronchial affections. Under the influence of a two per cent. solution of cocaine which is used in the form of a spray, the most violent fits of coughing are arrested in a few minutes. Phthisical subjects who are troubled with coughing and consequent insomnia at night, experience immediate and durable relief from this treatment. By this means opiates, which are always more or less injurious after a time, are avoided. In acute bronchitis the action of cocaine is as advantageous. A notable modification takes place in the state of the pulmonary mucous membrane, and owing to the insensibility thus produced, the inflammation and the secretion are diminished. About ten or twelve inhalations, practiced by means of the spray producer placed near the mouth wide open, suffice to bring about prompt and satisfactory results.

THE PRACTICE OF DISINFECTION.

The following directions for disinfection are contained in the official Formulare Pharmaceutique of the Paris hospitals, and quoted in a communication on the advantages of sprays of solutions of cocaine in various bronchial affections.* Under the influence of a two per cent. solution of cocaine which is used in the form of a spray, the most violent fits of coughing are arrested in a few minutes. Phthisical subjects who are troubled with coughing and consequent insomnia at night, experience immediate and durable relief from this treatment. By this means opiates, which are always more or less injurious after a time, are avoided. In acute bronchitis the action of cocaine is as advantageous. A notable modification takes place in the state of the pulmonary mucous membrane, and owing to the insensibility thus produced, the inflammation and the secretion are diminished. About ten or twelve inhalations, practiced by means of the spray producer placed near the mouth wide open, suffice to bring about prompt and satisfactory results.

THE COLLEGE AND CLINICAL RECORD.

3. Distinfection of Bedding, Clothing, Curtains, Carpets, etc.—Expose the objects, during twenty minutes, to steam under pressure, in a suitable apparatus, such as that of Geneste and Herscher, at a temperature of at least 105° C. (212° F.). Dry articles at 120° C. (248° F.), does not disinfect bulky articles, even after several hours; and woollen goods are rendered reddish-brown by it. Blood, fecal matters, and colored albuminous dejections leave indelible stains upon fabrics, if these are heated to about 100° C. (212° F.). The stains found on coverlets, mattress covers, etc., are first washed with a dilute solution of hypochlorite of sodium (about 1 volume of Labarragues's solution in 300-400 volumes of water).*

Shoes should be washed with the following solution:

Corrosive sublimate, 2 parts.
Chloride of sodium, 3 parts.
Water, 1000 parts.

4. Distinfection of Linen, etc.—Bedclothing, linen, etc., which is soiled by dejections or blood, should first be soaked or rinsed in the above-mentioned dilute solution of hypochlorite of sodium (called chlorozone in the original), then wrung out, and afterward put in the steam-heating apparatus. Or the articles may be boiled in the liquid just mentioned. Or they may be kept from six to twelve hours in a weak solution of chloride of lime, obtained by inclosing chloride of lime in a sack of stout material and hanging it into the water. About one pound of chloride of lime is required for every twenty-five gallons of water. In order to avoid the scattering of germs, the fabrics should be immersed in

* This will be found too dilute. The strength to be used will depend upon the intensity of the stain and the nature of the fabric.
the liquid previous to being sorted out and counted.

Leather is disinfected by applying to it, with a brush, a solution of—

Corrosive sublimate, 16 grains.
Chloride of sodium, 16 "
Water, 2 quart.

5. Infectious Fecal Discharges.—Place into the porcelain vessel (intended to receive them) beforehand some 4 or 8 ounces of a 5 per cent. solution of hydrochloric acid or of chloride of lime, or the following:—

Sulphate of copper, 1/4 oz.
Sulphuric acid, 1/4 oz.
Water, 1 quart.

6. Sick-Rooms, Unoccupied.—These are treated either by sulphur or nitrous fumigations.

a. Sulphur fumigations. Close up all exits and fissures (except one or more, to be closed after the disinfecting process has been started). Boil some water in the room for at least one hour in a vessel placed on a suitable heating apparatus. Place pieces of sulphur into sheetiron pans having low sides (about 12 inches in diameter, and 2 inches high), standing upon beds of sand. Add a little alcohol to each, and then ignite them. For every 35 cubic feet, 300 grains of sulphur should be used. Close the last exits. After twenty-four hours open the room and ventilate thoroughly.

b. Nitrous fumigations. Into a cup, placed inside of a stoneware jar, put crystals of nitrosyl-sulphate (sulpho-nitrous acid; the lead-chamber crystals of sulphuric acid works), of which about 16 grains will be required for every 35 cubic feet. Then place the vessel under a faucet, and adjust the latter so that water will fall upon the crystals drop by drop, which will cause the immediate disengagement of reddish fumes. Close the room until the following day. Be particularly careful not to inhale the escaping vapor of the gas, or the air of the room, charged with the vapors, on opening it. It is best to have two vessels containing the disinfectant, one at each end of the room.

After either one of the above fumigations are completed, wash the walls and floor of the room, by means of a painter's brush, with a 2 per cent. solution of carbolic acid.

7. Disinfection of Wagons (Ambulances, etc.).—Sick-wagons should be disinfected in the following manner:—

Wagons which can be closed are disinfected like sick-rooms, by means of the before-mentioned nitrous fumigations. Wagons lined with cloth may be likewise disinfected in this manner; but open wagons must be disinfected in a special shed which can be closed.

Wagons lined with moleskin or plush are disinfected like shoes, by washing them with a solution containing 2 parts, each, of corrosive sublimate and of chloride of sodium in 1000 parts of water.

CHLOROFORM AS AN ANTISEPTIC.*

BY B. W. RICHARDSON, M. D.,


In addition to its anesthetic properties, chloroform is very useful as an antiseptic. It is also useful as a solvent of various antiseptic substances. A most useful solution can be made with it, which may be called solution of benzated chloroform, or, simply, benzated chloroform. To make the solution: Take three draffms of pure benzoic acid, and add this weight of the acid to twelve ounces of pure chloroform. The acid will all be dissolved in the chloroform. If there be any residue, filter the solution, and it is ready for use. The solution will keep unchanged for any time, and is available for a variety of purposes. The solution is antiseptic, deodorant and odorant. I always have a three-ounce bottle of it with me at a post-mortem examination, and, after washing my hands and drying them, take a little of the solution into them in the same manner as we use eau de Cologne; the chloroform evaporates, and the benzolic acid is left equally diffused over the skin, removing quickly all organic odor and leaving in its place the extremely pleasant odor of the benzoin. At the post-mortem, again, it is very good practice to spread a little of the solution, on cotton wool, about the room. If it be requisite that the burial of a dead person must be deferred, the solution sprinkled over the cemenets forms a good temporary preventive of decomposition.

In practice I have found the benzated solution of considerable service in the treatment of febric wounds. In a case of febric ulcer of the lower extremity, after the bandage has been applied I direct that from time to time a fluid drachm of the solution shall be poured on the bandage over or near to the ulcer, and the deodorizing effect is of the best character. The solution is also the most effective I know of for removing the fetor in troublesome cases of febric exhalations from the feet.

HOT WATER IN DISEASES OF THE EYE.

Connor (Centralblatt f. prakt. Augenheil-kundte) recommends baths of hot water as an excellent mode of treatment in various disorders of the eye—from simple catarrh and phlyctenule to scleritis, iritis, and hyperaemia of the retina. When, with the instillation of a mydriatic, the pupil fails to dilate sufficiently, hot water aids the action; in catarhal and purulent ophtalmia, it limits the inflammation; in glaucoma and dacryocytisitis, it diminishes pain. There are no contraindications to the use of hot water, which acts with varying efficiency according to the method of application. The author usually has a drinking glass filled with hot water, the patient so holding the nose for a moment and the tongue drawn out, that the hot water runs over the eye. The water remains warm for a considerable period, so that the eye may be bathed for some time without discomfort. If one so choose, he may add antiseptics to the water. This method has the advantage over poultices that its execution does not require an expert. The local action may be thus tabulated: 1. Contraction of the blood vessels of the eye and of contiguous structures; the ophtalmoscope shows the retinal vessels contracted after such a hot bath. 2. The hot water washes away deranged secretions and excretions, and destroys the germs contained.

* Quoted in Mentor of M. J. Journal, Sept., 1888.
—Prof. Da Costa prescribed for a case of chronic gastritis due to excessive use of alcohol, accompanied by morning vomiting, pain in epigastrium and flatulence:—

B. Zinci oxid., gr. ij.
    Ext. belladonnae, gr. iv.
    Ft. pill. j.

Sig.—One three times a day.

—Dr. Hear ordered a patient afflicted with tinea versicolor to scrub the affected skin with the following mixture:—

B. Saponis viridis, fij.
    Acid. carbolic., fij.
    Alcohol., fij.

After which apply—

B. Sodi sulphitis, fij.
    Glycerini, fij.
    Aqua, q. s. ad fij.

—The bag of waters generally ruptures at the beginning of the second stage of labor; should it not do so it is advisable to rupture it, and this may be done generally by firm pressure of finger against it during uterine contraction; if this method does not succeed, a few notches may be cut in the finger nail, using it as a saw against the tense membranes. (Farvin.)

—In the first stage of hip disease pain and swelling are absent and the patient does not complain; the second stage is the result of an injury, which may be slight and even unnoticed, but an injury has been received in some form or other; the third and last stage is the destruction of the parts. Do not attempt to move the hip-joint if it is stiff; if you do, you will do harm. (Dr. Allis.)

—The prognosis of fatty heart is unfavorable for a cure, but if there is no strain upon the organ, it can be benefited by treatment. Diet does not materially injure, but should be good and nourishing. Stimulus is the best treatment, given with meals in small quantities. Digitalis does not do very much good, but strychnine is valuable; also small doses of nitro-glycerin. (Da Costa.)

—Prof. Bartholow recommends the iodides as among the best remedies for beginning cirrhosis, often adding arsenic to the prescription, whereby the efficiency of the iodide is increased:

B. Ammon. iodidi, §j.
    Liq. potas. arsenitis, fss.
    Tinct. colubrae, fss.
    Aqua, fij.

Sig.—One teaspoonful three times a day, before meals.

—The ligatures used in Jefferson Hospital are prepared by taking ordinary catgut, immersed in alcohol containing one per cent. corrosive sublimate and five per cent. tartar emetic for one hour. From this solution, immediately place in oil of juniper berries, where it must remain at least ten days before ready for use. When wanted for use, wipe the gut with a towel wrung out of a solution of bichloride of mercury, 1-1000, and place it in a similar solution, to which has been added twenty per cent. of alcohol; the alcohol prevents untwisting and swelling.

—When carcinoma of cervix uteri has reached such a stage that it is unavoidable to operate, Prof. Parvin advises the use of antiseptic injections, preferably a solution of pernigranate of potassium, in the proportion of one drachm of the salt to one pint of water, and used twice a day; for the hemorrhage use tampon and saturated solution of alum, and at same time cotton root or ergot internally; for the pain give opium, and enough to subdue it.

—To relieve the paroxysm of asthma, there is no remedy equal to the hypodermic injection of morphia. In many cases iodide of potassium in full doses, fifteen to twenty grains every two or three hours, will arrest the paroxysm. In cases which persist for some days, the combined action of bromide and iodide of potassium, with the addition of one or two drop doses of Fowler's solution, is commended. The inhalation of pyridine, iodide of ethyl and fumes of burning narcotics are used to the exclusion of all other remedies by some physicians. In the treatment of asthma, no point is of so great importance as the careful regulation of the diet, which should be light and easily digestible, and of little bulk as possible, avoiding starchy and saccharine substances. (Bartholow.)
on the benches of a medical school, and in two or three brief years become a finished physician, and at once a practitioner of a specialty, and ere long, regardless of his antecedents, a member of a society of specialists, and as such, and for no other reason, a member of the recently established triennial Congress of American Physicians. So much more to his credit, some will say, but few will be found willing, for all that, to speak or write slightingly, in these days, of educational prerequisites in the study of medicine.

The American Academy of Medicine, to which reference has been made, was founded in 1876, having for its objects the bringing together of those who are alumni of collegiate, scientific and medical schools into closer relations with each other; the encouragement of young men to pursue regular courses of study in classical and scientific institutions before entering upon the study of medicine; to extend the bonds of medical science, to elevate the profession, to relieve human suffering, and to prevent disease.

As was forcibly stated in the annual address of the late Dr. Frank H. Hamilton, President of the Academy, September, 1878, the founders of this society sought, especially, by its organization to aid others who were engaged in similar efforts in this country, but who were working by other means, to remedy a great, and universally admitted evil, namely, imperfect preparation for the study of medicine, and its almost inevitable sequence, imperfect qualification on the part of those who are contemplating the study and practice of medicine. "They must be persuaded that it is unbecoming for them to enter upon the study of a learned profession without suitable classical and scientific knowledge, and without mental discipline; that it is impossible for them, without this knowledge and discipline, to make any respectable attainments in the science of medicine, and that it is shameful for them to enter upon the practice of medicine, and attempt to minister to the physical sufferings of their fellow-beings, without a competent knowledge of their science." He contended that almost the entire medical profession in this country, including even most of that very large proportion who have not had the advantages of a thorough preliminary training, were urging its utility or necessity; medical associations having, in all parts of the United States, again and again declared its importance; and especially was this true of the American Medical Association. The American medical journals had unanimously insisted upon radical changes in this respect; the professors and the alumni of medical colleges at their annual commencements, and in their social gatherings, had reiterated the same sentiment; but the work of reform in this direction had not yet been accomplished. They needed further help, and the Fellows of the American Academy of Medicine put their hands together to help them.

This national body was not intended as a substitute for any other association of medical men; but it proposed to supplement their labors, and not to cease its efforts or disband its organization until the needed reforms were accomplished. The Academy has witnessed in the twelve years of its existence the gradual accomplishment, in all directions, of one of the main objects for which it was instituted, the improvement of the preliminary education of medical men; and it would be an injustice to itself, and an abnegation of its own lofty aims and purposes, if the American Academy of Medicine did not recognize in the successful attainment of such a boon to the medical profession, its own important share in the result, accomplished through its annual meetings, its published addresses and papers, and the pervading influence of its educated membership. Its Fellows are restricted to those who have received the degree of Bachelor or Master of Arts, after a systematic course of study, and of Doctor of Medicine, after a regular course of study of not less than three years, and an experience of three years in the practice of medicine. But in this respect it limits the eligibility of its members, as all the other national medical organizations do—the difference being only in kind and in degree—a procedure which every society has the right to enforce for the furtherance of its own objects and the maintenance of its own principles, without being subjected to a charge of exclusivism.

Our Library Table.

All new publications noticed in this department, and all other medical works, except subscription books, may be procured, at a discount, by addressing Wm. F. Fell & Co., 1220-1224 Sansom St., Philadelphia.


This, the Tenth Volume of the series of "Treat's Medical Classics" now in course of publication, contains, in addition to the results of the author's experience obtained in hospital and private practice, the substance of a course of lectures delivered in the Medical Department of the University of New York, to which is added the peculiar methods of treatment employed by various authorities in Europe and America. The volume is complete as a book of reference for the student and practitioner of medicine. All that we wrote that was commendatory of the first edition is applicable with greater force to the second. The subject is a delicate one at best, and requires, as it here receives, delicate handling.


The object of this little work (5 in. x 3½ in.) is to meet a want keenly felt by the busy physician, namely, the need of some quick and reliable method of communicating intelligibly with patients of those nationalities and languages unfamiliar to the practitioner.

The plan of this useful and handy little book is a systematic arrangement of questions upon the various branches of Practical Medicine, as the Eye, Ear, Nose, Throat, Fevers, Surgical Operations, Stomach Complaints, General Health, Special Diet, Patient's History, etc., etc., and each question is so worded in English, French, German and Italian that the only answer required of the patient is merely Yes or No.


"Curious Questions" is the suggestive title of a book of much merit, which is based upon subjects that are likely to be suggested by any ordinary course of reading, and many of them would naturally arise in general conversation. These are met by answers admirable for their completeness and perspicuity. The volume is one which every inquiring medical man should possess, as an addition to his library for his own information and that of his wife and children.

MANIFOLD CYCLOPEDIA. Vol. VII. John B. Alden, Publisher. 393 Pearl St., New York.

This volume, just issued, contains over 600 pages, including considerably over 100 illustrations, devoted to topics in every depart-
ment of human knowledge. A wonderful variety and comprehensiveness characterize it. The editorial work is in skillful hands, the mechanical portion, paper, printing and binding, all that one can reasonably wish, the form convenient beyond precedent, and the cost trivial. The subjects considered in this volume embrace the wide range of interesting topics between Calvin and Cuvier.

Fasciculus No. 8, of The Atlas of Skin Diseases, published by William Wood & Co., which was recently issued, contains plates of the following diseases: Tubercular Syphilis, Serpiginous Syphilis, Tuberculo-Ulcerous Syphilis, Ulcerative Gummat, Serpiginous Ulcerous Syphilis; Syphilis Cutanea; Ulcerosa et Vegetans; Ulcro-Gummous Syphilis. The coloring is true to nature, of the following diseases: Tubercular Syphilis, Ulcero-Gummous.

Comparative Studies of Mammalian Blood. By Henry F. Formad, M.D., Abdominal Pharmacy: A French exchange suggests as an application of human knowledge. A wonderful variety and comprehensiveness characterize it. The editorial work is in skillful hands, the mechanical portion, paper, printing and binding, all that one can reasonably wish, the form convenient beyond precedent, and the cost trivial. The subjects considered in this volume embrace the wide range of interesting topics between Calvin and Cuvier.

Therapeutic Briefs.

[Short paragraphs embodying the practical personal experience of any of our readers will be acceptable as contributions to this department.—Editor College and Clinical Record.]

—The following application is said to be effective in Insect Bites:

B. Colloids flexilis, p. 19
Acid, salicylic, p. i. M.

—for Tender Feet, the Chemist and Druggist suggests the following powder:

Oleate of zinc, powdered, 3
Boric acid, powdered, 3
French chalk, powdered, 3

—for Earache, the Pharmaceutical Era recommends that five drops of chloroform be put on a little cotton or wool in the bowl of a clay pipe, and the vapor blown through the stem into the aching ear.

—for French exchange suggests as an Anti-neuritic Ointment the following:

Menthol, 7.5 p.
Cocaine, 2.5 p.
Chloral Hydrate, 1.5 p.
Vaseline, 50 p.
Apply to the affected part.

—for Eczema of the Genitals and Anus, Lustgarten (Gaz. de Gynecol.) suggests the following ointment:

Cocaine oleate, ¼ to j.
Olive oil, p. j.
Lanolin, p. x. M.
To be applied twice daily.

—for Gastralgia, according to Weissenberg (L'Union Medica), may be treated as follows:

B. Cocain. hydrochlorat., gr. iss
Extract, belladonnae, gr. viss
Rhei pulp., 3
Extract, rhei, 3
Piant pil. xx.
Sto.—One t. d., at the commencement of meals.

—the following General Antidote for Poison is given in the American Journal of Pharmacy: Equal parts of calcined magnesia, wood charcoal and hydrated oxide of iron, with a sufficient quantity of water. This is a harmless and simple remedy, applicable in cases in which the poison is unknown.

—A correspondent is informed, in reply to his inquiry as to the number of grains of corrosive sublimate in a 3µv solution, that 71µ grams of corrosive sublimate in a pint of water represents that strength of solution. Half this amount of the sublimate in the same quantity of water represents a 3µv solution and so on.

—an useful Mouth Wash for spongy gums, stomatitis and for application after extraction of a tooth, is made as follows, according to the British Dental Journal:

B. Resorcin, Extract, eucalypt. volatile, 3
Aqce, 3
Rub up with magnesium carbonate, 3, and filter. Add a teaspoonful to a tumbler of water, for a wash.

—to Abort a Boil, Dr. Halle (Prat. Med.) recommends the following application:

Tinct. arnicce flor., p. j
Acid, tannic, 3
Acacie pulv., 3
Paint upon the part and the surface immediately surrounding it every fifteen minutes until a thick and resistant coat results. This will speedily relieve the pain and abort the boil.

—for the removal of an Obstinate Pelvic Cellulitic Mass, the editor of the Clin. Lancet-Clinic states that the following prescription proved unexpectedly efficacious:

B. Extract, belladonnae, Camphora pulv., Unguent. hydrargyri, 3
Lanolin, 3
Sto.—Apply to the skin over the swelling, on Canton flannel.

—in the case of Peuritus of the Anus, especially in women:

Cocaine, gr. vi
Vaseline, f. j. M.
The parts to be frequently washed, also, with warm water.

When the pruritus was accompanied with eczema, Dr. H. W. Blane, of New Orleans, has used the following with success:

B. Olei cadini, 3
Acid, salicylic, gr. xv
Unguent, zinc oxiid, q. s. ad. f. ½ M.
Apply twice daily.

—in M. Bouchard, says the Physician and Surgeon, recommends the following treatment for Typhliitis:

Sooth pain by a morplne injection, if very sharp at first; if not, a thick layer of Neapolitan ointment with belladonna, covered by a large, very hot poulicate; aseptic rectal injections twice a day, with at least one litre of
water, to which are added five grammes of borate of soda, and two or three teaspoonfuls of the tincture of benzoin, mixed with camphorated alcohol. The injections must be given very slowly. Absolute rest is indispensable. No purgatives, or if any, only those of the mildest kind, such as magnesia in water, etc. Only the lightest diet, which will leave no deposit for intestinal fermentation, should be allowed. Milk and alkaline drinks may be given in small quantities at a time; later on milk thickened with eggs or of eggs. If at the end of a fortnight some thickening can still be felt round the eczema, a small blister should be applied.

News and Miscellany.

Chinese Restaurants.—In the issue of the Scientific American for September 8th, 1888, we find an interesting abstract of a paper contributed by Mr. Wong Chin Foo, an Americanized Chinese, and a well-known journalist of New York, on "The Chinese in New York," to the August number of the Cosmopolitan. In speaking of the gastronomic habits of the Chinese, Mr. Wong (the Chinese put the family name first) says that in their restaurants these people do not generally pay by the dishes ordered, but by the tables or spreads, called guzh. A first-class spread includes about forty courses, which it takes two days to finish, and which costs fifty dollars. A second-class spread, with twenty-eight courses, costs forty dollars. A third-class spread, with eighteen courses, costs twenty-five dollars. The cheapest spread includes eight courses, and costs eight dollars. This is the lowest price for which a man can order a formal dinner in a first class Chinese restaurant (of which there are eight in New York City); but then the lowest price for which a man can order a formal dinner in New York City (eight in New York city) is twenty-five dollars. The cheapest spread includes eight courses, and costs eight dollars.

A curious Phase of the Law.—In a recent letter from London to the N. O. Med. and Surg. Journal, it is stated that a case recently before the Justiciary Appeal Court at Edinburgh gave occasion for a very neat illustration of the state of the law. It appears that the operation ordered by the Lord Advocate was to sawing off the horns within an inch of the skull, the operation being extremely painful. In deciding that the operation was not illegal, Lord Lyon quoted the opinion that, "if you opened an oyster for the purpose of eating it, that was lawful and quite right; but that, if you opened it for the purpose of science, it was against the statute and was a punishable offence.

A Notable Clinic.—A number of prominent surgeons and physicians, ex route from the meeting of the Congress of American Physicians at Washington, paid a visit to Jefferson Medical College on Saturday, September 22d, and performed several interesting and important surgical operations. The party included Professor Von Esmarch, of Kiel, Germany, with his wife, the Princess Henrietta, of Schleswig-Holstein, aunt of the present Emperor; Sir William MacCormac, senior surgeon of St. Thomas' Hospital, London, and his wife; Dr. W. O. Priestley, of London; Dr. W. M. Shull, of Philadelphia; Mr. Annandale, professor of clinical surgery in the University of Edinburgh; Professor Ferrier, of the Royal Society, of London, widely known for his extensive researches into the functions of the brain; Professor Reginald Harrison, of Liverpool, and Dr. Levista, of Mexico. These gentlemen were warmly greeted by the large audience present. Prof. Von Esmarch was introduced by Prof. Gross as the inventor of the well-known "Esmarch bandage" for controlling hemorrhage during operations. He performed a difficult operation, as the result of which a tumor in the woman's neck, Mr. Annandale then removed a new tro-pharyngeal sarcoma from the throat of a miner, the tumor having attached itself to the bones at the base of the brain and extended so far down the throat that it was first necessary to perform tracheotomy. A case of varicocele was treated by Sir William MacCormac, and then Prof. Harrison performed the last operation, that of prostatotomy.

Where Has 'Opkins Gone?—The Hospital, of England, states that nurses in hospitals are rather apt to lay too much stress on the advantages received by the patients and their duty of thankfulness, but still it is the poor soldier who suffers most from always having his causes to be grateful to in his teeth. Witness the following true story: Chaplain.—So poor Hopkins is dead. I should have said to speak to him once again, and soothe his last moments; why couldn't you call me? Hospital:—I didn't think you ought to be disturbed for 'Opkins, sir, for I only just soaked him as best I could myself. Chaplain.—Why, what did you say to him? Orderly.—"'Opkins," said I, you're a mortal bad. "I am," said 'Opkins. "'Opkins," said I, this is the last time I'm going to say it, you'd better be improved. "No," said 'Opkins. "'Opkins," said I, you're a very bad boy. "Yes," said 'Opkins. "'Opkins," said I, I don't think you can go to heaven. "I don't think I can," said 'Opkins. "Well then, 'Opkins," said I, you'll go to hell. "I suppose so," said 'Opkins. "'Opkins," said I, you ought to be very grateful as there's a place prepared for you, and that you've got somewhere else to go. And I think 'e'mard me, sir, and then 'e died.

A peculiar "Steal."—According to the Popular Science News, of recent date, one of the telegraph lines on the Wabash road, known as No. 4, has been a source of mystery to the operators for some time. It had been repaired, and stopping, and the linemen have been unable to locate the trouble until quite recently. It was finally chased down to where an old man had led a wire into his house, near Wabash, Ind., and was applying electricity for the cure of rheumatism. And when the liner went to the Philadelphia Lying-in Charity at the S. W. cor. of Eleventh and Cherry Sts., recently completed, is now open for the reception of patients. The building is a model of hospital construction. Married and unmarried women (for their first confinements only) are cared for during their lying-in in the maternity wards and private rooms. Private rooms and surgical wards for the treatment of diseases of women are in a separate and isolated portion of the building. Nurses are furnished to physicians at any hour of the day or night, immediately and without charge. Physicians are invited to inspect the building, or, if living at a distance, to write for blanks for the admission of patients, to Dr. Charles Meigs Wilson, Surgeon in charge, S. W. cor. of Eleventh and Cherry Sts., Philadelphia.

According to a recent enactment in Indiana, prescriptions cannot be refilled more than once, which contain more than a quarter grain of opium or one-twentieth of a grain of morphia, without verbal or written directions from the prescriber.

The Eagle Sanitary and Cremation Company has been formed in Des Moines, Iowa, with branches elsewhere, for the destruction by fire of garbage, night soil, and other offensive matter in cities.

The meeting of the Southern Surgical and Gynaecological Association was postponed until the first Tuesday in December next, in consequence of the present quarantine against yellow fever.

An inquest was recently held in London, England, on a woman who was probably the champion chloroform-taker of the world. She had been in the habit of taking a pint a day.

The Fort Wayne Journal of the Medical Sciences is now entitled The Journal of the National Association of Railway Surgeons.

Personal.—Dr. C. C. Green (J. M. C., 1888) has removed from Midlopton, Ohio, to Beaver City, Nebraska.

Dr. W. T. Phillips (J. M. C., 1884) has removed to Bloomsburg, Pa.

Dr. J. P. Osterhout (J. M. C., 1887) is at Bluefields, Nicaragua.

Dr. C. W. Everhart (J. M. C., 1886) has removed to Grant's Ford, Pa.

Dr. A. L. Blazock (J. M. C., 1886) has removed to Belleville, Florida.

Dr. William M. Shull (J. M. C., 1885) is at Concord, Franklin Co., Pa.

Dr. L. C. Chapin (J. M. C., 1885) is practicing medicine at Haleyville, Ill.

Dr. Joe W. Cooper (J. M. C., 1884) is practicing medicine at Bellaire, Ohio.

Dr. R. P. Walker (J. M. C., 1885) has removed from Belton to Kansas City, Mo.

Dr. Thomas Blackwood (J. M. C., 1874) has removed from Clay Centre to Freeman, Kansas.
Dr. F. Cauthorn (J. M. C., 1879) has removed from Gervais to Portland, Oregon.
Dr. S. S. Boyer (J. M. C., 1864), A. A. Surgeon, U. S. A., is now in Fort Concho, Texas.
Dr. Thomas Throckmorton (J. M. C., 1872) has removed from Derby to Charlton, Iowa.
Dr. L. Webster Fox (J. M. C., 1878), the well-known oculist, has just returned from Europe.
Dr. Johnson Frank (J. M. C., 1886), formerly of Texas, is now located at Sharp, Kentucky.
Dr. W. F. Brady (J. M. C., 1884) has spent the past three years in Europe, and is now at Berlin.
Dr. B. F. Chilcott (J. M. C., 1886), formerly of Colfax, Pa., is practicing his profession at Osborne, Kansas.
Dr. J. S. Fragnetner (J. M. C., 1888) has been elected a Deacon from the Philadelphia, Pennsylvania.
Dr. L. S. McMurtry, of Danville, Kentucky, is the newly-elected President of the Kentuck State Medical Society.
Dr. James W. Heddings (J. M. C., 1879), of St. Joseph, Mo., has been absent for several months on a visit to Europe.
Dr. E. K. Ferguson (J. M. C., 1886) has been in Europe for fifteen months past, paying special attention to ophthalmology.
Dr. W. W. Van Vlack (J. M. C., 1876), of New York City, recently went abroad as medical adviser of Mr. Turner, business manager of the New York World newspaper.
Prof. Bartholow delivered the Introductory Address at the opening of the session of 1888-9 at Jefferson Medical College. Subject, "Ten Years in Jefferson Medical College."
Dr. Albert Hoover (J. M. C., 1884) is devoting special attention to ophthalmic practice at Akron, Ohio, at which place he married, in October 1887, Jessie Alma, daughter of Hon. Judge N. D. Tibbals, of Akron.
Dr. S. MacCuen Smith (J. M. C., 1884), formerly at Hollidaysburg, Pa., and afterward Resident Physician in the Germantown Hospital, Philadelphia, is now Surgeon in charge of the Nose, Throat and Ear Department of that hospital, and Chief Clinical Assistant of the Ear Department of the Jefferson Medical College Hospital.
Dr. Stephen Smith, in the Medical Record, states that several years since he transplanted seventy-five particles of skin from a leg which had been amputated for more than two hours; seventy-three of the particles of skin lived and grew vigorously.

**Continent**

**Marriages.**

**Bruner—Donley.** At Philadelphia, Pa., September 11th, Henry G. Bruner, M. D. (J. M. C., 1884), and Malinda A. Donley.


**Ely—Marcey.** Harry B. Ely, M. D. (J. M. C., 1886), only son of R. H. Ely, M. D., of Lacewy, Pa., and Irene L., daughter of Wm. L. Marcey, M. D., of Arietta, Pa.

**Frank—Iverlet.** At Sharps, Kentucky, August 1st, 1888, John Frank, M. D. (J. M. C., 1886), and Rosa Iverlet, both of Sharps.

**Pancoast—Tallman.** On September 12th, at Philadelphia, Geo. R. Pancoast, M. D. (J. M. C., 1884), and Julia C. Tallman, both of Philadelphia.

**Taylor—Hill.** At Daluth, Minn., August 22d, 1888, Robert A. Taylor, M. D. (J. M. C., 1886), and Margaret Hill, both of Philadelphia.

**Deaths.**

**Bryan.** At Newtow, Bucks Co., Pa., on Sept. 28th, of typhoid fever, John S. Bryan, M. D. (J. M. C., 1878).

**Cobb.** At Richmond, Va., Aug. 24th, 1888, of hemiplegia, Benjamin Franklin Cobb, M. D. (J. M. C., 1884).

**Morton.** At Ashbury Park, New Jersey, September 20th, 1888, F. Knox Morton, M. D. (J. M. C., 1873), aged seventy-eight years.

**Seip.** At Kreamer, Pa., on Ascension Day, May 10th, 1888, Sena Seip, wife of J. W. Seip, M. D. (J. M. C., 1883), in the 30th year of her age.

**Original Articles.**

**The Treatment of Carcinoma of the Breast.**

BY SAMUEL W. GROSS, M. D.

Prof. of the Principles of Surgery in Jefferson Medical College, Philadelphia.

Read before the Philadelphia County Medical Society, September 26th, 1888.

Of operations which do not rank with major procedures, one is more commonly practiced by men not skilled in the manual of surgery than that of the removal of the mammary gland for carcinoma. The superficial situation of the organ, the ease with which hemorrhage is controlled, the flaps are united, and the dressings applied, all tend to make a partial or complete extirpation of the breast a tempting field for the young surgeon. If to these considerations be added the great frequency of the disease, it will be seen that its treatment should constitute an instructive topic for consideration and discussion by this body.

In accepting your invitation, Mr. President, to make the opening remarks upon the subject, I take it that a brief narration of my own personal experience will prove to be more interesting than were I to deal with the practice of others, more especially as the operation which I have performed is more thorough than the usual procedure.

At the outset I will state that in the management of so lethal an affection I have relied upon the scalpel, as I believe it to be the one and only measure which is capable of affording good results. It may be that some of my hearers are skeptical as to the propriety of interference. The old tradition that carcinoma is an outward evidence of a blood disorder, and that it cannot, consequently, be cured by operation, may still influence a few of our members. To these I may be permitted to say, first, that the leading minds of the world now admit that carcinoma is primarily a local growth; and, secondly, as I have elsewhere* conclusively shown, from an impartial examination of a large number of cases that the knife not only prevents the local dissemination of the disease, its extension to the lymphatic glands, and the occurrence of secondary growths in a large percentage of cases, but that it moreover prolongs life, and definitely cures one patient out of every eight and a half.

An operation in a suitable case having been decided upon, the one selected by the majority of surgeons is that with which we are all so familiar, namely, the inclusion of the nipple and a portion of the skin in two elliptical incisions, the reflection of the flaps, and the dissection of the gland from the surrounding tissues. Other surgeons, actuated by the desire to save as much of the gland as possible, limit their efforts to the extirpation of the tumor alone. The first of these procedures is faulty enough; the latter cannot be condemned in too severe terms; and yet, in his recent monograph on "The Operative Surgery of Malignant Disease," Butlin, I am sorry to say, recommends it. A knowledge of the changes which, from the tumor itself, ensue in the remainder of the breast, in the adjacent soft tissues, and in the associated lymphatic glands, which changes indicate the local extension of the disease along the lymph paths, ought surely to lead the surgeon to reject such irrational operations. In very exceptional instances a cure may be effected; but we all know what is the common result—a more or less rapid recurrence of the disease—a favorable issue being so uncommon after these incomplete operations that few, if any, of us have ever witnessed it.

Disatisfaction with my own earlier results and those which I was enabled to follow in the practice of other surgeons led me, ten years ago, to adopt a radical procedure, the object being to effect riddance of all the tissues in which the experience of hundreds of years demonstrates that recurrence, or a new outbreak of the disease, takes place. Hence, in my operation, which is minutely described in the American Journal of the Medical Sciences for April, 1888, I amputate, by a circular cut, the entire breast with its overlying skin and
fat, dissect off the pectoral fascia, and carry an incision into the axilla, through which I am enabled to extirpate its contents. If nodules should be found in the pectoral or intercostal muscles, they are also removed with an equally unsparing hand. The edges of the wounds are then approximated, the closure of the breast incision being greatly facilitated by raising the flaps from the subjacent tissues for an inch and a half to two inches, and the employment of button sutures. In some cases, the wound cannot be entirely united, so that it has to heal by the process of granulation. In the discussion which will follow the reading of my paper, I will doubtless be asked, first, Why do you remove the entire breast and its surrounding tissues? and, secondly, Why do you attack the axillary glands in all cases? My answer is simply because recurrence, or a new outbreak of the disease, ensues in tissues which are left behind in the less radical modes of operating. The accumulated observations of surgeons show that recurrence may be anticipated in the skin and subcutaneous tissues, especially at or near the cicatrice; in the fascia covering the pectoral muscle; in the remnant of the breast from which the tumor alone was excised; in outlying lobules which were overlooked during the performance of the less complete operations, and in the lymphatic glands, particularly those of the axilla.

Answering these questions more fully, I would say that the most serious and well-recognized experience, demands that the entire mammary gland along with its circumscent tissues should be amputated, first, because we have to deal with a carcinomatous degeneration commencing at one point, from which the cells migrate in various directions into the remainder of the breast and the surrounding tissues, the extent of which migration into the lymphatics and their radicles it is impossible to determine with the naked eye; secondly, because the disease is sometimes multiple, and the smaller growths are only detected on examining the breast after its removal; thirdly, because minute lobules frequently lie at some distance from the main body of the gland, particularly toward the axilla and the clavicle, which may subsequently become the seat of a new outbreak, even as late as ten years, as in a remarkable instance recorded by Banks; and, fourthly, because nodules may be found in the subcutaneous tissues at a relatively great distance from the breast, which would certainly have escaped detection in the lesser operations.

My answer to the second question, Why do you attack the axilla in every case? is because the axillary glands are almost always diseased, even though they cannot be felt prior to operation. Of my 45 cases, the glands were not palpable in 18, but in 15 of these they were present when the axillary space was opened. In 57 out of 65 similar cases, Kuester found that the glands were infected, so that our combined experience demonstrates that the glands are invaded in 86 out of every 100 cases in which there is no external evidence of their implication. Hence, if the axillary glands be not evacuated of its contents in every case, a subsequent operation will almost surely be demanded. In point of fact, I consider this step as the keynote of the procedure, and I refuse to operate if I am not permitted to have my own way in this regard.

Although the procedure which I have described may appear to be unnecessarily severe as to the sacrifice of tissue, and, at first sight, seem to be attended with more risk than operations performed with a more sparing hand, it will be seen from the following considerations that, as a rule, the stimulus of pain which has as yet been practiced as regards mortality, freedom from local recurrence, and a final cure.

Of my 45 cases, 2, or 4.44 per cent., perished from the operation, and 5 patients were lost sight of after recovery. Deducting the 7 that died and could not be traced, 38 cases show local recurrence in 11, or 28.95 per cent. Including the deaths, out of 40 cases, 9, or 22.5 per cent., recovered. Of these, 1 died of an intercurrent disease in 7 years and 10 months, while the remainder are still doing well, 1 for 9 years and 10 months, 1 for 9 years and 1 month, 1 for 6 years and 9 months, 1 for 4 years and 3 months, 1 for 3 years and 5 days.

Let us contrast these results with those afforded by the next best operation, namely, the removal of the breast by flaps and the evacuation of the contents of the axilla in every case. Of 328 cases of this description in the hands of Banks, Kuester and von Bergmann, 10.67 per cent. perished, where local recurrence in 54.92 per cent., and 15.15 per cent. were cured, so that my operation is safer by 6.23 per cent., is less liable to local recurrence by 25.97 per cent., and affords 7.35 per cent. more of permanent recoveries.

It is quite certain that the greater immunity from local reproduction of the disease in my operation is due to the total amputation of the breast, its skin and enveloping fat. Despite the fact that my results are better than any that have heretofore been recorded, a careful examination of the cases of Banks shows that he met with only 3.88 per cent. more of recurrences than I have, and that his percentage of recoveries, namely, 20.77, is only 1.73 per cent. less than my own. Hence, I felt that I might possibly have sacrificed too much of the skin; and since June, 1887, I have so far modified my operation in 10 cases, the skin in none being apparently affected, as to save enough of that structure to admit of nice approximation of the edges of the wound. All recovered from the operation; one died from recurrence in the axilla and metastasis; one is living, with axillary reproduction, in a remarkably instance recorded by Banks; in not one has there been local reproduction; one patient is free from disease at the end of fifteen months, one for one year, one for nine months, and the remainder for periods varying between three and eight months. These cases can be followed, and whenever I am sure of being able to trace my patients, I shall give this procedure a fair trial. When, on the other hand, the patient lives at a great distance, or her circumstances are such as to prevent her visiting me in the event of recurrence, I will adhere to the more extensive operation.*

The points I have tried to emphasize are: the importance of a thorough operation and the fact that its results are better than those of incomplete operations. Now as to primary union. Of course, I want to get primary union whenever I can. Those who have never seen my operation would be advised to see how close an approximation we can get by sliding the bistoury under the skin, for from one to two inches, and then drawing the loosened flaps together with button sutures. Sometimes, when there has been very extensive disease, necessitating correspondingly extensive operation, we have a gap left to granulate, of two or three fingers' breadth—never more than three fingers' breadth. Healing may be slow in a debilitated subject with a large wound, but averages about six weeks.

As to saving the breast, and only removing the tumor itself—I do not care for the breast. It is of no use. I am concerned in getting rid of all diseased tissues. What surgeon would undertake to remove a sarcoma of the thigh, for example, and for the sake of leaving a little more stump, make his flaps through infiltrated tissue? I should consider such a procedure criminal. Yet it is just what some surgeons want us to do in the breast. In my last ten cases I did, for reasons stated in the paper, the lesser operation, and if I find it equally satisfactory in the end, I will adopt it altogether. I am not wedded to one operation, only so far as not only personal experience but the combined statistics of several operators with good results show that my operation has given the best results.

As to aseptic surgery, I can only say that if any one has been taught the modern methods and neglects them, and death occurs from erysipelas, pyemia or septic complication, he cannot be held irresponsible.

* The remaining appended paragraphs embrace remarks made by Prof. Gross in concluding the discussion on his paper.

---

Picrotoxin in doses of 1/4 to 1/2 grain is said to be a valuable therapeutic agent for night sweats of consumptive origin. One dose at night prevents sweating for about one week, when it becomes necessary to repeat the dose.
CLIMATE AND BRIGHT'S DISEASE.

BY JAMES C. WILSON, M.D.,
Clinical Lecturer on Diseases of the Kidneys at Jefferson Medical College, Philadelphia.

Read before the American Climatological Association, at Washington, D. C., September 26th, 1888.

The relation of climate to Bright's disease is twofold, causative and therapeutic.

All authorities are of accord as to the part played by cold and damp, and especially by sudden cold and damp, in the production of acute nephritis. The causal influence of vicissitudes of weather, and therefore of cold, damp and changeable climates on the production of the sub-acute and chronic forms of nephritis, is less obvious. Bright's disease is peculiarly an affection of temperate climates, but when we take into consideration the importance properly assigned to modes of life, occupation, diet, alcohol, nervous influences, residence, and climate, in its causation, we cannot but be impressed with the long recognized fact that in whichever direction we leave the temperate zone we find a decided and rapid diminution in the frequency of this disease.

Hirsch calls attention to the infrequency of albuminuria in sub-tropical and in extreme northern countries. Dickinson, who has carefully investigated the subject, fully confirms this view from an analysis of the statistics of the British Army Medical Reports for eight years, from 1865 to 1872 inclusive. These statistics are of peculiar value, as they represent the frequency of renal affections in bodies of soldiery in every climate and at every season during the same period of time. The observations are drawn from considerable numbers of individuals of the same race, age, occupation, and habits, living under nearly similar conditions, under the observation of trained observers and with a uniform system of recording facts. They are perhaps vitiated to a certain extent by the effort which has been made to secure accuracy by eliminating from the conclusions the influence of syphilis. Dickinson found that in British America, with its low average and great variability of temperature, renal disorders are nearly as frequent as in the United Kingdom. In Newfoundland, with its exceptionally humid climate, these disorders, so far as regards the limited number of troops there stationed, appear to be even more common than in the British Isles. With the higher temperature of New Zealand, renal disease becomes less frequent, and is least so on the sub-tropical shores and islands of the Mediterranean, and in the solitary outposts of Mauritius and Bermuda, where a tropical or nearly tropical climate is tempered by a vast circumference of ocean. It is to be noted also that the Cape of Good Hope and St. Helena were comparatively free from renal affections. This accomplished observer also informs us that as the result of an analysis of the published registers of the causes of death, the comparatively cold cities of Great Britain and Australia show a remarkable liability to renal diseases. Paris, though not differing very much in temperature from the more fortunately situated of these cities, has a smaller proportion. Genoa, with its sub-tropical climate, has an almost complete exemption. He found that in the year 1863, in England, one death in 106 was due to this cause; in Scotland, one in 109; in Wales, one in 131. Of the several divisions of Scotland, in the mainland rural districts one death in 103, in the towns one death in 112, and in the insular rural districts one death in 188.

The Shetland Islands, with an almost arctic climate, enjoy an immunity from the disease not approached by any other part of the kingdom. It is further noted that within the limits of each kingdom, especially in Scotland, where the climatic differences are much more marked, there is a striking general correspondence between the amount of renal disease and the changeability of the climate. He found that in the Southern hemisphere exposure to a similar climate is attended with the same results. In Melbourne, with a mean temperature of 57°, renal affections are scarcely less common than in London. This appears from the results of general registration, while the mortality from kidney disease in the Melbourne City Hospital, one in thirteen, is much what occurs in similar institutions in England.

On passing the mean of 60° F., the frequency of renal disease displays an extraordinary diminution. "Renal diseases, putting aside that of lardaceous origin, are the companions of wheat and barley rather than of the vine and the olive. They abound wherever the climate, however cold during the winter, is warm enough in the summer, as in Canada, to bring wheat to perfection, and become scarce where oranges and lemons grow, and where deciduous trees, as generally characteristic of the scenery, are replaced by palms and other tropical endogens. In other words, it prevails wherever the heat for a considerable portion of the year is what would ordinarily be called temperate, whether usually so, as in Great Britain, or so for a large period of the year, as in British North America, where comparatively mild weather divides the year with continuous frost."

Dr. Dickinson's researches further show that with tropical heat, renal disease increases. They also confirm the opinion generally entertained, that the prevalence of these affections is promoted by frequent and abrupt changes. On the western coast of Scotland, where there is scarcely heat enough in summer to ripen wheat, but where the winters are warm from the influence of the Gulf Stream, so that a very uniform temperature prevails throughout the year, "renal disease is not half so frequent as on the eastern side of the kingdom, where the weather is both clearer and healthier than on the Atlantic shore, but undergoes much larger and more frequent variations."

The records on which these conclusions are based do not permit of a distinction between the acute inflammatory affections of the kidney and the more insidious and chronic forms of Bright's disease. I am not aware that similar investigations on a large scale have been made in this country. Without doubt an analysis of the records of the great life insurance companies, as regards the proportion of applicants rejected on account of Bright's disease and of deaths due to this cause, would shed much light not only upon the influence of climate, city and rural life, occupation and other important factors in the causation of this disease, but would also yield important facts in regard to the duration of the disease under varying circumstances.

Experience has abundantly proved that climate exerts an influence upon the course and duration of chronic forms of Bright's disease scarcely less important than in its causation. The concurrent testimony of all observers who have given their attention to the subject of the climate treatment of Bright's disease, points to the salutary influence of prolonged residence in favorable sub-tropical regions, especially in cases where the disease has not yet made much progress. The late Professor Flint laid great stress upon the importance of a change of climate in chronic Bright's disease. You, yourself, Mr. President,* have in your lectures and published writings emphasized it. Tyson and Purdy dwell upon it with a positiveness not found in the earlier writers. Dr. Dickinson goes so far as to say that "the advantage to be expected from a change of sky is at least as great in renal as in pulmonary disease. Cure is a word to be used with caution, but I have seen little less, the albumen reduced to a trace, and perhaps that inconstant, and the general health brought up almost to its original level." Dr. George Johnson writes: "Among other remedial agencies, when acute renal disease is prolonged and threatens to become chronic, change of air and scene is often highly beneficial. Residence during the winter season in a warm, dry, equable climate, such as may be found at Cannes, Nice, Mentone and Algiers, has in many instances, been attended with highly beneficial results. The bright warm sun and dry invigorating air favor the action of the skin and of the bronchial mucous membrane; the patient is able to be much in the open air, and thus the respiratory, the digestive and the secretory functions are all assisted and pro-

* Professor Locouis.
moted. I have seen some most remarkable recoveries effected under the influence of a long voyage after other means had failed to effect a cure."

On the other hand, the climate treatment of Bright's disease seems to have been strangely overlooked by teachers of influence and authority. No reference is made to it in Bartel's article in Ziemsen's Encyclopaedia, nor in that of Delafield in Pepper's System, nor in that of Grainger Stewart in Quain's dictionary, recent works of reference on the shelves of practitioners; while in the text-books in the hands of medical students, references to the influence of climate in the causation and treatment of Bright's disease are rare and brief.

The most desirable climates are those which combine the attributes of evenness, dryness, and warmth with a mean range of temperature between 60° and 65°. On the North American continent, a number of stations in the southern interior meet these indications. Among these are Thomasville and Tallahassee. The stations in the interior and on the Gulf Coast of Florida are well suited to this class of patients. Southern California has several suitable stations. Nassau and Bermuda are also to be recommended. The stations on the Mediterranean coast offer especial advantages as winter resorts for patients suffering from chronic Bright's disease, while Algiers, Cairo, and the Cape of Good Hope are also favorably spoken of.

This paper would have occupied your considerate attention to little purpose, however, had it contained nothing beyond the familiar facts already mentioned. In availing ourselves of the vicissitudes of travel in patients in whom obtaining the results of the experience of my dangers of abrupt changes of climate and of journeys by rail, are attended with the danger of uremia. The stations in the interior and on the Mediterranean coast offer especial advantages as winter resorts for patients suffering from advanced Bright's disease; especially is severe and prolonged seasickness liable, in these cases, to terminate in fatal uremia.

Notes of Practice.

LOCAL TREATMENT OF DIPHTHERIA.*

BY J. HENRY FRUITNIGHT, A. M., M. D.,
Of New York City.

The presentation of this subject to the New York Academy of Medicine last winter by Dr. C. E. Billington, and the discussion which it elicited, are a cause for gratification, inasmuch as they were most opportune. The subject was apropos because by many local treatment, if not avowedly discarded in the management of this disease, has been either tacitly neglected or imperfectly practiced of late. To borrow a phrase from the science of political economy, this laissez-faire policy is the result of what Dr. Billington has aptly stigmatized as "optimistic" reliance upon the favorable issue in exceptional instances of the disease which had not undergone topical treatment.

1. The best results of climate treatment in Bright's disease, as in phthisis, are obtained in the early stages of the affection, and by continuous residence. After the general health has become seriously impaired, an amelioration of the symptoms is all that can be hoped for. Alternations of climate, especially those necessitating long and fatiguing journeys by rail, are attended with the danger of uremia.

2. High altitude climates, even when presenting the conditions otherwise favorable, are unsuitable for this class of patients. Uremic attacks and cardiac failure not infrequently shortly follow change of residence from low to high altitudes—differences of three thousand feet or more.

3. The conditions of North Atlantic ship travel are often highly unfavorable to those suffering from advanced Bright's disease; especially is severe and prolonged seasickness liable, in these cases, to terminate in fatal uremia.

* Arch. of Pediat., October, 1888.

The doctor presents both local and constitutional symptoms, but the disputed question whether it is primarily a local affection followed by secondary constitutional symptoms or vice versa will not be discussed here.

If, then, we have these two factors presented to us in the evolution of the disease, our logical conclusion must be that we ought to treat these cases both locally and constitutionally, irrespective of whatever theory concerning the nature and development of the disease may be correct.

Most of the remedies used with the intention of producing constitutional effects also, to a certain extent, act locally. I need but mention the muriated tincture of iron, chlorate of potash, and the bichloride of mercury as among the most prominent. You doubtless will be able to recall some others.

In the act of deglutition these remedies always come in contact with the vault of the pharynx, including the upper portion of the fauces, the tonsils, and the immediately adjacent parts. I always advise the patient, when he or she is old enough to do so, to retain the dose in the buccal cavity for several minutes before swallowing it, in order to get a more prolonged local action from the medicine. In the exercise of this manœuvre I tell the patient to draw the dose as far back in the mouth as possible before swallowing. It is to be observed that this method is not that of gargling, but rather an extension thereof.

In all of the recent discussions one remedy, which had been employed in this and other zymotic diseases formerly for its constitutional effect alone, but which I have used for its local action, has not been mentioned. I refer to the hyposulphite of soda.

Though, as I have just remarked, this remedy had already been used in the past for its constitutional effect, it is only recently that I learned of its efficacy as a local remedial agent. It is but just to say that the remedy was suggested to me by Dr. Brickelmaier, a laryngologist of repute in this city, in an informal conversation anent the various remedies which were used to act upon deposits and exudations in the throat. The doctor spoke so flatteringly of the hyposulphite of soda that I determined to employ it in the next cases that I should be called upon to treat.

In the past year I have treated about thirty cases with this remedy, in the strength of 3 j ad 3j aquæ, of which the dose was 3j for children under twelve months old, and to older children 3j has been administered as a solution of the strength of 3 j as of the medicine to 3j of water. The remedy was administered every two hours. Several adults were among those afflicted, and the solution in their cases was of the strength of 3ij to the 3ij of water, of which the dose was 3ij. In the most of these cases I will say that the pseudo-membrane appeared in the upper portion of the pharynx or on the tonsils and uvula. In a few it extended a short distance down into the larynx. In these last cases the hyposulphite of soda was used sometimes in a spray atomizer, and in older children it was applied to the part affected with a brush. Where the patient is too young to comprehend the direction to hold the dose in the mouth, and the deposit is confined to the buccal cavity, here, also, it can be used in the atomizer.

What has thus far been said about the hyposulphite of soda has had reference to its use as a local remedy, but the medicine also has most probably a constitutional action. The hyposulphites, in common with the sulphites and bisulphites, have been used in medicine in consequence of their hostility, by virtue of their acid component, to the lower forms of animal and vegetable life. Hence this group of remedies would seem to have a special action against zymotic diseases, under which category diphtheria is embraced; and, reasoning from these premises, physicians were led to its use in such constitutional diseases, and as a corollary thereto to regard it as a local antiseptic or germicide. But it is to its use as a topical agent that I would specially direct attention, disclaiming, however, that it will always cure and never fail, for there will always occur cases which will inevitably result fatally, no matter what may be done for them.
Among my thirty cases, alluded to above, two deaths occurred. Of course, strict attention should be paid to the constitutional treatment as well. The local and general treatment should reinforce each other and proceed hand in hand. The nutrition should be watched and improved, and no case of diphtheria should ever be deprived of iron. To treat the local manifestations only would be illogical, and to employ constitutional measures only would be to ignore a dangerous and insidious foe.

In regard to the method of making local applications, it will be conceded that all rude and forcible manipulation must be shunned. The brush, sponge, and cotton pledge, as ordinarily used, must be condemned. In intelligent hands it may be permissible to employ them, but even then with extreme caution, lest a solution of continuity in the tissues be produced which may become the site of autosepsis. The gentler the application the more favorable is it to be considered; hence the spray atomizer is to be preferred in nearly all cases for the buccal and laryngeal varieties of the disease, and a suitable syringe carefully used for the nares and post-phyrax.

THE ARREST OF HEMORRHAGE FROM WOUNDS OF THE PALM OF THE HAND.*

BY RICHARD J. LEVIS, M.D.,

Of Philadelphia.

My experience with hemorrhage from wounds of the palmar arches is that it is usually controllable by maintaining extreme elevation of the hand. This is most thoroughly effected, and with the least discomfort to the patient, by vertical suspension of the limb, the attachment being made along the palmar and dorsal surfaces of the forearm by adhesive strips, after the ordinary manner of making to the top of a bedpost or other convenient cord from the adhesive strips may be fastened and thus summarizes its objects and methods:

| The objects aimed at in this cure are- |
| (1) To improve the muscular tone of the heart. |
| (2) To maintain the normal composition of the blood. |
| (3) To regulate the quantity of fluid in the body. |
| (4) To prevent the deposit of fat. |

These objects are attained by the following means:

| (1) The muscle of the heart is strengthened by enforced exercise, such as climbing heights. This requires great care, and the exercises must be graded, the amount of work being increased as the patient can bear it. |
| (2) To preserve the normal composition of the blood, the food should be chiefly albuminous. It may consist of the lean of roast or boiled beef, veal, mutton, game, and eggs. Green vegetables (as cabbage or spinach) may be taken; fat and carbohydrates only in very limited quantities; from four to six ounces of bread per diem. |
| (3) To regulate the quantity of fluid in the body the amount of fluid drunk daily must be limited. One cup (rather less than six ounces) of coffee, tea, or milk morning and evening, and about twelve ounces of wine, and from eight to sixteen ounces of water shall comprise all the fluid consumed in twenty-four hours. Beer is entirely forbidden. The discharge of fluid from the body is promoted by active exercise, and occasionally by a course of baths, with packing. |
| (4) To prevent the deposit of fat, the principles of diet already set forth must be carried into practice as follows: |

**Morning.**—One cup of tea or coffee with a little milk, altogether, about six ounces; bread about three ounces.

**Noon.**—Three to four ounces of soup, seven to eight ounces of roast or boiled beef, veal, game, salad or a lighter vegetable, a little fish (cooked without fat), if desired, one ounce of bread or farinaceous pudding (never more than three ounces), three to six ounces of fruit, fresh preferred, for dessert. It is desirable at this meal to avoid taking fluids, but in hot weather, or in the absence of fruits, six to eight ounces of light wine may be taken.

**Afternoon.**—The same amount of coffee or tea as in the morning, with, at most, six ounces of water, an ounce of bread as an exceptional indulgence.

**Evening.**—One or two soft-boiled eggs, an ounce of bread, perhaps, a small slice of cheese. Salad and fruit, six to eight ounces of wine, with four to five ounces of water.

These principles seem to commend themselves as sound, though their practical application will require continued modification to adapt them to the stage of the affection, to the constitution and habits of the patient.

DIGITALIS, AND HOW TO USE IT.*

The indications for the use of digitalis in the treatment of affections of the heart are still far from clear, and as matters stand at present the practitioner has to proceed cautiously, taking for his guide the aphorism a juventibus et ladentibus fit indicatio. Digitalis is a double-edged weapon in therapeutics. It has been stated that digitalis does not produce the same effects on the healthy as on the subject of disease, in the first stage of cardiac disease as in the third. Take, for example, a patient with aortic disease in which the lesion is fully compensated. If he be given digitalis, and the pulse rate be slightly reduced, some slight diuresis may be produced, and the heart will be excited rather than calmed. When the same patient has arrived at the hypersystolic period, the heart beat being feeble, irregular, and unequal, then the drug, which at the earlier stage produced hardly any appreciable effect, will determine a copious secretion of urine, with a slower, stronger, and more regular beat. It is evidently unjust to consider digitalis as always a calming of

* Extract from paper in Medical and Surgical Reporter.

* Medical Press and Circular.
the heart, nor is it, as Beau suggests, "the quinine of the heart," for it may prove to be neither one nor the other. What it does is to regulate the circulation as a whole.

Although accidents due to the employment of digitalis are by no means common, the possibility of their occurrence should be borne in mind. It may be well to remark, en passant, that drugs possessing a cumulative action should be given preferably in a liquid form, so as to avoid an accumulation of doses as well as of effect. Digitalis, it should be noted, rarely supervenes in dropical patients, so long as any edema remains. If, however, the drug be continued after the disappearance of the infiltration, the symptoms are produced with far greater ease. The first indications of saturation are effects quite opposite to those which follow the exhibition of the drug therapeutically, viz., acceleration with irregularity of the heart beat and lowering of arterial tension, a proof that digitalis, which relieves the symptoms of asytole, and not for this or that valvular affection, is contraindicated in its enfeeblement, as evidenced by clinical observation of value either in respect of the severity of the lesion or of the need for digitalis. It is the condition of the cardiac muscle, which should be held to justify its use.

The purpose of this note is to call, or rather recall, the attention of the profession to the therapeutic value of the galvanic current in the treatment of opacities of the cornea. Some cases I have now under observation appear to show that this application of electricity has been allowed to fall into undeserved desuetude. I cannot offer yet complete results of treatment to support this claim, but the following statement may serve to show that it is worthy of some attention. In February last I began to use the galvanic current for the removal of an opacity of the cornea, without knowledge that it had been so used before. The case was one of recent macula of both corneas, visible at a distance of several feet. It has now wholly disappeared from one eye, and is barely discernible in the other, from which I expect complete use of the remedy to remove all trace of blemish and defect of vision. Another case, taken up a few days later, a kidney-shaped macula about two and a half lines in length, is now represented by a thin, speck-like spot which the patient and her friends no longer see. This, too, is steadily melting away. Of the seven other cases under treatment, it will suffice here to say that they varied in size from that of a millet-seed to the whole circumference of the cornea, from a nebula to a dense white leucoma, and in duration from forty days to forty-eight years. All of these cases are steadily improving, two of the most extensive maculae being merely fragmentary remains of the original, while the corneas elsewhere are quite clear.

The rate of disappearance seems to depend chiefly upon the size of the opacity, which, like a heap of snow, melts away from the periphery toward the centre, the oldest but little more slowly than the most recent.

The method I have employed is as follows: One pole of the battery in the palm of

**Removal of Corneal Opacities by Galvanism.**

**By C. H. H. Hall, M. D.,**

Passed Assistant Surgeon, U. S. Navy.

The symptoms may be intense pain, lacrimation, photophobia, conjunctivitis; the ophthalmo-neuritis is an inflammation of the nerves of the ophthalmic branch of the fifth, with implication of its vasomotor and trophic fibres, and possible extension of the inflammation to the optic nerve.

The Polyclinic, October, 1888, gives particulars of a peculiar and interesting case of herpes zoster ophthalmicus, serous iritis, or ophthalmo-neuritis, from which the writer draws the following conclusions:

1. Ophthalmo-neuritis is an inflammation of the nerves of the ophthalmic branch of the fifth, with implication of its vasomotor and trophic fibres, and possible extension of the inflammation to the optic nerve.

2. It may be caused by exposure to a cold draught of air, and is probably similar in essential nature to the lesion resulting in facial paralysis when the seventh nerve is affected from the same cause.

3. The symptoms may be intense pain, lacrimation, phthisia, conjunctivitis; later, those of serous iritis, and, still later, those of plastic iritis and herpes zoster ophthalmicus.

4. Pilocarpine may give relief from the long-continued pain and tension of the early stages of the affection.

**Diagnosis of Gastric Afections.**

Dr. Saundby, in the Provincial Med. Journal (Med. Record, Oct. 20th, 1888), gives the following useful table:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Gastropathy</th>
<th>Atomic Dyspepsia</th>
<th>Gastric Carcin.</th>
<th>Uter. Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Character of pain...</td>
<td>Dull, heavy</td>
<td>Dull, heavy</td>
<td>Burning soreness-lasting in one spot</td>
<td>Acute perforating, ulcus perforating</td>
</tr>
<tr>
<td>Local...</td>
<td>Epigastrum</td>
<td>Epigastrum</td>
<td>Behind sternum</td>
<td>In one spot</td>
</tr>
<tr>
<td>Incidence...</td>
<td>Immediately</td>
<td>After one or a few hours</td>
<td>After 3 or 4 weeks</td>
<td>Immediacy</td>
</tr>
<tr>
<td>Tenderness...</td>
<td>Sometimes</td>
<td>Always</td>
<td>None</td>
<td>Usually</td>
</tr>
<tr>
<td>Vomiting...</td>
<td>Usually</td>
<td>None</td>
<td>Sometimes stomach upset</td>
<td>Usually</td>
</tr>
<tr>
<td>Hematemesis...</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Usually</td>
</tr>
<tr>
<td>Tongue...</td>
<td>Clean</td>
<td>Clean</td>
<td>Furred</td>
<td>Clean</td>
</tr>
<tr>
<td>Tumor...</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Usually</td>
</tr>
<tr>
<td>Age...</td>
<td>Usually under 40</td>
<td>Usually under 40</td>
<td>Usually under 40</td>
<td>Usually</td>
</tr>
<tr>
<td>Sex...</td>
<td>Male</td>
<td>Female</td>
<td>Female</td>
<td>Male</td>
</tr>
</tbody>
</table>

---

**A peculiar case of ophthalmo-neuritis.**

By George M. Gould, M.D.,


The Polyclinic, October, 1888, gives particulars of a peculiar and interesting case of herpes zoster ophthalmicus, serous iritis, or ophthalmo-neuritis, from which the writer draws the following conclusions:

1. Ophthalmo-neuritis is an inflammation of the nerves of the ophthalmic branch of the fifth, with implication of its vasomotor and trophic fibres, and possible extension of the inflammation to the optic nerve.

2. It may be caused by exposure to a cold draught of air, and is probably similar in essential nature to the lesion resulting in facial paralysis when the seventh nerve is affected from the same cause.

3. The symptoms may be intense pain, lacrimation, phthisia, conjunctivitis; later, those of serous iritis, and, still later, those of plastic iritis and herpes zoster ophthalmicus.

4. Pilocarpine may give relief from the long-continued pain and tension of the early stages of the affection.
THE COLLEGE AND CLINICAL RECORD.

DANGERS FROM THE USE OF COCAINE.*

1. Certain persons possess an idiosyncrasy to cocaine which cannot be foreseen or entirely guarded against.
2. Cocaine exerts its toxic effects upon the nervous centres and, secondarily, the heart.
3. Its evil effects are most liable to be seen in neurotic subjects.
4. The danger in cocaine poisoning consists of measures to rouse the heart, especially inhalations of nitrite of amyl.

THE ABORTIVE TREATMENT OF SYPHILIS.

Dr. J. William White thus sums up, in the *Medical News*, October 27th, 1888, his views upon this subject:

1. While it is unquestionably desirable to begin mercurial treatment at the earliest proper moment, and while that treatment undoubtedly either suppresses or renders milder the subsequent secondary manifestations, and while there is every reason to believe that in this way the liability to later or tertiary lesions is somewhat lessened, nevertheless the sum total of these advantages does not warrant the employment of mercury one moment before the diagnosis of constitutional disease is absolutely assured.

2. While in many cases that diagnosis can be made with a high degree of probability from the appearance of the primary sore alone, yet it cannot be said that all possibility of error is excluded until some general symp- 

3. The administration of mercury during the existence of the primary sore, unaccompanied by general symptoms, for the purpose of suppressing or "aborting" syphilis, is not, therefore, justifiable, unless by confrontation the diagnosis can be confirmed, or unless there are urgent and unquestionable reasons for securing rapid cicatrization of the chancre.

4. It is proper to employ cautery or excision according to the site of the chancre, in cases in which it is seen very soon after its appearance, and especially when it is known to have followed intercourse with a syphilitic person. The chances of preventing constitutional infection in this way, while very slight, may yet be considered sufficient in such cases to counterbalance the disadvantages of the method, such as pain, swelling, the production of phimosis or of suppurring bubo, and the obscuring of the diagnosis by the resulting inflammatory exudation.

5. Aseptic and antiseptic measures, while harmless, cannot be considered especially indicated in the local treatment of chancres, and can, in all probability, have no true abortive influence.

6. The local use of mercurials, hypodermatically or by inunctions, is perhaps worth a trial, but it is probably inferior to the more radical methods, based essentially upon the same principles, namely, excision and cautery.

THE TREATMENT OF SLEEPLESSNESS.*

Recipes for sleeplessness continue to present themselves. A correspondent of the *Lancet*, August 11th, 1888, has found the following to be an effectual remedy in his own case: After taking a deep inspiration he holds his breath till discomfort is felt, then repeats the process a second and a third time. As a rule, this is enough to procure sleep. A slight degree of asphyxia is thus relied upon as a soporific agent, but the theoretical correctness of this method is somewhat open to question.


Certainly there is proof to show that the daily expenditure of oxygen is most active during the waking period, and that nightly sleep appears to coincide with a period of deficient tissue oxygenation. It is at least as probable, however, that other influences are associated with the production and timely recurrence of sleep besides that just referred to. This plan, moreover, however effectual and beneficial in the case of its author, is not without its disadvantages. The tendency of deficient oxygenation is to increase blood pressure and to slow the heart's action. With a normal organ, as an occasional occurrence this might not be of much consequence. If, however, the impeded heart should also be enfeebled by disease, the experiment might be repeated once too often. Another combattant in the struggle with insomnia lays down a series of rules, for the most part very sensible, to which he pins his faith. Considering that the chief cause of sleeplessness is mental worry and the want of a due amount of exercise and fresh air, he advises his fellow-sufferers to observe the ordinary rules of hygiene relating to such matters, to take food and drink in moderation, and to avoid in the evening the use of tea, coffee and tobacco. In dealing with severe nervous irritation from mental or physical work, he has found a daily rest an almost essential prelude to sleep at night. Thus, he treats of sleeplessness rather as a tendency requiring constitutional remedies than a symptom of mere brain excitation. There is much to be said for his theory and means of treatment.

THE USES OF GELSEMIUM SEMPERVIRENS.

Dr. G. M. Garland, in the *Boston Med. and Surg. Jour.*, September 13th, 1888, concludes an interesting article extolling this drug, as follows:

1. It has an agreeable taste, and is not repulsive to adult or child.
2. It does not irritate the stomach or bowels.
3. It produces no depressing after-effects from ordinary doses, the sleep is natural, and the patient awakens refreshed.
4. In ordinary doses it causes no depression of the heart, and it can be used in all forms of organic diseases of the heart.
5. It does not create a habit. There is no depression of nerve-centres following its use, and therefore no craving for more of it.
6. Its toxic symptoms are very characteristic and striking, and they appear early, so that plenty of warning is given.

Morphine is the best antidote, combined with digitalis and artificial respiration.


THE INFLUENCE OF DIGITALIS ON NORMAL TEMPERATURES, AND ITS ACTION IN TYPHOID FEVER.

An interesting paper on this subject by Dr. Joseph Leidy, Jr.,* which embraces numerous original investigations, concludes as follows:

From the above clinical observations it may be said that, therapeutically—

Digitalis depresses normal temperatures from one to one and a half degrees; that this subnormal range remains from one to two days after the administration has ceased.

In typhoid fever it may be said—

1. Digitalis reduces the pulse-rate, diminishes the respirations, and depresses the temperature.
2. That with a fall in the pulse and respirations there is a corresponding decline in the temperature.

3. That a weak heart is no contraindication to its use.
4. The main indication for its use is a weak heart, independent of hyperpyrexia.
5. Though a most powerful antipyretic in treatment of hyperpyrexia when associated with a weak heart, it should not, however, be used to meet this indication when there are no evidences of cardiac weakness.—i.e., when the pulse is strong, full, and bounding.

Administration.—Both the tincture and infusion were used, preferably the tincture in typhoid fever and infusion in chronic heart disease. We found no hesitation in using the tincture hypodermically in typhoid fever when the stomach refused to retain it. It has been used since the above cases were treated, in combination with quinine, and in addition to the cold-water treatment, with good results.

Class-Room Notes.

—Carbonated drinks, when long continued, are depressing to the sexual functions. (Bartholow.)

—For nocturnal incontinence of urine in a girl aged fourteen, cold hip baths and 1/10 gr. of strychnine t. d. were directed by Prof. Parvin.

—Poisons of organic nature have no effect upon spermatozoa, while inorganic are fatal; alkalies increase their movements, while acids retard.

—For a woman having galactorrhoea, Prof. Parvin ordered bandaging the breast for slight compression, and the internal administration of iodide of potassium.

—Prof. Flint holds that in fever the oxygen is less than 98 per cent in neighborhood of the nerve; massage to the head, it being wasted.

—In the operation for removal of the female breast for cancer, the whole gland should be removed, and the axilla always opened and the involved glands removed (when possible). The axillary glands may be involved, and cannot always be detected externally. (Prof. Gross.)

—Acute suppression of menstruation, often caused by cold, as injections of ice-cold water, and if followed by fever, headache, pain in chest, and often hemorrhage from lungs; this affection is best treated by applying leeches and injections of hot water. (Dr. Ashton.)

—Prof. Da Costa prescribed for an obstinate case of scabies in an amnestic subject—

| B. | Syrup. ferr. iodidi, | 3/3 | M. |
|    | Sig.—Take three times daily. |

He also directed—

| B. | Morphine sulph., | 4/3 | M. |
|    | Atropine sulph., | 4/3 | M. |
| Sig.—Hypodermatically, morning and evening, in neighborhood of the nerve; massage to the limb, it being wasted. |

—For tapeworm in a man with chronic dysentery, Prof. Da Costa ordered capsules containing 3-5 m. chloroform each, to be given six each day for two days, followed by 2 grs. of pelliterine every two hours for twenty-four hours; then q. d. ricini 3/3 solids, and repeat the oil again in six hours.

—Prof. Da Costa prescribed the following for a man aged twenty-five, with angina pectoris, the first attack having occurred four years previously: 1/1 gr. sodium nitrite, also five drops Fowler's solution t. i. d. He directed him to lead a quiet life and keep digestion good.

—Prof. Da Costa ordered for a woman with mitral stenosis—dilatation with hypothermy and in the operation for removal of the involved glands removed (when possible).

—Prof. Gross uses as a dressing for wounds, when brought together by sutures and in situations in which other dressings cannot be conveniently applied, collodion containing 10% of iodine; this to be painted on after introducing the sutures.

—In the operation for removal of the female breast for cancer, the whole gland should be removed, and the axilla always opened and the involved glands removed (when possible). The axillary glands may be involved, and cannot always be detected externally. (Prof. Gross.)

—A case of abdominal aneurism of the aorta, in which iodide of potash had been given, but which had to be suspended on account of not being borne well by the stomach, was given 1/5 gr. barium chloride, which was gradually increased to 1 gr. t. d., in the wards of the Jefferson College Hospital.

—A prescription frequently given by Prof. Da Costa for cough from bronchitis, is the following:—

| B. | Tinct. strophanth., | 3/3 |
|    | Elixir simp., | 3/3 |
| Tinct. cinch. comp., q.s. ad 3/3 iv. | M. |

Sig.—(3/3) t. d. |

—A case of abdominal aneurism of the aorta, in which iodide of potash had been given, but which had to be suspended on account of not being borne well by the stomach, was given 1/5 gr. barium chloride, which was gradually increased to 1 gr. t. d., in the wards of the Jefferson College Hospital.

—A prescription frequently given by Prof. Da Costa for cough from bronchitis, is the following:—

| B. | Ammonii chlorid., | 3/3 |
|    | Mixture glycyrrhiza comp., | 3/4 iv. |
| Extract. pruni virginiaceae fluid., | 3/3 |
| M. |

Sig.—Two teaspoonsfuls four times a day in water.

—In cases of leucorrhoea in children, where injections cannot be used, Prof. Parvin recommended pessars of iodine (containing three or four grains each), to be introduced into the vagina, once a day.

| B. | Argenti nitris, | 4/5 |
|    | Aquae, | 3/3 |
| M. |

Sig.—To be dropped between the labia.

—Prof. Forbes uses as an injection, after evacuating the fluid in hydrocele, a solution composed of tinct. iodide 1/3-1/3 and sherry wine 2/3-3/3. By injecting a considerable quantity it comes in contact with all parts of the sac, more certainly occluding it; the excess may be allowed to flow out again through the canula.

—Liebreich's milk jelly, a palatable preparation for the sick, may be made as follows: Dissolve one pound of granulated sugar in one quart of milk by heat, and boil ten minutes. When completely cool, add slowly, while stirring, one ounce of gelatine in four ounces of water; add also the juice of three or four lemons and three wineglasses of either sherry, Rhine wine, brandy or whisky. (Bartholow.)

—For common cold in the head (acute rhinitis) the following is of use in the early stages:—

| B. | Cocain. hydrochlorat., | 1/5 |
|    | Morphiae acetas., | 1/3 |
| Pulv. t alc., | 1/5 |
| Bismuth. subnitrat., | 1/iv. |
| Ft. pulv. t. |

Sig.—To be sniffed into the nostrils every three hours until relieved; where necessary to use more than three powders, omit the cocaine after the third. (Sajous.)

—For a man aged thirty-eight, with Jacksonian epilepsy, caused by a tumor of the cortical substance of the brain, having severe headaches, spasms of the sterno-mastoid, drawing the head to one side, the eye ground showing signs of not being borne well by the stomach, was given 1/5 gr. barium chloride, which was gradually increased to 1 gr. t. d., in the wards of the Jefferson College Hospital.

—A prescription frequently given by Prof. Da Costa for cough from bronchitis, is the following:—

| B. | Ammonii chlorid., | 3/3 |
|    | Mixture glycyrrhiza comp., | 3/4 iv. |
| Extract. pruni virginiaceae fluid., | 3/3 |
| M. |

Sig.—Three times a day; also occasional laxatives and milk diet.

In hour glass contractions of the uterus there is time to wait for relaxation and spontaneous expulsion of the placenta, if there be no hemorrhage, or during the relaxation the hand may be introduced for removal of placenta without difficulty; relaxation may be hastened by rectal injection of chloral or laudanum. If hemorrhage will not permit delay, the physician should introduce his hand into the vagina while the patient is inhaling an anesthetic, grasp the placenta and remove it, rather waiting for uterine contraction to expel the hand than withdrawing it voluntarily. (Parvin.)
of the supposed existence of cerebro-spinal tumors. However clearly such methods may be formulated, the fact undeniable exists that Physiology must necessarily make still further advances before Surgery can decisively, and with cautious steps, proffer operative assistance in deep-seated organic, morbid changes in the structure of the brain or its cavities. For the present the surgeon is tied down, so to speak, by ignorance as to the exact effect which even the slightest disturbance of its fibres may have, in some regions, upon the life of the individual. The essential points to be settled by diagnosis are those of the existence of a tumor within the skull, and more especially in or upon the cerebral hemispheres; the exact location of the tumor and its depth; the decision whether it is cortical or subcortical, solitary or multiple, and what may be its nature.

Cerebral localization has been contributed to the surgeon by the physiologist as an aid in diagnosis and tumors of different regions of the brain have been shown to be attended by certain characteristic phenomena of nervous disturbance, such as hemiplegia, aphasia, vomiting, choked disc, spasms, etc. As our contemporary emphatically declares, the motor and sensory phenomena produced by the pressure of cerebral tumors have now become so clearly recognized and classified by the physiologist that they form reliable guides to localization of lesions in the central convolutions.

The spinal cord has not yet received the degree of attention from the surgeon which future probabilities may concede to it. As so many impossibilities have become practicable, as knowledge and science have progressed, many unexpected things may yet happen in the domain of spinal surgery.


One wonders why a work like this, so distinctly serviceable, not only to the practitioner himself, or herself, but to every family, in health or in sickness, should not have been written before this. Chapters on the subject have appeared in cyclopedic works, but they are, of course, of secondary importance when presented in such shape. An enumeration of the topics discussed in the various chapters will show the scope of Prof. Starr's useful work. These are, the features of health, the nursery, the nurse maid, clothing, exercise and amusements, sleep, bathing, food, dietary and emergencies.


The author of this work, or rather its compiler, for such he chooses to style himself, has herein sketched the development of our knowledge of pulmonary tuberculosis from the days of Hippocrates to the present time, with especial reference to the geographical distribution of the disease; this latter consideration being made available for reference in selecting suitable places of resort or residence for the sick or well. Such a work is necessarily a compilation of facts and opinions, but this has been judiciously made, and the information imparted will be of great service to writers and practitioners, and to those advising or proposing a change of residence for purposes of health or comfort.

The Urine and the Common Poisons;其 teaching in the chemical laboratory forms a part of the course. Its able author's enlarged should become a text-book of reference being made available for reference when presented in such shape. An enumeration of the topics discussed in the various chapters will show the scope of Prof. Starr's useful work. These are, the features of health, the nursery, the nurse maid, clothing, exercise and amusements, sleep, bathing, food, dietary and emergencies.


The eighth volume of Alden's Manifold Cyclopaedia extends from Ceylon to Club-Foot, and is fully equal to its predecessors—its handsome type, numerous illustrations, handy form, neat, substantial binding, and more than all, its skillful editing, bringing within such convenient limits a vast amount of knowledge, well adapted to popular needs. In its marvelously low price, and in ever in every other respect, this seems, better than any other Cyclopaedia, suited for use in the homes of the masses, and in our public libraries. A specimen volume, to be returned if not wanted, may be had in cloth binding for 50 cents, or in half morocco for 65 cents; postage 10 cents.


A taking title, this, and a charming story which school girls and college girls who have advanced beyond school life will appreciate and enjoy. It is a story, too, for teachers of girls, and, of course, for mothers; for they are, or should be, the best of all teachers of their daughters. These two girls are like many others daily met with at school or college; they were sent there for different motives, but the refining effects of a liberal education, and of good moral and mental training, are visible in both. The work is attractive, too, from its naturalness, being a true picture of a phase of young life that will be generally recognized.
Suicide and Legislation.' By Clark Bell.

Transactions Medico-Legal Society of New York.' 1888.

'Chronic Rheumatic Laryngitis.' By E. Fletcher Ingalls, A.M., M.D. Chicago, Ill.

'The Contagiousness of Pthiiasis.' By W. Flick, M.D. Philadelphia.


'Electric Light as an Aid to Diagnosis in Surgery.' By Addinell Hwson, M.D. Philadelphia.

'Electricity vs. Tail.' By Geo. F. Helbert, M.D. St. Louis.

'Tubercular Diathesis.' By W. C. Chapman, M.D. Toledo, Ohio.


'Recent Advances in State Medicine.' By Henry B. Baker, M.D., of Lansing. 1888.

'Proceedings and Addresses at a Sanitary Convention, June, 1888.' Lansing, 1888.

'State Board of Health, Circular No. 27—Camp Hygiene.' Harrisburg, Pa., 1888.


'Hot Water in the Management of Eye Diseases.' Some Suggestions.' By Learst Conner, A.M., M.D. Detroit, 1887.

'How far can Legislation Aid in Maintaining a Proper Standard of Medical Education?' By W. A. Purrington, of New York. 1888.

---

Therapeutic Briefs.

[Short paragraphs embodying the practical personal experience of any of our readers will be acceptable as contributions to this department.—Editor COLLEGE AND CLINICAL RECORD.]

—For Warts, Kaposi suggests the use of one part of bichloride of mercury dissolved in thirty parts of collodion, a little of the solution being painted on and around the base of the wart once daily.

—Dr. Little (Dublin Jour. of Med. Science) states that MIgraine can be cured by the administration of twenty grains of salicylate of sodium and a wineglassful of water, made effervescent by the addition of a dessertspoonful of granular citrate of caffeine.

—a simple prescription for Constipation is the following from L' Union Medicale.—

B.  
Ol. oliv.  
Syrop. rhei,  3
Alcohol,  3
Essent. menth. piperit.,  m, j. M.
Sto.—Take in one dose.

—Spraying or sponging the whole cutaneous surface with Listerine diluted, say one ounce to the pint of tepid water, says the Cincinnati Lanctet-Clinic, will afford marked relief to the burning and itching so aggravating in Measles, and completely relieve the characteristic odor.

—for Acne, the following is recommended in Lyons Med. —

B.  
Resorcin,  gr. 2
Amyl pulv.,  3
Zinci oxidii,  a. 
Unguent. petrol.  3
M. j. M.
Sto.—To be carefully applied at night and removed in the morning by wadding soaked in olive oil.

—a paste for Toothache may be made, according to Amer. Jour. of Pharm., Aug., 1888, as follows, and introduced into the affected cavity:—

B.  
Acidi arsenici.,  3
Cocain. muriat.,  5
Menthol, crystall.  p. 0.5
Glycerini, q. s. to make a paste.

—the late Gueneau de Mussy prescribed the following pills for Emphymesma and Chronic Bronchitis:—

B.  
Pulv. acacia,  4
Pulv. ipecac. et opii,  2
Antifebrin,  iij
Alcohol,  f3
Glycerini,  f3
M. j. M.
Divide in pil. xv.
Sto.—2 to 6 pills daily.

—Nocturnal Seminal Losses, says the editor of the Cincinnati Lantcet-Clinic, Oct. 6th, 1888, as respects mechanism of production, are analogous with nocturnal incontinence of urine. This trouble may be considered a morbid state only when the losses are frequent and the health affected. Bromide of potassium best relieves spermatorrhoea when due to plethora; belladonna is indicated in a relaxed condition of the genitalia, the emissions flowing without force and without a distinct dream.

—Velpeau's Diarrhoea Mixture, as given in New Idea, is made up of the following ingredients:

Tinct. opii,  3
Tinct. rhei,  3
Tinct. opii camphorat,  3
Tinct. menthe piperit,  3
Tinct. capsici.

—for Pigmentary Spots on the Skin, Dr. Unna (Clinique) recommends the following:—

Bismuth oxide,  3
Rice starch,  gr. ij
Kaolin,  gr. iv
Simple glycerole,  gr. x
Distilled rose water,  q. s. M.
Put this mixture on the pigmentary spots and let it dry. Bathe carefully before making the application.

—Dr. I. N. Love, of St. Louis, suggests the following as a pleasant and convenient form of administering Antiferrin:—

B.  
Antifebrin,  3
Alcohol,  f3
Glycerini,  f3
Aque cinnamomi,  1
Syrop.,  f3
M. j. M.
Sig.—A half teaspoonful every two to four hours, according to age, etc., as required; the alcohol preventing the disposition to depression on the part of the drug.

—a six per mille solution of chloroform was found, by Prof. Salkowski (Chemist and Druggist), to effectively prevent the growth of Micro-organisms in the Urine, and he recommends it to be employed for keeping pathological liquids, and for the storage of anatomical preparations. Moreover, he suggests the employment of such a solution internally as a disinfectant and as a mouth-wash, and observes that it could be advantageously added to hypodermic injections. His observations confirm the principle upon which, by some manipulators, a little chloroform has been added to aqueous extracts of drugs, so as to protect them from the growth of fungi and the effect of putrefactive change.

—for Sweating of the Feet, Dr. Legoux (Gaz. Med. de Picardie, in Medical Record, Oct. 6th) employs a mixture of glycerine two and one-half drachms, solution of perchloride of iron one ounce, and essence of bergamot twenty drops, in the treatment of bromidrosis of the feet. The feet are bathed frequently in cold water for two days, and on the third day are painted with this mixture. The painful sense of heat gives way to a feeling of refreshing coolness, the moisture becomes less apparent, and with it disappears also the disagreeable odor. The applications are to be continued night and morning. The author obtained by this means the cure of a case, which had resisted all other treatment, in two weeks.

—in Infantile Urticaria (London Med. Recorder), Dr. Deligny recommends the infliction, every evening, of the following ointment:—

B.  
Chloral hydrat,  4 parts
Pulv. camph.,  4 parts
Pulv. acacie,  4 parts
Ung. simplicis,  30 parts.
Rub the first three substances together until liquefaction occurs, and then add the simple ointment.

This combination calms the itching, allows the child to obtain sleep, and does away with the scratching which gives rise to such distressing effects in this disease. In the morning the skin should be anointed with a one per cent. mixture of carbolic acid in glycerine of starch.

—in regard to the use of Antipyrine in Sea-sickness, Dr. F. B. Stephenson summarizes the following facts from the Journal de Med. et de Chirurg., in a recent issue of the Boston Med. and Surg. Journal:—

It having been reported by O. Bonnet that antipyrine in a dose of thirty grains a day sufficed, nearly always, to prevent sea-sickness, E. Rollet made numerous observations, in re, during a voyage from Marseilles to Oron. There were about three hundred passengers on board the vessel. When the ship began to pitch, and the first symptoms of "nausea" were perceived, sixty persons at least took from fifteen to forty-five grains of antipyrine. Of the whole number, four only were enough free from mal de mer to sit through dinner. On the return trip the result was essentially the same. It is affirmed that the drug was taken according to the directions given by O. Bonnet.
THE COLLEGE AND CLINICAL RECORD.

News and Miscellaneous.

The Twelfth Annual Meeting of the American Academy of Medicine will take place in the Governors' Rooms of the New York Hospital on Tuesday and Wednesday, November 13th and 14th, beginning at 10 A.M. Tuesday. Papers will be read by Dr. J. C. Wilson, of Philadelphia, on "The Causes and Prevention of the Opium Habit and Allied Affections;" Dr. H. I. Bowitch, of Boston, on "The Pleasures and Perils of the Leverian Man in Medicine; Codes of Ethics; Which Code should the Academy Adopt?" Dr. T. Parvin, of Philadelphia, "The Importance of the Practical Teaching of Obstetrics;" Dr. W. F. Waugh, of Philadelphia, "The Treatment of Uterine Diseases by other than Surgical Means;" Dr. C. C. Bombaugh, of Baltimore, "The Multiplication of Useless Drugs;" Dr. Leavitt Connorn, of Detroit, "The Requirements for Preliminary Education in the various Medical Colleges of the United States and Canada;" Dr. R. L. Sibbett, of Carlisle, Pa., "A Few Words Concerning the Academy;" Dr. L. D. Bulkley, of New York, "The Relations between the Consultant or Specialist and the General Practitioner;" Dr. E. Andrews, of Chicago, Ill., "The Evils of a Medical Dialect Separated, written from Classical English," Dr. Geo. J. Fish, of St. Louis, "The Famous Historic Masters of the Healing Art were Men of Classical Education;" Dr. H. A. Johnson, of Chicago, "The Influence of the Illinois Medical Practice Act on Education;" Dr. C. C. Lee, of New York, "The Necessity of a Postgraduate Instruction;" Dr. C. McIntire, of Easton, Pa., "Which is the Liberal School?" and Dr. Benjamin Lee, Secretary of the New York State Board of Health, from the Secretary of the New York State Board, of the existence of smallpox among the Indians of the Catawbas and Allegheny Reservations in that State, he at once telegraphed instructions to Dr. J. L. Stewart, of Erie, Medical Inspector to the Board for the Lake District, to visit the Cornplanter tribe, in Warren County—the members of which are in constant communication with New York residents—and take the necessary means for their protection. The instructions were carried out with commendable promptness. The entire tribe was vaccinated, and the chief, Marsh Pierce, promised to forbid his people from crossing the border until the disease had disappeared. He rendered every assistance to the vaccine physician, and extended the thanks of himself and his people to the State Board for its timely action in their behalf.

The officers are: President, Dr. F. H. Gerrish, of Portland, Maine.

The officers are: President, Dr. F. H. Gerrish, of Portland, Maine; First Vice-President, Dr. Wm. B. Atkinson, Phila., Pa.; J. H. Baxter, U. S. Army; T. J. Turner, U. S. Navy; J. B. Lindsey, Nashville, Tenn.; Secretary and Treasurer, Dr. R. J. Dunglison, Phila., Pa.; Ass't Secretary, Dr. Chas. McIntire, Jr., Easton, Pa.

Correction.—We quote the following interesting item from the Medical Record, October 15th, 1885, as a simple act of justice to the enterprising house referred to: "The Boston Medical and Surgical Journal, from which an extract was quoted by The Medical Record bearing on the composition of several artificial foods, publishes a correction based upon the analyses of Professors Elwyn Walker and A. A. Bresnahan regarding Reed & Carne-

rick's soluble food, to the effect that 38.26 per cent. of the albuminoids which it contains are in soluble form, that no hard, unchurched particles are present in the casein ' were found, that the casein is partially rendered soluble by the action of the digestive ferment, that the proportion of albuminoids in Liquid Peptonoids is limited only by the quantity which can be kept unchanged in solution, that sixteen per cent. of alcohol is necessary to prevent decomposition of the albuminoids, that no greater than three per cent. of these can be held in solution in this liquid. We publish the correction from the same source as the original quotation, as an act of justice to all concerned, regretting that we, in common with our Boston contemporary, were in any manner misled by what appeared to be a well-authenticated official report.

How Vaccination Takes with the Indians.

—Official information having recently been received by Dr. Benjamin Lee, Secretary of the State Board of Health, from the Secretary of the New York State Board, of the existence of smallpox among the Indians of the Catawbas and Allegheny Reservations in that State, he at once telegraphed instructions to Dr. J. L. Stewart, of Erie, Medical Inspector to the Board for the Lake District, to visit the Cornplanter tribe, in Warren County—the members of which are in constant communication with New York residents—and take the necessary means for their protection. The instructions were carried out with commendable promptness. The entire tribe was vaccinated, and the chief, Marsh Pierce, promised to forbid his people from crossing the border until the disease had disappeared. He rendered every assistance to the vaccine physician, and extended the thanks of himself and his people to the State Board for its timely action in their behalf.

The officers are: President, Dr. F. H. Gerrish, of Portland, Maine; First Vice-President, Dr. Wm. B. Atkinson, Phila., Pa.; J. H. Baxter, U. S. Army; T. J. Turner, U. S. Navy; J. B. Lindsey, Nashville, Tenn.; Secretary and Treasurer, Dr. R. J. Dunglison, Phila., Pa.; Ass't Secretary, Dr. Chas. McIntire, Jr., Easton, Pa.

—The date of meeting of the 40th Annual Session of the American Medical Association will be the 25th anniversary of the settlement of Newport, Rhode Island. The day of meeting is postponed by authority, from the first to the fourth Tuesday, the 25th, of June, 1895. The following gentlemen constitute the Committee of Arrangements: H. R. Storer, Chairman; C. F. Barker, M. E. Baldwin, C. A. Brackett, J. P. Curley, P. F. Curley, J. P. Field, H. M. Field, Jr., V. M. Francis, T. A. Keneufick, G. M. Odell, H. F. Rankin, W. C. Rivers, Jr., S. H. Sears, W. S. Sherman, H. E. Turner; W. Thornton Parker, Local Secretary.

—It is stated in the columns of a weekly contemporary that there is not in France a medical school which has a professorship of gynecology, nor is there in the whole country a special hospital for the treatment of diseases of women.

—Dr. Henry Leffmann, of Philadelphia, sends us the following card in regard to the unauthorized use of his name as an endorsement of a certain brand of beer: "Some months ago Dr. J. F. Edwards asked me if I would examine some samples of bottled beer for salicyc acid, concerning the use of which there was much discussion in journals. I consented, and thirteen samples of bottled beer, distinguished only by numbers, were sent to me. Of these, seven were found to contain the acid, and the remainder were free from it. The results were sent to Dr. Edwards without comment, and were subsequently published by him, with some general observations, in the Annals of Hygiene. At no period of the affair have I received any fee, directly or indirectly, for the examination of these beers, nor have I at any time stated any of them to be 'absolutely pure.' I merely certify to the presence or absence of a particular adulterant. I have repeatedly refused to make analyses of alcoholic liquors with a view of furnishing a certificate for advertising purposes. I did not foresee how far the simple statement of an analytical fact would be utilized as an endorsement of the liquor."

The American Public Health Association will convene at Milwaukee, Wis., Tuesday, November 20th, and continue four days. The Executive Committee have selected the following topics for consideration at said meeting: I. The Pollution of Water Supplies. II. The Disposal of Refuse Matter of Cities. III. Animal Diseases Dangerous to Man. IV. Maritime Quarantine, and Regulations for the Control of Contagious and Infectious Diseases, and their Mutual Relations.

—The officers are: President, Dr. Charles N. Hewitt, Red Wing, Minn.; First Vice-President, Dr. G. B. Thornton, Memphis, Tenn.; Second Vice-President, Dr. Joseph Holt, New Orleans, La.; Secretary, Dr. Irving A. Watson, Concord, N. H.; Treasurer, Dr. Berrien Lindsey, Nashville, Tenn. (Ex-officio members Executive Committee.)

—Dr. Henry Leffmann, of Philadelphia, sends us the following card in regard to the unauthorized use of his name as an endorsement of a certain brand of beer: "Some months ago Dr. J. F. Edwards asked me if I would examine some samples of bottled beer for salicyc acid, concerning the use of which there was much discussion in journals. I consented, and thirteen samples of bottled beer, distinguished only by numbers, were sent to me. Of these, seven were found to contain the acid, and the remainder were free from it. The results were sent to Dr. Edwards without comment, and were subsequently published by him, with some general observations, in the Annals of Hygiene. At no period of the affair have I received any fee, directly or indirectly, for the examination of these beers, nor have I at any time stated any of them to be 'absolutely pure.' I merely certify to the presence or absence of a particular adulterant. I have repeatedly refused to make analyses of alcoholic liquors with a view of furnishing a certificate for advertising purposes. I did not foresee how far the simple statement of an analytical fact would be utilized as an endorsement of the liquor."

The officers are: President, Dr. Charles N. Hewitt, Red Wing, Minn.; First Vice-President, Dr. G. B. Thornton, Memphis, Tenn.; Second Vice-President, Dr. Joseph Holt, New Orleans, La.; Secretary, Dr. Irving A. Watson, Concord, N. H.; Treasurer, Dr. Berrien Lindsey, Nashville, Tenn. (Ex-officio members Executive Committee.)

—It is stated in the columns of a weekly contemporary that there is not in France a medical school which has a professorship of gynecology, nor is there in the whole country a special hospital for the treatment of diseases of women.

—Upon the recent death of a Hindoo, the coroner's verdict read as follows: "Paudoo died of the effects of having been run over by a horse and cart while on the way to market."
Dr. C. D. Keen (J. M. C., 1883) has left Homeville, Pa., for the West, and has been succeeded by Dr. W. E. Webb (J. M. C., 1887).

Dr. D. P. Fitch (J. M. C., 1885) has removed to Fairmount, W. Va.

Dr. H. H. Sherck (J. M. C., 1887) has located at Pasadena, Cal.

Dr. J. E. Brown (J. M. C., 1883), formerly of Iowa, is now at St. Joseph, Mo.

Dr. J. C. Purcell (J. M. C., 1882) is practicing at Atlantic City, N. J.

Dr. D. W. Spence (J. M. C., 1888) is at Valatie, N. Y.

Dr. A. S. McKnight (J. M. C., 1888) has removed to Uniontown, Penna.

Dr. J. Harvey Moore (J. M. C., 1882) is now at Hope, Pa.

Dr. M. S. Simpson (J. M. C., 1888) has located at Rebersburg, Pa.

Dr. T. C. Conser (J. M. C., 1888) has been granted a certificate to practice medicine in California by the Board of Examiners of that State.

Dr. W. H. Bricker (J. M. C., 1886), formerly of Grapevine, Pa.

Dr. J. R. Morrow (J. M. C., 1888) has located at Grapeville, Pa.

Dr. W. H. Wrisor (J. M. C., 1881) is at Los Angeles, Cal.

Dr. J. P. Parker, Ph.G., late Assistant Ophthalmic Surgeon to the Germantown Hospital, and Clinical Assistant Eye Department, Jefferson Medical College Hospital (J. M. C., 1886), is now paying special attention to ophthalmoscopic practice at Kansas City, Missouri.

Dr. A. Frank (J. M. C., 1867) is now at Linkville, Idaho. Dr. A. W. Plummer (J. M. C., 1886) at Los Angeles, Cal., and Dr. W. S. Wallace (J. M. C., 1881) at Santa Rosa, Cal.

Dr. J. C. Purcell (J. M. C., 1882) has removed to Roslyn, W. T.

Dr. C. H. Norred (J. M. C., 1886), formerly of Lincoln, Ill., is now at Minneapolis, Minn.

Dr. T. C. Conser (J. M. C., 1888) has located at Rebersburg, Pa.

Dr. M. S. Simpson (J. M. C., 1888), formerly of Dayton, O., is now at Plainfield, N. J.

Dr. G. M. Holcomb (J. M. C., 1887), formerly of Spring Hill to Winfield, Kansas.

Dr. V. P. Pior (J. M. C., 1881) is at North Hope, Pa.

Dr. W. W. F. F. (J. M. C., 1884) has removed from Greenfield, Pa., to Wakeman, O.

Dr. J. Harvey Moore (J. M. C., 1882) is now at Pittston, Pa.

Dr. J. R. Morrow (J. M. C., 1888) has located at Grapeville, Pa.

Dr. W. H. Wrisor (J. M. C., 1881) is at Los Angeles, Cal.

Dr. J. S. Hackney (J. M. C., 1885) has removed to Unionsburg, Penna.

Dr. H. L. Donnelly (J. M. C.), of Latrobe, Pa., was nominated for Congress by the Democratic Convention of his district.

The Washington Obstetrical and Gynecological Society has elected Dr. Joseph Taber Johnson, of that city, its President for the ensuing year.

Dr. A. Frank (J. M. C., 1867) is now at Linkville, Idaho. Dr. A. W. Plummer (J. M. C., 1886) at Los Angeles, Cal., and Dr. W. S. Wallace (J. M. C., 1881) at Santa Rosa, Cal.
own ears and feels with his own hands. Possibly he has little more practical knowledge of the signs of the pregnant condition than that which Scott alludes to in his tale of the Monastery as determining the opinion of the wandering preacher Warden, in the case of Catherine, mistress of Julian Avenel—" above all, the circumstance so delicately touched in the old ballad, that 'the girdle was too short,' the 'gown of green all too strait,' for the wearer's present shape."

Can the embarrassment, the anxiety and the fear of the young physician attending his first case of labor alone and distant from any help, even did he dare ask it, be properly represented? Can the errors he is liable to commit from his want of experience, ever be fully revealed? A mother or child may perish possibly from his neglect to act promptly, or from his rash action, or from his wrong action; and if such awful event does occur, lasting longer than any public censure is the self-reproach, that ceases not day or night—possibly perpetual as those words, "thou shalt pass on," are in the ears of the fabled "Wanderer Jew," forever haunting as Frankenstein's monster pursued him on land and on sea. From the pages of our periodical literature there may be collected a fearful array of calamities belonging to the lying-in room, many of them preventable; unwritten, only whispered histories would swell this list to vast proportions. There is reason to believe that the maternal mortality of private is greater than that of hospital practice, when the proportion should be the same, or even less. Then, too, the unqualified obstetrician contributes largely to the successful practice of gynecology—the latter waxes fat feeding upon the fruit of the errors of the former.

How ought the medical student to be taught practical obstetrics? By attendance upon poor women at their homes, is the opinion of some. Certainly this is vastly better than no practice at all, but then a much larger number of cases is required than if they are collected in a maternity hospital, for it in one patient may be available for teaching a dozen or more students, and each case has its own special lesson. Moreover, the student needs to know from a teacher what his senses tell him—what he sees, what he hears, and what he touches. True, all these things he will learn after a while and with a long experience, but it is like learning a language without a teacher—the process is very much slower, and the knowledge in most cases not as thorough. The mind of the medical student is alert and receptive, and his senses peculiarly active; he is in just the requisite condition for education; but a self-education, with its limited experience, imperfect foundation, and its scant materials is always a very slow process, and oftentimes leads to narrow opinions which are always held with great tenacity, and to dangerous, because absolute rules of practice.

No, the student needs a guide in the study of the practice of obstetrics. Private instruction in obstetrics is given in some of our great cities, as it is at some places abroad; in Dublin, for example, the famous Rotunda Hospital, with its 1200 deliveries a year, an institution now ably conducted by Dr. Arthur V. Macan, has been for many years a famous school for obstetric teaching, whose great advantages many from the British Isles and from this country avail themselves of. But when a medical college sends its students to be instructed in obstetrics outside its walls, and especially to a distant country, the confession is made that its own teaching is imperfect. If there were to spring up private schools for teaching materia medica and therapeutics, the practice of surgery, or of medicine, or physiology, or chemistry, and these various schools have numerous pupils, what a terrible indictment of the medical colleges which by the failure and deficiency of their teaching rendered this extra-mural instruction necessary.

Moreover, the practical teaching of obstetrics ought to be directly associated with its scientific instruction, and be given by the one chair, and assistants; in other words, there should be a maternity belonging to every medical school in which practical obstetrics is taught, just as each school usually has under its control a general hospital in which not only the practice of medicine and of surgery are taught, but also various special departments, such as ophthalmology, laryngoscopy, etc. Even if there should be an obstetric ward in a general hospital, it may be so conducted that it shall not suffer, nor any other department of the hospital, from the association. In the maternity wards, or better still, in the maternity hospital of a college, students can be trained in obstetric auscultation and palpation; they can study the actual phenomena of labor, and watch the progress of puerperal convalescence. Occasionally they will witness some of the diseases or accidents which complicate labor, and instrumental deliveries. The danger to the lying-in woman is not increased an iota by using her labor as a means of instruction to students—instruction which will be the salvation of many another—for in these days of antiseptic obstetrics the liability to infection is reduced to a minimum; in many hospitals where such obstetrics is the rule, while in private practice one may fear it is the exception.

But can the necessary material be had? Will a large enough number of women enter a maternity under the requisite conditions? There cannot be a doubt of it, so far as our great cities are concerned. True, no maternity upon this continent probably can furnish as many illegitimate births as are presented by those institutions in some of the great old world. Thus, the Frauen Klinik,* of Munich, usually having annually about 800 deliveries, had last year 754,—698 of the children being illegitimate, and only 66 legitimate. But will there will be among the poorer classes of married women an ample number for teaching purposes, who will gladly go into a hospital where they will be assured of kind care, excellent professional services, and good nursing—all gratuitous.

This number will be supplemented by unfortunate girls, both from city and country, who have loved not wisely but too well, and who seek to hide their shame, or possibly have been driven from their homes, and will gladly enter a retreat where Pharisaic questions as to their past lives do not present a barrier.

Such maternities will be means of advancing obstetric knowledge, for it is especially in our great hospitals that the most important problems in medicine and surgery are determined, and so it will be when correspondingly ample facilities for studying obstetric questions are afforded. Scores of our young graduates go abroad for professional study, and the necessity for this as it relates to practical obstetrics is plain. But has not the time come when we should furnish in this countryampler instruction in every department of medicine, and especially when obstetrics should be practically taught in all our schools?

That my plea is not made without previous effort to improve the order of things in the medical school, to which I have been appointed for the last five years—in other words, that my faith has been shown by my works—the following statement as to the teaching of practical obstetrics in Jefferson Medical College is given.

* I am indebted to Dr. Lester Frankenthal, of Chicago, who is now one of the interns at the Frauen Klinik, for these and other important statistics.
patient department was established; since that time 151 women have been registered, 106 of whom have been delivered at their homes, two or three students being present, and there are now awaiting confinement 45. Of the women delivered at their homes only one died, the death occurring some two weeks after delivery, and when puerperal convalescence was apparently well established. The cause of death was not certainly known, and possibly it was entirely independent of recent delivery. But even admitting it was necessarily connected with the puerperal condition, a mortality of only 1 in 140 women delivered is less than that which obtains in private obstetric practice.

It has been almost exclusively by the generosity of a noble-hearted woman, Mrs. George W. Childs, that I have been enabled to carry on the Maternity of Jefferson Medical College Hospital. The work so far done is only a beginning, and my hope is that there will soon be given abundant opportunity for more complete practical teaching of obstetrics in this institution.

My view is, and during the past two years I have been able in some good degree to accomplish it so far as the students of Jefferson Medical College are concerned, that every candidate for graduation shall be given the opportunity of studying the objective signs of pregnancy, and making the diagnosis of presentation and position by auscultation and palpation; shall have been present at least one case of labor, and shall have followed the course of puerperal convalescence in at least one case. Of course, a larger obstetric experience would be desirable. In general, it may be stated that a college having two hundred candidates for graduation should have a maternity with at least fifteen beds; that number of beds would furnish, during the year, at the lowest estimate, opportunity for studying more than one hundred and fifty cases of labor; and as many students are in attendance upon the spring course of lectures, they might receive their instruction in practical obstetrics then, so that the winter classes in this department would be less crowded.

Now turn from this very modest suggestion made in regard to the needs of American medical colleges and the supply proposed, and contrast the proposition with what is actually done in the Bavarian University. Here I shall fully quote Dr. Edgar's statement as to obstetric teaching in Munich:

"My Dear Professor Parvin:"

Your letter requesting a statement as to how practical obstetrics is taught in Munich must show evidence that he has attended one whole-semester (half a year) of didactic lectures, that he has been a practicant in the Obstetrical Clinic for at least two semesters, that he has taken a course in obstetrical operations extending over at least one semester, and that he has attended at least four (4) cases of midwifery in the obstetrical clinic. The year is divided into two semesters, winter (November to April) and summer (April to August). Of course, I speak only of requirements in obstetrics; the candidate's medical studies must extend over eight (8) semesters (four (4) years).


1. Didactic Lectures, usually four (4) weekly, are conducted in Munich every year so far done here with us. They continue through both winter and summer semesters, extending over a period from November to August, excepting, of course, the various vacations.

2. Of the Obstetrical Clinics, there are two, sometimes three, weekly, extending over the whole semester. In these clinics, four, five or six gravid or parturient women are rolled into the amphitheatre on beds, the practicant, whose name is next on the list, is called down by Professor Winckel, and assigned to a case. Each "practicant" is then allowed a few minutes to make his diagnosis, after which Professor Winckel questions him before the class as to what he has found by his examination. If his diagnosis be wrong, he is perhaps allowed further time, and the Professor passes to the next man. If the student under examination be one simply of pregnancy, especial attention is paid to the diagnosis of the child's position by palpation, and also to the exact period of pregnancy from both external and internal examination. Any mal-presentation or mal-formation of the presentation and position by palpation and auscultation and palpation.

During my service, just ended, of five months, as Volunteer Internist, in the University Frauen Clinic of that city, I naturally saw and heard a good deal as to how instruction in practical obstetrics was conducted, and, perhaps, I cannot better present the subject than by describing:

1. The requirements prescribed by the State for graduation.

2. The various courses of instruction—their character and duration.

3. What actual practice the majority of medical students have before graduation.

I. The candidate who presents himself for examination in obstetrics in Munich must show evidence that he has attended one whole-semester (half a year) of didactic lectures, that he has been a practicant in the Obstetrical Clinic for at least two semesters, that he has taken a course in obstetrical operations extending over at least one semester, and that he has attended at least four (4) cases of midwifery in the obstetrical clinic. The year is divided into two semesters, winter (November to April) and summer (April to August). Of course, I speak only of requirements in obstetrics; the candidate's medical studies must extend over eight (8) semesters (four (4) years).


1. Didactic Lectures, usually four (4) weekly, are conducted in Munich every year so far done here with us. They continue through both winter and summer semesters, extending over a period from November to August, excepting, of course, the various vacations.

2. Of the Obstetrical Clinics, there are two, sometimes three, weekly, extending over the whole semester. In these clinics, four, five or six gravid or parturient women are rolled into the amphitheatre on beds, the practicant, whose name is next on the list, is called down by Professor Winckel, and assigned to a case. Each "practicant" is then allowed a few minutes to make his diagnosis, after which Professor Winckel questions him before the class as to what he has found by his examination. If his diagnosis be wrong, he is perhaps allowed further time, and the Professor passes to the next man. If the student under examination be one simply of pregnancy, especial attention is paid to the diagnosis of the child's position by palpation, and also to the exact period of pregnancy from both external and internal examination. Any mal-presentation or mal-formation of the presentation and position by palpation and auscultation and palpation.

During my service, just ended, of five months, as Volunteer Internist, in the University Frauen Clinic of that city, I naturally saw and heard a good deal as to how instruction in practical obstetrics was conducted, and, perhaps, I cannot better present the subject than by describing:

1. The requirements prescribed by the State for graduation.

2. The various courses of instruction—Their character and duration.

3. What actual practice the majority of medical students have before graduation.

I. The candidate who presents himself for examination in obstetrics in Munich must show evidence that he has attended one whole-semester (half a year) of didactic lectures, that he has been a practicant in the Obstetrical Clinic for at least two semesters, that he has taken a course in obstetrical operations extending over at least one semester, and that he has attended at least four (4) cases of midwifery in the obstetrical clinic. The year is divided into two semesters, winter (November to April) and summer (April to August). Of course, I speak only of requirements in obstetrics; the candidate's medical studies must extend over eight (8) semesters (four (4) years).


1. Didactic Lectures, usually four (4) weekly, are conducted in Munich every year so far done here with us. They continue through both winter and summer semesters, extending over a period from November to August, excepting, of course, the various vacations.

2. Of the Obstetrical Clinics, there are two, sometimes three, weekly, extending over the whole semester. In these clinics, four, five or six gravid or parturient women are rolled into the amphitheatre on beds, the practicant, whose name is next on the list, is called down by Professor Winckel, and assigned to a case. Each "practicant" is then allowed a few minutes to make his diagnosis, after which Professor Winckel questions him before the class as to what he has found by his examination. If his diagnosis be wrong, he is perhaps allowed further time, and the Professor passes to the next man. If the student under examination be one simply of pregnancy, especial attention is paid to the diagnosis of the child's position by palpation, and also to the exact period of pregnancy from both external and internal examination. Any mal-presentation or mal-formation of the presentation and position by palpation and auscultation and palpation.

During my service, just ended, of five months, as Volunteer Internist, in the University Frauen Clinic of that city, I naturally saw and heard a good deal as to how instruction in practical obstetrics was conducted, and, perhaps, I cannot better present the subject than by describing:

1. The requirements prescribed by the State for graduation.

2. The various courses of instruction—Their character and duration.

3. What actual practice the majority of medical students have before graduation.

I. The candidate who presents himself for examination in obstetrics in Munich must show evidence that he has attended one whole-semester (half a year) of didactic lectures, that he has been a practicant in the Obstetrical Clinic for at least two semesters, that he has taken a course in obstetrical operations extending over at least one semester, and that he has attended at least four (4) cases of midwifery in the obstetrical clinic. The year is divided into two semesters, winter (November to April) and summer (April to August). Of course, I speak only of requirements in obstetrics; the candidate's medical studies must extend over eight (8) semesters (four (4) years).


1. Didactic Lectures, usually four (4) weekly, are conducted in Munich every year so far done here with us. They continue through both winter and summer semesters, extending over a period from November to August, excepting, of course, the various vacations.

2. Of the Obstetrical Clinics, there are two, sometimes three, weekly, extending over the whole semester. In these clinics, four, five or six gravid or parturient women are rolled into the amphitheatre on beds, the practicant, whose name is next on the list, is called down by Professor Winckel, and assigned to a case. Each "practicant" is then allowed a few minutes to make his diagnosis, after which Professor Winckel questions him before the class as to what he has found by his examination. If his diagnosis be wrong, he is perhaps allowed further time, and the Professor passes to the next man. If the student under examination be one simply of pregnancy, especial attention is paid to the diagnosis of the child's position by palpation, and also to the exact period of pregnancy from both external and internal examination. Any mal-presentation or mal-formation of the presentation and position by palpation and auscultation and palpation.
interval, or to be present at any operation that may be performed.


In regular rotation, the students who are attending the clinic are taken into the Puerperal Ward, where lie the puerperal women and their children. Two students are then assigned to each case. These "visits" occur three times weekly during the two semesters. The student is expected, after a few minutes' examination of the woman, to state her exact condition as regards temperature, pulse, respiration, the condition of her external genitals, bladder, rectum, lochia and breasts. Of course, no vaginal touch is permitted.

The child must also be examined, and the student is forthwith questioned by Professor Winckell on its general condition and the condition of the mouth, breasts, cord, ring, genitals, and so on; also whether the child has nursed, slept, had movements of the bowels, and their character.

III. My Dear Doctor: You ask me what actual practice each individual student obtains before graduation in Munich.

In the first place, he is required to attend the Obstetrical Clinic two semesters (winter months). Suppose he is called down in this clinic every two weeks, in that case he would touch (thoroughly examine externally and internally) eighteen gravid or par-turient women. This is a low estimate. At the very least estimate, the student must have examined eighteen gravid or par-turient women and conducted four labor cases, and taken the operation course on the phantom for one semester. The majority of students who come up for graduation in Munich have also taken a State examination in Munich.

In one of these courses, extending over five months (one semester), each student is required to perform or to be present at any operation that may be performed. The child must also be examined, and the student is forthwith questioned by Professor Winckell on its general condition and the condition of the mouth, breasts, cord, ring, genitals, and so on; also whether the child has nursed, slept, had movements of the bowels, and their character.

After reading this sketch, need I say one word more urging the importance of a radical change in the teaching of obstetrics in our American medical colleges, if we would approximate the thorough and practical character of the work being done in Germany especially? Nay, is not further argument an insult to your intelligence and knowledge. My plea is not in behalf of one school, but for all schools east, west, north, or south. I plead not for students only, but I plead for the profession whose honor, dignity and usefulness are promoted by every advance in medical instruction. I plead for woman herself, since every well-conducted maternity consecrated to practical instruction, carries estimable blessings not only to those it kindly and skillfully cares for in the hour of woman's sorest anguish and severest agony, but through the students there instructed to countless others, blessings of hope, of health, of life! Nay, permit me still further to press the argument with the words of our own noble and estimable maternity is impressed upon her. The solemn prayer of the liturgy singles out her sorrows from the multiplied trials of life and sympathy wherever she bears her tender burden or stretches her aching limbs. The very outcast of the street has pity upon her sister in degradation when the seal of prom-ised maternity is impressed upon her. The remorseless vengeance of the law, brought down upon its victim by a machinery as sure as destiny, is arrested in its fall at a word which reveals her transient claims for mercy. The opium habit, including the habitual abuse of narcotics and with some practical suggestions as to the means of preventing, or at least diminishing, the dan-gers of the formation of such vicious habits. The scope of my remarks does not include alcohol, much too much alcohol, which I have shown has a direct bearing upon alcoholism. As far as I am able to judge, this subject is not included in the discussion, even in the most cursory way. I would extend my paper beyond the limits permitted me and the bounds of your forbearance.

I shall limit my remarks, therefore, to the opium habit, including the habitual vicious abuse of this drug and its derivatives, morphia, codeia and their various pharmaceutical prepa-rations, and certain other drugs which have of late years become familiar to the public, the principal being chloral, cannabis indica, par-aaldehyde, and cocaine. Furthermore, I shall confine myself chiefly to the consideration of opium and its preparations because they hold an enormous preponderance the first place among these agents, and because, secondly, the general statements to be made in regard to them are in all respects applicable to the others.

There are no statistics to which we can turn for information in regard to the prevalence of these habits and the vast amount of suffering and sorrow to which they give rise. Further testimony is to be found in the advertisements of spe-cifics and sure cures for the opium habit which are common in newspapers and popu-lar journals.

The subject merits our most serious consid-eration, not only on account of the extent of the prevalence of these habits and the disas-trous consequences which they entail upon their individual victims and society at large, but also because the medical profession is to a great extent responsible for their existence. The extent to which we are individually responsible is perhaps slight; the extent to which we are responsible as a body is enormous.

We have become too familiar with

THE CAUSES AND PREVENTION OF THE OPium HABIT AND KINDRED AFFECTIONS.

BY J. C. WILSON, A. M., M. D.,


Read before the American Academy of Medicine at its Annual Meeting, November 13th, 1868.

MR. PRESIDENT AND GENTLEMEN, FO-LLOWS OF THE ACADEMY:—I desire to occupy your attention for a short time with the consider-ation of some of the causes which lead to the habitual abuse of narcotics and with some practical suggestions as to the means of preventing, or at least diminishing, the dan-gers of the formation of such vicious habits. The scope of my remarks does not include alcohol, much too much alcohol, which I have shown has a direct bearing upon alcoholism. As far as I am able to judge, this subject is not included in the discussion, even in the most cursory way. I would extend my paper beyond the limits permitted me and the bounds of your forbearance.

I shall limit my remarks, therefore, to the opium habit, including the habitual vicious abuse of this drug and its derivatives, morphia, codeia and their various pharmaceutical prepa-rations, and certain other drugs which have of late years become familiar to the public, the principal being chloral, cannabis indica, para-aldehyde, and cocaine. Furthermore, I shall confine myself chiefly to the consideration of opium and its preparations because they hold an enormous preponderance the first place among these agents, and because, secondly, the general statements to be made in regard to them are in all respects applicable to the others.

There are no statistics to which we can turn for information in regard to the prevalence of these habits and the disas-trous consequences which they entail upon their individual victims and society at large, but also because the medical profession is to a great extent responsible for their existence. The extent to which we are individually responsible is perhaps slight; the extent to which we are responsible as a body is enormous.

We have become too familiar with
the dangers of narcotics, which we thoroughly understand. Familiarity has bred, if not contempt, an easy-going indifference far more dangerous than contempt. The people, with that little knowledge which is proverbially dangerous, and doubly dangerous in medical matters, have grown familiar with narcotics without becoming aware of the risks that attend their use.

I believe that to point out the relation of the profession to the general subject of the abuse of narcotics and to make clear the part played by medical men in the causation of such habits would go far toward checking their spread. To accomplish this, the appeal must be made to the leaders of thought among us; to those who are seeking to elevate the standard of education, to exalt the aims, to strengthen the moral tone, to increase the usefulness of the medical profession and enhance its dignity in the eyes of the world. Aims such as these, which are the declared objects of this body, carry with them corresponding responsibility. To you then I present the cause I plead; not my cause alone, but the cause of the whole medical profession, and above all the cause of the innumerable unfortunate who by reason of unstable nervous organization and weakness of will, whether the result of heredity, or of acute painful disease or of chronic invalidism, have fallen, are falling every day, into a condition of habitual dependence upon narcotics—a condition as abject and miserable, and after a time almost as hopeless as can be the lot of mankind.

The influences which lead to the habitual abuse of narcotics may be arranged under three general heads—example, suggestion and prescription.

(a) Example—From what is known to us of the miseries of the life of these people, it would seem almost incredible that any one should be led into such habits by the mere force of example, yet this has come under my personal observation on two occasions.

A Frenchman, bright, well educated, well to do and in good health, had a friend, a morphia eater. They lived upon the most intimate terms, passing their evenings together in conversation and congenial amusements. The morphia eater communicated his habit to his friend, who became a confirmed victim. Years afterward, this man, then an inmate of the Philadelphia Hospital, a pauper and utterly broken in health, told me that he attributed his habit to example in its simplest form.

There is now in my wards in the same institution a bright fellow, thirty-five years of age, a printer, who has for fourteen years consumed a daily amount of opium sometimes reaching a maximum of 100 grains, or of morphia reaching a maximum of 15 grains, and rarely falling to a minimum of one-third these quantities, who states that at the age of twenty-one years he was led to use opium for its stimulating effect from frequently observing a bookkeeper in the office in which he was employed in the act of gratifying his indulgence in this drug.

According to Jouet—whose assertions are corroborated by other accidental statements in the French newspapers—the habitual injection of morphia is to-day, in France, at least, almost a matter of fashion. Landowski states that friendship is occasionally pushed to the extent of exchanging pretty syringes in silver cases as presents and that a patient received upon his birthday a hypodermic syringe as a gift from his sister. Zambaco, whose observations were made at Constantinople, states that among the Moslems, the opium habitués prefer the crude drug either alone or associated with certain aromatic substances, such as ambergis, canella or saffron, which are used for their aphrodisiac effect. These mixtures are prepared openly in the family and carried upon the person in the form of pills in little boxes of gold and enamel, among the better classes. This observer further says that the ladies of wealthy families carry jeweled cases containing hypodermic syringes and artistic flacons for the seductive solution, and that they avail themselves of favorable opportunities to take an injection of morphia even when together.

(b) Suggestion—Very much more frequent and important is suggestion as a cause of these habits. The reading of De Quincey's Con-
ful affection, the worst symptoms of which are relieved by the hypodermic injection of morphine, falls an easy prey to the temptation to continue it, a danger increased by the fact that he is too often obliged to work when ill or to resume work before convalescence is complete. Indeed, the self-administered daily doses of physicians sometimes reach almost incredible amounts.

To women of the higher classes, tormented with neuralgias or the vague pains of hysteria and hypochondriasis, opium brings for a time tranquillity and self-forgetfulness. There can be little doubt that among women of refinement, opium is often used as a stimulant in place of alcohol because its effects are less noticeable and degrading.

Of 100 cases collected by Jouet, the habit followed the therapeutic use of morphine in 32 cases of ataxia, 24 of sciatica and other neuralgias, 8 of asthma, 2 of dyspepsia, 4 of hypochondriasis, and 9 of painful tumors, 2 of prostatic inflammation, 7 of nervous conditions not specified, 1 of peritonitis, 2 of peritonitis, 1 of gastro-enteritis, 4 of pleuritic pains, 1 of contracture and one case of haemoptysis.

The habit resulted in Levinstein’s 110 cases from the following causes: In 20 men and 6 women, after acute affections; in 46 men and 18 women, after chronic affections; these diseases being in each instance accompanied by great pain. One man began to use morphine as an antispasmodic and other to produce mental excitement simply, or to cause forgetfulness of the daily cares of life. 288 men and 5 women indulged to an uncontrollable extent. Levinstein does not, however, regard the conclusion that the abuse of narcotics is more common among men as warranted by these figures. If we include, along with opium and its pharmaceutical preparations, chloral, it is probable that in the better walks of life, where the use of alcohol is much less common among women than among men, the habitual use of narcotics is quite as common, if, indeed, not more so, among women.

In view of the foregoing facts, it is obvious that an enormous proportion of the cases of habitual vicious narcotism are due to the amiable weakness or thoughtlessness of medical men. Anodynes and hypnotics are necessary; their judicious employment constitutes a part of the daily duty of practitioners in all departments of medicine. The drugs which possess these properties to the highest degree and are most available for therapeutic purposes are, at the same time, capable of producing doses that modifications of the nervous system which lead to an acquired tolerance, and of becoming with usage stimulants. They are hence, without exception, seductive and dangerous. It is, however, necessary to administer drugs of this nature in painful affections to all kinds of patients. These drugs must be administered to individuals suffering from diseases manifestly incurable, as visceral and external cancer, certain cases of advanced phthisis, confirmed syphilitic diabetes and tubercular affections. In such cases, the use of opiates in large and repeated doses, although attended with unavoidable evils, amounts to a positive boon; it is neither practicable, nor would it be desirable to interfere with it.

A second class of chronic cases includes individuals suffering from diseases which are remediable, or at least capable of decided or prolonged amelioration. Among these afflictions are painful diseases curable by surgical procedures, such as certain obstinate or intractable localized neuralgias, painful neurorrhias, irritable cataract, pelvic and abdominal tumors, and surgical affections of the joints and extremities. To this class also belong certain painful affections occupying the border region between surgery and medicine. These are floating kidney, renal and hepatic abscesses, calculus pyelitis, impacted gall-stones and thoracic and abdominal aneurism. Here the use of narcotics is justifiable only pending or during treatment having in view the patient’s temporary or permanent restoration to ease. Such drugs must therefore be used with a sparing hand, and discontinued without the slightest show of indecision on the part of the physician at the earliest possible moment.

There is also a large group of chronic painful affections coming properly under the care of the physician, in which it is necessary to relieve pain by the use of narcotics. This group includes curable neuralgias of superficial nerves, as trigeminal, occipital, brachial, intercostal, crural, sciatic; and visceral neuralgias, as the pain of angina, gastralgia, enteralgia and pelvic and reflex neuralgias of women. Here, also, are to be mentioned the pains of neurasthenia, hypochondriasis and hysteria. It is in this group of cases that the physician, in his attempt to relieve suffering, stands in the greatest danger of doing incalculable harm. His prescriptions enable the patient to procure too often at will the coveted means, not only of relieving physical pain, but also of counteracting mental depression. The recurrence of pain not only justifies repetitions of the dose, but the dose itself calls for its renewal from time to time in imperious tones. Out of the occasional employment of a medicine to relieve pain, comes its routine use to satisfy craving, and thus the patient’s will succumbs to the iron force of habit, and a new malady, chronic, grave, secret and blasting in its effects, both upon body and mind, supplants or overshadows the old. Far less dangerous, for reasons that I have already pointed out, is the employment of narcotics in acute painful diseases. Under ordinary circumstances, they are abandoned before convalescence sets in; it is only exceptionally, and then in individuals of neurotic constitution, that their use drifts into abuse.

Finally, I allude, purposely without dwelling upon it, to the part played by the apothecary in this matter. The question is too great to be undertaken in this paper. Nos brums containing narcotics, and particularly opium and morphine, in proportions that occasionally produce fatal results are freely dispensed by the shops to all comers. Prescriptions calling for large amounts of opium, morphia, codeia, chloral, etc., are dispensed to the same individuals at short intervals over the counters of apothecaries for months and years after the illness for which they were originally prescribed is over. Yet more, occasional cases come to light which serve to indicate the appalling frequency with which opium, its tinctures, morphia and solutions of chloral are directly sold to unauthorized individuals. If the evil thus accomplished were better understood, the palpable profit realized from such nefarious trade would rarely tempt men to the commission of the crime which these practices constitute.

We now come to the consideration of the means by which the dangers of the formation of vicious habits in regard to narcotics may be diminished. The dissemination of a wholesome knowledge of the methods by which the opium habit and kindred affections are induced, of the serious character of these affections and of the dangers attendant upon an ignorant and careless employment of narcotics, would constitute an important measure of prophylaxis. I am fully aware of the evils resulting from the publication of sensational writings relating to these subjects; notwithstanding these dangers, I am convinced that a reasonable and temperate presentation of the facts in the popular works upon hygiene used in schools and in the family would exercise a wholesome influence in restraining the tendency to the practice of these vices. Under such influences, example and suggestion would lose much of their force; and the evils necessarily attendant upon the prescription of narcotics in medicine would also be greatly diminished.

I venture to make the practical suggestions which follow. When necessary at all, the use of narcotic drugs should be guarded with every possible precaution. In the first place, in so far as it is practicable, the patient should be kept in ignorance of the character of the anodyne used and of the dose. In the second place, the physician should personally supervise and control, in so far as is possible, the use of such drugs and the frequency of their administration, taking care that the minimum amount capable of producing the desired effect is employed. In the third place, the occasional alteration of anodyne medications is desirable. Fourthly, the effort—which is
THE MULTIPLICATION OF USELESS DRUGS.

BY CHARLES C. BOMBAUGH, A. M., M. D.,
Of Baltimore, Maryland.

Read at the Annual Meeting of the American Academy of Medicine, New York, November 6th, 1888.

It is needful to revert to remote periods in the history of therapeutics to ascertain the date when polypharmacy was the dominant fashion. The dark ages of the healing art did not end with medieval days. There are formularies still to be found in the shady corners of old book shelves which call for two or three score of ingredients. Some of you may remember the famous farrago known as the Theriac, or Opiate Electuary, the germ of which is traced to Nicander, in which the split-foot & was followed with a jumble of sixty or seventy components. In framing these exuberant prescriptions there was either strange unconsciousness or sublime disregard of compatibility, the uppermost idea being, apparently, that—to use an oft-repeated simile—in the scattering of the load aimed at morbid action, some of the stray shot from the redundant battery might, could, would, or should hit the target.

As we turn back attentively to the glimmering of this seventeenth and eighteenth century twilight, this darkness before the dawn, we become puzzled over the grotesque ventures and hazards of empirical grogging. And none are more puzzling than the mosaic work of these motley and multiformular formule. What was then conformity to usage seems, when focused under the scrutiny of later days, an embarrassment of riches, with every syllable of the word embarrassment accentuated. With our preference for the teachings of simplicity, we marvel much at such eagerness for combination, with its resultant complication and contrariety. And we wonder still more at such blindness to the obvious fact that while remedies are not always drugs, it is more emphatically true that drugs are not always remedies. Nor is our perplexity diminished when we remember that the drugs employed in the way referred to were presented in coarse and crude and repulsive forms, for it was long before the introduction of active principles and methods of elegant preparation, to say nothing of the advantages of inhalation of gases or vapors, of atomized spray, of hypodermic injection, etc. Pope says in his "Essay on Criticism":

"Such labored nothings, in so strange a style,
Amaize the unlearned, and make the learned smile."

But after all, how many of our learned brethren can afford to smile derisively at they look back from the view point of real or fancied superiority? How many of us have advanced so far on the line of progression that the danger of fracture from stones of our own throwing? Here and there, on the march, we may occasionally see in the ranks of fellows—craftsmen who, like ourselves, trace their professional lineage to this same seventeenth century ancestry, a few who are complacently thankful that they are not as others, and especially as these incomprehensible polypharmacists, who are soothed and sustained with the self-assurance that they are the favored children of knowledge, and from whose cloudless serenity is reflected the assumption that it is they "whose souls are lighted with wisdom from on high." But I need hardly remind you that they are not members of this Academy. On the contrary, one of the objects of our organization is to bring such presumption to repentance. We know too well that instead of closely nearing the boundaries of investigation, we have advanced but little beyond the starting-point, and that the pathways of medical science are ever widening and ever diverging into illimitable space. We know too well that we are still on the ascent where Alps on Alps arise, and that the peak gained to-morrow and to-morrow, to-day only gives us a glimpse of the peaks of the future.

But keeping in view the achievements of the patient and faithful investigation of our own day, acknowledging gratefully their brilliance and their significance, welcoming the splendid results of the activity of our specialists, believing that the scientific minds engaged upon the problems of existence are of larger caliber as well as greater in number than ever before, and profoundly impressed, as we are, with the fullness of the promise of recent revolution, are we not unwarantably heedless of the mould and the dust of by-gone days that still cling to the chariot wheels? Do we realize how much there is to unlearn in the legacies of the past? Are we oblivious of the extent to which resources, once so called and so considered, have been transformed into rubbish? Are the cobwebs invisible, or dimly seen? Have higher monuments been reared than those which commemorate wasted energy, fruitless effort, love's labor lost? Let me call your attention to the illustration which has suggested this line of thought. I refer to the cumbrous material—would it be irreverent to call it trash?—with which our materia medica is overloaded.

In the Index of the fifteenth edition of the United States Dispensatory, extending through seventy-six three-columned pages, is a list of about seventeen thousand names of medicinal substances, official and extra-official. Making liberal allowance for the necessary duplication or repetition of many of these names in different forms—say one-third have, in round numbers, eleven thousand substances, or, if you please, as they are termed by the authors of our great commentary, "remedies." How many thousands of "remedies" have been added to the armamentarium since the Pharmacopoeia of 1880 was published, this denotant is not prepared to state. Judging by such indications as the notices and testimonials of this, that, and the other simple or combination with which his daily mails are freighted, their name must be legion, for very likely they are like the stars for multitude. Whatever may be thought of these later introductions, we may well say that the plethoric aggregation of the Dispensatory, as Bassiano said of Gratiano's reasons—they are as two grains of wheat in two bushels of chaff. Of the eleven thousand medicaments in the list, it would be quite safe, not to dispose, but to...
dispense with, ten thousand. In other words, that proportion could be transferred to an Index Excerptiorius without being seriously missed. If the drugs themselves were tossed from the shelves of the apothecaries into the vasty deeps midway between the continents, it would be, as Dr. O. W. Holmes remarked, "all the better for mankind," though at the same time "all the worse for the fishes." If it should go hard with us to part in this remorseless way with the names and faces of these children of our adoption in earlier years, we could relagate them to a museum where posterity may stare at amazement at such an accumulation of inertness, and worthlessness and superfluity. And as to the remaining one thousand, most of us would still find in the doll a sufficient surplusage of sawdust to "make the judicious grieve," and occasion needless vexation of spirit.

A Baltimore investigator, Dr. J. R. Uhler, in a recent address on "Positive Medicine," says he found after protracted examination of 324 remedies constituting the bulk of the primary list, that 108—just one-third—are very active; 100 are known to frequently do their work; and 116 are untrustworthy. From this statement, based on cautiously conducted research, the skepticism which is disposed to underrate the efficacy of drugs may learn that there is good ground for faith in the uniformity and concreteness of the action of those, at least, whose therapeutic application is directed with a definite conception of their real power. True, they are not numerous. Dr. Wood, in the last edition of his admirable "Principles and Practice of Therapeutics," contracts the number of general and local remedies which he considers worthy of classification, to about 300, if we do not include in the enumeration all of the metallic salts and the various preparations which fall under primary or leading names. But his list has the distinctive merit of embracing the remedies of recent birth which already have an assured and permanent part to play in the enrichment of our ways and means.

Just as these sentences were penned, the sixteenth edition of the United States Dispensatory made its appearance, with an addition of fifteen pages to the Index,—a formidable total of ninety-one pages. The increased distention and prolixity of the new volume bears witness to the extending lines and the lengthening shadows of the pharmaceutical procession. The editors say that "over six hundred pages of new matter have been incorporated in this edition; but by a very thorough elision of that which was effete, they have been able to restrain the net increase in the number of pages to one hundred and sixty-seven." This reminds us of the rate of progression of Captain Parry's exploring party in the Arctic regions in search of a northwest passage. They traveled at the rate of ten miles a day, while the ice floes over which they traveled were drifting toward the equator at the rate of twelve miles a day. But let us be thankful for small favors; let us be especially grateful for the omission of that significant word "effete." The child may yet be father of the man.

Those who are in favor of a sift ing process that will involve radical constriction of our bloated Dispensatory hesitate, in view of the difficulties that present themselves. One source of hesitation lies in the fear of possible unjust displacement of drugs with latent powers and unsuspected properties that might ultimately be revealed through the enlightened and systematic methods of investigation, in the physiological laboratory, which are taking the place of the too frequently fallacious and too frequently misleading empiricism, that has held sway for two thousand years. Meanwhile, this overgrown condition is threatened with continuous expansion under an irritation, which may fairly be termed a deluge, of newly discovered medicines and newly devised combinations. While we are inexpressibly disgusted with the false pretence that quackery parades in the newspapers under frothy and flashy names, our sensibility is too often offended by the silted derivatives—quite as painful and quite as distorted—which are so lavishly displayed on the advertising pages of our medical journals. They stare at us from the verge of the border-land where the code of ethics draws the line of duty and obligation. The only ground for tolerance is that while some of them become the fashion for a season, and rise, only sooner or later to fall, now and then one comes to stay. It passes the tentative period with authoritative approval, and earns a place in our equipment by virtue of demonstrated potentiality.

In the progress of scientific development the time has arrived for declaring against longer suffering of drugs which hold their place by uncertain tenure, or by no tenure at all. Crown and sceptre are passing from the sovereignty of empiricism, or, if you prefer a more euphemistic term, clinical experience, in line of succession to that acknowledged claimant of "divine right," modern pharmacology, the branch of science which is concerned with the investigation of the action of drugs on the healthy body. Secure on its throne against the shafts of hostile criticism, it affirms that therapeutics as a science cannot be created out of empirical conclusions, and though we may not yet be in position to reject the contributions that are offered by the empirical method, effort must henceforth be directed to the infinitely more thorough and more logical tests of physiological action. One of the chief councillors of state under the new empire, Claude Bernard, says: "Experiments on animals with medicinal agents are perfectly conclusive in respect to the toxicology and hygiene of man. Researches on medicaments or poisons are equally applicable to man from the therapeutic point of view; for, as I have demonstrated, the effects of these substances are the same in animals as in man, except the difference in degree."

And among the reasons for hastening the coming revolution is our increasing recourse to remedial measures other than the administration of drugs. More and more reliance is placed by the practitioner upon such agencies as the electric current, massage, dietetics (including artificially digested foods), treatment of systemic conditions or diatheses, germicides, antisepsis, disinfection, the sanitation of State Medicine, the prophylaxis of Preventive Medicine. While we are profoundly grateful for these acquisitions, and while we cordially welcome additional contributions to a list of positive medicines which is yet conscientious for insufficiency, let that gratitude and that welcome be at the same time a standing protest against mere numerical preponderance.

THE CONNECTION BETWEEN MASTURBATION AND STRICTURE OF THE URETHRA.

BY SAMUEL W. GROSS, M.D., LL.D.,
Professor of the Principles of Surgery and Clinical Surgery in the Jefferson Medical College.

Read at the meeting of the American Association of Genito-Urinary Surgeons, Washington, September 18th, 1888.

Although masturbation had previously been recognized by several writers as a cause of organic stricture of the urethra, I was, if I do not mistake, the first to call prominent attention to that fact in the Med. and Surg. Reporter, May 5th, 1877, and subsequently in the three editions of my brochure on "The Diseases of the Male Sexual Organs." It is my present purpose, through the medium of this body, in a very few words, to direct the attention of the general practitioner to the very common occurrence of stricture in masturbators, in order that he may search for a factor in maintaining the disorders, both local and general, to which these persons are subject.

In the second edition of my brochure the statement was first made that 173 masturbators, or more strictures were detected in 151, or 87 per cent. Since the appearance of that edition, I have had 157 additional cases, and find that, out of a total of 331, strictures were present in 291, or 88 per cent. The last 157 cases were carefully examined as to the caliber, number, and seat of the coagulations, and my remarks will be confined to these cases alone. In order that there may be no doubt as to the accuracy of the observations, it should be stated, first, that the examinations were conducted with the soft acorn-headed bougie upon patients who had never suffered from gonorrhea and many of whom had never had sexual intercourse; and, secondly, that when, in addition to a stricture
at or near the meatus, other coarctations were discovered, the final diagnosis of the more deeply seated ones was made only after the division of the stricture at the orifice. Of the 157 cases, one or more strictures were present in 140, or 89.18 per cent., and absent in 17, or 10.82 per cent. In 10.3 per cent. the caliber was below 21 of the French scale—the smallest having measured fourteen millimetres in circumference; 22.6 per cent. ranged between 21 and 24; 51.5 per cent. between 25 and 27; and 6.5 per cent. between 28 and 31 millimetres.

Of the 140 examples of stricture, there was one in 82, or 58.57 per cent.; two were found in 41, or 29.29 per cent., and from three to six were present in 17, or 12.14 per cent. Of the 82 solitary strictures, 65 were seated at or near the meatus; 4 at the spongy portion of the urethra; and 13 in the bulbous division. Of the 41 examples of two coarctations, 31 were found at the meatus and bulb; 4 at the meatus and spongy urethra; and 6 in the spongy and bulbous portions. Of the 7 cases of three strictures, in 5 they were located at the meatus, in the spongy, and in the bulbous divisions, and in 2 there was a single coarctation at the meatus, and in two in the pendulous urethra. Of the 7 instances of four strictures, there were one at the orifice, two in the pendulous portion, and one in the bulb in 2; one at the meatus and three in the pendulous portion in 2; and through the pendulous urethra and one in the bulb in 3. Of the two examples of five coarctations, there were one at the meatus, two in the pendulous urethra, and two in the bulb in 1; and one at the orifice, three in the pendulous portion, and one in the bulb in 1. In the single case of six strictures, five were found in the spongy urethra and one in the bulb.

An interesting fact, deducible from a study of the preceding measurements, is that in not less than 113, or 80.71 per cent., of the 140 cases, was a stricture found within one-third of an inch of the orifice. It, moreover, appears that when there was only one coarctation it was seated near the orifice in 79.26 per cent. of all cases; while, when there was more than a single stricture, one was present near the meatus in 82.75 per cent. of all examples.

In conclusion, it may be affirmed, that, as a result of my personal observations, urethral stricture may be looked for in nearly one-tenth of all masturbators who have never had gonorrhcea, and that, as a rule, the stricture will be found to be of large caliber, single, and seated near the meatus.

**Notes of Practice.**

**TAPPING FOR ASCITES.**

BY BENJAMIN W. RICHARDSON, M. D.,


In tapping for ascites I have long practiced a little plan which saves a great deal of trouble, and without any extra apparatus entirely prevents the entrance of air into the abdominal cavity. I slip over the end of the canula a piece of india-rubber tubing, and turn the surface of the tube over the end so as to make a flat surface of rubber. I then push the trocar through the rubber, and make it go right home. There is no difficulty in the process whatever, and no interference with the entrance of the trocar through the tissues when the puncture is made. On withdrawing the trocar the opening through the soft rubber closes of itself, and the escaping fluid runs readily through the length of tube into any utensil that may be placed to receive it.

In my early days of practice the almost universal custom was to use a large trocar and to draw off the fluid as rapidly as possible. Under this plan it was necessary to make provision for compressing the abdomen by the bandage, as the body quickly collapsed, in order to prevent the occurrence of syncope from sudden collapse. The practice was bad, and for many years I have substituted for it the employment of a small trocar, only introducing a large one if the fluid that may flow be too thick and glutinous to pass through a tube of narrow caliber. With a small tube conveying a stream of not more than the eighth part of an inch in diameter, the evacuation of the cavity is slow; but the operation is unattended with any sign of faintness except from fear or mental nervousness on the part of the patient.

To prevent pain in the operation I always use ether spray for benumbing the surface at the point of puncture. It is well to freeze over a space of a disc an inch in diameter, and when the part played on by the spray is quite frozen to put the point of the warm finger on the spot in the centre of the disc, where the puncture is about to be made, so as to soften the frozen skin. This does not restore the sensibility if there be left plenty of frozen tissue around. I have used the spray in this manner thirty times, for tapping, have never failed in rendering the operation perfectly painless, and have never had any untoward result. One patient whom I tapped seven times, and who became accustomed to look on the proceeding with the most perfect unconcern, told me that she was at no time conscious of any sensation beyond a slight jerk which was not at all painful. It may therefore be supposed that the peritoneum, as well as the skin, is rendered insensible to the pain of the puncture. In freezing with the spray it is best to proceed slowly, devoting five minutes to the process, so as to ensure deep local anesthesia.

**Therapeutics of Gonorrhcea.**

The Paris correspondent of the Journal of the Amer. Med. Assoc. states that the views of Dr. Mauriac on this subject may be summarized as follows:

1. The abortive treatment is indicated, and has some chance of succeeding in acute gonorrhcea, only during the first hours of its onset. 2. All the attempts to cut short an attack of gonorrhcea during its period of progression, and when it reaches its height, are useless or dangerous; one obtains only delusive cures. 3. The antiseptic practice at once (d'emblée), suggested by the microbian theory of gonorrhcea, has till now produced only delusive results. 4. It is indispensable to submit acute gonorrhcea to an antiphlogistic treatment until the almost complete disappearance of the most inflammatory phenomena. It must proceed to the proper stage of maturity before any repressive medication should be had recourse to. 5. This latter gives decisive and durable results only in the involutive phases of the specific catarrh. 6. The agents of repressive medication are copaiba and cubebes internally, the sulphate of zinc in injections. 7. The balsam should be given first; it sometimes, of itself, produces a definitive cure. In the greater number of cases, while continuing its use, astringent injections may be resorted to. 8. The duration of the repressive medication should be short. Should it not soon give the results expected of it, it must be given up and antiphlogistics resorted to. 9. It is by the antiphlogistic medication that the treatment of acute gonorrhcea, imperfectly cured, should be commenced. These cases, which return almost incessantly, are seldom or never subdued in a definitive manner.

**Class-Room Notes.**

[Correction.—The prescription for hypodermic treatment of Sciatica, on page 268, second column, last paragraph, November issue, should read as follows:]

B. Morph. sulph., gr. 4
   Atropine sulph., gr. 4
   [CORRECTION. — The prescription for hypo-
   dermic treatment of Sciatica, on page 268, second
   column, last paragraph, November issue, should read as follows:]
   B. Morph. sulph., gr. 4
   Atropine sulph., gr. 4
   M.]

—The prolonged use of phosphorus as a med-

icament is attended with danger. (Bartholow.)

—Oatmeal is very indigestible, and fre-

quently gives rise to gastro-intestinal catarrh

and constipation. (Bartholow.)

—Prof. Parvin directed in a case of amen-

orrhea, in a girl aet. 14 years—

B. Potassii permanganat., gr. j
   Sig.—Three times a day.

—For a woman with chronic cystitis, at

the Jefferson clinic, Dr. J. C. Da Costa ordered the

bladder washed out with a solution of boracic acid

2–3 grs. to [3 j, and ten grains of benzoic

acid, to be given, in pill form, three times daily.
—For a child of 3, in the Jefferson clinic, with the milder form of epilepsy and catarrh of the duodenum, Dr. Rex ordered 10 grs. of potassium phosphate of sodium. t. d. and—

R. Potassium bromide, gr. v.
S. Potassium iodide, q. d.

—Where the iodide of iron is not well borne by children, Dr. Rex advises the following—

B. Ferric pyrophosphate, gr. j.
Potassium iodide, gr. j.
Syr. liniment, gtt. xx.
Aqu. destillat., q. s. ad f 3 j.

—In applying wet cold in the treatment of inflammation, substitutes for ice water are the lactate and bromate. They are soluble, especially in warm water. The doses correspond to those of the sulphates.

Rex directed that the supper should consist of bread and milk only, restricted the general doses correspond to those of the sulphates.

—In typical connective-tissue tumors the growth is circumscribed by a capsule of fibrous tissue, so that a circumscribed tumor simply separates or replaces the surrounding structures; but there are other tumors which are diffused, they grow from the periphery; they infiltrate surrounding parts. This distinction is very important to bear in mind in making an anatomical diagnosis between benign and malignant tumors. Whenever you find a tumor surrounded by a capsule, the diagnosis is positive that it is not a carcinoma, but it does not follow that it is not a malignant tumor. (Gross.)

—To prepare "anti-septic gauze," used for dressing wounds, etc., Prof. Gross directs—

Boil the gauze (to remove fatty matter) in a gallon of water, for eight hours; rinse with clean water, and keep in the following solution:

Liquor. potassii citratis, g
Aqu. destillat., q. s. ad f 3 j.

—In the constitutional treatment of inflammation, to reduce temperature, reduce the arterial tension, and quiet the pain and headache, in addition to other measures Prof. Gross recommends the following fever mixture:

B. Liquor. potassii arsen., m ij.
Tinct. cinch. comp., f 3 j.
Syr. limonis, gtt. v.

SIG.—Four times a day, in milk.

—In the case of a man with incontinence of urine following typhoid fever, urine highly acid, Prof. Da Costa ordered that he take no sweets nor acids in diet, and the following prescription:

B. Tinct. ferri chlor., gtt. v.
Pulv. cinch., gr. j.
Tinct. ferris sulph., gr. j.
Syr. limonis, gtt. v.
Aqu. destillat., q. s. ad f 3 j.

SIG.—Take four times a day and reduce to three times a day.
MISCELLANEOUS DEPARTMENT.*

WIT AND HUMOR : THEIR USE AND ABUSE.


Professional men will thoroughly appreciate a work of this kind, written by the author of "Words, Their Use and Abuse," "Men, Places, and Things," and other interesting books of thought and reflection. The volume has been written with the belief that the wisdom and usefulness of the comic "teachers of true philosophy" are not in general duly appreciated, and that Americans require their aid more, perhaps, than any other people, because they are over-worked and over-serious, and need increased play to balance the excess. In this latter category the medical practitioner may consider himself as specially addressed, and may obtain relief, after the labors of a busy day, in the contemplation and digestion of such a rich bill of fare as is set before him in Mr. Matthews' book, the contents of which include such attractive items as Theories of Wit and Humor, The Uses and Abuses of Wit and Humor, The Logic of Wit, Epigrams, Parody, Puns and Punsters, Repartee, Clerical Wit, The Antiquity of Wit, The Melancholy of Wits, and Men who lack the Sense of Humor. We commend this interesting book to all our readers as a delightful recreation for leisure moments. The execution of the work reflects great credit on the publishers, the type, paper and binding being in the highest degree worthy of praise.

QUEER PEOPLE.

This is the title of the latest, and one of the most charming books for little people we have ever seen. Its fables, or stories, are delightful, and the illustrations wonderfully attractive. The author, Palmer Cox, is a new star in the juvenile firmament, but he shines with unique brilliancy. He dresses up his birds, animals, insects, giants, fairies, goblins, etc., in grotesque style and makes them reason, talk, dance, and cut up all sorts of the oddest pranks imaginable, affording infinite delight as well as excellent instruction to the young. The famous statesman, diplomat and wit, Sunset Cox, says: "The Kweer Kapers are simply incomparable," while the distinguished theologian, Dr. Howard Crosby, says: "They have the fascination that belongs to Asop and Uncle Remus," and the venerable poet, Dr. Oliver Wendell Holmes, writes, "I am sorry I have not a nursery full of little folks to enjoy its bright pictures and stories.

It is published by the well known house of Hubbard Bros., Philadelphia, Chicago and Kansas City, to whom any persons desiring an agency should apply.

ALDEN'S MANIFOLD CYCLOPEDIA, Vol. q. John B. Alden, Publisher, New York, Chicago, Atlanta and San Francisco.

With each new volume one's surprise at the available knowledge contained in these handy books is increased. There can be no doubt that the completed set will form one of the standard works of the generation. The small volumes are so much more convenient for consultation than the big unwieldy octavos or quartos of rival cyclopedias, that one naturally refers to them much more often, and is gratified to find that except in rare cases the information afforded is fully as satisfactory. The price is low beyond all precedent, placing it within popular reach—50 cents a volume for outlay of expense and skill. It commends itself to every housekeeper as most successfully fulfilling its design.*

BRENTANO'S ROMANTIC LIBRARY, No. 1. Brentano's, 5 Union Square, New York. Price, paper, 50 cents; cloth, $1.00.

The first of this series of taking works is an entertaining little volume of captivating romances by the best modern writers. Gautier's "Jettatura" is a powerful study of Neapolitan life and superstition. Victorien Sardou's "Black Pearl," a charming tale of Amberdam, is very artistic; and "A Noble Sacrifice," by Paul Féval, illustrates romantic phases of the days of chivalry. The title of this series of works is aptly chosen.


This is the latest and most powerful work by the author of "The Ambitious Woman," "The False Friend," and other interesting works; being the story of a young girl who, through the interposition of a friend, is induced to lose faith in her lover, and in a fit of pique to marry an elderly millionaire. Divided lives are the natural outcome.


This is stated to be a psychological novel, characterized by a clever and impenetrable reference to these "the truest companions of man." Physicians will be particularly interested in its contents.


This useful household work, in a beautiful lithographed paper cover, addresses itself at once to the eye and attention of the reader as something very different from the usual stereotyped form of cookery book. Miss Parloa is principal of the School of Cooking in Boston, and the author of several other cook books and kitchen companions. The basis of the present work is the providing of appetizing and healthful food, at a reasonable outlay of expense and skill. It commends itself to every housekeeper as most successfully fulfilling its design.
mystery, a supernatural solution of which is constantly being hinted at, and by a series of weird and thrilling dramatic episodes. The supernatural flavor about the clever plot is one of its greatest attractions. It is just sensa-
tional enough to keep up an agreeable excitement.

LITERATURE. An Illustrated Weekly Mag-
aazine. John B. Alden, publisher, New York. $1.00 a year.

This readable serial is devoted entirely to biographical and critical studies of popular authors. Its price, aside from its merits, should make it popular.

PAMPHLETS RECEIVED.

On the Advantages of Plaster-of-Paris Dressings as a Means of Spinal Support.' By Lewis A. Sayre, M.D., New York.

Address on Rhinology.' By Carl H. Von Klein, A.M., M.D., of Dayton, Ohio.

Progress of Medical Education.' By Benjamin Blackford, M.D., of Lynchburg, Va.


Osteoplastic Resection of Foot.' By Ferdinand H. Gross, M.D., of Philadelphia.

A Case of Extra-uterine Pregnancy.' By A. H. Buckmaster, M.D., of Brooklyn, N. Y.


BOOks RECEIVED.


Therapeutic Briefs.

[Short paragraphs embodying the practical personal experience of any 12 of editors, or as contributions from this department.—Editor COLLEGE AND CLINICAL RECORD.]

To allay the THIRST OF DIABETES, Prof. Duchenne recommends the following—

B. Potassii phosphat. 1 gr. Acqua, 3/4 v. M. Sto.—A dessertspoonful to a tablespoonful several times daily.

Dr. Zybolf (Med. Record, Nov. 3, 1888) has had good results from the use of permanganate of potassium in the treatment of BURNS AND FROST-BITES. He keeps the parts constantly wet with a solution of from three-fourths of a grain to two grains of permanganate to an ounce of water. If the integument is broken, he employs a weaker solution, a half grain or less to the ounce.

Dr. J. Little (Dub. Journal of Med. Sci.) prescribes the following for MIGRAINE:—

B. Soda arseniat. gr. i Extract cannaehis indic. gr. 1/2 Extract belladonnae. gr. 1/2 Zinci valerianat. gr. 1/2. M. Sto.—Take after breakfast and dinner.

WINTER COUGH, according to Medical Science, may be promptly cured by prescribing the following:—

B. Terebene pur. 3 iii Olei eucalypti. globol. 2/3 Syrup. tolu 3/4. M. Sto.—A tablespoonful every two or three hours. Shake the bottle well before using.

For TOOTHACHE, the Pharmaceutical Era recommends the following:—

B. Extract. opii 3/4 Choralorm. 100 gramm. M. Moisten a pledget of cotton and place in the cavity of the tooth.

A lotion of equal parts of lactic acid and glycerine is suggested by a contemporary for the REMOVAL OF FRECKLES. Dr. Vogli recommends the following:—


Jews and Miscellaneous.

ASSOCIATION OF ACTING ASSISTANT SURGEONS OF THE U. S. ARMY.—Those familiar with Army Medical History will bear witness to the faithful discharge of their duties by Acting Assistant Surgeons of the U.S. Army, who have exhibited the same professional efficacy as regularly commissioned officers. As their honorable records deserve recognition and preservation, an Association of past and present Acting Assistant Surgeons has been formed to secure a correct history of those who have served in this capacity, and also for mutual protection and benefit. The Association desires to obtain a complete list of all medical men who have served as Acting Assistant Surgeons in the United States Army, and their complete medical and personal history. All past and present Acting Assistant Surgeons are cordially invited to become members. The badge is the Geneva Red Cross. The enrollment fee is $1.00. Dr. W. Thornton Parker, Newport, R. I., is the Recorder of the Association.

The SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.—This influential and important organization will hold its annual meeting at Birmingham, Ala., December 4th, 5th and 6th, 1888. The officers are: President, Dr. W. D. Haggard, Nashville, Tenn.; Secretary, Dr. W. E. B. Davis, Birmingham, Ala.; Judicious Council, Dr. Jno. S. Cain, Nashville, Tenn.; Dr. Hunter McGuire, Richmond, Va., Dr. J. M. Taylor, Corinth, Miss., Dr. De Saussure Ford, Augusta, Ga., Dr. R. A. Kinloch, Charleston, S. C.; Chairman Committee of Arrangements, Dr. J. D. S. Davis, Birmingham, Ala.

INSTRUCTION IN MASSAGE.—A course of lessons in massage and the simpler Swedish movements began at the Movement Cure Hall of Dr. Benjamin Lee, 1322 Pine street, Phila., November 19th, 1888, to extend over two months, daily (except Sundays), from 2:30 to 3:30 P.M. Practical instruction will be given by Mr. Anton Bentzel, a graduate of the Geo-Gymnastic Institute at Lund, in Sweden. In addition to text-books on Massage, Dunglinson's New School Physiolo gy and Hygiene is recommended in connection with the course. Fee for the course, $1.00.

"ENGLISH AS SHE IS WRITTEN."—According to The Hospital, Dr. Von Moseig-Monbrof, speaking at the Vienna Medical Congress, showed himself to be possessed of great originality in one thing—his bold and unique treatment of the English language. He quoted the following as Lister's statement of his "fundamental satze": (1) "Let the wound to be alone;" (2) "Let the wound to be protected;" (3) "Let to wound her free discharge." This interesting specimen of "English as she is spoke" by Sir Joseph Lister, will doubtless surprise many people; not least, we should imagine, Sir Joseph Lister himself.

PERSONALS.—Dr. J. Columbus Lawson (J. M. C., 1883) has removed from Bridgeport to Auburn, West Virginia.

Dr. W. H. Heiser (J. M. C., 1887) has located at Gordon, Pa.

Dr. B. A. Andreas (J. M. C., 1888) has removed to Ackermanville, Pa.

Dr. Charles H. Bower (J. M. C., 1888) has moved to Fort Meade, Florida, to New York City.

Dr. H. Leffmann (J. M. C., 1890) has been elected Pathological Chemist to the Jefferson College Hospital.

Dr. M. F. Henry has been elected physician to the Jefferson Medical College Hospital, in place of Dr. J. S. Neff, resigned.

Dr. S. S. Kring (J. M. C., 1888) has located in Beaver Falls, Pa., and been appointed one of the physicians for the Hartman Steel Works.

MARRIAGES.

PEIRCE—WOOLWINE.—At Tazewell, C. H., Va., September 26th, 1888, Isaac Peirce, M.D. (J. M. C., 1888), and Jennie R. Woolwine, both of Tazewell, C. H.
INDEX.

Acidosis, 183.
Acromegaly, 254.
Activation, 258.
Adrenalin, 23.
Adrenalin poisoning, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.
Adrenalin, 299.