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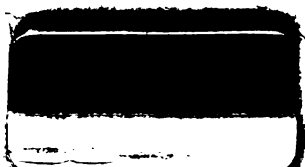
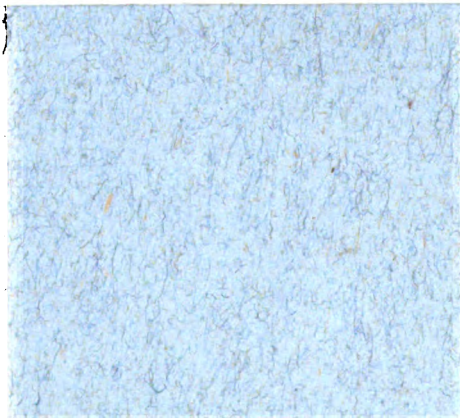
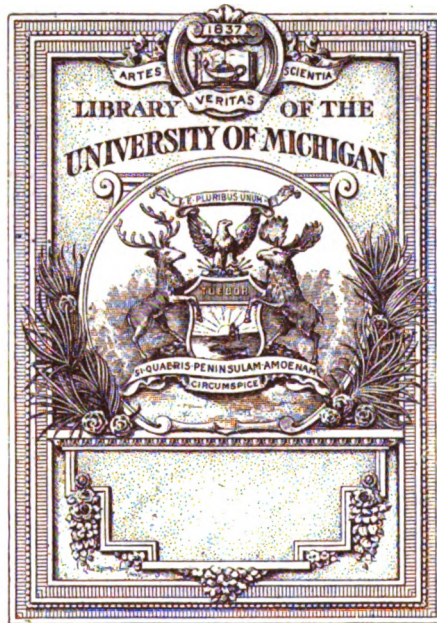
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THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

PUBLISHED MONTHLY, by C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D., } EDITORS.
J. J. TAYLOR, M. D., }

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance.*

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Pay no money to agents for this journal unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1520 Chestnut Street,

PHILADELPHIA, PA.

Vol. XII. JANUARY, 1894. No. 1.

Our New Title Design.

We hope you like it. The face of a magazine is like the face of an old and familiar friend, and it should not be changed except for distinct improvement. When, a few years ago, we changed from a plain type heading to an ornamental design, many of our readers sighed for the old plain heading. Our present change is in the direction of plainness and distinctness, yet not devoid of ornament. We hope it will be received kindly by our readers. We send this issue to a number of subscribers who have not yet renewed for 1894, that they may not forget an old friend in a new guise. In more than one department we have added to our expenses, even in the face of "hard times." It may seem strange to make improvement during

a period of financial depression, but when you consider that our readers cling to THE WORLD even closer during hard times, you can see that we can afford improvement as well now as any other time. We strive to be the proverbial "friend in need," and these are needy times. It is gratifying to know that we fulfill our chosen mission so acceptably.

Value of Efficient Sanitary Service.

We wonder if the general public realizes its great debt to the hard-working, poorly-paid, self-sacrificing medical profession for that most important and nearly always unrecognized phase of its activity, the prevention of diseases and epidemics. All such work is directly against the financial interests of the profession, as reducing the amount of practice to be done, and is also a very unappreciated devotion to our higher duty to our race. This is the only example in our industrial system of a class of workers helping to destroy the market for their own services in the interests of those who would otherwise have to employ them, and shows the medical profession to be the only truly socialistic profession in our industrial field. The whole country has witnessed with interest the battle going on for the past eighteen months in New York harbor and other exposed ports between the dreadful scourge of cholera and our advance sanitary picket line, in which our scientific defenders have thus far maintained a victorious front. But we doubt whether the social and commercial world realizes what the profession has saved them in health, lives and the vast commercial and industrial interests threatened by a great epidemic. Truly, he who prevents or limits the spread of disease is greater than he who wins a hundred battles. In view of this and other examples of the value of preventive measures

against disease we hope soon to see the establishment of a complete national system of sanitary service, extending down to the most remote hamlet and township in the country, scientifically qualified, thoroughly equipped and well paid, with due authority to take any necessary measures to prevent the development or extension of disease, so far as is known to sanitary science. We believe that every true physician, those in the highest sense worthy to practice the healing art, entertains these wishes for the benefit of humanity even if against the advancement of his own temporary interests.

A National Medical College.

We note with pleasure that an Army Medical School has been established in Washington in connection with the medical department of the United States Army, for the higher scientific education of those who have in recent years been admitted into this department. We predict that it will prove as great an educational success in its sphere as are the Military Academy at West Point and the Naval Academy at Annapolis. We should be very much pleased to see established a well organized system of medical schools in the different sections of the country, entirely under the auspices of the National government, for the thorough professional education of those who wish to avail themselves of its advantages, and for the examination, according to its high standard, of all those educated in other institutions, domestic or foreign, who wish to begin practice in any portion of the United States, and whose diploma or certificate of successful examination shall be accepted as sufficient authority for practice in every State. Education in medical science should be conducted entirely with a view to the protection of the public and the advancement of true science rather than to the enrichment or glorification of self-constituted professors.

In the hygiene of old age it is recommended with high authority that the diet should consist more of the heat producing foods rather than those which contribute to tissue building. Also the food should be taken more frequently but less in amount than when in the prime of life.

A Caution in Local Applications.

It should be well known to all practicing physicians that no local applications of mercury in any form—calomel, ointments, powders or washes containing any of the salts of mercury—should be made to any diseased surface of skin or mucous membrane of a patient who is taking iodine in any form or any of its salts internally. The iodine appears in the natural secretions found on the membranes—tears, saliva, mucus—and in the pathological secretions of sores, ulcers and inflamed surfaces. Coming thus into contact with the mercury, the very irritant and even caustic iodide of mercury is formed. Many a doctor has been puzzled as to why the eye or the ulcer became suddenly so much worse when he only applied the usually mild calomel. Patients should be questioned before any local mercurial application, or even its administration by the stomach, as to what they may have been taking unknown to the physician.

Radical Treatment of Naso-Pharyngeal Catarrh.

Dr. S. Lewis Zeigler, 1504 Walnut St., Philadelphia, in a private conversation with the editor, gives the following local treatment, with which he has had marked success.

The instruments required are slender nasal applicators and a throat applicator, with the necessary mirrors and specula for examination.

Pure compound tincture of benzoin is first painted upon the entire membrane, anterior and posterior nares and pharynx.

This is followed with an application of camphor-menthol (camphor and menthol of each five grains, in one ounce of liquid vaseline or other liquid petroleum). These applications are made every other day.

As a preliminary application, to prepare the membrane for these remedies if the membrane is in a state of acute inflammation, with full tissues and free discharge, the entire surface is thoroughly painted or swabbed with first a solution of cocaine, (twenty grains to the ounce) to constrict the tissues and soothe the irritated nerves, followed by a solution of antipyrine (thirty grains to the ounce); which has a similar effect to cocaine, lasting several hours: in

about three minutes the surface is ready for the principal treatment with benzoin and camphor-wenthol as given above. In acute cases treat daily.

These are all applied by the usual means of a mop of absorbent cotton, twisted on the applicator. After this treatment has been followed two or three times a week for several months, until all soft pathological enlargements have been entirely reduced, there may remain some cartilaginous or bony growths which will have to be removed by the chisel, under cocaine local anesthesia.

International Prevention of Diseases.

There is a large class of diseases recognized as being more or less communicable or due to uncleanliness or other preventable causes. It is one of the very first duties of a government to protect its citizens as far as possible against exposure to all forms of contagious or other preventable diseases. We legislate carefully enough for the protection of our cattle, horses and hogs, and are ready to go to war for the financial value of a few thousand seals on remote islands in the sea. Is not the health of our people of infinitely more importance than such interests as those? What can be more to the credit of a nation than to be able to show a healthy population and a low death rate? This with due attention to enlightened intelligence, a high standard of morals and an equitable diffusion of wealth among the people make a nation strongest in every respect—one that its subjects will love and will protect with their lives if necessary.

The proposed establishment of a cabinet department of public health would be a practical step in the direction of caring for the health of the people, supplementing the work of our State Boards and bringing the systematic direction of the work over the entire country under one efficient department. This is national protection.

The next logical step must be international protection. We must have our sentinels located in all countries with which we maintain commercial relations. These should study constantly the sanitary conditions of the countries

in which they are stationed and should have full authority to guard against the importation of diseases by means of immigration or commerce. A clean bill of health from them should be required of all intended immigrants or of all cargoes bound for this country before they are admissible into our ports. We would suggest that we already have representatives in all civilized countries, whose positions, so far as active duties are concerned, are principally ornamental. To the nominal duties they now have might appropriately be added this real one. A measure like this, taken up by civilized nations generally, would result in much greater attention being paid to restricting epidemics to the actual points where they originate and suppressing them in their incipiency. If the authorities of a country were convinced that they must establish hygienic conditions among their own people in order to maintain their commercial relations with the world they would at once see the practical side of the matter. Then we might hope that in time those diseases that are preventable by general public action would finally die out altogether, and we would have to contend with only those that are due to individual imprudences and exposures.

For Shock and Collapse.

Atropine is the quickest and most valuable remedy known in surgical shock and in those conditions in disease which resemble it, as the stage of collapse in cholera and cholera infantum. It may be given hypodermically, or by mouth in the form of a granule dissolved in hot water every ten minutes until the desired reaction occurs.

Mucus Our Natural Protector.

Recent bacteriological experiments have demonstrated that the normal secretion, mucus, is an effective bactericidal agent. To be effective, however, it must be normal in quality and, further, its germicidal property may be exhausted by an overwhelming supply of rapidly growing germs.

Hydrastine is said to possess powerful antispasmodic properties and has recently been recommended for the treatment of epilepsy.

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Notes and Comments.

Editor **MEDICAL WORLD**:—On page 419, December **WORLD**, M. R. C. describes a case where the umbilical cord was three times around the child's neck, causing asphyxiation. Many years ago I had such a case, and there was also a knot in the cord. The child lost its life during birth. The shortening of the cord seemed to check the progress of the child through the pelvis. Several times since I have noted the presence of an obstacle, and found it was due to this cause. Once I managed to get the forceps on and delivered in a hurry, and always I have had trouble to save the child.

That gonorrhœa lessens the chances of pregnancy cannot be doubted. The gynecologists all call attention to the frequency of pyosalpinx and ovarian disease, necessitating castration in gonorrhœal women. But women do become pregnant in spite of gonococci, and that frequently, so that the sterility is not absolute in such cases.

Dr. Sonn (page 427) asks why hepatic disease is attended with epistaxis. Obstruction to the circulation in the liver causes difficulty in unloading the veins, and hence engorgement of the capillaries. Nowhere do these bear distention so ill as in the nose, and hence the tendency to hemorrhage.

Wild hairs are extra sets of eyelashes, by an eccentricity of nature forming inside the lid, and causing no end of annoyance.

The malic acid of cider readily unites with zinc to form a malate, whose properties resemble the acetate of this metal. The treatment should be by demulcents, anodynes and stimulants, with emetics if the patient has not already vomited.

Has not Dr Mitchell's case (page 427) a urinary calculus? Salol, five grains every four

hours, relieves acute cystitis speedily, with hot cloths and anodynes as adjuvants.

For Dr. McDonough's case I would use antiseptic baths, wash the afflicted skin with pure soap and then rinse off with cold water; dry and apply ointment of red iodide of mercury, five grains to the ounce of lanoline. Then apply benzoated zinc ointment with a little oil of rose. Keep the general health in good order. If the case does not get well there is a local cause at work that must be destroyed by germicides, or else the general health is so far below par that healing processes cannot be instituted. This means iron, quinine and cod liver oil. Why not try keeping the skin wet with Bovinine. The effects of this on chronic ulcers are said to be remarkable.

Dr. Coates might get a clear solution (page 428) of benzoïn by adding ammonia, making benzoate of ammonia; but the gum will precipitate in water.

In the *Current Medical Thought*, under the head of *Requirements for Medical Practitioners*, there is a mistake in regard to Pennsylvania. The registry law requires colleges to examine an applicant before endorsing his diploma.

In the December number I asked for reports regarding hemorrhage from quinine. (Why don't you reform the spelling of that word? It is worse than the diphthongs.) Dr. C. C. Stockard, Atlanta, Ga., writes to me as follows:

"Noticing your request in **THE MEDICAL WORLD** for reports of cases of hemorrhage from the use of quinine, I will give the following: I was called a few years ago to see a child whose urine had been bloody for several weeks. As it was in a malarious locality, I put it on iron and quinine. About a week later the mother informed me that it had gotten worse steadily. She said that before I saw the child she had given it a tonic and that, as several years before her urine became bloody after taking quinine, she thought the tonic she had been giving might have quinine in it, and after stopping it the urine had gotten clearer till she took the medicine I prescribed, when it immediately became more bloody. I told her my medicine contained quinine and to discontinue it. In a few days the urine was clear and I've never heard of any return of the trouble. I think the quinine certainly caused the hemorrhage."

I think so, too. My reason for asking was that I had a case of purpura hemorrhagica from quinine. I am inclined to credit this drug with causing hematuria sometimes. I have also received the following letter from Dr. Ben. H. Brodnax, Brodnax, La.:

"In 1868, while in Mississippi, I was troubled for the first time with chills. Dr. Hart made

me a solution of quinine (by mistake) of one hundred (100) grains to two oz. dilute acid and water; directions "to be taken in four doses." I took three doses, one hour apart, but lost consciousness before the fourth dose was taken. Was insensible for twelve hours, but on returning consciousness found my drawers saturated with blood. On getting up to urinate I passed about two ounces of fluid blood that clotted in the chamber. This passed off. I had taken no quinine previously nor afterward; had no return of the hemorrhage. In 1879 I took twenty grains of quinine in four doses. Result, I passed blood from bladder three times in twelve hours—about one half pint in all. Took no more quinine; had no more bleeding. In 1886 had charge of several cases of chills. In four of them (three in one family) a three-grain dose of quinine was followed in about three or four hours with pure blood from the bladder. Other antiperiodics, arsenic, strychnine, pipirine, etc., produced no hemorrhage.

In 1878 I had a case of congestive chill, boy 6 years old. The mother had given him three doses (three grains each) of quinine before the chill came on. When I arrived I gave a small dose of chloroform by mouth. In a few moments (five or six) he got up, passed from the bowels a coffee cup full of clotted and fluid blood. Half an hour afterward he was perspiring freely and recovered under other antiperiodics.

These are all the cases I know, or can now remember, of hemorrhage which can be directly laid to quinine, except, I may add, several (about eighteen cases) of so-called swamp fever.

This disease as I view it, is not a distinct disease, but really a hemorrhage brought on by the injudicious use of quinine. Idiosyncrasy prevails in these cases. Some can stand quinine, some cannot, and these are the ones in which quinine is the systemic poison, showing itself in its action on the kidneys. True Congo or Egyptian swamp fever I don't think has existed in this section. I don't think the peculiar filuria has ever been found. The malarial hematuria, so-called, is, in my opinion, an idiopathy—a blood poison by quinine. Allow me to express my admiration of the articles written by you that have come under my notice in THE WORLD."

A curious case has come into my hands lately. A lady, aged 44, whose mother died of cancer, began to run rapidly into a condition of great debility. In six months she had lost sixty pounds, became quite pallid and so weak that she had to be helped into her carriage. She was pronounced a victim of cancer of the stomach. Nevertheless, there was no vomiting, no tumor, nor was there any symptom of cancer in

any internal organ; nothing but this singular and apparently causeless depression. Such a state of things certainly pointed to cancer probably imbedded deeply in the liver, and I waited in the expectation that it would declare itself when the disease reached the surface. One day the lady remarked that she had eaten some raw oysters and had thrown them up two hours later.

Knowing that raw oysters should be digested in an hour, I asked what was their condition when vomited. She informed me that they were just as she had eaten them, not digested and not even acidulated. There was evidently a total failure of the secretion of gastric juice. I gave her acid and pepsin and a few days later some "malted beef." She at once began to improve, and that so markedly that we are now satisfied there is no cancer.

WILLIAM F. WAUGH, M.D.

Permanent Cure of Rheumatism by Osmic Acid.

Editor MEDICAL WORLD.—I will give what in my hands has given the best results in complicated cases of sciatica with rheumatism. My cases have been from all classes, ages and conditions and from all parts of the country. I am indebted to my medical brethren for the most of my cases at this watering place.

I had been treating cases with varying degrees of success and failure up to three years ago, when I thought I would try the effect of osmic acid in connection with the waters here. I used osmic acid on two cases at that time, when I received a report of another experimenter who had very bad results from the same. My two cases had five and seven hypodermic injections respectively at that time, and were apparently cured. I then discontinued the acid and commenced galvanism and had fair success for a time. In some cases morphia, atropia and chloroform were used, and in some only the salt bath. I then had other cases that did not improve as I thought they should.

In cases one and two osmic acid was used. In September, 1890, in case one, six injections were put in, when the gentleman was called home, saying that if he had further pain he would return. Six months afterwards he wrote me a line saying that he had not had any further pain. This gentleman had been under the treatment of three or four of the best physicians of this State for nine months, before this time.

Case two, May, 1891, was acute; an actor by occupation; was very much drawn to one side and with such extreme pain that he could not move. After the first injection of osmic acid there was a marked improvement, and

after the seventh there was no pain at all. I continued the baths and electricity for a week longer and then he resumed his work again. At this point I received the bad reports of others before spoken of, and discontinued for about two years. In that time there were some that went through my hands cured from the bath and two that were not. All were chronic cases. Then I ascertained that the cases which I had injected were still well and that no unpleasant symptoms had supervened. I commended the use of osmic acid again.

Case three: I had used two injections when the fellow was so far relieved that he got on his crutches and went to one of the bath houses. One of his fellow bathers informed him that it was morphine and that it would only last while it was being used, and I did not see him again.

Case four, was here in May of 1892, and remained two weeks. Bathing and morphine was used several times at that time. He returned home for one week, then came back and I used five hypodermic injections of osmic acid. There was no pain or soreness left, and he returned home with still a large amount of atrophy of muscles.

Case five was in August of this year. A gentleman, age 65; it was of that form that the pain was the greatest when remaining quiet; while moving the pain was not so acute. There was a great deal of atrophy; the pain was so bad that he could neither eat nor sleep without opiates. After taking baths for one week I commenced the use of osmic acid and five injections were used, and at the same time a downward current of galvanism. At that time I went to Washington for one week and left him in the hands of my assistant. He took the advantage of my departure to go to the World's Fair at Chicago, and returned at the same time that I did, and reported no more pain. He took the baths for one week more and returned home without the return of any pain.

Case six is a man of 70, now under treatment. In this case morphine has been used by the patient himself, which I think no physician should recommend. He used from five to six quarter grain doses each twenty-four hours hypodermically, and at the time I first saw him he had used six in twelve hours and was screaming with pain. I then used at eight in the evening, one-half grain of morphine and the osmic acid. He went to sleep in a half-hour and had no more morphine up to the next time I saw him, eight the following evening—when the second hypodermic of osmic acid without morphine was used. The following day at four o'clock his daughter used one quarter grain of morphine and the third injection of

osmic acid was used that night, and the next day five grains of antifebrine was given, and the fourth hypodermic in the evening. The pain is gone, but there is soreness and there is contraction of some muscles and atrophy of others. The case has now reached a point where galvanism can be used to an advantage. Under osmic acid the muscles relax so that the patient can use his limb as before. Of course, the number of my cases is small, and from others bad results are reported. I was afraid to use it excepting in otherwise hopeless cases. The mild cases I have said nothing about. They get well from the baths or with a very small amount of medication. But in these few cases I have hoped to establish the fact that osmic acid is of benefit in extreme cases. It is safe to use in the hands of a conservative physician, at least I have found no ill effects in any shape or form. In case six there is no other treatment but baths and osmic acid. In the other cases there was galvanism used with it. In case two, tonics, in case five, galvanism and in the others, baths. A. W. SHOTWELL, M.D.

Mount Clemens Springs, Macomb Co., Mich.

Sulpho-ichthyolate of Ammonium in the Treatment of Rheumatic Arthritis.

Editor MEDICAL WORLD:—Mr. C., aged 83, had been treated for thirty days for rheumatic arthritis of left knee when I was called. He had lain on his back until he had developed large bed sores. I found that he had been treated by hot cloths locally to the joint. I tried besides internal medication, most of the local anodynes and massage, without avail, and found the joint getting more swollen and painful, to such an extent that he could not have it touched. I, as a last resort, thought of ichthyol and, having a small amount of the medicine at hand, I made a thorough application with a feather, painting the painful joint and vicinity thoroughly. I saw him twenty-four hours later and found all the fever (local) and pain, redness and other symptoms gone. I have applied the medicine twice since and find patient rapidly improving. I am led to believe, from this one case, that it may prove to be the proper remedy for inflamed and painful joints. I would like for some of THE WORLD readers to give it a trial in similar cases and report success. W. A. DORMAN, M. D.

Lebanon, Ind.

What if an investment returning 25 per cent. profit were offered you? To save 25 per cent. is just as good. WORLD four years for \$3.00, an average of 75 cents per year and trouble and expense of remitting every year is also saved.

The Swab in the Treatment of Diphtheria.

Editor MEDICAL WORLD:—I wish to mention one simple little mechanical implement that has proven so able an ally, so trustworthy a friend in my experience with diphtheria, that I desire to offer a word in its behalf. This little mechanical contrivance is none other than *the swab*, whose enemies are bristling up about it, impelling me to its defence.

To successfully combat an attack of malignant diphtheria the case must be seen early, since, after the system has become saturated with the poisonous virus the likelihood of success is necessarily vastly lessened.

The extended and graphic arguments urged against the employment of the swab by physicians whose success is described in such arguments, are undeniable, if the physician permits an ill-advised use of the instrument.

I am sure it is possible to render a diphtheritic throat antiseptic, since I have seen the throat of a patient who was already in a dying condition from the systemic effects of this disease made clean, his breath rendered pure and sweet, and his condition in every way benefitted in twelve hours after the first application of the antiseptic by means of the swab.

In this family three deaths had already occurred in less than a fortnight, the cases being under the care of another physician. At my first visit, this young man, about sixteen years of age, was in an almost putrid state, emitting so foul a stench that attendance upon him, even from those who loved him, was scarcely endurable. I entertained no hope and offered no encouragement as to his recovery, warning the parents that death must almost inevitably result, though promising them to give him ease and clean his throat. In twelve hours he was so much improved as to express gratitude for the relief afforded, especially from the loathsome stench of which not a trace now remained. He made surprising progress for several days, but his system had become so poisoned from the disease before I saw him, that upon being raised to a sitting posture to receive a drink he expired.

Only two children of this family were now left and both had their turn at the disease, but a strict adherence to the treatment prescribed brought them through in short order and without a breath of offensive odor.

In another family the first stricken was a thirteen-year-old boy. Though I had the case early, the symptoms were all well developed. After warning the parents as to the nature of the disease and its danger, I urged upon them the necessity of strictly following the line of treatment in order to pull him through.

The treatment consists in swabbing the throat every two hours with a mixture of creolin, ferri subsulph. and glycerine, followed frequently in the intervals with a spray of hydrogen per ox. (Marchand) small granules of hydrarg-chlor. mitis, gr. one-sixth, every hour until bowels move freely, and a granule, one-sixth gr., calcium sulphide every hour. If temperature runs high I give the defervescent granule with strychn. ars. until lowered, whisky when indicated, with strict attention to diet. After using the swab, I instruct the nurse to cleanse it with a saturated solution of kali chlorate. For twenty-four hours this boy did well, but his objection to the swab, and the interference of an ignorant physician who assured the parents that their boy had "only putrid sore throat," and would recover without such diligent attention, prevailed upon them to relax their efforts. In less than twelve hours that boy was dead.

That was a sorrowful lesson and it served to convince those misguided people that I had not been in error. As another child, a girl of fifteen, was developing the disease, they consented to follow the treatment, swabbing and all, in spite of opposition. A competent nurse was placed in charge of this case and after a hard fight the girl was restored to health. In the three remaining children ranging from two and one-half to eighteen years, the same treatment was attended by the same satisfying results.

Cases innumerable might be cited in illustration, but these examples show both sides of the matter.

In my judgment the swab has no rival as a means of applying the local treatment to a diphtheritic throat.

The operation should not be one of violence. It is the business of the physician to first obtain the confidence of the patient and let it know that he does not desire to hurt it. After a few applications, even the youngest patient will learn, if you are gentle and kind, though determined, to submit quietly and get the business over as quickly as possible.

There need be no strangling, but if the swab happens to gag the patient a little that is no great hardship, since the expulsive effort only serves to cough up the membrane already detached and leaves the throat so much freer and the patient so much more comfortable.

The creolin, possessing powerful antiseptic properties, destroys the disease germs and stays their further growth, while it deodorizes and thoroughly disinfects the throat. The liquor ferri subsulph. exerts its powerful astringent properties and keeps the terminal blood vessels closed, cutting off the poisonous virus from the general circulation. It withers the accumulated

membrane, causing it to peel from the mucous surfaces of the throat and also prevents necrosis of the underlying tissues, affording them a resistance to the lodgment of the pathogenic germs. If any of the iron gets into the stomach it only serves to build up the system.

Of the creolin it may be further said, it is not only superior to all other antiseptics because of its combined properties, but it is safer, because it is non-irritant and non-poisonous. I have continued its use several days after the throat had become entirely clean, and small children have swallowed it *ad libitum* without any bad effects.

The pus-destroying and general beneficial effects of spraying the anterior and posterior nares with the H_2O_2 needs no comment here.

There need be no such horrible scenes attending the employment of the swab as are sometimes described. When the physician does not make the application personally the attendant should be thoroughly instructed in his sacred duty and only one who can be relied upon to use it in all gentleness should be trusted.

The absorption of the ptomaines being checked in the start, there is no exhaustion from systemic poisoning and the patient has a good fighting chance, and such enervation as must result from combating the local condition must be carefully watched for and met by the physician as its urgency shall demand.

Arguments in favor of the swab in connection with these remedies might be prolonged indefinitely. However, the proof is at the command of any physician who now decries the swab, since a test trial will surely bring the gratifying results that my own success warranted me in promising others. W. B. PARKINSON, M.D.

Logan City, Utah.

Calcium Sulphide in Systemic Infection.

(FOURTH PAPER.)

Editor MEDICAL WORLD:—It is presumed that anything helpful in the treatment of diphtheria will be gladly received by the profession at large, as it is by the author of this paper, and it is with a desire to be helpful that we come before you with a few suggestions regarding the use of the drug under consideration.

There is no question but that diphtheria is, sooner or later, a systemic infection, neither is there any question but that calcium sulphide is one of our best, if not the best, of systemic disinfectants, hence its application to the relief of this condition is based upon rational grounds.

As will be seen by my previous paper (Dec. WORLD), I always use the calcium sulphide in every form of tonsillitis attended by the least

constitutional disturbances and get good results therefrom. The line of demarcation is often so slight that it gives a feeling of security to know that, whether the case we see in the night proves to be simple tonsillitis, as we think, or diphtheria, we occupy the vantage ground.

Many cases of diphtheria are, primarily, local, and it is here that the calcium sulphide gets in good work in preventing or modifying systemic infection. This leads to another valuable point and that is the use of this drug as a prophylactic for exposed persons. It is my practice in all such cases to give the members of an exposed family about one-third the amount we use with the sick one. This, in many instances, effectually prevents the development of the disease or so modifies its intensity that the attack is very light.

As will be inferred from the usefulness of this drug as a prophylactic, to be the most helpful it must be begun early. With the very first symptoms it should be begun in large doses, three or four granules, one-sixth gr. each, every fifteen minutes until the characteristic odor is smelled in the breath, the urine and the feces, after which it should be continued at less frequent intervals but sufficient to keep up the impression.

The above recommendation is for a child of ten or twelve years. For an adult a somewhat larger dose may be needed, while for younger children less will be required.

As a rule, children do not object to its peculiar taste, and even babies will take it nicely, triturated with sugar of milk. Don't depend upon the calcium sulphide of the shops but use your granules and attend to the trituration yourself. If this treatment is begun early you will be surprised to see how little depressed your patient will be. The drug so effectually destroys the ptomaines that little splanemia is produced.

Fever usually is present at first and calls for aconitine, in connection with which digitalin and strychnine are helpful. I know of no better combination with which to handle the general condition. Local treatment should not be omitted, as the first astringent applications are of service. I have used, to much advantage, lemon juice and tannic acid; later, as decomposition of the patches begins to take place, an active germicide is required, and here we may depend upon the solution of peroxide of hydrogen. In our anxiety for the welfare of the pharynx the nose must not be forgotten. Not long ago I was called to a case dismissed two days before by another practitioner as cured and found the nasal passages filled with exudate, with systemic infection just beginning.

The above detailed treatment saved the case. The nose was so filled with exudate that it was with difficulty I could force a catheter into the nose, but I at last succeeded in doing so and injected a few drops of peroxide, then others and others till a hole was oxidized through, kept open and the child was saved. Two boys, aged ten months, came down the second day of my attendance, but granules of the above mentioned drugs mixed with black berry jam carried them safely through. The extent to which calcium sulphide saturates the tissues was recently well illustrated in a case under the care of a friend to whom I had the pleasure of recommending its use, thereby apparently saving a life. As the child began to recover the cervical glands, enormously swollen, broke down, forming an abscess, which, when incised, was reeking with the characteristic odor of the drug. Used in the same way calcium sulphide becomes the dominant treatment in scarlet fever and measles as well, and will materially modify the course of both. In fact, I know of no condition characterized by absorption of the various elements of decomposition but that is materially benefited by the use of this drug. Should you try any of the foregoing suggestions and not be successful, refresh your memory of the points made in my first paper relative to the pharmacy of this drug.

W. C. ABBOTT, M.D.

Ravenswood, P. O., Chicago, Ill.

Dr. J. A. Muenich, of Jefferson, Wis., in a note to the editor, confirms the value of chloride of calcium in the treatment of pneumonia, as experienced in his practice.

A reader sends us a copy of the new Connecticut Medical Law, which shows that State to require an examination on the part of applicants.

Epithelial Cancer and Its Treatment.

Editor MEDICAL WORLD:—In August, 1892, Mr. E. came to my office for treatment. Upon examination I found an epithelioma of the nose about the size of a hazel nut. He was considerably despondent when told its nature and course. I began treatment with the chloride of zinc paste, as laid down by Prof. Roberts Bartholow in his *Materia Medica*. Keeping the application to the diseased parts and a little beyond for twenty-four hours, considerable inflammation followed. A poultice of flaxseed meal was then applied and kept constantly to the parts for some twenty-six hours, when the cancer mass rolled out, leaving a cavity that granulated in with very little scar tissue remaining,

In October, 1893, this same patient again consulted me at my office for further treatment, but this time the lower lip was the location selected for the attack of the cancer cells. There was a superficial and quite extensive epithelioma of about the size of a large hickory nut. It had an ugly appearance. I advised him to go to Detroit for treatment to my illustrious preceptor Prof. Hal C. Wyman; but he, being over 70 years of age, stated that death was preferable to a cutting operation. I then treated him by the same method used the year previous with brilliant results. The cancer mass rolled out after six days' treatment, and the process of tissue repair has gone on to a successful termination. Rogers City, Mich. E. ERSKINE, M. D.

Pelvic Inflammation.

Editor MEDICAL WORLD:—The old line of treatment with opium, hot poultices and hot water irrigation alone has not given me entire satisfaction in acute pelvic peritonitis. In several cases the inflammatory action has resulted in an abscess, and in one, general peritonitis and fatal issue by a rupture of purulent infiltration. Since using ichthyol not a single case has developed beyond the stage of lymph and serum. To illustrate: Mrs. A., after using upon herself, subsequent to parturition, a syringe which her husband had formerly used on the sly for gonorrhoea, was taken violently ill with pains, fever, rapid pulse and extreme tenderness about the uterus. Vaginal examination revealed a fixed cervix with an indurated roof of the pelvis, and a profuse muco-purulent discharge. There was some general peritonitis. After rapidly growing worse until the utero-rectal tumor had nearly obliterated the vagina, improvement began and continued slowly until recovery was complete and perfect health restored without an abscess.

The treatment principally consisted of large doses of morphine ($\frac{1}{2}$ to 1 grain) to control pain and produce quiet, and No. 3 capsules of ichthyol every three hours, both per rectum. Very hot water applications to the abdomen with occasionally a little turpentine. Copious irrigations of very hot water night and morning. Elevation of the foot of the bed about ten inches; legs fixed over a pillow. Gave no active physic, but avoided impaction of the bowels or rectum. Used a catheter often when required. Gave a light but nutritious diet; a blister and iodine later to clear up the exudation. Absolute rest with dorsal decubitus until all induration had disappeared. As the ichthyol is apt to dissolve a capsule, it should be left in a vial and the capsules empty to be filled as used.

While ichthyol in the acute form has acted like a charm it has not done well with chronic cases. Early in the case I use morphine freely, but later it is a dangerous screen and may conceal the need of a surgeon.

DR. F. G. GREENFIELD.

Edinboro, Pa.

Various Topics.

Editor MEDICAL WORLD:—On page 397, November WORLD, is a quotation from Dr. Goodell in which he says he has never known a woman to become pregnant after having gonorrhoea. If there is anything in medicine that I do know it is that women can and do have children after having gonorrhoea. Three years ago I treated both husband and wife for gonorrhoea. The woman's case was the most rebellious I think that ever came under my notice. This year I attended her in labor. She was delivered of a large, healthy boy. I never saw a mother and child do better than they did. Many similar cases could be cited if necessary. Strumpets frequently use means to prevent pregnancy or cause abortion or miscarriage. The fact that they seldom have children should not be charged to gonorrhoea alone. We should not forget that such characters often have syphilis and this may account to some extent for the small number of children born to them.

Diet during the last weeks of pregnancy (page 395) may prevent the growth of the fetus. I have thought that it did in some cases I have observed. But the rule (if it may be called one) is not without exceptions. Long ago Dr. Rigin Thompson stated that epsom salts taken freely during the last two months of pregnancy would check the growth of the fetus. To this rule there are also exceptions.

The proposition for a permanent journal in the Latin language (page 370) is not likely to prove a grand success. Very few who read Latin at all read it well enough to "waste time" over it. The busy practitioner will have little to do with it. For the general practitioner one language is enough. The future medical historian will find enough and more than enough in his "own tongue wherein he was born" from which to gather abstracts and data.

Physicians who have worried for many months over old cases of psoriasis will hail with joy the discovery of the "thyroid gland" cure for this troublesome disease (see page 370). Possibly some doctors will (like myself) lack faith in this treatment.

On page 369 the editors suggest that public funerals in cases of death from contagious diseases should be abolished. This is right. In-

deed, I have always thought public funerals, in towns and cities especially, and more especially during an epidemic or endemic, should be abolished. The tolling bell, or even conversation about a funeral, will seldom fail to make worse the patient who is dangerously ill. But the time will never come when the world will be free from contagious diseases. Like the poor, they are always with us. They originated *de novo* once, why not again? But it is in the power of men and governments or nations to do a vast amount of good in checking and preventing the ravages of not only contagious but all other diseases. It is the duty of the physician to do all in his power in that direction. Too often the advice and suggestions of physicians are unheeded, and legislatures are proverbially slow in enacting laws calculated to prevent disease.

CARROLL KENDRICK, M.D.

Kendrick, Miss.

Conception After Gonorrhoea. Natural Cleanly Conduct of Labor. Cord Three Times Around the Neck.

Editor MEDICAL WORLD:—As to conception in a female who previously had gonorrhoea, I have an interesting case to report. A married woman in her fourth (4th) month of pregnancy contracted gonorrhoea from her husband. She was subsequently delivered at full term of a healthy child, she having of course, recovered from her attack long before.

The child showed at no time any untoward symptoms, and after two years the woman is again pregnant.

The lack of conception in prostitutes appears to be owing more to an inflamed condition of the endometrium, which may be owing to any one or more of many causes rather than to the fact that gonorrhoea may have been present in any particular case.

I fully agree with Dr. Parker in his article on peritonitis following birth at any period of gestation.

In the first place be certain of the cleanliness and disinfection of every thing which may come into contact with the parturient canal. Also be sure that delivery is complete, not only of the fetus and membranes, but also of clot, and firm contraction secured.

Then cleanse the external parts thoroughly with disinfecting solutions and direct the process to be repeated at least twice a day, with a disinfected cloth covering the external genitals in the intervals, and leave the parturient canal, etc. strictly alone, and ill recoveries from a truly *natural* event will be very much scarcer than at present.

Birth, March, 1887; primipara, labor tedious, cord found to be three times around the neck. I was obliged to tie and cut the cord to effect delivery after the birth of the head. Immediate manual delivery; still birth; good recovery of mother.

R. S. FROST, M.D.

Kinmount, Ont., Canada.

Editor MEDICAL WORLD:—As the subject of gonorrhoea and its effects upon the uterus is up for discussion, I will report a case. A woman had gonorrhoea during pregnancy and confinement twelve years ago. The child a boy, had so terrible a case of gonorrhoeal ophthalmia that he lost the sight of one eye, yet that woman has borne two healthy children since, although she has never married. I could report many interesting cases gathered in an active practice of fifteen years.

FRANK W. LEWIS, M.D.

Litwalton, Virginia.

A Large and a Small Pair of Twins

Editor MEDICAL WORLD.—In November WORLD Dr. L. Rupert, of Rupert, W. Va., reports a large pair of twins. I can get close to him.

On October 26, 1893, I was called to see Mrs. S. A., aged 30, at 4 o'clock a.m. Found her in labor, and in two hours delivered her of twins, both boys, each a head presentation; one followed the other in half an hour, smallest first. One large placenta with two cords. They weighed 7½ and 8½ pounds. There was a good deal of hemorrhage, but the womb contracted well. I saw her the next day and she was doing nicely. I have attended her in several miscarriages. She would become pregnant and go two or three months, and once as long as five months. I then began treating her to avoid this and succeeded well; had no more trouble. She has four children. I did not see the case after the day following her confinement, but understood from her husband that she was doing well. I prescribed for constipation, and sent her a vaginal wash a few days after her confinement. Her husband said also that she had some pleuritic pains, but perhaps did not give this the weight he should have done, as she had had pleuritis a year or two ago, and did not request me to see her. I have seen somewhere that the symptoms of pleuritis sometimes follow labor when the true cause is in the uterus, and septicemia may develop when some of the symptoms rather point to the pleura or diaphragm. She grew worse the last days of November and died on December 2—while her husband was away from home—a victim to blood poisoning, which might have been prevented had I seen her or known her condition in time, it being about five weeks after she was confined.

On November 10, about two weeks after I delivered Mrs. S. A., I was called to Mrs. W. S., age about 32, in labor, but as I was not at home Dr. S. was called, who reached there in the early morning, one baby being born before he got there. After eight hours the other was born. I was called when they were two weeks old to see them, as one of them was thought to be dying, as they had given it a large dose of tincture of opium and camphor to quiet it. They were very much jaundiced, but that is disappearing; are doing well now. They are females, and weighed 4½ and 5½ pounds when born.

F. W. B.

[We can only express our regretful criticism of the manner in which the first case was allowed to die without proper attention. The husband was certainly to blame if being at all able to pay for medical services, he requested the physician to cease calling before the mother was well. However, there are many so unfortunate that they must limit their expenses for medical attention to only that which seems to be urgently necessary, needing all their income for supplying the other necessities of life. In such a case if the physician undertakes an obstetrical case it is incumbent upon him to keep the patient under his own observation until she has properly recovered from the puerperal condition.—ED.]

Kneeling Posture in Labor.

Editor MEDICAL WORLD:—Dr. J. A. White wants some one's experience with labor in a kneeling position. I have for many years, when labor was slow and I didn't think it necessary to use the forceps, requested my patient to get on her knees in the bed and, when the head of the child got about one-quarter through the labia, I would have them laid back in their usual position. While in the kneeling position the child gravitates toward the outer world, and I sit at the back of patient with my hand against the labia merely to stop a sudden exit of the child. I have something for the woman to lean on or some one to support her while in this position.

I never keep my patient in this position any longer than to get the head partly through the labia. However, I believe it would be a good way to deliver, for, instead of the child dragging over the perineum it would be over the pubis.

J. H. STANLEY, M.D.

Beardstown, Tenn.

Editor MEDICAL WORLD.—“The Physician as a Business Man” reached me several days since, and I am very much pleased with it. Such a book should be read by every member of the profession, and I am sure there would be more harmony and success attending them through life. S. J. SUMMERS, M.D.

Haigler, S. C.

Answer to Drs. Harry Brown, P. B. Hardy and J. W. Shemwell. Quiz in Relation to Cystitis.

Editor MEDICAL WORLD:—I will try to answer a few of the quizzes and then I wish THE WORLD to solve a question for me.

Dr. Harry Brown's case, page 358, October, Dr. P. B. Hardy's, page 394 and Dr. J. W. Shemwell's, page 394, November, are all from one and the same cause, inflammation along the spine. Internal remedies are useless as curative treatment. Of course, keep the digestive organs in good condition, build up the general health as far as possible. To relieve the pain in a severe attack allow the patient to inhale chloric or sulphuric ether just sufficient to relieve the pain but not to full anesthesia.

For the curative treatment begin at the base of the skull and make firm pressure along the spinous processes and then over the transverse processes on either side of the spinal column down to the coccyx and locate the tender spots which indicate the points of inflammation along the spinal cord and roots of the spinal nerves.

Now blister and blister, yes, use the good old Spanish flies, over every tender point, one after another, and repeat them until you have taken the soreness all out of the spine, or as nearly so as possible, and your patients will be well in proportion as the same is removed.

Don't let them lift or do any kind of work, walking or riding, that will jar or in any way strain the spine.

Dr. Hardy's patient has some very tender spots over the transverse processes of the tenth, eleventh and twelfth dorsal and probably first and second lumbar vertebræ. This gives reflex pain over the region of the ovaries and possibly though the sympathetic nerves—real ovarian neuralgia, but the blisters over the above named regions will benefit and cure if persisted in.

Dr. Shemwell's patient has very tender points along the spine between the scapulæ. This, in turn, has given the peripheral irritation over the region of the stomach, and by its disturbance of the spinal roots of the sympathetic nerves, affects his digestion, and produces the apparent dyspepsia which is often called nervous dyspepsia without any definite knowledge of why it is so called. In his case, now, the inflammation has extended up nearer the base of the skull. Blister and follow it up over any sore spot.

I use massage, using the following ointment:

R. Vaseline.....	dr. vi
Paraffine.....	dr. ii
Melt together and when nearly cool add	
Menthol.....	dr. i dissolved in
Oil of turpentine.....	dr. i
Oil sassafras.....	drs. ss. to perfume
Mix all thoroughly.	

This works admirably as a topical application. Let's hear through THE WORLD how they progress.

The help I want is for a case of cystitis of fifteen or sixteen years standing in a woman, married, aged forty-seven, menstruates every two to four months now, who has been confined to her bed for that length of time.

The symptoms are as follows: Severe pain and discomfort about the bladder and urethra all the time. She is obliged to pass water every fifteen to fifty minutes, day and night. Urine contains mucus and blood, sticks to the bottom of the chamber and has an offensive odor. Upon examination there is much tenderness over the region of the bladder. By vaginal examination the urethra was very sore, and the neck of the bladder is exquisitely tender.

Eighteen months ago, when I first began treating this case, I dilated the urethra thoroughly and expected to cure the case as I had in several others apparently like this one, but the dilatation only afforded temporary relief. I then educated her to use a glass catheter which gives the most relief. I washed out the bladder, using sulpho-carbolate of zinc and golden seal and various other things at different times. Internally, carbonate of lithia has done the best of all the remedies used except hyoscyamine to relieve spasms of the bladder and urethra. I should like to hear what THE WORLD readers will advise.

J. C. CAMPBELL, M.D.

Albany, Vermont.

Hystero-Epilepsy.

Editor MEDICAL WORLD:— I read with interest Dr. Waugh's comments upon the case reported to your journal by myself on page 394.

It may be of interest to Dr. Waugh to learn that we do live "in the backwoods" and that the case of hystero-epilepsy was relieved of both hyperesthesia and convulsive seizures by forty grains of quinine given in four doses during twelve hours and repeated on the seventh day.

Britton, Mich.

P. B. HARDY, M.D.

Pemphigus.

REPLY TO J. D. McDONOUGH, M.D.

Editor MEDICAL WORLD:—The case reported in December MEDICAL WORLD, page 428, I diagnose as pemphigus, caused by a vitiated state of the system. I had a case in July—a young man with both arms completely covered with scales and scabs from the elbow to the wrist; fiery red under scabs of yellow; when a child he was covered from head to foot, with a mass of sores, but the disease seemed to be cured when he was six years old. When he came to me he had a good head of hair, said he

slept well, ate well and had no trouble with his digestion. I found his pulse very slow and weak, about forty-five and his tongue pale. His age was thirty and he was not married. He had various sores on his limbs, whenever he bruised or scratched them. His arms had been in this condition for over six months, and he had been treated by the local physician of the place where he resided, but he said that he was growing worse instead of better. I told him that the cure would be very slow, that he would not see much improvement under three months. My mode of treatment was as follows: In the first place wash the sores in strong salt water with a soft sponge every night and morning; then apply a cerate which I gave him. The cerate was one per cent. of yellow oxide of mercury in purified lard. For an alterative I gave him:

Rochelle salts.....5 ounces
 Pure cream of tartar.....2 ounces
 Flower of sulphur.....1 ounce.

This was mixed in a pint of syrup and a teaspoonful taken night and morning, enough to produce two operations a day.

To build up the whole system I gave McArthur's hypophosphites a dessertspoonful after each meal.

The first month there was but little improvement in the sores, except that the fiery red of the skin seemed less. The second month the scales and scabs began to come off and new skin began to form. The third month the arms began to look natural and, as the new skin formed, no scars were left and the disease appeared to be cured. I had him continue this treatment two months longer so as to keep his blood in a good condition, and to all outward appearance he is cured.

DR. L. M. HOLMES.

46 Union Park, Boston, Mass.

Treatment of Dysentery.

Editor MEDICAL WORLD:—In your November issue I notice "yarrow for dysentery." As I have had numerous occasions, especially this autumn, to observe the disease in both adults and the young, and have used yarrow as a tea in some, allow me to detail my procedure, describing at the same time the character of the disease as displayed in this locality, directly bordering on the sea and supplied with a temperate climate, good drainage and air currents.

In nearly all cases I found, when called early, constipation, anorexia, fever and headache, followed in the young by nervous phenomena, quite often convulsions, and in the old nausea and emesis. It was my practice when constipation existed to prescribe minute doses of calomel and soda, and as the case would go on

with profuse diarrhea, after which, as a rule, the pyretic symptoms would ameliorate, I would resort to a compound powder of lactopeptin, bismuth and salol, in doing which, I bear in mind the possible complication of enteric fever. Dieting, of course, was rigidly observed, but as regards injections of starchy water, etc., the tenesmus and anal irritation proved so great that I simply ordered one or two enemas of warm water to clear the bowels of old fecal matter and let this part rest at that. In adults I almost universally prescribed after the calomel aperient the following:

R Magnesia sulph.....oz. ii
 Addi sulph. arom.....dr. ii to dr. iv
 Tr. Cinnamomi.....oz. ss
 Tr. opii.....dr. ii ss
 Aquæ camphoræ.....oz. viii
 M. S.—One half ounce every two hours.

This, with restricted diet and absolute rest in bed, ameliorated all symptoms at once, but if the case had gone on too far, and the dejections consisted of much blood and pus frequently voided with much pain and general disturbance, I ordered

R Pulveris opii.....gr. ss
 Argenti nitratis.....gr. ½
 Plumbi acetatis.....gr. i
 Mix and make six such doses. S. One hourly till relieved.

No chronic dysentery has been observed by me after the above, which, although somewhat polypharmacial, did the work satisfactorily.

In children, after bowels moved and showed the characteristic stool, I ordered

R Pulveris opii.....gr. 1-10
 Pulveris pæcuanhæ.....gr. ½
 Sacchari lactis.....gr. i
 M. S.—Hourly, if needed, as shown by pain.

Fever and eclampsia were combated by acetanilid and cold cloths.

In cases both of adults and children I universally prescribed for the thirst, which, of course, was always present in greater or lesser degree, tea made out of one ounce of yarrow to one pint of boiling water and allowed to cool somewhat.

This taken freely and mixed with a little sugar seemed agreeable and has no doubt acted well. I believe that a mild case of dysentery would do well with dieting, rest and some such tea to assuage thirst and balance the waste of fluids per rectum.

EMIL WESCHCKE, Ph.G. M.D.

Pt. Arena, Cal.

Editor MEDICAL WORLD.—Let all physicians first read "The Physician as a Business Man" and follow out all instructions. Then let them adopt your system of bookkeeping (Visiting List and Ledger.) It will make them feel as if they had a place in the business world. At the same time it will make their work lighter and they will feel contented with themselves and all the world. J. H. JOHNSTON, M.D.
 Red Lodge, Montana.

Animal Electricity.

Editor MEDICAL WORLD:—In the issue of the WORLD for November, 1893, page 391, a communication appears from Dr. J. Meeker, of Newark, N. J., under the heading of "The Proper Use of Natural Forces in Medicinal Treatment," in which the following appears:

"If we place a man upon an insulated stand and let a wire pass from the soles of his feet to the earth, and if in this situation he exercise briskly, electric currents will pass from his feet to the ground while this is going on."

Ideas of this kind for a long time found credence, chiefly as the results of the elaborate experiments of Du Bois Reymond and others, who believed that they had demonstrated the presence of electric currents in nerves and muscles. But these experiments have been thoroughly discredited by Prof. Trowbridge, of Harvard College, who repeated them under such precautions as to establish conclusively that the currents of electricity indicated by the galvanometer originated not in the nerves and muscles but in chemical action set up in portions of the apparatus employed. Some accounts of Prof. Trowbridge's experiments and their results, may be read in Beard & Rockwell's Medical and Surgical Electricity. Perhaps Dr. Meeker has something later to show on this subject; if so, he will confer a favor by producing it; for so far as appears at present there is no scientific evidence whatever that currents of electricity play any part in the action of nerve and muscle or in the phenomena of animal life.

It seems unnecessary to recapitulate the evidence that nerve force and electricity are wholly unlike, and that neither of these forces can be transformed into the other. Indeed if THE MEDICAL WORLD chooses to afford me the necessary space, I am prepared to furnish scientific evidence that so far from being the ally or the *alter ego* of nerve force, electricity is a paralyzing agent and in so far as involuntary muscles are concerned that electricity produces similar effects to motor nerve action. I infer from other portions of Dr. M's communication that he has been reading the "Researches of Baron Von Reichenbach on Magnetism" etc., and has been impressed by the experiences therein recorded. It would be out of place to enter on any discussion of that subject here, but surely the alleged "odylic emanations" have been sufficiently discredited not to be accepted seriously at the present time. If Dr. M. does not think so, I would respectfully recommend him and any of your readers similarly impressed, to consult Dr. W. B. Carpenter's "Mental Physiology," Appleton's, 1884,

pp. 159-161, where these experiences are estimated at their true value.

THOMAS W. POOLE, M.D.

Lindsay, Ont., Canada.

The Humbug and Tinkering in Gynecology.

Editor MEDICAL WORLD:—I frequently meet general practitioners from 50 to 60 years of age who unhesitatingly say that the practice of diseases of women is a humbug. It must not be thought that such men are especially lacking in intellect, for personally I can successfully contradict it. When these men began to practice, gynecology was in its pure infancy; their ideas were gained by the results of practice and observation on diseased women of 40 years ago. My argument that gynecology has improved much of late would only induce the suggestive remark that "gynecology must have changed." At first, though, we think that the old doctor's view that gynecology is a humbug is entirely too sweeping. But one who has opportunity to study the methods of the general practitioner may yet side with the old doctor. Gynecology may be a humbug in two ways: 1. The gynecologist may do more than he ought. This is what I shall style tinkering, which brings innumerable ills in its wake. 2. The gynecologist may treat and treat and do nothing. Of the two methods which induce the old doctor to call all gynecology a humbug no doubt the case in which there is too much tinkering is by far the worst. From what does this aggressive tinkering arise? It may arise from the physician's desire to *do* something so as to gain a reputation for fame or skill. It may arise from the doctor's idea to really cure the disease, but it generally arises from ignorance of present and subsequent pathology. Tinkering arises from lack of physiological and anatomical knowledge. In no single instance does tinkering and lack of pathological knowledge creep out so fiercely as in the use of the uterine dilator.

It is not uncommon for a woman to come to me and say that several months previous Dr. A. dilated her uterus, and I now find pyosalpinx on one or both sides. The old doctor, no doubt, had observed that when Dr. A. had tinkered with Mrs. B. with a dilator that she became sicker with the months. Three months ago Mrs. X had her uterus dilated; from that time on she got worse and at the end of three months I removed a double pyosalpinx and an ovarian abscess. Such tinkering is frequently done at the clinics, and the woman allowed to walk home. Let us see what is the disaster of indiscriminately dilating the uterus. For example, the cervix is never prepared for an abortion, but the uterus is always ready to expel it

contents Now when the fetus is suddenly forced through it, it dilates it and paralyzes it so that its mouth stands wide open for two or three days. During the time the os is wide open infection enters freely. Now, the os recovers from its paralysis and closes its mouth vigorously. Any infection which passed into it is now securely imprisoned in the uterine cavity. There is *no drainage*, the germs multiply and the uterus and tubes are made into sewers while the pelvic peritoneum acts as a cess pool. This is the reason that abortion is worse than labor, —because its infection is not drained. A similar process occurs when a uterus, already suffering from endometritis and salpingitis is widely dilated. The infection there existing rapidly invades new territory from ruptured tissue, from trauma, and also additional infection comes occasionally on the dilator.

Practitioners do not sufficiently realize the immediate and remote dangers of dilating the uterus. Again, when some dilate they do it so rapidly that the uterus is wounded more than it is at labor. New fresh channels are opened for microbic invasion.

The physiological function of the uterus and os differ so much that it should be studied by those who will act. The uterus gestates and expels while the os is a guard to the uterus, alike repelling invaders and retaining deserters. The tinkering with uterine dilators has made many a pyosalpinx. Again, physicians tinker with the sound. I know of two cases where the doctor actually killed the woman, by the aggressive and foolish use of the instrument given to us by Simpson and Kiwish. One doctor killed a very prominent woman from his lack of knowledge. The woman complained of frequent urination and the doctor on digital examination found the fundus *against* the bladder. Now he thought that it was the pressure of the uterine fundus on the bladder that caused the frequent micturition, so he said he would replace the displaced uterus by the aid of the sound; so he introduced the sound and pried the uterus back. The woman died three days after, and the autopsy showed that he had penetrated the uterus with the sound and the little fetus had passed out of the same hole into the abdominal cavity. That was a practical murder from tinkering with the sound. The sound in general has done more harm than good. The specialist uses it but little at present. Its chief use now is with the general practitioner. I know of another who used the sound to replace a retroflexed uterus; she died in less than two days, and the post mortem showed that he had ruptured a pyosalpinx, another practical murder from lack of knowledge and sound tinkering.

Again, another foolish piece of tinkering in gynecology is the determined view that a displaced uterus must be replaced. Only two weeks ago a colleague insisted on replacing auterus, and the woman died the next day. He had, no doubt, ruptured a pus sac. Really a big humbug has existed in regard to "replacing the womb" It is extensive amongst general practitioners, but I have seen even a New York gynecologist go through the most insipid manuvre with a class of sixty doctors, of replacing the uterus in a young woman. In the first place such vague ideas are held as to the normal position of the uterus, and in the second place the vague and erroneous views as to what a displaced uterus is. The normal position of the uterus is a position of wide range, but a displaced uterus is one permanently out of its normal place. A displaced uterus is one having abnormal stability. A fixed uterus is not in normal position. Now, it is dangerous to force a fixed uterus in normal position, and if a uterus is so mobile that one considers it out of place it is utterly useless to push it hither and thither and call such action replacing the womb. So that merely pushing a supposed uterus into supposed normal position is mere tinkering. There is no utility in it—at least for the woman.

Again, how about removing the many ovaries which are nearly normal. Has not tinkering been running at high carnival in removing so-called "cystic" ovaries? Are not all ovaries cystic? Are there not scores of tubes and ovaries unnecessarily sacrificed annually in this country. I know myself of many lives being lost by amateur operations in order to learn laparotomy. Is that not tinkering? Is that not "humbug" in gynecology? So that the old doctor's cutting remark is not all untrue. Suffice it to say unnecessary so-called aggressive operations are really a humbug and should be called tinkering. Now, in regard to the second class, where the so-called uterine applications are done with tri-weekly mathematical certainty These doctors tell the woman she has "ulcers in the womb" whatever that means. Surely I have seen many, many clear cases of tinkering of this sort. Some physicians carry this do nothing treatment to dangerous points while some real and vital pathology is overlooked. Such treatment reminds one of the philosopher who put a board on Mt. Vesuvius and sat on it thinking to keep down all trouble. Such philosophers forget that much trouble lies in the interior.

In conclusion it may be said that to become a skilful gynecologist is probably more difficult than any other medical department. One must not only treat the disease but the patient as well. Mind and matter seem to be at variance

in some women. The movable, elastic and alterable organs are difficult to comprehend. The anatomy and physiology are both very difficult in the pelvis.

To discriminate real from imaginary pain is not always easy. To know always when to act or not to act in gynecological cases requires much good judgment. The pathology of the female organs requires long and careful study, practice and observation to master. Besides few have sufficient mental balance to make reliable specialists. So many make sweeping generalizations. Unlimited generalization is very dangerous in gynecology. No doubt the knaving and avarice for gold of some so-called gynecologists makes "humbugging" more apparent. It does at times seem that some will work their judgment simply to get a pay case of laparotomy. The spread of real pathological knowledge with good instruction in practical gynecology will soon lift it above the reproach of "humbug" trade.

F. BYRON ROBINSON.

34 Washington St., Chicago, Ill.

Bleeding in Pneumonia.

Editor MEDICAL WORLD:—I have been an active practitioner of medicine (until recently) since 1848, and have been a subscriber of THE WORLD ever since it was published.

I wish to endorse what G. W. Kemper, of Port Republic, Va., on page 41, of the February 1893, number, says in regard to "Bleeding in Pneumonia."

I, too, may be regarded as an "Old Fogey." But his experience is mine in full. His classification of pneumonia, as to condition, into acute or sthenic and typhoid or asthenic, is correct. When I commenced the practice of medicine in Missouri most all cases were of the acute form and if a physician had failed to bleed he would have been charged with mal-practice. When the patient had been bled to syncope, or approaching it, the pain is always relieved. If not, a good blister finishes the cure. Of course, there will be a necessity for additional treatment, calomel, quinine, etc., and as Watson, Gross, McDonell, and Drape used to teach in the second or third stage, *egg nog*. But now a-days, especially in southern climates, most of the cases are of a typhoid character, and do not require bloodletting, but a blister always does good.

Whitesboro, Texas. W. H. TROLINGER,

Editor MEDICAL WORLD.—THE MEDICAL WORLD is really an invaluable journal, serving as it does in a professional way the purposes of an *experience meeting* of your subscribers in a high degree.

Kinmount, Ont., Can.

R. S. FROST, M.D.

For Alopecia.

Editor MEDICAL WORLD:—On page 420 of the December number of your journal Dr. Homer C. Bennett asks for a prescription that will stimulate the growth of hair on bald scalps. If the doctor will use either of the prescriptions which I shall give below I trust that the results will be good, the first of which is perhaps the best:

R. Sulphur lac.
Plumbi acetatis.
Tr. cantharidis.....aa..... dr. 1
Spts. amon. arom.....oz. 1
Glycerini (pur).....oz. 1
Aque. rose.....oz. 1
Aque pur.....q. s. ad.....oz. 1

M. S.—Apply to scalp thoroughly thrice weekly.

Another good one is:

R. Bay rum.
Glycerine.....aa.....oz. 1
Tr. cantharides.....dr. 1
Oil bergam.....dr. ss
Tr. capsicum.....dr. j
Sulph. quinine.....gr. x
Aque pur.....q. s. ad.....oz. vj

M. S.—Apply every morning; disca'd all grease.

A happy New Year to the good old WORLD and all its readers. R. A. PRICHARD, M.D.
Garner, Ky.

Dosimetry.

Editor MEDICAL WORLD:—I am asked so many questions about dosimetry and the new manual that I take the opportunity to reply to them through the columns of THE WORLD, well assured that I shall reach the vast body of practical men through it. Dosimetry was assuredly intended by Burggraeve to form a new system of medical treatment. This I believe to be a mistake. No complete system of medical treatment can be formed, leaving out all such remedies as are unsuitable for administration in granules. Selecting a granule for form when there is a better remedy in another shape, shows that the doctor's devotion to the system is greater than his desire to benefit his patient. So, also; I disagree with Burggraeve in his endeavor to reduce all doses to a uniform size. Why give the same dose of two drugs when one has twenty times the therapeutic value of the other? Only by reducing all to the dead level of homeopathic infinitesimalism can this be done. Burggraeve is led by this mistake into the same error as Hahnemann, in attributing to certain remedies valuable properties in doses too little to exert any appreciable effect. What folly to give a milligramme of kousseine, juglandine, piperine or tannate of cannabin, and expect any result! Or what effect is a centigramme of croton chloral expected to manifest when the ordinary dose is twenty to thirty grains? It cannot be said that the difference lies in the purity of the drug, for you cannot kill a tape worm with $\frac{1}{8}$ grain of the purest kousseine, and the

worst specimen of croton chloral in the market has not ninety-nine per cent. of impurity. The one thing of eminent importance in Burggræve's system is the doctrine of "jugulating" acute fevers. I have for many years been in the habit of jugulating acute pharyngeal catarrh by the local use of a powerful astringent acid antiseptic remedy. Acute orchitis is readily jugulated by the application of a twenty-five per cent. nitrate of silver solution. Spitzka, I think, recommended full doses of strychnine in acute myelitis, and I gave this drug successfully several years ago in a curious case presenting all the symptoms of locomotor ataxy, but, coming on acutely. But Burggræve deserves the credit of popularizing the jugulation of acute inflammations and fevers by this method. The use of strychnine in pneumonia has recently been advocated by Mays, and Petrescu has urged the treatment of this disease by huge doses of digitalis. Both act as jugulators, driving the blood out of the affected tissues by powerfully contracting the vessels.

I have quoted very little from Burggræve in my manual, because his own is supplied at a very small price, and can be easily procured by those who desire it.

Now for the other advocates of specific medication, the eclectics. I expected a good deal from them, but must confess to my disappointment. Many of their specific indications are taken bodily from homeopathy, and are worthless to those who do not care to pin their faith on such intangible potencies. But a small number of the drugs distinctively identified with the eclectic school have been really studied in a scientific way. Scudder's book is full of appeals to his brethren to furnish reliable information as to the vegetable remedies in common use by them. Instead of this, we are apt to get some such an incongruous jumble as the following:

Properties—Anti-spasmodic, alterative, tonic, emmenagogue, parturifacient, diaphoretic, diuretic, and vermifuge.

Principal influence—Upon the utero-genital system, giving tone and energy.

Employment—Amenorrhæa, dysmenorrhæa, menorrhagia, leucorrhæa, vaginitis, urethritis, chronic bronchitis, vaginal prolapsus, to promote delivery, after-pains, rheumatism, dropsy, whooping-cough, hiccup, hysteria, hysteritis, aphthous sore mouth, to expel worms, etc.

How can the little squaw-root be all those and do all those things at one and the same time? Can it be a tonic—a toner or contractor of tissue, and also an antispasmodic and diaphoretic?

Or, take our much valued cimicifuga. We are told that it has all the following properties:

Alterative, anti-spasmodic, stimulant, diaphoretic, diuretic, expectorant, resolvent, nervine, emmenagogue, parturient, tonic, narcotic, and metastatic. Possesses great power over exanthematous fevers, transfers to the skin eruptive diseases, which have receded from the skin to the mucous membrane, gives tone and energy to the nervous system and contributes to the generation of nerve force.

Employment—Amenorrhæa, leucorrhæa, dysmenorrhæa, hysteria, chorea, chlorosis, to facilitate delivery, rheumatism, coughs, colds, asthma, whooping-cough, phthisis, small-pox, croup, convulsions, epilepsy, neuralgia, scrofula, indigestion, typhoid fever, scarlatina, diphtheria, prolapsus uteri, gonorrhæa, gleet, spermatorrhæa, intermittent fever, cutaneous diseases, bronchitis, laryngitis.

We presume it would be safe to say in case of doubt, give macrotin, for it does about all a doctor could wish except collect his bills.

How can any one get an idea of the real properties of a drug from such a mess? In many cases our eclectic brethren have not clearly distinguished between the effects of their remedies and those of the hot water in which the drugs were administered. I have, therefore, in quoting from such sources placed the indications in parentheses, that the reader may know that I do not consider the authority trustworthy. And this is not at all because the writers are eclectics, for I wish to give these gentlemen full credit for their work, and care not at all from whom I get an idea provided it is a good one. Indeed, I have recommended the eclectic preparations; the "ins," instead of the officinal extracts, because I believe the former can be procured more readily and of better quality. I imagine a doctor who prescribed extract of chelidonium would have a good deal of difficulty in procuring a really active preparation; whereas the chelidonium could be obtained easily. Even so, many of the native plants show but little of their true value, unless given in preparations from the green drug. Hamamelis, rhus and prunus virginiana are examples in point. The dried plants are inert, the fresh possess remedial virtues of undoubted value; but to isolate the active principles and confine them in a granule that will retain their activity indefinitely is beyond the art of the pharmacist. Should we therefore refuse to avail ourselves of these and other valuable drugs because we cannot put them in granules, or because the active principles have not been extracted? Surely, here is the weak spot of all exclusive systems, in that they put the system ahead of the only right and proper consideration of the physician—their patient's welfare. WILLIAM F. WAUGH, M. D.

The Post-Partum Douche.

Editor MEDICAL WORLD:—It is an old and trite saying that "meddlesome midwifery is bad," and this idea is often carried to such an extent that it becomes a mania or rule with some to never interfere in an obstetrical case at all, and to "leave everything to nature." It may not be out of place right here to inquire what we are called for at all in such cases, for if everything is to be "left to nature," we are not needed and it would be cheaper for the patients not to call us, as nature can do the work without us. However it is a consoling fact that the sect of ultra never meddling people are greatly in the minority and are rapidly dying off. But with so much conflicting advice as to what to do, and what not to do, the younger obstetrician is often in a quandary, and in evading Scylla he often falls into Char-ybdis, and in the language of the puzzled legislator of the last Congress, he will not even know "where we are at."

Experience is a good teacher but she charges sometimes exorbitant prices, and we should not trust entirely to our own knowledge and experience for our methods of work, but must draw largely from the great storehouse of the lives and work of others.

"One swallow does not make a spring," neither does one success or failure establish or abolish the value of a principle, and it requires a careful mind to find a suitable and safe mean between the extremes.

In the ordinary course of obstetrical practice, the physician for reasons of convenience to himself and economy to the patient, is not called to attend in confinement until there is either real or fancied need for his services. Therefore, the *ante-partum* care and treatment is not so much under his control as is the *post-partum* attention.

In hospital practice the usage is more often different, but even there there are emergency cases that receive no care prior to delivery.

The care of the patient, before and during labor will not be treated of in this article, but our consideration will be in regard to that immediately following delivery of the child and placenta.

In case of post partum hemorrhage, I trust that none of us will not advocate the rapid and thorough evacuation of the contents of the uterine cavity, by some means or other. I believe the favorite method of delivering the placenta and clots is by the method first advocated by Credé, viz.: the conjoined manipulation of the fundus externally and by manual traction upon the placenta internally, although

most often the external kneading of the fundus is alone sufficient.

It is too often the case that the puerperal woman is left to the mercies of an ignorant or unskilled nurse, and even where they are attended by one who is experienced, it is often some old woman with many crochety notions, not unmixed with superstition and an animosity to young men and new ideas, and your instructions will either be ignored entirely or not half executed.

Therefore it is usually best for all concerned to either wait and see that your instructions are obeyed, or to "do it yourself and then you know that it is well done." How often have you known, by the sense of smell, that there is a puerperal woman in the house, as soon as you enter the outer door?

How often have you been called to cases where neither the clothes nor bedding had been changed, nor the patient bathed for several days? None of the lower animals will allow themselves to lie in such a fix, but will immediately remove to a clean spot and proceed to "clean-up," yet civilized and enlightened beings, and I regret to say some seemingly intelligent physicians, will compel a woman to lie in a lot of rotten filth for several days after delivery.

Of course none of us are perfect, and all of our ways are open to criticism and improvement, and he who lives in this day and age and knows it all and cannot still learn something, has become a nuisance to the world and a burden to the body politic, and would better die.

As we all know, a certain amount of tissues must be thrown off in the form of the lochia, which are commonly and properly called "cleansings," and it is our duty as careful and progressive physicians to aid nature in this effort. The method that will do this the most safely quickly and pleasantly is undoubtedly the best; water, the blood of the earth, is the universal solvent and cleansing agent. Heat is nature's antiseptic and germicide. Then what is more rational than the free use of hot water as a detergent and cleansing agent for the parturient canal after labor? By its use small clots and shreds of placenta and membranes, mucus, blood, urine, feces, and all foreign matter may be removed, and the parts rendered clean and pure. It will cause a sense of well-being and restfulness that is very grateful to the patient and hastens the convalescence.

The water should be hot, and by that term is meant *hot*, not warm or tepid water.

It is a well established fact that the mucous and serous membranes are not as well supplied with sentient nerves as is the skin, and that

these surfaces will tolerate a degree of heat, without discomfort, that would be unbearable to the skin.

In order to prevent the hot water flowing over the skin of the vulva and being painful, it is best to use some appliance that will fill or block up the external opening of the vagina, and yet allow a free circulation of the hot water in the vagina.

Such appliances can be secured of all instrument makers, and while the cost is not a little, yet the ease of operation and the comfort and safety guaranteed by their use will bring praise from the patient and an increased patronage, which will in the end justify the extra expense.

While using this method it might be an advantage to incorporate in the solution some one of the many well-known antiseptics, germicides and healing chemicals. Of these carbolic acid is about as good as any if not the best. Corrosive sublimate may be used but there is more danger of poisoning by absorption when in contact with torn or raw surfaces.

By the use of what is known as the "Ideal" or "Knap" douche, given with a fountain syringe, the vagina can be ballooned, all the folds washed clean, clots removed and emptied into a vessel beside the bed, without spilling a drop of water or wetting the patient or the bed.

With an Alpha fountain the reservoir can be filled and emptied easily by syphonage, and gives a steady, constant flow, the force of which is easily regulated at will.

The objection may be raised that water may be forced into the fallopian tubes, and it is probable that by using great pressure it could be done, but a little judgment will avoid any such trouble.

It has been said that it is too much trouble to do so much work, that it is the duty of the nurse to attend to that work, or that the physician can get his fee just as well without as with that extra attention; yet if we have our patient's best interests to serve, and we wish to do our whole duty, we should use every means to attain those ends.

Usually one douche is sufficient, but it is best to leave orders to report any signs of offensive odor of the lochia, and it can be at once removed by one or two hot carbolized water douches, and maybe prevent systemic infection, and possible death.

It has been my experience that but few of my multiparæ have been previously treated to a post-partum douche, and they never object but always are pleased with it and are grateful for the comfort it affords; while the primiparæ always like it and they and their friends who see it used always commend it.

It may be a mere coincidence, and it may not be, but it is a fact, that after using it in over fifty puerperal cases there has never been a single case in which there were any bad symptoms, while I have had a number of cases fall into my hands where it had not been used by the accoucheur, and all sorts of complications were found, but on the beginning of the use of the douche they were either partly or entirely relieved.

It has been objected that many thousands make good recoveries without any douching. True, yet how many thousands of us are never exposed to small-pox, and therefore cannot take it, yet how many of us are there who, because of there being no danger of small-pox, will be satisfied to go unvaccinated? The hot douche is the parturient woman's vaccination against puerperal septicemia and kindred troubles.

It has become part of my necessary treatment and I almost invariably use it, and have no doubt whatever that it has been the means of saving life, as some of my cases have been delivered under the most favorable circumstances for puerperal infection, yet by a free use of hot antiseptic douches a rapid recovery followed.

If you wish to have the gratitude of the women, the admiration of the nurse and friends, and the satisfaction of knowing that you have done your duty and fully earned your money, whether you get it or not, and fortified your patients against disease, then use the hot post-partum douche. HOMER C. BENNETT, M.D.

Lima, Ohio.

Med. Dept. Univ. Wooster, 1888.

Med. College of Ohio, 1889.

Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Editor MEDICAL WORLD.—Having observed the Samaritan spirit not only of the editors but of the numerous correspondents of THE WORLD in giving aid to those in need, I am encouraged to ask assistance in the following case:—Mrs. B., aged 50, mother of four children, youngest 15 years of age, had change of life ten years ago without any trouble, and, excepting occasional attacks of indigestion, as evidenced by nausea and vomiting and usually followed by henteric diarrhea lasting a day or two, her

health has been fairly good, until about the first of last December, when she began to be troubled with borborygmus, which continued to a greater or less extent for several weeks, always being worse at night. During its continuance a morning diarrhea began and still continues, with the exception of occasional intervals of a week or ten days, as influenced by treatment. The diarrhea has never been excessive, seldom exceeding one action a day, which usually occurs very soon after breakfast and is about the consistency of soup. On the outset of this trouble she weighed 145 pounds. Notwithstanding a fairly good appetite, she has lost during the year about thirty pounds. There has never been complaint of pain, soreness, tenderness or distress of any kind, but rather a feeling of weakness and emptiness of the bowels at times, with a feeling of inability of the rectum to act with the upper bowels. Thus has the case progressed for a twelvemonth.

In regard to the treatment I will just say that it would be easier to tell of some things still untried than of the numerous remedies tested. Suffice it to say that, whereas, some have seemed to be beneficial for a week or two, all treatment has thus far failed to effect a cure. What makes the case doubly interesting to me is that the patient is my wife, and hence you will rightfully infer then that my chief concern is to attract the attention of some one who will suggest the remedy.

DR. BRONSON.

Editor MEDICAL WORLD:—I write to ask the opinion of my fellow practitioners in regard to my case. I have been ill for the past four months, during which I have lost over thirty pounds. My weight when in health was over 200. Am 38 years of age, and have always been robust. I will describe my symptoms as fully as possible:

Tongue slightly coated on base with white coating; no fever at any time; uneasy feeling through stomach and bowels; development of gas in bowels; liquid stools three, four and five times per day, preceded by griping, cutting pain in bowels. All of the discharges of the bowels are horribly offensive. I feel weak and without ambition; hands and feet pallid and cold. A good deal of the time I am quite dizzy. Would like diagnosis and treatment. Have tried many things without benefit.

Columbus, O.

H. L. K., M.D.

Editor MEDICAL WORLD:—Will some one inform me whether or not it has ever been ascertained how high a temperature it requires to destroy the diphtheria bacillus?

Monrovia, Cal.

C. BARDILL, M.D.

Editor MEDICAL WORLD:—Here is a case of some interest that I would submit to the WORLD family for solution: A deceased person was presented at the grave for burial, whom the mother was afraid was about to be interred alive. She requested the body to be looked at by another physician and myself. We found the body quite cold, no rigor mortis, no odor, the lips reddish purple, around the eyes the same color, eyes had the look or expression of a living person. She had fainted away several times before dying and had the appearance of being dead for a short while.

Whilst I haven't the slightest doubt that she was really dead, since this other physician was present and witnessed her death, there is an interest in the case. I would like for some one with experience to inform me as to the correctness of my belief, that the treatment for consumption (Amick's), which I suppose consists mostly of creasote, had everything to do in the post-mortem appearances in the case just stated.

Lever, S. C.

J. D. F. LEVER, M.D.

[In all cases like the above we should advise keeping the body above ground until all interested are convinced beyond doubt that death has taken place. There is no harm whatever in keeping the body until unmistakable signs of decomposition begin to show. Some large cemeteries have one or more vaults where bodies may be kept until it is desirable to inter them. In these they may be kept under observation, if thought desirable.—ED.]

Editor MEDICAL WORLD:—I have an obstinate case of eruption of the face which has not yielded, so far, to any treatment I have given. The patient is a clergyman of middle age, a married man, and in every way in good health. There is no heredity of scrofula or any specific taint in the system, so far as is known. The eruption never entirely disappears, but is worse at times. The principal parts affected are the nose and cheeks and some on the forehead; never any in the scalp or beard or on the neck. It makes its appearance in little boils, with considerable redness of the skin. It is not a case of lupus, rosacea or eczema. It is more like rupea, for the pimples degenerate into scabs, then return again like little boils, then break with a small amount of pus. Only a few go in this way, many appear under the skin and go away without coming to a head. I used a lotion made of corrosive sublimate, xx grs., and sulphate of zinc, dr. iii, rose water, oz. vi, well applied night and morning, and I direct the pimples to be squeezed. I also used a salve of tannic acid, dr. i, boric acid, grs. x, morphine, gr.

i, chloroform, grs. xx. These treatments were used for three weeks at a time, alternating. Meanwhile, I gave Fowler's solution, grs. iii, three times a day, with cascara and sulphate of magnesia at proper intervals, with light diet. Used Parke Davis & Co's liquid antiseptic soap for cleansing and kept the bowels free. Under this treatment the case seemed to be almost well at times, but would return to the discomfort of the patient and to my disappointment. I would request some treatment that would cure this case.

MEDICUS.

Editor MEDICAL WORLD.—Is there any deviation generally required in the treatment of pneumonia in the negro, as that disease seems so fatal to the race in this section? DR. D. Nebraska.

Editor MEDICAL WORLD.—Will you please request in your next issue the best and easiest way to make a plaster paris cast or model? For instance, I wish to make a model of a foot or hand and arm; what is the best mode of procedure? D. BARRINGER, M.D. Rocky Ridge, O.

Editor MEDICAL WORLD.—I should be pleased to see an article on the treatment of "spasmodic croup." S. SMITH, M.D. Filley, Neb.

Editor MEDICAL WORLD.—Will you or some of your readers please suggest some means for the removal of an unsightly, brownish discoloration of the cuticle of the cheek, which resembles in every respect or appearance a "birthmark?" The cause is due to the application for too long a time of an alum and glycerine mixture to an inflamed spot about three months ago, which produced a blister of the epidermis and subsequent desquamation of the destroyed epithelium.

Any information enabling me to remove this most objectionable appearance will be highly esteemed as a valuable favor conferred to one who anxiously awaits a response. B. L. N.

Editor MEDICAL WORLD.—What will remove superfluous hair from the body without injury to the skin? Will some reader please be so kind as to inform me in your next number. No electricity. X. X. X.

Editor MEDICAL WORLD.—I would like to ask the opinion of the readers on the following case: The umbilicus on an infant is five-

eighths inch long, one-half inch or less at base and five eighths inch or more in diameter at the distal end. It is firm in texture and normal in color.

The nurse saw it on the second day. It was feared to be a hernia, hence I was called to see it. Condition of child appears to be good. One child 4 years old had hairlip.

Will some of the readers of THE WORLD kindly give their experience in the treatment of alopecia areata.

DR. MANTEY.

Minerva, O.

[The Doctor will find valuable assistance in the treatment of umbilical hernia by consulting the volume of this journal for 1893.—Ed.]

Editor MEDICAL WORLD.—Will you kindly ask the readers of THE WORLD to give me advice in the following case:

Miss B., 36 years of age, white, extremely corpulent, has always been healthy and worked very hard. About three or four months ago I was called to see her. Found her suffering from suppression of urine; complained of severe "pain in belly." I passed a catheter without any opposition or distress to the patient, and drew off nearly a half gallon of healthy urine to the intense relief of the woman, who declared herself "all right." She continued "all right" for fourteen days, when I was called again and found her in the same condition, and again drew off a wash-basin two-thirds full of clear urine, and I have been going through this performance ever since with wonderful regularity about every fourteen days. She has no trouble between these times, passes her water freely, has no pain, eats and sleeps well. She has for a number of years been getting up once in the night to void water, generally about 12 or 1 o'clock, and it is always at this time that her trouble comes on. She passes the water freely just before going to bed, but about the time she usually gets up to urinate in the night she awakes with "a pain in the belly" and complete suppression of urine.

She suffers very much from that until she reaches my office, about 8 o'clock a m, when the catheter affords complete relief until "next time," as the poor girl says, when she leaves. "Good-bye, doctor, until next time." And that "next time" comes with vexing regularity in spite of all I can do.

She is wearing a nicely fitting abdominal belt (Flavell's) all the time except at night. Excessive fat makes examination difficult and uncertain.

Now, brothers, a word of advice through the columns of THE WORLD will be thankfully received.

MEDICO.

Current Medical Thought.

Does Gonorrhœa in the Female Invariably Prevent Conception.

Dr. John T. Wilson, of Sherman, Texas, read a paper on this subject before the Southern Surg. and Gynec. Association.

He said it has long been known that gonorrhœa in the female was sometimes attended with complications that proved troublesome and of serious import. Authors had for many years been describing endometritis, metritis, inflammations of the tubes, ovaries and peritoneum produced by an ascending specific vaginitis, these structures being invaded by the poison, it slowly creeping up through the cervix, involving first the mucous membranes in its track and extending by continuity of structure to the deeper tissues. The more serious results, however, were not appreciated nor so well understood until within recent years, laparotomy became so common an operation, and the pathology of the more important sequelæ were studied from the specimens themselves. According to the experience of our best authorities it is so difficult to positively differentiate between gonorrhœal and severe simple vaginitis without a clear and authentic history, it being attended with the same symptoms and the properties of also infecting the male, that it is not altogether an easy task to say when ovarian, tubal and uterine troubles, even with the presence of the Neisser gonococcus, have a specific origin, especially as simple vaginitis will sometimes produce them all. Dr. Wilson had observed quite a number of women who were the victims of gonorrhœal infection, many of them innocently so, having contracted it from their husbands, and believed it to be an ordinary leucorrhœa; many of those whose history he was enabled to follow afterward bore children for many years, were apparently healthy, and gave no evidence of the usual complications.

Dr. Wilson then reported cases illustrative of some of these conditions and results. That gonorrhœa does frequently prevent conception is probably well established; but he does not think it is by any means the universal rule, clinical illustrations are too many to the contrary. If Noeggerath's statements are literally true sterile women and fruitless marriages would be far more common and the increase in the race would be greatly lessened, for there are a surprisingly large percentage of men, judging from his experience, who, if they confessed the truth, have suffered at sometime in their lives with gonorrhœa.

Camphor-Menthol in Catharrhal Diseases.

Dr. Seth S. Bishop, of Chicago, in a paper thus entitled, reported a large number of cases of naso-pharyngeal catarrh, hay fever, and diseases of the ear as having been treated with camphor-menthol with much better results than menthol alone produced. The presence of camphor seemed to intensify the action of menthol.

A number of hay fever sufferers, among them the president of the United States Hay Fever Association, had obtained greater relief from this inhalant than any other they had ever tried. The effect of camphor-menthol in reducing turgescence and consequent tumefaction of the turbinated bodies had rendered a contemplated operation for stenosis unnecessary in several cases cited.

Injections of a ten per cent. solution in lanolin into constricted Eustachian tubes had caused them to become patulous. The improved ventilation of the middle ear thus effected, together with inflation with a five or ten per cent. spray of the same liquid in hypertrophic tympanic catarrh, increased the hearing, and produced a sense of clearness in the head.

Cases of laryngitis, with the voices reduced to a whisper, had been treated with inhalations varying from five per cent. to twenty-five per cent. in strength, with the result of restoring the voices completely in from twenty-four to forty-eight hours.

No ill results had followed the use of this remedy in the nose, throat, larynx or middle ear. The ordinary strength of inhalation recommended by the reader was three per cent. or five per cent. for very susceptible or sensitive individuals, like hay fever patients, and ten per cent. for less nervous patients with hypertrophic catarrh, etc. In order to reduce great swelling of the turbinates and relieve stenosis, the solution shall consist of twenty or twenty-five per cent. of the camphor-menthol. The full strength of the camphor-menthol applied to eczematous eruptions relieved the itching and dissipated the redness and swelling. Similar results followed its application to hepatic eruptions.

Finally, camphor-menthol contracted the capillary blood vessels of the mucous membrane, reduced swelling, relieved pain and fullness in the head, or stenosis, arrested sneezing, checked excessive discharges, and corrected perverted secretions.—*N. Y. Med. Times.*

THE MEDICAL WORLD is a medical society in type, with monthly meetings in your office. No medical society in the world ever had as many members as the readers of THE MEDICAL WORLD; and no members were ever so mutually helpful. Cost of membership in WORLD society, only \$1.00 per year.

Abortive Treatment of Gonorrhœa with Oil of Cinnamon.

J. Chalmers DaCosta (*Medical News*) urges, first, the thorough cleansing of the urethral canal by injecting, or spraying within it, the fifteen volume solution of hydrogen dioxide with a caution about permitting it to produce much pain by over distention. The antiseptic solution is then used, either with the atomizer or by injection. It consists of the oil of cinnamon dissolved in one of the liquid petroleum preparations. The first day the solution is made of one drop to the ounce; the second day, two drops to the ounce; and after that, three drops to the ounce.—*Phila. Polyclinic.*

The Forms of Diabetes.

Dr. George Harley gives the following classification of diabetes:

1. Hepatic diabetes—including the gouty variety.
2. Cerebral diabetes—including all cases of saccharine urine arising from nerve derangements.
3. Pancreatic diabetes—the most deadly form of the disease.
4. Hereditary diabetes—a form by no means uncommon, and one, too, where both brothers and sisters may labor under the disease without either their maternal or paternal parent having been affected by diabetes, though more distant members of the family may have suffered from it.
5. Food diabetes—including all forms of saccharine urine arising from the ingestion of unwholesome substance.

In the matter of treatment, besides diet and opium or codeine, Dr. Harley recommends croton chloral, strychnine, phosphoric acid for thirst, and an absolute prohibition of alcohol.—*Med. Record.*

Ten Reasons Why the Abdominal Bandage Should Not Be Used After Labor.

- 1st.—It is unnatural.
- 2d.—It is liable to become soiled and hence a harbor for microbes.
- 3rd.—It increases irritation of the tired and overworked abdominal organs.
- 4th.—It interferes with the necessity of frequent antiseptic ablutions.
- 5th.—It is difficult to keep in place, unless made to order.
- 6th.—It binds down the weak uterus and promotes the return of a displacement or a subinvolution.
- 7th.—It predisposes to puerperal infection, disturbing the peripheral and cerebrospinal centers.

8th.—It increases rather than diminishes the danger of post-partum hemorrhage.

9th.—It prevents digestion, assimilation, and intestinal peristalsis and tends to bladder trouble.

10th.—It is unsafe to apply it by any one except the accoucheur or an experienced nurse.—W. B. Conway, M.D., Athens, Ga., in *South Med. Record.*

Practical Observations on the Formulas and Action of Certain Diuretics and Purgatives in the Treatment of Some Forms of Dropsy, Resulting From Various Causes, as Cardiac and Renal Diseases.

BY JOSEPH JONES, M.D., LL.D.,
of New Orleans, La.

Professor of Chemistry and Toxicology, and of Clinical Medicine, Tulane University, etc.

We shall, in this brief article, endeavor to avoid theoretical discussions, tedious classification, and needless detail, and shall content ourselves with expressing some of the results obtained from our experience in the Charity Hospital, of New Orleans, during the past twenty-six years, and in private practice.

The successful treatment of dropsy must be based upon a knowledge of its various causes and effects, and upon the action of the various remedies employed.

Derangements of the due relationship of secretion to absorption in the tissues and cavities of the body may depend upon—

1st. Derangements in the nutrition of the tissues, leading either to the increase of secretion or diminution of absorption.

2d. Derangements or alterations of the blood, leading to derangements of the nutrition of the tissues, with an increase of secretion or diminution of absorption.

3d. Derangements of the circulatory apparatus attended with venous obstruction and congestion, increased serous effusion from the distended blood vessels, and diminished absorption.

4th. Derangements of the functions of those organs which regulate the amount of the blood, as well as the constitution, by regulating the amount of the watery element, by the elimination of excrementitious materials.

A. Dropsy arising from the prolonged action of the malarial poison, characterized by destruction and diminution of the colored blood corpuscles, splenic enlargements, and hepatic derangements.

Chronic hepatitis, parenchymatous hepatitis, portal obstruction, anemia, and general anasarca, are frequent results of the prolonged action of the malarial poison in the Valley of the Mississippi.

The remedies best adapted to relieve the distressing and dangerous conditions induced by the prolonged action of the malarial poison may thus be enumerated :

(a) Sulphate of quinia, bromide of quinia, valerianate and hydrochlorate of quinia.

(b) Arsenic (arsenious acid, Fowler's solution.)

(c) Iron (the various preparations of iron—sesquichloride, citrate of iron and quinia, tribasic phosphate of iron, etc.)

(d) Mercurials in occasional doses, to relieve hepatic congestions and derangements, as blue mass, calomel, carbonate of soda and calomel.

(e) Saline purgatives, as bitartrate of potassa, Rochelle salts, sulphate of soda, sulphate of magnesia.

(f) Diuretics, as juniper berry tea, nitric ether, jaborandi, pilocarpin, digitalis, etc.

The results are doubtful in those cases in which the liver has been structurally altered by the prolonged action of the malarial poison.

B. Dropsy resulting from valvular disease of the heart, mitral and tricuspid obstructions.

Valvular disease of the heart is attended with more or less hepatic obstruction, and benefit is often experienced by the judicious use of mercurials. Purgatives and diuretics are essential.

The agents used in the treatment of cardiac dropsy may be considered in connection with the following class :

C. Dropsy resulting from various structural alterations of the kidneys, included generally under the head of Bright's disease, acute and chronic nephritis, parenchymatous and interstitial nephritis, gouty and cirrhotic kidney, etc. In this class of dropsy (C), as with that indicated by (B), all portions of the cellular tissue, as well as the abdominal and pleural cavities, may be enormously distended with serous effusions, and the skill of the physician is often taxed to the uttermost to relieve the great embarrassment of the circulation and respiration.

The lesion of the kidneys attended with albuminuria may result from the cardiac lesion, and the latter may also result primarily from the former. In many cases, great and immediate benefit may be derived from various purgatives and diuretics.

The following formula may be used in many cases of dropsy arising from cardiac and renal lesions :

R. Bitartrate of potassa.....℥. j

Divide into sixteen packages. Add one pint of boiling water to one package (one ounce) of bitartrate of potassa, and to one ounce of juniper berries. Place the juniper berries (one ounce), and the bitartrate of potassa (cream of

tartar), in a small porcelain pitcher or vessel. Cover the mouth of the vessel with a piece of mosquito netting or strainer, so as to prevent the juniper berries from pouring out.

Sig.—Stir the bitartrate of potash in juniper berry tea well, and drink a wineglassful every three or four hours, so as to consume the entire pint in twenty-four hours.

This mixture will induce both purgation and diuresis, and will, in many cases, rapidly induce the reduction of the most extensive and obstinate dropsies. The tincture and extract or infusion of digitalis will greatly promote the diuretic action of the juniper berry tea and cream of tartar.

I am in the habit of using from 6 to 10 drops of the tincture of digitalis every three, four, six or eight hours, with marked benefit, in many cases of cardiac and renal dropsies.

In my opinion, digitalis is used in too large doses, and in a reckless manner, and often with fatal results, by many practitioners, who employ it usually in large doses.

In some cases, the practitioner may resort to various diuretics in addition to digitalis, as jaborandi, pilocarpin, uva ursi, buchu, acetate of potash, nitrate of potash, sweet spirits of nitre (nitric ether), and other agents.

I have found a benefit from several combinations, as the following :

Diuretic Wine for oedema, general anasarca and dropsy, in cardiac and renal diseases.

R. Fluid extract of jalap.....f drams ℥j
 Fluid extract of squills.....f drams ℥ij
 Fluid extract of jaborandi.....f oz j
 Fluid extract of digitalis.....m xxx
 Nitrate of potash (pulv.).....drams ℥iv
 Angelica wine.....Oij

M. f. a. s.—Sig—One tablespoonful every three hours.

I have obtained most satisfactory results from this diuretic and purgative wine in the speedy and wonderful relief of the most extended dropsical effusions resulting from valvular disease of the heart.

I have also employed a diuretic mixture in dropsy resulting from cardiac disease, similar to that of Fothergill, as follows :

R. Spirits of chloroform.....f drams ℥v
 Acetate of potassa.....drams ℥iv
 Tincture of digitalis.....f drams ℥ij
 Infusion of buchu to make in all.....f oz x

M. Sig.—Tablespoonful to two tablespoonfuls every two to four hours.

We have thus presented a few practical observations and suggestions, with the hope that they may prove of practical value.

In the treatment of the dropsical effects of hepatic, portal, cardiac and renal lesions and obstructions with purgatives and diuretics, the physician should endeavor to sustain the strength of his patients. No fixed rule can be laid down as to the amounts of the various diuretics and purgatives to be used in any given

case; each case should be carefully examined and studied, and the effects of each remedy used carefully watched. The results of treatment will depend largely upon the nature and extent of the organic lesions.

In cases of ascites, dependent upon cirrhosis of the liver, much may be accomplished by purgatives and diuretics to prolong life and overcome the constant tendency to the accumulation of serous fluid in the abdominal cavity; and when these measures fail, we must remove the fluid by the trochar.

In many cases of cirrhosis and ascites, caused by excessive spirit (alcoholic) drinking, we have frequently removed, by successive tapplings, hundreds of pounds. Sooner or later, these cases of ascites perish from the exhaustion caused by the repeated tapplings. In one case of cirrhosis of the liver, occurring in an Irish laborer, who had consumed enormous quantities of rum, gin and whisky, it was necessary to evacuate the serous fluid from the abdominal cavity almost every seven or twelve days—from one to two gallons of serous fluid were evacuated at each operation. The patient died at the end of the sixth operation. Throughout his illness his intellect was clear.

In ascites resulting from the cirrhotic condition of the liver, death speedily ensues, if the distended abdomen of the patient is not relieved by the trochar.

Under all circumstances, and even in necessarily fatal cases, the physician may accomplish valuable service by relieving suffering and prolonging human life.—*Va. Med. Monthly.*

False Accusations Against Physicians.

Dr. J. G. McCoy, of Springfield, Ohio, has recently disagreeably experienced a legal peril which environs the conscientious physician's life. He attended a man for venereal disease and, not very wisely, trusted him. Payment of the bill was refused, whereupon suit was brought. Dr. McCoy was thereupon indicted for criminal abortion on the evidence of his debtor and a courtesan. The courtesan broke down on cross-examination, and admitted she asked Dr. McCoy to perform an abortion, who refused, and advised her to marry. The trial jury honorably acquitted Dr. McCoy. False accusations of abortion, some of them even antemortem, are often made out of revenge against physicians who refuse to perform abortions, by the women who have them done unskillfully elsewhere. This mental peculiarity of women who have abortions done should always be taken into account in judging of the validity of any abortion accusation against a reputable physician.—*Med. Standard.*

Sodium Bisulphite in Tonsillitis and Coryza.

Excellent results are reported from the use of sodium bisulphite in aborting tonsillitis and coryza. Tablespoonful doses of a saturated solution may be given every hour or two for twenty four hours, or even longer if necessary. The disease is usually controlled in twenty-four hours under this treatment.—*Notes on New Remedies.*

Sir Morrell Mackenzie finds that by exciting a rival reflex, the laryngeal spasm is at once overcome. By exciting a paroxysm of sneezing, immediate relief is procured. This is best done by the inhalation of a pinch of snuff into the nares, or pepper may be used in the same way. It is sometimes possible to produce sneezing by tickling the nasal mucous membrane.—*Med. and Surg. Rep.*

Physicians in Japan.

An ex-attache writes: "Perhaps the most charming manner of compensating physicians for their care and attention is that which is customary among the natives of Japan. Physicians do not charge for their services, but on the contrary decline to name an amount, and protest against any idea of remuneration. Patients on their side are too proud to accept such services free, and send to the physician, not as a fee, but more as a friendly gift or token of gratitude, a sum of money, proportionate to the means of the giver, with some piece of silk, bronze, or lacquer-work, the idea being that medical attendance is by far too important and elevated a character to be desecrated by barter for filthy lucre." What a pity that our western civilization, with all its commonplace vulgarity and lack of delicacy, will not admit of adoption of such a charming method of intercourse between the medical man and his patients.—*The Medical Age.*

Treatment of Arterial Hemorrhage From the Palm of the Hand.

Most of our readers have probably discovered that hemorrhage from the palm of the hand is troublesome, more particularly from a punctured wound. When the vessel can be found and ligatured, or twisted, the result is generally satisfactory. The most painstaking surgeon, however, will often have to give over searching for the two ends of the wounded vessel. Before proceeding to apply a ligature to the brachial artery (a practice which, in neglected cases, may be called for at once). Dr. Chalmet, of Landerneau, France, in *Revue Générale de Clinique et de Thérapeutique*, advises a combi-

nation of known procedures, which heretofore have not been employed simultaneously. His method is as follows:

1. Flexion (not extreme) of the forearm on the arm

2. Moderate pressure over the wound (previously bathed with an antiseptic lotion), by a compress of salicylated absorbent cotton, which is retained by a bandage.

3. Moderate compression of the radial and ulnar arteries by two little compresses kept in position by a bandage; a third compress should be placed at the bend of the arm and fresh turns of bandage applied pretty tightly.

4. Fixation of the arm in a square sling stitched together, so that the arm shall be pressed to the side of the body, the elbow elevated, the forearm flexed, and the hand laid supine on the sternum (which should be partly uncovered so as to permit observation).

5. Complete rest, avoiding all effort, daily examination of the dressing, which should be removed about the eight day.

Dr. Chalmet does not claim originality. As he says, "direct compression is known to every one; placing compresses over the radial and ulnar arteries is Nelaton's invention; flexion of the forearm on the arm has been pointed out by Bichat; Gosselin recommended elevation of the arm with pressure at the wound, and also at the bend of the arm; humero-costal pressure (bringing into play the weight of the body) has been employed by Schiverlbein."

The combination, in spite of Dr. Chalmet's modest disclaimer, may be considered a happy one, and may be recommended on the express conditions, however, however, that the wound is kept in a thoroughly aseptic condition, and the wound and the wounded one kept under continual observation.—*Dominion Med. Monthly.*

Collodion for the Treatment of Incontinence of Urine in Childhood and Youth.

The mechanical treatment to which attention is called is the treatment by collodion. It is most easy of application, occupies scarcely a minute, and can be carried out at school, college, or elsewhere, in perfect privacy. All that is necessary is while the prepuce, slightly curved up, is held with the left hand, to smear over the little cup thus formed by the extremity of the prepuce with collodion by means of a small camel's-hair pencil or blunt end of a penholder. Almost as fast as applied the collodion solidifies. In contracting it draws closely together the edges of the prepuce, and thus the exit for the escaping urine is closed.

A boy of eleven years of age has after one

lesson, been able to use the collodion, and has used it every night carefully and diligently, so anxious has he been to cure himself of what he considered a disgrace. A fortnight's use is sometimes sufficient for the cure. A relapse is easily dealt with. A solution of guttapercha in chloroform would seem at first sight to be equally applicable, but it is not. The solution of guttapercha is much longer in hardening, and it possesses no contractile powers. When the child desires to pass water, the little wedge or cap of collodion is easily removed with the finger nail.

When I first used this collodion application, my expectation was that the bladder would act so forcibly against it as to cause sudden pain, and oblige the patient to jump at once out of bed and quickly remove the collodion, and that he should then repeat the application before returning to sleep. I was greatly disappointed. There was no pain; no awakening; but on rising in the morning the prepuce was found slightly distended with urine, and the collodion was removed without difficulty.—J. E. Powers, M.D., in *Mass. Med. Jour.*

A New Treatment for Acute Rheumatism.

Prof. Bourget (Lausanne) has obtained remarkable results from the simple application, without friction, of an ointment of salicylic acid to the inflamed joints in rheumatic fever. The joints are then enveloped in flannel.

The difficulty with which Prof. Bourget was confronted in his experiments on this subject was to find a vehicle that would rapidly carry the acid into the general circulation. The fourth formula experimented with, and the one found to be successful was the following:

R. Salicylic acid.....	} ss or m
Turpentine.....	
Lanoline.....	
Lard.....	

Within half an hour after the application the urine yields a strong reaction of salicylic acid. The result of twenty quantitative examinations showed that the total amount of acid eliminated in the twenty-four hours varied from twenty to eighty-four centigrammes (3 to 14 grains).

For the last two years every case of acute rheumatism admitted into Prof. Bourget's wards is treated by the application of this ointment to the exclusion of all other treatment. No salicylate administered internally. The results are as follows,

Pain disappears a few hours after the application of the ointment. Swelling usually diminishes as early as the second day. Temperature comes down between the third and fifth

day. Lastly, this method of treatment is never attended by any of the accidents which are occasionally observed to follow the internal administration of salicylates and allied bodies.

This method presents the further advantage that it is much less expensive than others in general use.—*Medical Week*.

Treatment of Scabies.

Dr. Ohmann-Dumesnil, Professor of Dermatology and Syphilography at the College of Physicians and Surgeons of St. Louis, recommends a very simple method of treatment for scabies.

The patient takes a bath in the morning. After wiping himself dry he rubs himself with the following solution :

R. Hypsulphite of sodium..... } aa oz vj
Distilled water..... }
F. S. A.—External use.

The solution is allowed to evaporate on the skin. When dry the patient puts on clean linen and new clothes.

In the evening before going to bed the following lotion is applied :

R. Diluted hydrochloric acid.....oz iv
Distilled water.....oz vj
Mlx.—External use.

Should this lotion appear too strong it can be diluted according to the necessities of the case.

Scabies have been cured in four days by this method —*North Amer. Practitioner*.

An idea of the social status of the medical profession in London, England, may be gleaned from the fact that the Duke of Westminster, a large proprietor of houses in a fashionable quarter, refuses to lease any of these to physicians, surgeons or dentists, lest prospective fashionable tenants be frightened away.—*The Medical Standard*.

Thus, in all countries, the lines are being rapidly drawn between the really "dangerous classes"—the few idle and often vicious wealthy parasites upon society—on the one hand, and on the other, the many useful, earnest, productive members of society, who alone, by industrious toil and intellectual activity, produce the wealth of the world and who, alone, contribute to its progress. The physician belongs to the latter class, and he may well be proud of it. The sooner we recognize our identity as members of that grand "industrial army" whose honorable labor of hand and brain is the only support of the present and the only hope of posterity, the sooner we can intelligently cooperate with our fellows in changing those conditions which create the artificial division into "classes," with

unfair privileges and supercilious distinctions. The time must come soon, when the noble, the true of earth can no longer be dominated by those who have no other merit than that they have succeeded in speculation or been born into great possessions. The example of Rush, Warren and many other illustrious physicians in past struggles for human freedom justify the belief that, in any future struggle, and also in the gradual process of social evolution constantly going on, the members of the medical profession will be found ever active and on the right side—that of humanity in its widest sense.

A Case of Pneumonia Cured by the Subcutaneous Injection of the Essence of Turpentine.

The interesting case of a young man, 29 years of age, suffering from a most serious attack of pneumonia, as a consequence of hard drinking is reported by Gingeot (*La Médecine Hypodermique*, August, 1892), as cured by the hypodermic injection of the essence of turpentine. Among the symptoms exhibited by the patient there were delirium, a temperature of 104°F, diarrhea, albuminous urine, sputa charged with pneumococci, streptococci, and other cocci, the whole lung being invaded. On each extremity one gramme of the drug was injected. Two hours afterwards the bodily temperature fell to 102°F., and continued to descend on the following days. Amelioration became permanent, and a complete cure was effected. The local reaction, however, was a violent one, as abscesses were formed. Gelineau, commenting on the case, says that if the results of this medication, as reported, are confirmed by future observations, it becomes necessary to endeavor, for the sake of our patients, to render the injections less painful and offensive. The abscesses, continues the writer produced by the injections and accompanied by an amelioration, cannot be considered as fixed or derived abscesses, as they are called by Frochier and Dieulafoy, respectively, and which have been referred to by Frochier as a novel argument in favor of the method proposed by this author, which consists in artificially producing phlegmons to enhance the happy termination of the infectious diseases, such as puerperal septiemia, pneumonia, erysipelas, and others.—*Therapeutic Gazette*.

Symptoms of Mental Dissolution.

At the meeting of the Royal Society of London, March 20, Dr. Savage presented a paper upon this subject with the following preliminary remarks: "I have taken as the basis of my paper chiefly my experience of seventeen years at

Bethlem, leaving out tables of all patients over sixty, these tables being useful only as general indicators of the way in which the senile dissolution shows itself. Natural decay follows certain lines, but these differ in individuals. Premature decay occurs in certain diseases, such as general paralysis of the insane. It also follows certain toxic conditions, such as those due to alcohol. No single symptom is pathognomonic of mental dissolution, though loss of memory is the most common. In all stages of dissolution there is loss of mental power which may be shown in different ways and different degrees; there may be loss of power or loss of self-control. Dissolution is early shown by a reduced power of acquisition, next by a reduction of the power of retention of recent impressions, next by defect of co-ordination, later by loss of control and of judgment. Dissolution is on the whole the reverse of evolution, but does not follow quite in the same lines. (Dr. Savage then dealt first with dissolution as seen in general paralysis of the insane, next with disorders of control of a general kind, such as hysteria, epilepsy, mania, melancholia and dementia, taking in fact the groups of symptoms before the individual symptoms, specially noting the danger of impulse in the maniacal, suicidal and melancholic states.) Of the special or individual symptoms of dissolution, loss of recent memory, varying much in kind and degree, is the most important; loss of emotional control is next in frequency, and is even more important as leading to sexual faults. There is a tendency to collect objects of all kinds which may depend on several different errors of reason. There is frequently also a disregard of cleanliness which is difficult to understand. Judgment may remain for a long time after memory is weakened and the control defective." —*Med. Progress.*

Huge Carbuncle with Temporary Glycosuria, Rapid Recovery Under Carbolic Crystals Treatment.

BY PURSON SINGH, H. A.
In Charge Sholapur Dispensary.

Mr. B., a contractor, aged 55, admitted on the 8th January, 1893, with an extensive carbuncle situated on the neck, involving the whole occiput and reaching down to the third dorsal vertebra. The whole neck was involved in the swelling, save the larynx. The carbuncle seemed extending rapidly every day, and it had several small sinuses on its surface. There was severe pain and restlessness. In consultation with Mr. V. R. Kirloskar, L.M., & S., medical practitioner at Sholapur, it was first decided to make extensive incisions and to squeeze out the

pus, but before undertaking such measures we thought it best to examine the urine. Next day the urine was examined. Its sp. gr. was 1035, and it was loaded with sugar. This result prevented us undertaking the larger operation, and we made only small punctures here and thereto let out the pus, and filled these openings with pure carbolic acid, dry antiseptic dressing being applied and changed twice a day. The general mass of the tumor was painted with liniment of iodine once a day. Internally we gave him quinine and iron. The day after the incisions the patient began to make steady progress towards recovery, and the spread of the swelling and inflammation were arrested. Recovery was so rapid that it seemed almost an impossibility in the case of a diabetic patient. After a week we examined his urine again and were very much surprised to notice that its sp. gr. was 1008, without a trace of sugar.

As far as we could ascertain there were no symptoms of glycosuria previous to the onset of the carbuncle.

This case is remarkable from the spontaneous disappearance of sugar from the urine, without any apparent treatment, and the rapid recovery of the patient from such an extensive carbuncle. —*Indian Med. Record.*

Pheneucalyptol.

J. Roussel (*La Médecine Hypodermique*, August, 1892), calls attention to the above substance as the best combination for the administration of phenic acid. He employs *pheneucalyptol* with good results in the treatment of phthisis, even in the third stage of the disease. He first uses in these patients eucalyptol by itself, and after one or two months he injects the new combination for a period of two weeks. When adenitis, arthritis or periostitis is present, the injections are applied interstitially. Phenic acid or pheneucalyptol is injected superficially and often in solutions of the strength of twenty per cent. in cases of anthrax, pustules, epitheliomas and tubercular lupus. These injections do not produce the violent effects caused by Koch's tuberculin. The writer recommends the following solutions: 1. Eucalyptol, 10 parts; phenic acid, 10; vegetable oil, 100. 2. Eucalyptol, 15 parts; phenic acid, 15. vegetable oil, 100. 3. Eucalyptol, 20 parts; phenic acid, 20 parts; vegetable oil, 100. The injections made with solutions containing ten and twenty per cent. of phenic acid are painless, and produce no local effects. The dose of such solutions may be put down as one cubic centimetre.—*Therapeutic Gazette.*

The Palmo-Plantar Sign in Typhoid Fever.

Dr. Filipovitch, of Odessa, Russia, according to the *St. Louis Medical and Surgical Journal* has demonstrated that one of the earliest phenomena observable in typhoid fever is "a peculiar callous look and an orange-yellow or saffron-yellow hue of all the prominent parts of the palms of the hands and the soles of the feet—parts which, as is well known, are more or less rosy in health and become bluish in cases of cyanosis. The phenomenon is explained in the enfeebled action of the heart, a diminished amount of blood in the capillaries, and the dryness of the skin. The sign disappears as soon as convalescence begins. The sign is however an expression of certain states of hepatic exhaustion rather than simply typhoid fever."

It is our opinion that this may be observed in many other low febrile states.

Danger in Breathing Bronze Dust.

The bronze dust used by printers is composed principally of copper and zinc. When brought into contact with the mucus of the nose by the process of respiration they are converted into the corrosive and irritant chlorides of the metals, causing serious inflammation of the membranes.

Cramps of the Legs in Pregnant Women.

Administer at bed time five milligrammes of sulphate of copper. This can be administered every night without inconvenience.—*La Gazette Medicale—Amer. Gynec. Jour.*

ECZEMA.

Lanara claims good results in thirty cases of eczema (twenty chronic and six acute), from painting the affected surface twice daily with a mixture composed of

R Alcoholic extract of filix mas..... drams viij
Alcohol..... ounces ss
Extract of myrrh
Pure extract of opium..... ss..... drams j

M. Sig.—Shake vigorously before using. Once a day; before applying the above mixture, the surface is washed with green soap and the crusts removed.

—*La Revue Médicale—Med. Bulletin.*

Sulphate of Sodium (Glauber salts) is the best chemical antidote to be given in case of carbolic acid poisoning. Sulpho-carbolate of sodium is formed.

Biochromate of Potassium as an Expectorant.

"It was during the winter of 1875 that I was in attendance upon a child two years of age, who was ill with bronchitis. Though seventeen years have elapsed I well remember the child as it lay then, breathing at the rate of 90 respirations per minute, pulse too rapid and feeble for me to count it, countenance cyanosed, veins of forehead and neck prominent and turgid, and a cool moisture covering the little sufferer's body. The child was suffocating and seemed to me to be dying. I called for consultation, and my friend Dr. Alexander Hutchins, responded. He produced from his pocket a powder, telling me that it contained 1 grain of the bichromate of potassium, triturated with 9 grains of sugar of milk, directing me to place it in a tumbler with 20 teaspoonfuls of water, and give of the solution a teaspoonful to the child every ten minutes till the symptoms were modified. That was in the evening, and in less than two hours the symptoms of suffocation were so much relieved that I was able to leave the child for the night with directions that the medication should be kept up at one hour intervals. The change in the condition of the child when I visited it the next morning was surprising. The respirations had dropped to less than 40; the child had been able to sleep and take some nourishment; the cough, which before was dry and barking, had become looser, and the lung, which the night before hardly admitted any air, was now filled with loose moist bronchial rales. The aspect of the case was changed from that of a child evidently dying from what we then called capillary bronchitis to a plain case of brouchitis, which went on to successful recovery."

A habit which will contribute very much to long life and immunity from disease is that of thoroughly toasting the feet before a hot fire for a half-hour or so each night before going to bed. If to this be added that of nightly rubbing the skin with a harsh towel, the protection will be still more complete.

Editor MEDICAL WORLD:—Having been a constant reader of THE WORLD for two years, I find it a source of much valuable information which is not obtainable elsewhere. I would as soon think of being without my complete medical library altogether as being without the "Physician's Friend," THE MEDICAL WORLD. I keep every number on file for future reference, and find them indispensable, any physician who does not read THE WORLD surely cannot appreciate the assistance of a high grade publication.

Boston, Mass.

Wm. A. HALE, M.D.

Formulas.

Pneumonia.

Dr. Arnot Spence prescribes :

- R. Tr. aconiti..... m xxiv
 Tr. opii camphoratae..... fdrains ij
 Liq. ammonii acetatis..... ss f oz ss
 Syr. zingiberis..... q. s. ad f oz vj
 Aque..... q. s. ad f oz vj
 M. Sig.—Half-ounce every two hours.

—*International Medical Magazine.*

Bronchitis of the Aged.

Dr. Maragliano praises :

- R. Benzolic acid..... gr. v
 Tannic acid..... gr. liiss
 M. —For one tablet. Take 4 or 5 tablets during the day.

—*El Siglo Medico. The Med. Bulletin.*

Asthma.

Liegeois advises the use of :

- R. Iodide of potassium..... drams ss
 Chloride of potassium..... drams j
 Water..... f oz iv
 M. Sig.—Teaspoonful every hour during an attack, or a desertspoonful every two hours.

The iodide and chloride of potassium are not incompatible, and can be given simultaneously.

—*El Siglo Medico. Ib.*

Biliary Calouli.

- R. Benzoate of sodium;
 Salicylate of sodium;
 Powdered rhubarb..... ss drams liiss
 Powdered nux vomica..... gr. liij
 M. Make into 20 powders. One powder at each meal.

—*La Riforma Medica. Ib.*

Pigmentation of Pregnancy.

- R. Zinc. oxid. pur..... gr. iv
 Hydrarg. ox. flav..... gr. xvj
 Ol. ricin.,
 Ol. theobrom..... ss oz liiss
 Otto rose..... gtt. x
 M. Sig.—Use twice daily, and allow some to remain on at night.

—*British Journal of Dermatology.*

Chlorotic Dyspepsia.

- R. Protoxalate of iron..... gr. viij
 Calcined magnesia..... gr. xv
 Carbonate of calcium..... gr. viij
 M. Sig.—Make into 10 cachets. One to be taken before each meal.

—*Le Progres Méd.*

Cancer of the Stomach.

- R. White condurango-root..... drams liiss
 Boiled and distilled water..... Oss
 Macerate for twelve hours and add :
 Chloride of sodium..... f oz ss
 Syrup of quinine..... f oz iss
 M. Sig.—Tablespoonful from one to four times a day.

—*Ibid.*

An Agreeable Salicylic Mixture.

- R. Potassii acetatis..... ounces ii
 Acidi salicyli..... ss
 Syrupi limonis..... " ii
 Aque nenthæ piperitæ..... " viij
 Sig.—One tablespoonful every three hours.

To Prevent Cracked Nipples.

Dr. Virginia M. Davis, of New York, is accustomed to apply lanolin with the onset of labor four times daily till lactation is established. The nipples are then after each nursing, anointed with the following :

- R. Tr. Benzoin comp..... gtt. xv
 Ol. olive..... f drams ij
 Lanolin..... drams vj
 M. ft. ungt.

—*Prescription.*

A Chalybeate Lemonade.

- R. Tinct. ferri perchloride..... drams iv
 Acidi phosphorici diuti..... " iv
 Tinct. limonis..... " ii
 Syrupus simplicis..... ad..... " vi
 Sig.—Two teaspoonfuls of the syrup in a small tumblerful of water after meals.

—*Epitome.*

Voice Lozenge.

A physician recommends as the best voice-lozenge to counteract the ordinary hoarseness of singers and orators one composed according to the following formula :

- R. Cubeba..... 1-2 gr.
 Benzolic acid..... 1-3 gr.
 Hydrochlo. of cocaine..... 1-70 gr.
 Pulv. tragacanth..... 1-4 gr.
 Extr. of liquorice..... .5 gr.
 Sugar..... 13 grs.
 Eucalyptol..... 1-4 minim
 Oil of anise..... 1-20 minim
 Black currant paste enough to make..... 20 grs.

A small piece of the lozenge is to be allowed to dissolve in the mouth just before using the voice for singing or reciting.

Tuberculosis.

Prof. Potain (*Revue Médico-Pharmaceutique de Constantinople*, No. 7, 1893.) prescribes, in tuberculosis the following formula :

- R. Chloride of sodium..... gms. 10, (drs. ijs)
 Bromide of sodium..... gms. 5, (drs. i¼)
 Iodide of sodium..... gms. 10, (drs. ijs)
 Distilled water..... gms. 100 (dra. lijs)
 A teaspoonful every morning in a cup of milk.

—*Lancet Clinic.*

Ulcer of the Stomach.

Dr. Stepp (*La Semaine Médicale*, No. 61, 1893) recommends the following formula in gastric ulcer.

- B. Chloroform..... gm. 1 (grs. xv)
 Subnitrate of bismuth..... gms. 3 (grs. xlv)
 Water..... gms. 15 (ozs. iiss)

A soup spoonful every hour or two; Shake well before using.

—*Lancet Clinic.*

A Deodorizer of Iodoform.

In the *Norsk Magazin for Lægevidenskaben*, No. 3, 1893, the following formula is given as a deodorizer of iodoform :

- R. Iodoform..... gms. 197, (ozs. vj)
 Carbolic acid..... gm. 1, (grs. xv)
 Peppermint oil..... gms. 2, (grs. xxx)

—*Ib.*

For Removing Warts.

R. Acid salicyll.....gr. xxx
 Ungt. aquae rosae.....drams ss
 M. Sig.—Apply twice daily for two days, after which the growths being softened, they should be removed by a dermal curette, and by using these means you can safely say that the wart will not return.

—Dr. J. Abbott Cantrell.

Treatment of Pleurisy.

The following is recommended :

R. Guaiaccol pure.....dram j
 Tincture of Iodine....." vj
 Paint the whole of this liquid each evening on the affected side. The temperature quickly falls, an abundant perspiration takes place, and the effusion soon becomes absorbed.
 —Med. Press and Circular.

Reynolds' Gout Specific.

A formula said to produce a similar preparation adopted from Dorvault was printed in the *Druggists' Circular* for March 1883, page 40. Dorvault's formula is as follows :

WINE OF COLCHICUM (REYNOLDS).

R. Sherry.....500 grams
 Colchicum root.....250 "
 Gum.....80 "
 Poppy flowers, sufficient to color.

Hager speaks of it as wine of colchicum, and others have claimed that it is identical with wine of colchicum, B. P., which is made by maceration using four ounces of the root to a pint of the finished wine.

Typhoid Fever.

R. Eucalyptol (Sander & Sons).....dr. iiii.
 Gum arabic.....oz. ss
 Aquae q. s. ad. fiat emulsio.....oz. lv.
 Syrup or glycerini ad. libitum
 Sig. One teaspoonful every two to four hours according to urgency.

Also apply eucalyptol (Sander & Sons') thirty to forty drops on hot flannel over the abdomen. This treatment has proved far superior to the old method of applying turpentine, as the benefit derived from the anodyne and antiseptic qualities of eucalyptol by far surpasses the advantage of the counter-irritant action of the turpentine.

Big G.

A correspondent has furnished the following formula, which he says yields a preparation almost identical with "Big G." in appearance and effect :

Berberine hydrochlorate.....1 gram.
 Zinc acetate.....1 gram.
 Gl. cerin.....15 c. c.
 Water, to make.....210 c. c.

—*Druggists' Circular.*

Mayer's Ointment.

A. T., Colorado, kindly suggests that by Meyer's ointment inquired about by R. H. W., Mayer's ointment is probably meant, and refers

to a formula for the latter given in King's American Dispensatory, which is as follows :

Olive oil.....2½ lbs.
 White tur,entine.....½ lb.
 Beeswax.....4 ozs.
 Unsalted butter.....4 ozs.
 Red lead.....1 lb.
 Honey.....12 ozs.
 Powdered camphor.....½ lb.

Melt the oil, turpentine, wax and butter together and strain ; then heat the mixture nearly to the boiling point, and gradually add the red lead, stirring the mixture constantly until it becomes black or brown, then remove from the fire and when it becomes somewhat cool, add the honey and camphor previously mixed together.

This gives a product nearly identical with the mothers' ointment and mothers' plaster lately mentioned in these pages.—*IB.*

Curls Without Papers.

R. Potassa Carb.....2 fl. dra.
 Aqua Ammonia.....2 fl. dr.
 Sp. Vin. Rect.....12 fl. dra.
 Aqua. Rosae, q. s.....18 fl. ozs.
 Sig. Moisten hair, adjust loosely. It curls upon drying.

FOR KEEPING HAIR IN CURL.

R. Borax.....2 ozs.
 Gum Acacia.....1 dr.
 Hot water.....12 fl. ozs.
 When cool add twelve fluid drachms of spirit camphor. Wet the hair with above and roll on papers as usual. Let dry, and unroll and form into ringlets.

Meyer Bros' Druggist.

Reviews.

Do not fail to see notice of reduction in price of the venerable *Philadelphia Medical and Surgical Reporter*, just below contents on page xix. *WORLD and Reporter* together for 1894 only \$3.25; formerly \$6. Send order to either office.

As a rule, reprints mentioned in these columns are offered to be sent free, unless a price is stated, upon application to the author, mentioning *THE MEDICAL WORLD*.

SYSTEM OF DISEASES OF THE EAR, NOSE AND THROAT.
 By Charles H. Burnett, M.D., Vol. II. Complete in two volumes. Price, cloth, \$6 00 per vol. J. B. Lippincott Co., Philadelphia, Pa.

This is, as we stated in our notice of the first volume in our last June issue, a complete system by authors eminent in the different specialties. Any one wishing to practice intelligently the treatment of diseases of these regions must have a comprehensive work of this kind.

A THEORY OF DEVELOPMENT AND HEREDITY. By Prof. Henry B. Orr, Ph. D., of Tulane University, New Orleans, La. Cloth, 255 pages, \$1.50. Macmillan & Co., New York.

The learned author has given us a work of extended research and profound reasoning which the physicians interested in the science of life will find of exceeding interest and value. The activity of investigation into this subject, of such great importance to us as students of the physical history of the race, has been steadily increasing of late. It is with pleasure that we commend this scholarly work to our readers.

INTERNATIONAL CLINIC. Series 8, vol. 3. Price \$2.75. J. B. Lippincott Co., Phila.

This is a series of the best clinical lectures by emi-

ment specialists in the various departments of medicine and surgery. To the physician who is too busy to take a trip to the great medical centers annually, these lectures will serve the purpose of keeping him in line with the progress of the profession.

THE full number of words and terms in the various dictionaries is as follows: *Stormonth*, 50,000; *Worcester*, 105,000; *Webster* (International), 125,000; *Century* (six volumes, complete), 225,000; *Standard*, published by Funk & Wagnall's, New York, 280,000.

ALCOHOLISM AND ITS TREATMENT. By J. E. Usher, M.D. Cloth, 151 pages, \$1.25. G. P. Putnam's Sons, New York.

This is a thoroughly scientific consideration of this disease and its modern treatment. Any practicing physician of ordinary ability, by following out its plain and easy teachings, can treat his cases at home and thus save the enormous expense to his patients attending upon a "course" on a so-called "institute." The following is an outline of its contents.

Pathological changes in alcoholism, (two chapters); Inherited, Acquired and Infantile forms of alcoholism; Insanity and Alcoholism; Alcoholic trance and crime; Legal relations; Treatment (three chapters); Adversited nostrums (formulas given).

THE FRENCH DOCTORS' BOOK. Published by Wm. VanBergen, 89 Court St., Boston, Mass. Price \$2.00.

This is a book of 1200 favorite prescriptions selected from the practice of eminent French and other foreign physicians

THE TREATMENT OF CUTANEOUS MALIGNANT EPITHELIOMATA. By A. R. Robinson, M.D., L. R. C. P. & S. (Edin). Cloth, 68 pages, \$1.00. International Journal of Surgery Co., 14 Platt St., New York, N. Y.

In this little book a pretty full consideration of the pathology of cancer is given, followed by what the author recommends as a generally desirable treatment by the various caustic agents. These are treated of in detail, appropriate formulas being given.

EXERCISE FOR PULMONARY INVALIDS. By Charles A. Dennison, A.M., M.D. Price 35 cents. Chain & Hardy, 1609 Arapahoe St., Denver, Col.

This is an excellent little work showing in detail the extreme value of pulmonary exercise.

HOW TO JUDGE A HORSE. By Captain F. W. Bach, 12mo cloth, fully illustrated, \$1.00. New York, W. R. Jenkins.

Everybody loves a horse Everybody ought to study its conformation. Every purchaser knows by experience how difficult it is to arrive at correct conclusions as to its soundness and qualities.

Unlike many valuable books on the exterior of the horse, this little treatise has the advantage of great conciseness in pointing out, in few pages, the most important guiding points for the judging, and some points on methods of training young or obstinate horses are added, as it may become necessary for the owner to break-in his young stock himself or correct those having formed bad or dangerous habits, especially if living in the country with nobody near capable of handling young or obstinate horses.

A few remarks, concerning how to handle the reins properly in driving, may be of interest to some of the readers. Also bits and biting, saddles and saddling, and stable drainage are considered.

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REGISTER OF THE NEW YORK COUNTY MEDICAL ASSOCIATION. P. B. Porter, Sec., 8 W. 35th St., New York, N. Y.

THE CONNECTICUT STATE MEDICAL DIRECTORY. Published by the Danbury Medical Printing Co., Danbury, Conn.

THE ERA KEY TO THE U. S. P., 1898. A vest pocket manual, price 25 cents. D. O. Haynes & Co., Detroit, Mich.

THE PHYSICIAN'S VISITING LIST. Price \$1.00. P. Blakiston, Son & Co., 1012 Walnut St., Phila.

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SCIATIC NEURITIS, ITS PATHOLOGY AND TREATMENT. By Robert Simpson, L.R.C.P., L.R.C.S. Price one shilling. John Wright & Co., Stone Bridge, Bristol, England.

This is a handsome little work of convenient pocket size, giving what we believe to be the only rational and successful treatment for the obstinate disease, sciatica—that of electrical and mechanical stimulation of the nutrition of the parts.

"WHAT IS PHRENOLOGY?" AND "AMATEUR PHRENOLOGISTS." Price 10 cents each. Fowler & Wells Co., 27 East 21st St., New York.

MECHANICAL AIDS IN THE TREATMENT OF CHRONIC FORMS OF DISEASE. By George H. Taylor, M.D. Paper, 109 pages, published by Gerge W. Rogers, New York, N. Y. Price 50 cents.

This book is one of those that give far more than the trifling cost price back to the doctor in the shape of practical ideas in using natural forces in the treatment of disease.

OUTLINES OF OBSTETRICS. By Charles Jewett, A. M., M.D. Cloth, 264 pages, \$2.00. W. B. Saunders, 925 Walnut St., Phila., Pa.

This book is a syllabus of lectures delivered at the Long Island College Hospital. It is useful as an outline of the subject, well classified.

ESSENTIALS OF MINOR SURGERY, BANDAGING AND VENEREAL DISEASES. By Edward Martin, M.D. Cloth \$1.00. W. B. Saunders, Phila.

This is a students' quiz manual. The illustrations are many of them from The American Text book of Surgery.

HOW THE OTHER HALF LIVES. By Jacob A. Riis. 304 pages, \$1.00. Charles Scribner's Sons, New York.

This is a book which touches the heart of every lover of humanity. It deals with the life and lot of the poverty-stricken in our densely populated communities. It shows the base corruption and the miserable failure (in all that constitutes true, honest public service) of Republican and Democratic politics. It demonstrates the necessity of controlling and finally entirely wiping out the abominable rum power. It suggests the necessity of modifying our immigration laws and guarding our franchise so that none but the better elements of European population could gain citizenship and political power among us. A careful perusal of its pages should suggest to the reader the proper scope of all true, consistent missionary work—that we should first

cast the "logs" of squalid misery, vice and crime from the eyes of our own body politic before presuming to send emissaries to other countries to try to pluck the infinitesimal mote of possible theological error from the eyes of their contented inhabitants. The illustrations are from photographs taken from real scenes and actual life by the author.

AIDS TO FAMILY GOVERNMENT, OR FROM THE CRADLE TO THE SCHOOL, ACCORDING TO FROEBEL. By Bertha Meyer. Translated from the German by M. L. Holbrook, M.D. Paper, pages 203. Published by the translator, 46 East 21st St., New York.

This book is a sensible adaptation of the principles and ideas of the kindergarten to the home-life. Every father and mother in the land should read it and consult it daily. No idea of its true worth can be given in a brief notice. The price is a mere bagatelle compared to its value.

EATING FOR STRENGTH OR FOOD IN RELATION TO HEALTH AND WORK. By M. L. Holbrook, M.D. Cloth, 246 pages, price \$1.00. Published by the author, New York.

We have examined this book with great care and consider it a valuable presentation of this important subject, useful to physicians, nurses, managers of institutions, teachers, parents, cooks and every individual who wishes to wisely regulate his own nutritions.

THE CHILD, PHYSICALLY AND MENTALLY. By Bertha Meyer, translated from the German by Frederick Salomon. Paper, pages 155, price 50 cts. Published by M. L. Holbrook Co., 46 East 21st St., New York.

This little book is the advice of a mother, according to the teachings and experience of hygienic science, and is useful as a guide for mothers and educators.

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So great is the desire to have our knowledge easily at our command that there is as eager a search for means to acquire a prodigious memory as there is for the mythical philosopher's stone. Almost every new avenue for such a search proves to be a disappointment. This is mainly because we expect too much. There is no such thing as a magical method by which we may rapidly acquire and surely retain knowledge to a marvelous extent. This little book gives sensible, intelligent directions for training, cultivating and strengthening the memory by systematic and suitable exercise. By a careful study and practice of its teachings every day for a few months we feel sure that the memory may be very much improved. This is quite worth the effort required and ought to satisfy any seeker. The book exposes the absurdities of most of the machine methods of mnemonics. We hope that some time in the future the ideal work on this subject will be written and adopted in our school system.

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[We have read the first and second number of this series and find them to be very valuable books for thoughtful students of science in its higher aspects.—Ed.]

"THE RELIGIONS OF THE WORLD."

This is a neat pamphlet giving a number of the choicest essays read at the recent Parliament of Religions at Chicago, with a valuable introduction by Dwight Baldwin. It is "the world's greatest religions clearly defined by their greatest living exponents." Published by the Latin Historical Society, Owings Building, Chicago, price, 25 cents. It is worth many times its price to one not possessing a fuller report of that important gathering, or to one not having time to read a fuller report.

The Medical Quarterly is the title of a journal to appear soon, with Dr. Joseph M. Matthews as editor and Dr. Henry E. Tuley as business manager, box 434 Louisville, Ky. The journal will be devoted to gastrointestinal and rectal surgery and diseases.

The Pacific Medical Record, Portland, Oregon, has changed its name to the *Medical Sentinel*. It is edited and published by the same parties, and is well conducted.

THE TRI-STATE MEDICAL JOURNAL, Keokuk, Iowa. Monthly, \$1.00 per year.

This is a new medical journal that has the courage to face a cold world in these troublesome times. It is a well-prepared journal and we wish it success. Two articles especially deserving of notice in the first number are "Appropriations of Condemned Criminals to the Experimental Physiologist" and "The Country Doctor."

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This is a collection of a lot of the funniest jokes and illustrations (original and selected) that we have ever seen. It is fully worth its price to place on your office table to draw patients to your office.

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A CONVENIENT PRISM SCALE. By S. Lewis Ziegler, M. D., 1504 Walnut St., Phila.

This is a vast improvement over any scale now in use. Our long acquaintance with the talented author of this paper has given us the highest confidence in his ability and judgment. The physician who is at all interested in the treatment of the eye should request this valuable reprint.

MANUAL OF U S. HAY FEVER ASSOCIATION FOR 1893. S. S. Bishop, M. D., 719 Adams St. Chicago.

THE CONCENTRATED RAYS OF THE SUN AS A THERAPEUTIC AGENT. O. V. Thayer, M. D., 212½ Post St., San Francisco, Cal.

DISCOVERY OF SURGICAL ANESTHESIA. By L. B. Granby, M. D., Atlanta Ga.

HEPATIC ABSCESS. By W. B. Stewart, A. M., M. D., Bryn Mawr, Pa.

THE OPERATIVE TREATMENT OF STRICTURE OF THE MALE URETHRA.

THYROIDECTOMY.

These are two valuable papers by a rising surgeon, Dr. John B. Deaver, of the Univ., of Penna., Phila.

A NEW METHOD OF FIXATION OF THE FRAGMENTS IN COMPOUND AND UNUNITED FRACTURES. By Nicholas Senn, M. D., Ph. D., LL. D., Chicago.

TWO CASES OF LAMINECTOMY. By H. O. Pantzer, M. D., Indianapolis, Ind.

The following are valuable reprints by Dr. Mary A. Dixon Jones, Brooklyn, N. Y. "Microscopical Studies in Pelvic Peritonitis," "Sterility in Woman, Causes and Treatment," "Carcinoma of the Floor of the Pelvis."

As a Christmas present we have received a handsome pocket visiting list and case from the Antikamia Co., St. Louis, Mo.

THE WAGE-WORKERS OF AMERICA: THE RELATION BETWEEN CAPITAL AND LABOR. By John Stolze, M. D., Reading, Pa. 221 large pages; cloth, \$1.50. Address the author.

The physician comes into intimate association with the capitalist and laborer. Hence he is peculiarly fitted to study into those profound problems that are now puzzling the people, not only of this country, but of the entire civilized world. Dr. Stolze has taken up these important questions with the ability born of wide-reading and an analytical mind. However, we cannot help thinking that he has undertaken this task with a mind largely biased in favor of capital, as he seems to incline in that direction in all points of doubt. Ten years ago his thoughts might have been regarded as somewhat advanced; now they seem to us to be obsolescent, so rapidly does human evolution proceed. The signs of the times seem to point to the fact that before another ten years have elapsed we may see the blossoming out of the full cooperative commonwealth.

—J. J. T

Those who miss the December number of the *Cosmopolitan* (the World's Fair number) for only 12½ cents, miss a rare treat. Published in New York.

The Columbia Desk Calendar, by the Pope Mfg. Co., of Columbia Bicycle fame, is out for 1894. It is a pad calendar, having a leaf for each day, space on each page for memoranda, and contains many testimonials and suggestions concerning the use of bicycles. Among them we notice a number from physicians. We often wonder why physicians are so slow in taking advantage of the pleasant and time saving qualities of the cycle in their everyday work. Physicians writing to Pope Mfg. Co., Boston, Mass., and enclosing 10 cents for packing and postage, will receive the calendar free.

Wit and Wisdom.

Those Strumous Children.

Why give them iodide of potassium, or iodide of any other alkaline base? True, they need the alterative effect of iodine, but the alkalies further weaken their tissues. Syrup Hydriodic Acid (Hostelley's) is just the thing. It is *pleasant* to take. It is *effective*. It is *as cheap, or cheaper* than the iodide of potassium for the therapeutic effect produced, and it carries no injurious effect with it. The fact is, wherever iodine is indicated, the alkalies are contra-indicated. This is true in struma, syphilis, incipient phthisis, and wherever an alterative is indicated, with perhaps the single exception of rheumatism, and even here, in the chronic or sub-acute form, hydriodic acid acts with peculiar energy. The fact is, that iodine in the form of hydriodic acid is ready for assimilation immediately, and it goes directly to work at its therapeutic mission, while when given in any other form, its assimilation is a matter of uncertainty. This is one reason why hydriodic acid is so much more efficient than any other form of iodine. Iodine is the king of alteratives. Hydriodic acid is its pleasantest and most active form. Why not use it thus instead of in the form of alkaline salts? Formerly the objection to it was its liability to decompose. Hostelley's preparation is absolutely stable. Send for literature giving formulas for its combination with other alteratives, and with tonics. Advise your druggist to always keep it in stock for you. If he hasn't it at the present time, see very liberal offer at bottom of last cover page this issue.

See new adv. of the McIntosh Battery and Optical and Battery Co. this month on page opposite contents. Hereafter it will be in their old position on third

cover page. Communicate with them for whatever you want in their line.

HAVE you yet sent for that sample of Sozoderma, the celebrated antiseptic thymoline soap, as invited in our last number? If not, please send request to Hall & Ruckel, 216 Greenwich St., New York, N. Y.

THE Pill of Coca made by W. H. Schieffelin & Co., New York, is a valuable agent.

TRY the saline tonic, Salitonia, prepared by the Phenique Chemical Co., St. Louis, Mo.

ONE of the finest laxatives in the world is the Cascara Aromatic of Frederick Stearns & Co., Detroit, Mich. Sample free.

WHEN prescribing Hoff's Malt Extract specify "Tarrant."

THE Empire Mfg. Co., Lockport, N. Y., make reliable goods in woven elastic ware.

AVARICE is always poor, but poor by its own fault.—*Johnson.*

GUEST (angrily)—"Say boy, I've been waiting here an hour." Waiter—"That's all right, boss. I've been waiting here five years.—*Detroit Free Press.*

FOR your weaning mothers use the Mizpah Breast Pump, and for your bottle fed babies the Mizpah Nipple, made by Walter F. Ware, 70 North Third St., Philadelphia.

FOR good surgical instruments and the lowest rates, send to I. Phillips, 69½ Whitehall St., Atlanta, Ga.

THE Compound Syrup of the Hypophosphites, of Fellows, is a reliable and standard preparation.

A MODIFIED CANNON BALL TREATMENT OF OBESITY.

Dr. Felkin, of Edinburg, in recommending his gymnastic method was not aware of the production of a much better and more rapid agent, Pytoline (Walker) in the reduction of superfluous fat. Had he known of its existence he would have prescribed a remedy and a treatment which obesity patients would consider a pleasure to take, rather than one which in a short time becomes very distasteful to them.

THE THERAPEUTIC MERIT OF COMBINED REMEDIES.

A full dose of quinine and antikamnia will promptly relieve any case of la grippe. In the gastric catarrh of drunkards this combination is valuable. Quinia is a poison to the minute organism—sarcina; and antikamnia exerts a soothing quieting effect on the nerve filaments. A full dose of antikamnia and quinia will often arrest a commencing pneumonia of pleuritis. This combination is also useful in the typho malarial fever of the South—particularly for the hyperpyrexia—both quinia and antikamnia, as previously said, being decided fever reducers. The combination of antikamnia with quinia is valuable in the racking headache, with high fever, attendant upon malarial disorders. It is likewise valuable in cases of periodical attacks of headache of nondefined origin; of the so-called 'bilious attacks'; of dengue; in neuralgia of the trigemini; in that of 'ovarian catarrh'; and, in short, in nearly every case where quinine would ordinarily be prescribed.—*Vir. Med. Monthly*

DAVID SLOWPAX—"I shall bring you those dark trousers to be reseatd, Mr. Snip."

Snip (tailor)—"All right, and if you'll bring the

bill I sent you six months ago, I shall be pleased to receipt that also.

"It ain't no wonder that city folks don't live long," said old Mrs. Jason. "Law me! If I had as many neighbors to look after as folks that lives in cities must have, I'd be dead in less'n a year.

FOR a ready laxative use Syrup of Figs.

PRESENT your wife, son, daughter, husband, brother, sister or friend a copy of Webster's Unabridged Dictionary.

THE St. Louis *Medical Era*, in an editorial on syphilis, recommends in the treatment of the disease the Elixir of Six Iodides, made by the Walker-Green Pharmaceutical Co., Kansas City, Mo.

THE wisdom of a large number of French and other eminent European physicians is found in the French Doctors' Book, 1200 Favorite Prescriptions, published by W. Von Berger, 89 Court St., Boston.

As a tonic alterative use Henry's Tri-iodides. Renz & Henry Pharmacal Co., Louisville, Ky.

FOR Dr. Hinkle's Cascara Cathartic Pill address Wm. R. Warner & Co., 1228 Market St., Phila.

EDITOR MEDICAL WORLD:—Please send WORLD for one year and oblige. I have been sick for one year with pulmonary trouble, though I am getting very much better through the assistance of God and Freleigh's Constituent Tablets. Please ask some of the fraternity a remedy for insomnia to take the place of opium. DR. S. A. SUMBY,
315 F. St., S. W., Washington, D. C.

RUDISCH's Beef Tonic is a valuable article of diet. Sample free. The Rudisch Co., 317 Greenwich St., New York, N. Y.

HAVE you tried Sanmetto in the treatment of bladder troubles?

DR. O. W. HOLMES, who once made some remarks in reference to a charge that in his writings he drew all his villains from the clerical and legal profession, said: "I am afraid I shall have to square accounts by writing one more story with a physician figuring in it. I have long been looking in vain for such a one to serve as a model. I thought I had found a very excellent villain at one time, but it turned out he was no physician at all, only a—I mean not what we consider a practitioner of medicine. I will venture to propose a sentiment which, as I am not a working physician, need not include the proposer in its eulogy: The medical profession—so full of good people that its own story tellers have to go outside of it to find their villains.

MR. LANKS (the new boarder)—Please help me to another portion of the wild duck. Mrs. Flint."

Mrs. Flint (the landlady)—"I'm sorry Mr. Lanks, but there is a limit to this little game."—*Brooklyn Life.*

"MONEY talks," but the least little scare will shut it up tight.—*Binghamton Republican.*

A LITTLE WHOLESOME ADVICE TO THE LAITY.

1. Leave your bedroom window open at the top, except in damp weather; the night air is purer than that of the day, despite the alarming fairy tales of our

grandmothers; but, when you arise in the morning, close the window, and pull down the blind until you are completely dressed.

2. Get your wife to tack a band of flannel about a foot wide on the inside of your undershirt over the region of the kidneys. This will save many a cold, backache and derangement of important organs. If you haven't a wife, get one.

3. If you will drink intoxicating liquors, do so only at the time of eating. This, at least, will mitigate the direct effects of alcohol on the lining of the stomach; for the presence of food causes the gastric juices to flow, and this protects the delicate membrane. To avoid a bad taste in your mouth in the morning show your good taste in what you put in it at night. If the bad taste persists, and is not due to indiscrete eating or drinking, have your heart examined.

4. If you will smoke, give a better price for your cigars and reduce the number. And do not smoke your cigars "to the bitter end," but throw the stumps into the street. The Italian *gamins* will gather them in to sell to the cheap cigarette makers; so you may some day meet your old flame again under a different guise.

5. In partaking of joints eat only the flesh and fat, cutting out the veins and other vessels. They are useless to the economy, and only give the stomach work that will not be paid for.

6. When, by friction of the surface of the limbs or body, little rolls of solid are produced, they are the *floats* of wrecked tissues, which encumbers the functions of the skin. Get a Turkish bath and throw off your debris. You will then breath through your whole body.

—Louis Lewis, M.D., in *Times and Register*.

B. KEITH & Co., 75 Williams St., New York, make a useful line of concentrations. They are always reliable.

FOR hollow suppositories and glycerine suppositories address Hall & Ruckel, 216 Greenwich St., New York. Sample free.

It is said that the tendons found in the tail of a dog make better sutures than either catgut or kangaroo tendon when properly prepared in sublimate.

HAVE you tried Mirajah's Uterine Wafers? Samples for trial free. Micajah & Co., Warren, Pa.

FOR reliable electrical apparatus send to Jerome Kidder Mfg. Co., 820 Broadway, New York, N. Y.

FINE dosimetric granules can be had of the Detroit Metric Granule Co., Detroit, Mich.

THE Vinolia Soaps are indeed fine preparations—veritable luxuries. Sample. Blondeau et Cie, 78 Watts St., New York, N. Y.

FOR fine elastic trusses address G. W. Flavell & Bro., 1005 Spring Garden St., Phila

SAMPLE free of Syrupus Roborans and Peter's Peptic Essence if you will pay express charges. Arthur Peter & Co., Louisville, Ky.

A MAN's idea of economy is to preach it three times a day to his wife.

GUEST—"Landlord, you may bring me a sirloin steak. Let it be fresh and juicy, broiled half through, but not too rare, very tender, and be sure that you use

real fresh butter." Landlord—"Why, if I had such a fine thing as that, sir, I'd eat it myself."—*Fliegende Blaetter*.

"I CAN only be assister to you," as the typewriter said to her employer.—*Plain Dealer*.

A BEAUTIFUL and useful Christmas present would be one of the elegant hollow physician's canes made by W. J. Connor, M.D., Labette City, Kan.

FOR first-class pills and granules address the Upjohn Pill and Granule Co., Kalamazoo, Mich.

PARKE, DAVIS & Co., Detroit, Mich., are known and respected as reliable manufacturing pharmacists and chemists.

NEWFOUNDLAND dogs are to be employed to rescue the persons who fall or throw themselves into the Seine. The dogs are to be housed upon barges anchored in the river. The skill with which these dogs recognize the falling of persons into the water, and the unerring certainty with which they reach the body by the most direct route and seize it at the proper place and swiftly bring it to the barge or shore are matters of marvel to all observers.—*American Lancet*.

SENNINE IN ECZEMA AND VENEREAL ULCERS.

EUREKA SPRINGS, Ark., Nov. 9th, 1893.

Dios Chemical Co., St. Louis, Mo.,

Gentlemen:—The sample of Sennine you sent me came safely to hand, and I happened to have some cases that visited my office daily for treatment. In two cases of eczema covering the inner side of thigh I applied the Sennine just as I received it from you; that is, full strength, dry, and, I am happy to say, it acted like a charm in both cases. Again I applied Sennine to venereal ulcer and must say that it did all anyone could ask. I look upon Sennine as the antiseptic of all others and shall continue to use it in my practice.

W. R. HARDESTY, M.D.

PROF. HARVEY L. BYRD, of Baltimore, writes: "You are at liberty to say that after two years' use of Dr. McArthur's Chemically Pure Syrup of the Hypophosphites in my practice, I am prepared to reiterate with emphasis what I said in a medical journal at that time, viz: 'I do not hesitate to commend it to the profession as worthy of confidence.'"

I HAVE used Peacock's Bromides with success. In epileptic fits, especially one case of ten years' standing, in which I exhausted all remedies at my command, it has proven a valuable remedy, always positive and constant. I cheerfully recommend it to the medical profession.

HORACE C. GEORGE, A.M., M.D.

Altoona, Pa.

CELERINA.

We have long been acquainted with the reputation of this fine pharmaceutical preparation. Celerina is a nerve tonic, stimulant and antispasmodic. It is prepared from celery, *crucifera*, viburnum and aromatics, and is specially indicated in loss of nerve power, nervous headache, neuralgia, brain fag, neurasthenia, alcoholic excess, inebriety, drunkenness, opium habit, paralysis, dysmenorrhoea, hysteria, sexual incapacity, spermatorrhoea, impotency, and, in fact, in all languid and debilitated conditions of the system arising from excessive expenditure or abuse of the sexual functions, or over-indulgence in alcohol and confirmed drunkenness. So far as our experience goes in the use of Celerina, we have found it an excellent and efficient nerve tonic, acting especially upon the organs of generation, giving tone to the nervous system and contin-

(Continued on next leaf.)

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

PUBLISHED MONTHLY, by C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D., } EDITORS.
J. J. TAYLOR, M. D., }

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance.*

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

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ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1520 Chestnut Street,

PHILADELPHIA, PA.

Vol. XII. FEBRUARY, 1894. No. 2.

Making the Care of the Public (Peoples') Health a Public Function.

In an article in *The Counselor*, Lincoln, Neb., Dr. A. Coleman, of Denver, Col., argues very convincingly in favor of a general nationalizing of the entire range of medical service—preventive medicine, medical and surgical treatment and providing medical and surgical supplies. When that takes place (as the function of public education is now conducted) we should have a healthy people, a steadily improving race, well educated and liberally paid doctors, the system of medicine exalted into a true science and its practice developed into a fine art. The doctor is not a pioneer in this advocacy, as Maurice J. Burstein, A. M., M.D., 180 Henry Street, New York City, published some years ago in *The Doctor's Weekly*,

quite an elaborate article on the subject, and both received their hint from reading Edward Bellamy's "Looking Backward," to which they both accord due credit.

A Law Clinic.

In a lecture upon the ethics of the medical profession, Dr. S. Weir Mitchell recently said: "Who ever heard of a law hospital?" This taunt put some lawyers to work upon the subject, and now the law students of the University of Pennsylvania have established a regular law dispensary, with semi-monthly clinics, where poor clients can have their cases taken charge of and carried through the necessary courts. Of course, the client or his friends must pay the court costs.

Castor Oil as a Lubricant.

John M. Kitchen, M.D., of Indianapolis, gives an interesting letter in the *N. Y. Med. Jour.*, in which he gives as the points of superiority of refined castor oil as a lubricant for catheters, bougies and for general surgical purposes, the fact that it is non-irritating, very tenacious and in itself sufficiently antiseptic not to require any additional sterilizing agent. Its use also seems to preserve rubber and silk catheters.

The Great Medical Error of the Day.

Prof. William Goodell, in the *University Medical Magazine*, (Philadelphia), under the above title, deploras the tendency of the profession to attribute all the illnesses and weaknesses of women to local disease of the generative organs, ignoring the prevailing existence of functional derangement of the nervous system, causing all the pathological symptoms and often really causing whatever sexual derangements

there may be noticed. The woman is mutilated by the removal of some one or more of her organs and becomes no better, but often worse, while the original diagnosis is never questioned, and the nerves and general system are entirely neglected in the treatment. The article is full of strong points and sensible directions, and should be read by all general practitioners.

Sanitation is True Economy.

The *London Sanitary Record* draws a parallel between the stingy city authorities who, in Browning's poem, "The Pied Piper of Hamelin," refused to pay the stipulated price for destroying the rats and lost all their children in consequence, and many of our own modern cities and States who are too mean to pay for scientific sanitary work, but allow epidemics to have almost unrestricted sway. They *must* pay finally—if not in dollars, then in lives. But the *Record* might have gone farther and shown that, if the short-sighted officials (or voters) prefer to take the chances and pay in children, they must, finally in addition, pay in dollars even many times more (as the expenses of the epidemic) than the original sanitation would have cost.

A Common Precaution Not Sufficiently Observed.

We fear that the importance is not sufficiently regarded by many practitioners, of protecting the eyes from contact with active purulent discharges occurring in other parts. When one eye is affected with purulent inflammation the sound eye should be carefully guarded from contagion. Every patient suffering from gonorrhoea should be profoundly impressed with the great care which he should observe to prevent conveying the disease either directly or intermediately to either his own or others' eyes, and his awful responsibility if any one should loose one or both eyes through his carelessness in this respect. The most scrupulous cleanliness of hands and immediate destruction by burning, of all soiled articles should be enjoined, as well as private use of towels, handkerchiefs and other personal articles. Infected clothing should not be given to ignorant persons to wash and thus convey the disease, and, on the other

hand, persons doing strange laundry work should not rub their eyes with fingers damp from the suds.

Antiseptic Ointments for Eruptive Fevers.

The treatment of certain eruptive diseases by inunction of the skin with an ointment containing eucalyptol would seem to be beneficial, both on purely theoretical grounds and by analogy, as it is very beneficial in scarlet fever and small-pox. However, it is to be tried in other diseases very cautiously, as a report of five cases in *Practitioner*, of London, indicates that it does very badly in measles. However, we should like to see it more fairly tried, even in this disease, as in the cases mentioned it seems to have been tried with a proprietary medicine *said* to contain eucalyptol, rather than with the pure drug itself.

Arsenite of Copper for Typhoid Fever.

A. H. Thomas, M. D., of Hurley, Wis., reports a series of ninety cases of typhoid fever (*Amer. Therapist*) treated with arsenite of copper, with but one death, and that one from hemorrhage. The daily dosage was $\frac{1}{100}$ grain; this amount was dissolved in about two ounces of water, and taken in hourly teaspoonful doses until it was all taken. This was repeated in the same manner each day. Occasional use was made of coal-tar antipyretics and quinine, according to symptoms. The doctor also reports that the after condition of those who recovered under this treatment was better than under the usual treatment; this was especially true of the condition of the intestinal tract.

Proper Out-Houses for School Children.

Hon. Nathan C. Schaeffer, Supt. of Public Instruction in Pennsylvania, is making a commendable agitation for well-built and decently kept school out-houses. This subject should be agitated all over the civilized world until the desired object is universally attained. No one knows better than the physician the great amount of disease and suffering entailed upon the human race in consequence of the sins prompted by impure impressions made upon the mind in childhood. Every influence surrounding the child should be of an improving and ennobling character. Hygienic and properly

kept school out-houses will pay the best kind of interest on their cost.

But there should also be properly kept public water-closets for every square or two, without regard to school-houses, in all large cities in the interest of health, decency and sobriety.

Malaria Cured by Hydrochlorate of Phenocoll.

In the *Therap. Monat.* Cucco details eighty-four cases treated, of which fifty-two were cured and all the rest but four improved. The dosage is from fifteen to twenty-two grains daily. A promising substitute for quinine, producing no unpleasant results.

Pilocarpine for Diphtheria.

For diphtheria give pilocarpine until the characteristic salivation and sweating are thoroughly established. This usually requires hourly doses of from 1-40 grain to 1-10 grain according to the age of the patient. After that give at longer intervals to keep up the effect.

Treatment of Typhoid Fever.

In an article in the *N. Y. Med. Jour.*, Dr. T. J. Shuell, of Parnell, Ia., states his belief that the toxic products of the inflammation find their principal lodgement in the colon whence they are absorbed and enter the circulation.

"The indications for treatment will range themselves under three headings in the order of their importance.

1. To remove, at as early a date as possible, all ptomaines and decomposing substances from the colon.

2. To destroy or neutralize the effect of all micro organisms above the cæcum by proper internal germicides, if any be found that will not impair the animal economy.

3. To enforce proper dietary and to treat rationally symptoms and indications as they may arise.

The first indication may be met only by thorough irrigation of the colon. But thorough irrigation of the colon can not be effected unless we pass a tube above the sigmoid flexure. The ordinary colon tube may be used, but I prefer a soft-rubber tube of a caliber of from 25 to 32, American scale, and about three feet in length.

By attaching this to a fountain syringe and permitting, while it is being introduced, the

stream to flow, it may readily be made to pass the sigmoid flexure of the colon and reach to, or near, the cæcum. The water used should be warm and aseptic, which can be effected by boiling. Only in exceptional cases should it be made antiseptic for fear of producing systemic poisoning. At least half a gallon of water should be injected in adults. The injection will distend the gut, remove the accretions from the sacculi, and result in such an evacuation of foul-smelling fæces intermixed with scybalæ as will surprise both patient and physician. These injections to effect the most good should be employed early in the disease, before the high fever and severe nervous symptoms show themselves. They may be repeated, if necessary, at intervals of three days for the first week or ten days. The only precaution is that they should be used warily when the stage of necrosis of the glandular tissue is reached, as the solitary glands of the large intestine are affected in a large proportion of cases."

The doctor recommends milk as the best article of diet, and gives plenty of pure cold water to drink one to two quarts daily.

Antipyretics in Typhoid Fever.

In *Am. Med. Surg. Bulletin*, Dr. C. W. Carran, of Va., has an article developing the following conclusions :

1st.—The so-called antipyretic remedies are more or less injurious to the patient when given in large doses, or when their use is continued for a considerable period.

2d—They should be prescribed only when cold water cannot be used in some manner, and then only long enough to secure the end indicated.

3d—Cold water is a safe and efficient measure with which to combat high temperature in most cases of typhoid fever ; and the manner of its use should be impressed upon the laity more fully by the physician.

The antipyretics referred to by the Doctor are the coal-tar derivatives only. He does not appear to have tried the alkaloidal fever reducers, which are so useful because they break up the inflammation which causes the fever in so many cases. We favor his conclusion recommending cold water as an antipyretic.

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUBKIN.

READ. REFLECT. COMPARE. RECORD.

The Chicago Grip.—A New Remedy in Morphine-ism.—Replies.

Editor MEDICAL WORLD:—After three weeks' experience with the variety of grip prevalent in Chicago, I am prepared to admit that Philadelphia is not in it. At least, from personal experience I can testify that when the Chicago grip gets hold of an Eastern "tenderfoot," it assuredly has some fun with him. It took me suddenly with excruciating pain in the head and back, aching legs, profound debility, inability to eat, and a temperature of 104 degrees. Pulse feeble and from 100 to 112. In a week the symptoms lessened and I started off quite brightly, walking as rapidly as usual, for about an hour. Then the pace slackened, gradually to the hobble of an aged man, with every motion developing a new ache, and I was forced to take the arm of a friend. During the third week there has been a steady aching in the left temple and nose, relieved at intervals by small hemorrhages. I never quite comprehended the neurasthenic state before. I get up in the morning and tumble into a cold bath, dress, and go out for a brisk walk, setting my teeth together with the determination that I *won't* be ill, but will throw the wretched thing off. In spite of myself in a minute or so I am simply incapable of dragging myself along.

Pardon me for talking about myself so much; but I have always thought that no records of cases are so valuable as when the patient is himself a physician. And I want to acknowledge that I have not done full justice to neurasthenics, having had a lurking suspicion that they could work if they had the will. I am their friend and champion from this time on.

In treating of morphine habitues, I have spoken of the value of pain as a therapeutic resource, in developing that self-control that alone makes a cure permanent. But not all cases

can bear much pain, and in the dark hours of their trial one must be merciful. I have just had a case in the course of which we have made what appears likely to prove a discovery of some importance. Every one who has treated these cases knows that there is little difficulty in reducing the daily dose to a grain or even to a quarter-grain; but it is in getting rid of the last bit that the suffering comes in. Nothing has hitherto been found to take the place of morphine. Ammonium bromide, cannabis, codeine, and all the rest have been tried and proved of very little value. The case I speak of was a young man, 26 years old, neurotic from birth, a periodic dipsomaniac and a morphine habitue of years standing, who had been "cured" by Keeley and several others, and returned like the canine mentioned in Holy Writ. He was quite debilitated, had absolutely no moral force to which one could appeal, and no self-control whatever. Nor had he the powerful incentive to fortitude possessed by a husband and father. There was no real desire on his part to be cured. Altogether this was a very unpromising case, and it was not at all likely that he would deceive himself as to the effects of a substitute. Nevertheless, one drug gave him such complete relief that he could hardly be persuaded that there was no morphine in it. One swallow does not make a summer, and I may not succeed so well with the next case, but as this remedy was selected as directly antagonizing the pathological condition present, I have hopes of it. It is a tonic, not a "habit-producer," and could be taken for any length of time with impunity.

Has not Dr. Campbell's case, (page 12), a vesical calculus? The discharge of mucus and blood shows something more than a simple cystic catarrh; for after so many years the mucus and blood usually disappear from the urine. Dilate the urethra, examine the bladder with the finger; and if there be nothing but catarrh, wash out thrice daily with hot water and hammamelis, or one grain of silver nitrate to eight ounces. Salol, hydrangea and hyoscyamus relieve the acute manifestations.

I wish I could put Dr. Hardey's case of hystero-epilepsy cured by quinine, (page 12), on record beside the hundreds of cases subjected to castration and *not* cured thereby. I am not opposed to any advance in surgery, but why do the ovariotomists not give us a record of their successes and failures? Up to the present, they have only classified their results as recoveries or deaths.

Dr. Bronson, (page 19), should examine his wife's rectum for ulcer or cancer. A morning diarrhea in a woman of her age is suspicious. If

nothing is revealed by examination, give her very small doses of arsenic, gr. 1-120, before each meal, and an enema of a grain of silver nitrate in eight ounces of hot water once a day. Still smaller doses of corrosive sublimate, gr. 1-180, once acted well in a similar case for me.

I would suggest the same treatment for H. L. K., (page 20), adding that there is less likelihood of rectal disease. The old-fashioned mixture of rhubarb, hydrastis and potassium carbonate would probably be useful to him, as it usually is when there are fetid, unhealthy stools. With this a diet exclusively of hot milk, until his stools are normal; then returning very gradually to his usual diet. I think he has ulceration of the bowels, although the absence of fever is against this. Has he noticed whether there are mucous, semi-membraneous casts of the bowels in the stools? Mucous colitis presents such symptoms as he describes.

Dr. Lever's case (page 20), reminds me that I have often seen such an appearance in persons dead from consumption. The certain evidence of death is decomposition; but the fact that the heart has ceased to beat, and the pulsations cannot be heard by the trained ear of the physician is fully as positive. Some years ago I traced up every story of burial alive appearing in the papers, and found that all came from the same source—the reporter who was in straits for something to fill up space.

Medicus, (page 20), could not improve on his local treatment, but why not give sulphide of calcium internally, one grain daily? Don't be discouraged, for furunculosis is often obstinate. Sedentary habits in a man whose body was designed for manual labor, coffee, beer, sewer gas or other foul air in the house, often keep up this affection. One of my cases resisted all my efforts till the plumber cured her by ripping out the "jerry" drain pipes and putting in good work.

In the negro, I have found it necessary to use hot applications for pneumonia, to treat the case vigorously at first, feed well, and lookout for collapse at the crisis. They rarely have the nerve or the resisting power of the whites.

As to making a plaster cast, Dr. Barringer, (page 20), should shave the skin if it has any hairs, soap or grease it well, and then apply the plaster. Lay two threads or wires along the sides, and as the plaster begins to set, withdraw these and the cast may with care be removed entire. When quite firmly set, the inside is to be greased, the two sides placed together and plaster run in to form the cast.

Spasmodic croup is peculiar to infants under one year old. The treatment is uncertain; but

counter irritants along the pneumogastric in the neck, (mustard is best) should give prompt relief.

For the removal of a brown discoloration on the face, B. L. N., (page 21), may paint with corrosive sublimate solution, one grain to the ounce or stronger, till the epidermis is removed; then rub with compound iodine ointment, diluted, and then apply lanoline till the skin is restored.

X. X. X. asks what will remove superfluous hair from the skin, besides electricity. Nothing.

Dr. Mantey, (page 21) will find alopecia areata likely to be of syphilitic origin. Mercury and potassium iodide internally, and cantharides, 30 drops of the tincture to an ounce of benzoated lard locally, would be pretty good treatment.

I feel like asking "Medico" (page 21), what he wants to cure his patient for. He should notice whether the womb is tipped back. If not, let her take a full dose of quinine the night before the accustomed attack; or a full dose of atropine (gr. 1-100); or else teach her to catheterize herself.

I hope the two valuable letters of Drs. Stocker and Brodnax, in the January WORLD, will not be all we are to have on the subject of quinine causing hemorrhage. The MEDICAL WORLD family, with its thirty odd thousand members, in every State and Territory, could settle this important question if each one who has noted such cases would report them. But the great fault I have to find with you is that you leave a few of us to do the talking and keep to yourselves experience that would be of the greatest value to your fellow doctors.

You will see by the new address that I have gone West to grow up with Chicago.

WILLIAM F. WAUGH, M.D.

834 Opera House Block, Chicago, Ill.

Thoughts on the Principle of Cure of Malaria.

EDITOR MEDICAL WORLD:—In the *Medical Waif*, March, 1888, Dr. H. B. Delaney, of Windsor, Arkansas, reported his treatment of chronic chills, as follows:

R Podophyllin gr. xii
Sacch. Lactis..... gr. xl
Ft. chart..... No. vi
S. One powder every two hours.

This was found to be too violent in its action so he reduced the prodophyllin one-half. The reduced dose causes free purging and, in some cases, vomiting. At the time of writing Dr. D. had used the remedy about three years, without failure, and no relapse reported to him. Since that time I have used podophyllin in

every case of malaria that has presented itself for treatment, and always with brilliant success.

I will mention one case only. Over three years ago, when I practiced in the country, a stout, able bodied man called to be treated for ague. He had had the disease three months the year before, and, although vigorously treated by two physicians, he did not get well until cold weather set in. He expressed a desire to be cured at once if possible, as he was a laboring man with a family to provide for. Having made an examination I accepted his own diagnosis, and expressed the opinion that I could cure him promptly if he did not object to being made right sick for a short time. I prescribed podophyllin in full doses, and explained to him the action the medicine was expected to have. He told me afterwards that the powders made him awfully sick, so he took four only, but when he recovered from the effects of the medicine he was well. He has not had a return of the disease since. Three years ago I treated a medical missionary sick of typhoid fever. He had been in the mission field, Syria, Asia, for twenty-five years. Malarial fever prevails in that country. He told me that elaterium in large doses was his sheet anchor in obstinate cases. The dose mentioned was very large.

Several of the WORLD's writers have had good results from the use of nitrate of potassium in such cases, and one used apocynum cannabin. ex. successfully.

Some three years ago two doctors, partners, in a Southern State (I cannot now find the article to name them), advanced the opinion that chills are caused by an excess of water in the blood. They claim that the sweat following the chill eliminates the excess of water, and in this way the patient is relieved until the water reaccumulates. Reasoning thus they prescribed acetate of potassium with results that confirmed them in their belief as to the cause. The articles of "Rhubarb" and Dr. W. B. Crawford, December WORLD, page 422, are the occasion of these thoughts being offered for publication.

It will be observed that all the remedies herein mentioned deplete the blood of water by acting on the bowels and kidneys, in this way effecting a cure; thus confirming the correctness of the theory of the doctors referred to above, unless, perchance, the poison be such that it is simply washed out by the watery discharges.

In conclusion I express the opinion that the cause of chronic chills can be removed by any remedy that acts strongly on the excretory and secretory organs, particularly the skin, bowels or kidneys.

Those of your readers who practice in malar-

ial districts can test this mode of treatment and report results.

If any of the WORLD's family can reduce enlarged tonsils to their proper size by injections, please report how.

Of six medical journals which I take, I like the WORLD the best.

J. S. DODDS, M. D.

6224 Station st., Pittsburg, Pa.

Milk Sickness.

Editor MEDICAL WORLD:—The affection is not due to milk alone, but beef and butter from affected animals entail it as well as water from certain springs and seeps from the earth.

My first experience with the ailment was obtained through treatment of a family who lived on a farm about three miles south of the village of Harrodsburgh, Indiana, in 1857. The said farm had been abandoned in disgust by its owner, and its cabin became the stopping place of any who chose to risk it.

The evil was finally located in a spring near the cabin and fenced by the neighbors, when all again went well.

A little further down the ravine was another spring wholly free from the pest; but children ignorant and indolent, were trusted to bring water, which they procured from the nearest source until the mischief was done.

There can be no question as to the correctness of diagnosis, for leading physicians of Bedford had treated other cases on this same farm, and among others, this same family, who this time recognized their ailment before sending for medical aid. This family could not have contracted the affection from milk, butter or beef for by confession they had neither, and the children finally confessed to having carried water from the "Milk-sick Spring."

Where the water from the two springs unite and mingle, stock may drink with impunity, and in winter and spring time when the earth is full of water, that from the "Milk-sick Spring" may be used without detriment. This all points to a poison in water which, when largely diluted, is not received in sufficient quantity to do perceptible harm; but in summer and in autumn, more or less early according to accession of drought, the poison is more concentrated and the so-called milk sickness results.

In 1858, while living at Effingham, Ill., myself and wife had milk sickness, and the personal experience thus gained, together with its frequent occurrence there, led me to seek information from every available source and I here offer a statement of facts pertaining to the matter.

After heavy autumn rains come, people in

milk sick regions may permit their cattle to run at large without evil consequences. And yet, if protracted drought sets in again, and especially so if warm days prevail, in which case cattle drink more water, and it being more concentrated, experience has taught that cattle must be put up, or milk sickness be expected.

In those parts of Effingham, Clay and Jasper counties covered by my observation, many low boggy places, (there are no springs) were fenced up and milk sickness at once ceased except in the case of breachy stock which broke into the enclosures now and then or strayed to other sources of the evil.

Then again, if cattle are kept up in the morning until the dew has dried off and then returning to the pen before nightfall, they may run at large during the day time throughout the year with perfect impunity, provided there be no opportunity to drink from the poisonous seeps.

Or, cattle may be put into the milk sick patches after the dew has dried off and eat every vestige of vegetation and no harm comes of it if there be no surface water to drink.

And then, if removed before night-fall and sheaf oats be spread over the ground and allowed to receive the dew deposited from condensation of warm vapor arising from the moist earth beneath and this be fed to a calf in the stall, milk sickness follows as certainly as any other effect follows a sufficient cause.

This points clearly to a poison in the earth, soluble in water, and which is finally removed by drainage and cultivation.

The two prominent characteristics of milk sickness are persistent vomiting and obstinate constipation.

The red, pointed tongue, the intense gastric irritability, the persistent nausea, the nasty metallic taste in the mouth and the greenish acid vomit with tenacious mucous, often streaked with blood, is an exact counterpart to arsenical poisoning, but strangely, more persistent and less dangerous.

The obstinate constipation recalls a chief symptom of lead poisoning, but the characteristic blue line, wrist drop and all other objective signs and symptoms are lacking.

In treatment, the stomach, above all things, requires rest, and nothing secures this so quickly and efficiently as a thorough evacuation of the bowels; but the stomach itself being sick must not be called upon to labor in their behalf. The rectal tube now in use will probably supersede the ungraceful plan I had of turning "the other end up," while using the syringe, but must be used persistently to the end that nature shall have a continuous outlet through which to

rid itself of the poison. I have never known a case to get better until this condition was brought about; nor fail in doing so after it had been accomplished.

A mixture of neutralizing cordial and brandy equal parts given freely, was my most popular medicament. The cordial neutralized the acid fluids in the stomach and gave a short but grateful feeling of relief, while the brandy abated the nervous prostration and feeling of "gone-ness" so persistently present. Minute doses of morphine with bismuth was also popular with most patients, but I would now suggest cocaine instead.

Diet, of course, should be light and bland, but there being the most utter disgust for food, little restraint will be required. The fact that milk sickness is chiefly confined to malarial districts and prevails at a season when that disorder is most prevalent, would seem, during the stage of convalescence, to call for quinine, and the nervous prostrations (trembles) to demand nux vomica, and in actual practice I have found these articles exceptionally useful.

It is a common belief that persons who have milk sickness never fully recover, but this is erroneous. Still, many persons of feeble constitution take on dyspeptic symptoms which last through life, and the—"trembles"—continue as a consequence of defective nutrition.

U. N. MELLETT, M.D.

DeLand, Florida.

Diphtheria.

Editor MEDICAL WORLD:—In the March number of THE WORLD for 1893, the subject of diphtheria was pretty thoroughly ventilated, and one ought to be benefitted by reading that number. But then, one must confess, after having read it through, that he is somewhat bewildered what plan of treatment to adopt, if he has none of his own. It is somewhat strange when we read of the experiences of those lights whose articles appeared in that number, where they state so many cases and no deaths under their plans of treatment, and when some one else tries that treatment to find his success quite different. On page 83 of that number J. M. Waters reports sixteen cases, without a death. On page 424, December number, W. S. Ramsey reports six cases with recovery. On page 431, of the same month, Dr. Stroell reports twenty-two favorable cases. On page 99 of March number, 500 cases are reported with a mortality of *less than 2 per cent.* All of these cases are reported as having been treated in different ways. Can it be possible that all these were cases of genuine diphtheria? We read almost daily, in the public prints, reports of the

fearful mortality of this disease in different sections of the country, as many as four or five in the same family dying from it. I make the assertion, that when one gets a genuine or malignant case, he has something on his hands he would like to get rid of, and the probability is, in some cases, whatever the plan of treatment, he will stand a good chance of getting rid of them in a way he does not like; and in a severe epidemic he may think himself well off if he gets through with a mortality of 25 per cent. Undoubtedly the mortality of any epidemic will depend largely upon its virulency, the age, circumstances and previous condition of the patient's health, complications, constitution and environment of the patient, as well as the kind of treatment adopted and the ability to have it carried out. For a regular physician to assert that he never lost a case of diphtheria, or that he would give \$25 for a case that he could not cure, shows that he does not know what he says, that he never saw a genuine case, that he was unable to make a correct diagnosis, that he cannot be believed or that he is dominated by selfishness. Such a one ought to write a book for the rest of us in order that we might learn how to treat such cases. It is strange what views some physicians take in the treatment of disease. When one reads: "Let the patient have to eat any thing he may desire;" and another, "when I see in one line the advocacy of milk as a diet" in typhoid fever, I expect to read in the next line that "in many cases hemorrhage occurs," the inexperienced knows not what to believe. The inexperienced is almost like the mariner without a compass or the ship without a rudder, when he reads such opinions from medical men. To all such I would say, read up closely, examine thoroughly, sift out carefully and then adopt the most rational plan of treatment. Give the patient, and especially a bad diphtheritic one, unremitting attention, neglect no duty and do not expect every case to recover.

Notwithstanding that the etiology of diphtheria seems to be pretty well settled, there are very interesting questions, still, that might be propounded to the fraternity, but especially to the scientific investigators. The first one I wish to suggest is: Can a so-called pseudo diphtheritic case communicate or generate in another person true diphtheria or the Klebs-Loeffler bacillus? 2d. In how short a time is it possible for a case to recover from true diphtheria, when the symptoms were pronounced at the start? By recovery in this question is meant, that to a physician unacquainted with the case, he would be unable to know that the individual had had any sickness. 3d. Could it be possible (without a so-called

microscopic examination) for a physician to diagnose a case as diphtheria when the symptoms were as above and when the patient recovered at the farthest in six days? And is it possible or probable that such a case could or would start an epidemic in which a number lost their lives? 4th. What would be the effect of inoculating a person on the arm, for instance, with the Klebs-Loeffler bacillus? Would it manifest itself on the tonsils first or be local primarily, then constitutionally, and afterward tonsillar? 5th. Has any one known or seen cases where the Klebs-Loeffler, or true diphtheria has occurred the second time? It is a very important thing that the diagnosis of this disease be correct; but, unfortunately, this is sometimes impracticable. It is not so alone for the patient's sake as for the community in which the patient lives. Patients are treated according to the symptoms they present, and if a patient has the Klebs-Loeffler diphtheria and recover, apparently, in a few days, he is liable to inoculate a whole neighborhood if restraints are not imposed, or he should come into certain contact with the unsuspecting. It is a pity that not more of us are not more expert with the microscope and the methods of culture. If the present theory of the disease is correct it must be the *only way* in which errors of diagnosis can be avoided. Would it not, therefore, be well to have paid experts, in every county seat, whose business it should be to give a diagnosis from an examination of the specimens submitted to him by the physicians of his county? In the matter of treatment, I refrain from giving a detailed plan or my experience. I try to suit the treatment, as far as I can, to the individual case. Regarding the disease as primarily local, afterward, systemic, it occurs to me that too much importance cannot be given to local treatment. Any of the germicides which have been given in the March number are good. Some are perhaps better than others. The peroxide of hydrogen is, perhaps, as good as any. Before its introduction I formerly used chlorine water and Monsell's Solution with a swab, and I may say that my success was equal to if not better than that with any other application. The hand atomizer of more recent introduction, is a great addition in the treatment. This can be entrusted better to the attendants to have the local treatment carried out than when done by the swab by the same parties. There is nothing, however, that equals the swab when properly used—but its improper use is the trouble with that instrument.

I should not omit to say that lemon juice will often abort an incipient diphtheritic patch, and is invaluable in cases of epistaxis. For constitutional treatment this must be varied according

to the stage of the disease and condition of the patient. At the beginning, a mild laxative pre-
faced by mild chloride; and for the fever,
aconite, nitrate of potassium, jaborandi, polk-root,
etc. In a day or two, if it is not indicated at the
outset, the accepted iron, chlorate of potassium
or ammonium with bichloride as frequently and
as strong as thought necessary.

I wish to say in this connection, to those
physicians who have used the ammonium,
muriate of iron, etc., mixture in the strength as
given on page 77-78, of the March WORLD,
without protest from patients, and were able to
keep it up as long as they desired, that their ex-
perience has been different from mine. I have
seen some get well on it, and I have seen some
who did not. But in every case where it has been
used it has required very great urgency to get
the patient to take it, and in a few, if you
wanted it taken it would have to be forced
down the patient. To me it seems to be a large
and strong dose.

Stimulants may be found necessary sometimes,
but not in every case. One of the very import-
ant things in the treatment of this disease is
nourishment. Unfortunately, often, this is a
difficult thing to attain. What, with the
dysphagia—the fluid returning through the
nostrils—the loss of appetite and general
asthenia and, sometimes, the patient refusing to
take anything, the physician finds himself,
handicapped in his effort to restore the sick
one to health. At such a time he feels how lit-
tle avail have been and are all his efforts in
behalf of his patient.

Greenwich, N. J. DR. S. M. SNYDER,

Diphtheria.

Editor MEDICAL WORLD:—I was one of
your contributors upon the subject of diphtheria
in the March WORLD, 1893. Last July and
August a number of cases came under my care
which appeared to be genuine diphtheria. Un-
der the use of Dr. Galentin's treatment (given
in March WORLD, 1893) they all recovered in
a short time. On November 4th, 1893, a girl
nine years old, who had diphtheria in a bad
form, and should have been treated several
days before, came under my treatment. Dr.
Galentin's method of cure was a perfect failure,
the disease marching steadily onward. I then
resorted to the various methods of treatment de-
scribed in my article referred to above, but
with no better success. Being about at the end
of my resources it occurred to me that I had
noted the following prescription in my scrap
book some time before:

"BEST ANTISEPTIC SOLUTION KNOWN.

R Carbolic acid.....10 grammes (150 grs.)
Salicylic acid.....1 gramme (15 grs.)
Essence of mint.....10 drops, mix

One-half per cent solution in water for
microbes of diphtheria and typhoid fever. One-
fifth per cent. for anthrax bacillus. Tuber-
culous sputa sterilized by a one per cent. solu-
tion in fifteen minutes" (Author of prescrip-
tion unknown to me.)

I prepared some of the above solution, added
four drops of it to one ounce of water, and di-
rected the patient to gargle with one teaspoon-
ful every half hour. At this time Dr. Frank
H. Sidwell, of Johnsville, Md., saw the case
with me in consultation. He suggested quinine
grs. ij every four hours, with one teaspoonful of
whisky. In two hours Tinct. Fer. Chlorid. gttss.
six, Potass. Chlorat. grs. 2½. He approved of
the gargle and advised its continuance. Under
this treatment the patient rapidly improved and
in three days was out of danger. Discharged
in fifteen days.

I soon saw a case of the same disease in a
young man seventeen years old. A bottle of
the gargle was prepared (four drops of carbolic
acid mixture to one ounce of water) and a tea-
spoonful handed to him, with a request to gar-
gle, but this he promptly swallowed. With
some misgivings as to the effect of this dose upon
his interior department, I advised him to use
the gargle every hour while any deposit ap-
peared upon the tonsils. Information reached
me the next day that his throat was well and he
never felt better. Since then I have used the
gargle in a number of cases with uniform suc-
cess. Where the cases appeared to be threaten-
ing one drop of the above carbolic acid mix-
ture has been added to one ounce of water, and
my adult patients directed to take a teaspoonful
every hour or two while the deposit remained.
So far I have not paid more than a second visit
to any of my patients. In children the throat
is swabbed with the gargle every hour, and the
mixture (one drop to one ounce of water) given
internally in doses proportioned to the age, the
adult dose being a teaspoonful. Knowing that
the eradication of diphtheria is a consummation
devoutly to be wished for by all, my desire to
aid in the good work has prompted this commu-
nication. JOHN J. LIGGETT, M.D.

Ladiesburg, Md.

[Dr. Liggett is, perhaps, somewhat over-
cautious, as the solution is not dangerous if
occasionally swallowed in the doses given, but
would, on the contrary, be beneficial, serving
to combat the poison that has passed into the
stomach and that absorbed into the general
system. One teaspoonful of the solution given
will contain about one-half grain of carbolic
acid, which is a medium dose.—Ed.]

Treatment of Post-Partum Hemorrhage.
Yawning a Sign of Hemorrhage.

EDITOR MEDICAL WORLD:—That is an excellent article on uterine hemorrhage by Dr. West. I hardly think he does full justice to the plan of clearing the uterus by the hand. In many cases the uterus is too distended. It cannot contract. Called to a case we may find the uterus very large, not much blood coming away, but great faintness. We must empty the uterus as soon as possible, immerse hand and arm in hot carbolized soap and water, steady the uterus with one hand, pass the other, turn out all clots, large and small, remove those fibrinous clots adhering, press knuckles and back of closed finger against internal surface of uterus and in return you will get (to you) a most delightful squeeze and possibly your hand will be expelled; if so, carry away all clots in the vagina. I suppose the uterus has been well held on to externally. If it contracts well put on firm compress and good bandage, and I advise the young doctor to put these on himself and most carefully—and to remain two hours. No ice, as cold applications are too depressing, and no chloroform.

I have advised the removal coagula for the reason that these clots have very little effect in restraining flow of blood. To do good they must extend some distance within the vessel, and there would not be disturbed. They prevent firm contraction and they are the cause of severe after pains. I have several times seen most violent after pains with great faintness and nothing gave relief till the hand was passed into the vagina and with two fingers some adhering clots were removed and the trouble at an end.

I may say I give stimulants—brandy or old whisky, when I know it is good. There is one thing more—never leave a patient if she yawns or gapes. It is a certain sign of impending hemorrhage. I have proved it. I learnt it from my old father and I dare say his father told him and I have told my son—four generations, so there should be wisdom somewhere in the family.

Toronto, Canada. T. C. MEWBURN, M.D.

Hysteria.—Replies to December Queries.

EDITOR MEDICAL WORLD:—Who has not been annoyed by cases of hysteria? How many morphine habitues are made in a year by the injudicious use of morphine in hysteria? I shall never forget how near I came to killing a patient by giving a large dose of morphine and atropine, hypodermically in a case of hysterical intercostal neuralgia, and let me warn the younger members of our brotherhood to never give belladonna or its alkloid, atropine, in hys-

teria, and when the diagnosis is doubtful use morphine uncombined for pain.

“The books” unfortunately help us little in the immediate treatment of hysteria. All writers on this subject agree that moral suasion is of the greatest value in the cure of this malady, but, unfortunately, we are not told where to get this remedy or when and how to apply it.

It may be laid down as a fact, that it is the absence of this very element that make hysteria a possibility. Where hysteria flourishes good judgment is a stranger and ignorance a frequent guest.

The first impression made on a hysterical patient is of the utmost importance. If the case be “bagged” with the first start further treatment is rendered without trouble, but to fail then is fatal.

It goes without saying that the best treatment comprises power and harmlessness. Here it is.

R Tr. lobelia.
Tr. capsicum.....aa.....q. s.
Sig. Apply per rectum.

Apomorphine is also a splendid remedy in this malady, but the above formula is absolutely without equal, and rarely has to be given to the same person *twice*. The mere mention of Dr. So-and-so's name is generally sufficient.

Where the lobelia is not at hand, an infusion of tobacco and pepper from the table will “get there just the same.” Alienist's tell us that in hysteria the patient is dominated by one idea which cannot be removed by the will. The above treatment will *remove* this dominating idea—in hysteria and temporary insanity—without injuring the patient in the least. I would advise Dr. Mitchell, who asks for assistance with his cystitis case, to examine carefully for stone. Excluding that, have patient sleep alone, give bromide of potassium, enough to quiet the nerve centers. Forbid all kinds of stimulants, including meat, tea, coffee, pepper, etc. He may begin with the recognized sedatives of the urinary tract, adding to them the passage of steel sounds into the bladder if necessary. Prohibit such form of exercise as will tend to induce pelvic conjection.

For the attack—hot water injection into the bladder and rectum. For drugs, suppositories of cocaine, morphine and atropine. Absolute rest in bed. In reply to query, I have known people before now who didn't think “morning and night” was excessive sexual indulgence. Make your patient sleep alone, cut off the stimulants, give potassium bromide gr. iv. t. i. d., after meals and “then see.”

I should call Dr. Bidgood's case one of passive congestion at the base of the brain and would treat him by exciting some distinct part, the bowels or the skin of lower extremities. For instance, keep the long thigh stockings moist with infusion of capsicum made strong enough to give him something to think of and so keep him awake. Aloes, jalap and colocynth may be used at the same time to excite the intestinal "m. m." and so "draw it down" from the head.

I have just had additional evidence of the value of salines in orchitis. This treatment followed by a tobacco poultice is very excellent.

DR. CLARENCE B. DAVIS,

139 Friend St., Providence, R. I.

"Strychnine in Nicotine Poisoning."

Editor MEDICAL WORLD:—As I obtain a great many good ideas from the pages of your valuable journal, I will report a case that might be of interest to some one.

Gabe M., age twenty-two, has been a constant smoker of cigarettes for six years, using each day nearly one ounce of smoking tobacco. Not long since I was called to see him and found him in a semi-comatose state presenting the following symptoms:

Sensation completely lost, mind wandering, and part of the time unconscious, but would protrude the tongue when requested; aphonia complete, pulse, 105 per minute; temperature 101°; extremities cold; body in a cold perspiration; all reflexes lost; respiration quick and labored, lasting only a few moments, then it would stop, and, by artificial methods, respiration could be again started; pain in region of right nipple. Treatment: Hot mustard bath; inhalation of Spts camphor; and 1.50 gr. of strychnine sulph. hypodermatically. In four or five minutes from the first dose he became perfectly rational, sensation returned and was all right and he asked for a cigarette, which was promptly given him and again he relapsed into his former condition. Again the strychnine was employed and again he was relieved. After this the cigarettes were prohibited and the next day when I saw him he was feeling quite well and has continued so to the present. He still smokes occasionally (not believing it to cause this trouble) but not to excess, as before. My object in reporting this case is to show the already known fact of the prompt action of drugs when given hypodermatically and to aid some one who may have a similar case to treat in the future.

J. A. WHITE, M.D.

Pineville, La.

A Case of Acute Laryngitis, With Some Comments on the Nature of that Complaint.

Editor MEDICAL WORLD:—Mrs. W. S., aged 30; mother of four children, and again six months *enocinte*, her previous health not first-class, but subject to uterine catarrh and other troubles of the uterine appendages. She has been, also, subject to catarrhal troubles of the throat and nasal passages. Symptomatology: The case was taken with a slight chill, soreness and stiffness of the throat, difficulty of swallowing and a sense of constriction and a desire to clear the throat.

Following the chill, febrile reaction came up, and was quite intense, considering the amount of inflammation. Then there was a dull pain felt in the throat, sense of constriction was markedly increased, and tenderness of pressure over the trachea.

The voice became harsh, hoarse and stridulous, with a frequent and dry cough. The harshness of the voice increased, until it sank into a whisper, and the patient was distressed very much in trying to talk. Attending these subjective symptoms, there was a general aching of the bones, restlessness and pervigillum. On examining the throat the fauces was found red and tumid, and on pressing the tongue the epiglottis was seen to be erect, swollen and red. After the first twelve hours, there was considerable dyspnea, a piping voice and great anxiety. The cough was stridulous and convulsive and attended by attacks of spasm of the glottis which threatened suffocation to the patient. The attack lasted three weeks, from first to last, and it seemed that my patient would slip through my fingers a part of the time—so much so, that I became very nervous in watching the onset of the disease and the extremely tenacious condition of membrane. But under the dissolving influence of small doses of calomel, the inhalation of the steam of vinegar and water, and the use of eucalyptol (Sander's) and hydrastis (Lloyd's), by means of the atomizer, the membrane finally began to yield and soften, after which my patient began to get relief. I found quinine to answer a good purpose in this case, and so did the application of a stillingia liniment made as follows:

R. Oil of lobelia.....1 dr.
Oil of cajuput.....1 dr.
Oil of stillingia.....1 dr.
Alcohol.....℥x drs.
m. Sig. Apply to the throat, or wind pipe, all along its whole extent, as often as every two hours.

I think the use of steam is of very great importance in the treatment of this disease. I used calomel in one-tenth grain doses, every two hours, having in view the softening of the membrane. In children I often use phytolacca and aconite, instead of calomel. The dyspnea was

caused by the narrowing of the wind-pipe, by the thickening of the membrane, and, of course, anything that would soften and break it down would give relief; even the expectoration of a lump not larger than a pea, would give relief, the patient breathing better. It was wonderful to see how quickly the pale and anxious countenance, the livid lips, the starting eyes and the cold extremities would improve in appearance on the expulsion of so little a particle of the membrane.

The breathing of the vapor of lime while undergoing the process of slacking, seemed at first to give relief, but I had soon to suspend the use of it on account of its irritating effect on the lips and face. I considered that this case was acute laryngitis, identical with pseudo-membranous croup, as found in the child. I also think that membranous croup in the child is just the same as laryngitis in the adult and should be treated on the same principle. I know there is nothing new in this assertion, but consider that it is well to remember this fact when we come to treat this disease in either class of patients.

J. J. FLY, M.D.

Pulley's Mill, Ill.

What is the Interval and the Dose ?

Editor MEDICAL WORLD:—If all contributors to knowledge in THE MEDICAL WORLD would remember that the amount and frequency of a drug given is as essential as the name of the drug, it would save the inconvenience of writing individually to contributors. For instance, in the January number in Dr. Shotwell's treatment of rheumatism by osmic acid he says: "In my cases it required from (5) five to (7) seven injections to complete a cure." Now, notice the amount is not given but he tells us how much morphine he used as a dose and time given. Of the two drugs I think if the circumstances were reversed, viz:—the dose of the acid plainly given, we by our constant use of morphine would easily find out its dose. My idea is that in giving a new remedy it is important to state plainly how much and how often taken, and by so doing we have a definite point to work from. I do not mean anything personal to Dr. Shotwell regarding this oversight, for I know that he is only one of the many who commit the same error. I was much pleased with his treatment and shall use it when opportunity occurs. Waiting to be enlightened upon the subject, I am, etc.

G. P. JOHNSON,

573 Sixteenth St., Detroit, Mich.

Editor MEDICAL WORLD:—THE WORLD gives us the same help as of old, and each year it seems more and more of a friend.

F. SPENCER HALSEY, M.D.

123 West 69th St., New York, N. Y.

Alkaloidal (Dosimetric) Medication.

Editor MEDICAL WORLD:—In view of the real desire for facts along the line of the applied therapeutics of the active principles, and fearing that the letter from Dr. Waugh in your January issue may create a wrong impression, I beg leave to say that the foundation principle on which Burggraave is striving to bring order out of chaos through the use of the active principle, is omitted. *Small doses frequently repeated until the desired therapeutic effect is produced.* No where in the works of this illustrious man, so far as I know, are therapeutic results attributed to a single dose of such agents as cited in this letter. The application of the correct principle as above given will explain this seeming folly.

Neither is the granule form essential, but it certainly is the most elegant and satisfactory to physician and patient from a physical standpoint in every instance where the drug will admit, as well as by far the best form from a chemical standpoint, the active principles and concentrated chemical products being better preserved in this than in any other way. The careful reader of the works devoted to this subject, will find frequent mention of the use of drugs not in this form.

The matter of dosage also receives criticism, but the fact that the range in Burggraave's writings runs from gr. 1-1000 to gr. 1-6 for convenience in granule form, to be multiplied as the case requires, certainly gives all needed latitude when the foundation principle which I have quoted is taken into consideration. It is possible that Dr. Waugh's letter does not carry the meaning intended on this point.

Whatever may have been the desire of Burggraave relative to a new system of medicine, I do not know, but it looks to me like an honest effort to popularize a method of exact, radical medication upon which ground all true physicians can unite.

I believe, with Dr. Waugh, that there is a weak spot in all exclusive systems. There can be but one rational system and that should be as broad and liberal as the universe. We should pass nothing by that offers relief to suffering humanity. We should avail ourselves of the best form of these measures to do good, no matter what they are, and it is certainly sensible to use what is needed and stop when we have used enough; therefore, I say, *let us use the smallest possible quantity of the best obtainable means of producing a desired therapeutic effect.*

Let it be understood that the above is in no sense a criticism upon my esteemed friend, Dr. Waugh, but an honest effort to set before your readers certain points as I see them.

The works of Burggraeve are easily obtainable and a careful perusal will prove or disprove my position.

DR. W. C. ABBOTT,
2666 Commercial St., Chicago

Clear Solution of Tincture of Benzoin.

Editor MEDICAL WORLD:—Dr. Truman Coates, in the WORLD for December, 1893, wishes to know "if there is a way to mix tincture of benzoin with an aqueous solution without throwing down a precipitate." He also wishes to combine with it mercuric chloride. There is no particular *order* in which to mix these substances that will result in a clear solution, but by calling in the aid of two outside substances I think the desired result can be *practically* attained. Although the *chemical* nature of the compound will be altered somewhat, I do not think it would be changed *therapeutically*, as I suppose this is to be used as a cosmetic. While I have not tried this process on this particular compound, nevertheless, theoretically it ought to produce a satisfactory solution by a little experimentation.

The constituents of benzoin are resin, benzoic acid, a little "extractive" and volatile oil. The resin and benzoic acid are dissolved by alkalis, forming a *benzoate* of the alkali used, (potassium). As it is easier to *prevent* precipitation than to redissolve a precipitate after it is formed, I would add a piece of solid potassium hydrate, (caustic potash, $KH O$) (according to the quantity of tincture of benzoin used) to the tincture and shake until dissolved; preferably in a test tube. Then, to a small portion of the water, add the mercuric chloride, and heat in a test tube until dissolved, and add to the solution of $HgCl_2$ enough of a strong solution of potassium iodide in water, until the red precipitate at first produced is redissolved, and the solution is perfectly clear. This red precipitate is mercuric iodide, ($HgCl_2 + 2 KI = Hg I_2 + 2 KCl$) which is soluble in excess of potassium iodide. Add this latter solution a little at a time, to the first one, (the alkaline solution of tr. benzoin) shaking after each addition, then add the rest of the water or rose water in the same way to make up the proper volume. In this way all the *active ingredients* of the compound should be held in solution, and I think the *therapeutical* properties retained, as I said before. If there is turbidity, it is from the "extractive" and volatile oil going out of solution partly, but as they have no medicinal properties, the mixture should be allowed to stand for two or three days and filtered if necessary through close filtering paper. If a perfectly clear solution is not obtained by filtering, shake the mixture

occasionally during two or three days with filtering paper pulp or talcum (purified), then filter, which should yield a perfectly clear solution containing all the active ingredients. Only use enough potassium hydrate to answer the purpose. Would like to hear the result; and "if at first you don't succeed, try, try again."

A. H. COLVARD, Ph. G., M. D.
Shawneetown, Ill.

Cystitis.

Editor MEDICAL WORLD:—For Dr. J. C. Campbell's case of cystitis I would recommend irrigation of bladder with 25 per cent. solution of hydrogen peroxide, which should be accomplished by means of a soft rubber catheter, rubber tube and funnel. Two fluid ounces of the solution is sufficient quantity to begin with and after it has been allowed to flow away should be followed by plain sterilized water. The irrigation should be repeated every twelve hours.

Internally give the patient saw palmetto $m\ xx$, oil of yellow sandal-wood $m\ x$, with enough henbane to relieve spasm of bladder.

If the oil of sandalwood prove too irritating to the bladder or stomach, use fluid extract of the same in doses of ten to twenty minims.

Give above combination every four hours and the diet should be concentrated.

Britton, Mich. P. B. Hardy, M.D.

[The following letter was sent to Dr. Waugh. We publish also his reply.]

DEAR DOCTOR:—In the December number, 1893, you ask if any readers recollect any case of hemorrhage that might have been caused by the use of quinine; now I am wondering if a case I had six weeks ago, a case of hemorrhage in confinement, might not have been caused by the use of quinine. Some time ago I read in the WORLD that small doses of quinine would increase the labor pains, bring them on regularly, etc., etc. This case was tardy and the pains growing weaker. I had given some ergot, but not satisfactory, so I thought I would try the quinine, and everything went along fine, baby soon born all right, patient happy. She said "Oh, doctor, I feel so good, I could get up and go to work." Several such remarks were made while I was tying the cord; I laid the baby to one side and said to her: "Well, never mind the work, this is now to be your resting time, and I want you to keep quiet for a week or two, and especially for a few days. Do not talk much now, till I am through with you," and in a twinkling she said: "Oh doctor, I feel so queer." I looked up in her face; she was as white as death, I put one hand on the abdomen, the

other down for the cord to see if the placenta was ready to remove. Can you imagine my great surprise when my hand went down into a pool of blood, almost to my elbow? I revived her, but she would sink as fast as I could revive her, all through the whole night; but I finally saved her. Now did the quinine do that? My physician always gave me quinine in my confinements, but I did not then know why he gave it to me, but my labors were always slow and tedious, though I never had hemorrhage. I am a brunette; my patient was a pure type of blonde. I always look for more hemorrhage in blondes than in brunettes; have always found it so.

MRS. IDA O. WILHELM, M. D.

Clay Centre, Kansas.

Whether this hemorrhage was due to quinine or not it is impossible to say, as such hemorrhages occur where no quinine is given. But in view of the fact that quinine does sometimes cause hemorrhage, and no other cause appears in the history of the case, there is at least a possibility that it may have been the cause. If so, the same drug will cause the hemorrhage again, if given to this woman.

W. F. WAUGH.

[The following correspondence in the *Washington Star* (sent to us by Dorsey M. McPherson, M.D., 1822 Fifteenth street, N. W. Washington, D. C.) will be of unusual interest to our readers, as the question involved therein has been recently discussed in this journal.]

Cruelty to Children.

People who traveled Massachusetts avenue between Eleventh and Twelfth streets at quarter to nine this morning saw a man leading a little girl under conditions nothing less than inhuman. The child was not more than three years old, well dressed and had an abundance of wraps, but its legs and feet were entirely bare. There seemed to be no possible excuse for it.

If there be a society for the prevention of such wantonly cruelty to the little ones, let the case be investigated. S.

Cruelty to Children.

In last Friday's paper your correspondent, "S." severely criticises the action of a man in leading a barefooted child along Massachusetts avenue that morning.

Early in November of last year a child (it is a boy, and not a girl, as stated by "S."), living in this country neighborhood, twenty miles from Washington, was attacked with membranous croup. The family physician was called in, and after two days' unavailing endeavor to stay the progress of the disease by ordinary means

he advised our telegraphing for assistance. We obtained the service of a skilled surgeon of Washington. Tracheotomy was successfully performed though with the odds almost hopelessly against the recovery of the little boy, at that time less than twenty months old. For seven weeks his life hung trembling in the balance. The tireless devotion of his mother, the universal and unflagging kindness of our relatives, friends and neighbors, excellent medical attendance, and above all, perhaps, the care and skill of his trained nurse, these combined efforts, at length turned the scale, and on Christmas day the tube was finally removed from his throat and laid aside. But the danger was far from being over. His long confinement in the atmosphere of one highly heated and artificially dampened room had made him so tender and susceptible to cold that the slightest draught or change in temperature brought on a hoarse cough. For months he required constant attention, night and day, his mother hardly leaving the house for an hour in all that time. *Acting on medical advice and the experience of others, we decided to let him go barefooted*, as strong testimony was offered to prove that barefooted children seldom have croup. For six months he has not had shoes or stockings on, and experience has certainly appeared to justify our course, as he has not had a cough or cold worth mentioning during this period.

It was while on the way to show the Washington surgeon what a year had done for his patient that "S." met me between Eleventh and Twelfth streets. If the latter had looked more at the boy's face and less at his feet he (or she) would have seen proof of health, vigor and childish enjoyment, that scarcely harmonized with this theory of "inhuman cruelty." Furthermore, if, instead of waiting to denounce the unnatural parent in the newspaper, he had then and there asked for an explanation of the peculiar sight, he would have received a courteous answer, and, I think, would have changed his opinion that "there could be no possible excuse for such conduct."

As I sit here writing, with the boy playing merrily on the floor at my feet, and recall the events of a year ago, the thought comes over me: "How easy it is to rush into print and blame other people without knowing the facts."

ALLAN FARQUHAR,

Sandy Spring, Md., Dec. 3, 1893.

Manual of Treatment with Active Medicinal Principles and New Remedies. By William F. Waugh, A.M., M.D. Cloth, 238 pages, price only \$1.00. This is a concise, practical work, which the physician should have as a constant pocket companion. The information in regard to new remedies, alone is worth the price of the book. Address this office.

Editor MEDICAL WORLD:—I desire to thank Doctors Shea, Wilder, Smith and Egbert through THE MEDICAL WORLD for their kindness in publishing their formulas for "Neutralizing Cordial." JOB. G. HOLLAND, M. D.

Holland, Va.

Editor MEDICAL WORLD:—Please ask the bretheren to use smaller doses of sulpho carbolate of zinc in typhoid and drop into the capsule with it one drop dose of equal parts of carbolic acid and eucalyptol. It has served me well and the sulpho-carbolate has not been well borne in larger than one and a half grain doses.

McGabeysville, Va. W. A. CONN, M.D.

Dr. Ziegler writes in regard to the camphor-menthol mentioned in article on page 2 of Jan. WORLD that it should have thirty grains each of camphor and menthol to the ounce of oil, instead of five grains. Thus we could have a thirty grain solution throughout for the different agents used in that article—thirty grains cocain solution, thirty grains antipyrine solution and thirty grains each of camphor and menthol. The Doctor also states that this treatment of the nose and throat is of great assistance in many obinate cases of eye inflammations. In many cases a recovery will not take place without it.

In reply to inquiries we would state that Dr. W. F. Waugh, 834 Opera House Block, Chicago, has successfully performed the operation of ligating the dorsal veins of the penis for impotency with relaxation.

Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Correction.

|| Dr. J. A. Miller, of California, writes us stating that he does not claim that his acid treatment of diphtheria (See December WORLD, pages 435) is also good in croup. Also, that he uses sulphuric acid in preference to any other, and does not claim that others are as good.

Editor MEDICAL WORLD:—Would you kindly ask through your valuable paper for the formula of something good to apply to the skin after taking a vapor bath, to prevent catching cold?

WILLIAM DAWSON.

348 South Broadway, Los Angeles, Cal.

Editor MEDICAL WORLD:—I wish Dr. Waugh or others would help me in a case of eczema in a child of my own, three years of age. The eczematous eruption is now on face, hands and flexures of joints. Have used tablets of Fowler's sol. $\frac{1}{4}$ gr., sarsaparilla comp., with pot. iod. internally; externally applied, ung. ox. zinc, acid carbolic and listerne; also a wash or liq. carbonas detrigens, drams ii, aqua oz i, vaseline and acid carbolic, and an ointment of ung. ox. zinc, chthylol and vaseline. Now, the itching is almost unbearable at night, and the disease is, I am afraid, appraching the eyes. What is the most effectual remedy to allay the intense itching? I have never used mercury as yet.

J. FORMAN PINEO.

Chester, Queen County, N. S., Canada,

Diurnal Enuresis.

Editor MEDICAL WORLD:—Boy, aged 13, has had dribbling of urine for years; not troubled at night and does not have to get up at night; not very strong, slender and growing fast; has been under treatment of two physicians; had bladder washed out and was some better; but after running while playing ball was just as bad as before. Brother, older, fleshy, was troubled in same way but "out-grew it. Sisters have never been afflicted in this way. What will cure?

S. J. SMITH, M.D.

Filley, Neb.

Dr. B. F. Pearson, Queensville, Ont., Can., asks: "Can you give formula of Pinkham's Vegetable Compound?"

We state to many inquirers that there is no work published, so far as our knowledge goes, devoted to the treatment of corns and bunions, and the general care of the feet. We have searched carefully, among the works of different publishers, for such a work. Here is an opportunity for an enterprising surgeon. The only information now to be had on the subject is to found in the works on general surgery.

We are sorry that we can find no reliable information regarding the composition of Adam's Tutti Frutti Gum.

E. Hertig, M.D., Galesburg, Ill., wishes the best that is recently known for the expulsion of tape worm.

Correction.

In the prescription for sciatica, page 182, May, 1893, WORLD, the amount of syrup of acacia should be oz. i, instead of oz. ij, as printed. However, it would make no difference except as to taste.

Current Medical Thought.

To Those Who Read Medical Society Papers.

We have often seen this notice over doors entering manufacturing places: *keep out, this means you.* So we write this editorial for the members who took part in the last meeting and for those who will engage in the next, and we add this: *read it, this means you.*

Time your article beforehand. Boil it down until it can be delivered in fifteen minutes. This rule would have saved at least two hours for debate in the recent meeting.

Confine yourself to manuscript strictly—interpolations and after remarks are wasteful and exceedingly tiresome.

Be familiar with your piece, one of the best articles of the session lost not a little of its attractiveness because the author was unable to decipher his writing so as to read it in an easy manner.

Be brief, others are anxious to speak as well as you. Enthusiasm is a good thing but when a doctor talks an hour he wearies his audience and cheats his colleagues.

Be sure you have something to say when you talk, then say it concisely, clearly and but once.

In discussions don't repeat the author's paper agreeing in all points; briefly allude to them, and dwell only on something not yet mentioned.

If a doctor reports a very unique case, don't dampen his ardor by always having one just like it. If you habitually do so you will be regarded as an hereditary exaggerator.—*South Cal. Practitioner.*

The Impending Revolution in Military Surgery Caused by the New Infantry Rifle.

1. The wounds being smaller and less shattering, shock will be less and missiles will generally go through the body, and not required to be extracted.

2. The bullet, being so small, will have much less tendency to carry in with it patches of septic clothing and skin, and any bits that are lodged in the track of the wound will be so minute that a deep flushing of the wound with antiseptics will often sterilize the injury.

3. In cases where there is actually some chipping of a joint surface it will be possible to open the joint on the field, pick out the fragments, sterilize the cavity and close it up, thus avoiding amputation.

4. It will in future be possible to avoid a large portion of the amputations and excisions, which were formerly necessary.

5. In perforating wounds of the abdomen, the tearing of the hollow viscera will be much diminished, giving a hopeful opportunity to save life by laparotomy on the field.

6. As prompt antisepticism of the wounds will be important, the hospital corps will have to be instructed how to do it before they bring in the patient.

7. The dispersion of the wounded over wide areas will increase the difficulty of prompt "first aid."

8. Field surgery will be more scientific, and require a greater variety of operations, hence the poverty stricken little cluster of instruments formerly furnished by the government to field surgeons must have additions adopted to the now exigencies of the battle-field.—Conclusions of Dr. Edmund Andrews in *Jour. Am. Med. Association.*

It seems cold-blooded in the extreme thus to contemplate the deliberate mutilation of the human body and the necessary treatment required. It has been hopefully claimed by some that the progressive improvement in the destructiveness of military weapons will finally render war impossible. However, we can see a movement that is destined to achieve this desired result much more speedily and surely. It is the growing sentiment among the working classes (they who fight all battles) of all civilized countries that they all belong equally to the grand brotherhood of man, and that they will engage in no more wars. This is one of the leading principles of all labor organizations and of all socialistic societies. A French peasant is beginning to regard the German peasant as a closer relation to himself than a French nobleman; and so on among the producers, throughout the civilized world. They do not want to fight their brothers. It will soon be that political intriguers will have to fight their own wars, and then there will be none. Physicians, especially, should discourage the military spirit as much as possible. We do not want to bring up our carefully trained sons for wholesale slaughter by machine guns.

Immunity From Small-pox Destroyed by Typhoid Fever.

Dr. William Finder, of Rensselaer county, N. Y., has observed that after typhoid fever patients had recovered they were very susceptible to vaccination. Dr. Finder has verified this observation many times during a number of years, and suggests that others confirm or disprove the theory. So satisfied is he with the correctness of the observation, that he now revaccinates his typhoid fever patients as soon as they recover from the fever.—*Med. News.*

A Form of Obstetric Record.

L. C. GROSVENOR, M.D., Kansas City.

I have kept for some years a complete record of my cases, each occupying but a single line, thus :

Month.	Day.	NAME.			No. of Child.	No. of Case this Year.	Instruments.	Chloroform.	Sex.	Weight.	Presentation.	Hours in Labor.	Hours I Spent.	Living or Not.	Remarks.
		Given Name.	Maiden Name.	Husband's Name.											
Jan.	5	Annie	Gains	Hamond	1	1	I	C	M	9	V	5	3		1st Child.
Feb.	17	May	Gaspel	Andrew	2	32	I	C	M	8	V	8	3		Anasarca.
Mar.	1	Caroline	Mears	Duffield	1	43	C	C	M	7½	V	8	3		
Mar.	2	Jane	Haywood	Hamilton	1	55	I	C	F	5	F	8	3		Eclampsia.
Apr.	16	Julia	Fremont	Jennings	5	88	I	C	F	10	Feet	12	2		For Dr. W

The wide column gives full name, the middle name being the maiden name.

The first narrow column to the right tells which child this is, as 1st, 5th or 7th etc.

The next, numbers my cases and allows me to refer to any given case by number without calling names.

In the next column "I" means instrumental.

In the next "C" means chloroform.

The next records the sex, as "M" for male and "F" for female.

The next gives weight, taken with infant practically naked and with silver balances, which are always in my satchel.

The next tells the presentation, as "V" for vertex, "Op" for occipito, posterior, etc.

The next gives hours of labor, counting from the time when the intervals are regular.

The next tells how many hours I spent with each case.

In the next we find a record of any abnormal condition of the child, as "St." for still-born.

The last and wider column is for remarks as "Eclampsia," "Delivered for Dr. W," etc.

At the end of the year each column has its lesson. For example, how are these cases distributed through the year? In February of one year I attended twenty-five in twenty-eight days. If we count back nine months we shall find "May," the time of springing buds and the mating of birds. In looking at the first right-hand column I find sixty-nine primiparæ. The next tells us that 116 were instrumental labors. Do you criticize? I answer that instruments are benign even in the most benign cases. The worst time in all the world to learn to use instruments is when you have to. Become familiar with them and learn their benign posi-

bilities by daily handling. The next column gives us (150) one hundred and fifty chloroform cases in 207. Chloroform is the greatest blessing which has come to womankind in this century—and the lying-in room is eminently the safe place for its use. The next tells of a universal law of an equal distribution of the sexes. If in the next column I add the weights of my full term babies and divide by the number of full-term babies, I shall have the average weight of a new-born infant. This would be fair when you take 200 or more consecutive cases. The study of presentations in the next line is full of interest, showing 160 out of 183 cases. The study of the hours of labor has been a personal comfort to me, for if I find that my hours are from one to two hours shorter than the great average in Europe and America in public institutions and private practice, I know that my methods are benign. We are just human enough to need and enjoy the commendation of the logic of facts. The line marking the hours I spend with each case shows how knowledge and experience may shorten and relieve the tedious hours of waiting. The last column gives two cases of puerperal eclampsia—one of them fatal—and other items of interest. And so each column has its lessons, and the record, as a whole, is one well worth preserving for future reference. I think we should throw so much of joy and enthusiasm into this work that we shall achieve eminence in this field.—*Clinical Reporter.*

"Man has been defined as an animal ashamed of his own body, and this will truthfully apply to both sexes. As a result of this false modesty, many girls reach the age of womanhood ignorant of the changes about to take place in their

physical economy and many boys arrive at the age of puberty still believing in the nursery stories of their origin, viz: that some kind-hearted old aunty found them in an old hollow log."—Dr. Aley, Lincoln, Neb.; editorial in *The Counselor.*

Administering Chloroform During Sleep.

It is claimed by many that it is an impossibility to administer any agent by inhalation that will produce complete anesthesia during natural sleep. It is thought that the transformation from a state of natural slumber to that of artificial sleep by anæsthesia cannot be produced without a return to natural waking and sensibility. Dr. O. A. M. McKimmie, of Washington, D. C., (*Nat. Med. Review*) gives an account of a case in which he gave the well known A. C. E. mixture during sleep, for the purpose of producing anæsthesia preparatory to amputation of the tongue. Dr. Hamilton E. Leach, the operator in the case referred to, thus describes it: "The patient, a boy of thirteen years, was to be operated on during the earlier part of the afternoon, and feeling slightly indisposed, he had lain down on his bed and had fallen asleep. It had been decided to anæsthetize him in the ward and carry him from there to the operating room. When I entered the ward I found the little fellow asleep and decided to try to give the anæsthetic without awakening him. In this I was successful. He took the anæsthetic quietly and without struggling, having no appreciation of what was occurring between the time of his falling asleep and of waking after the operation."—*Toledo Med. Compend.*

How to Administer Chloroform Properly.

Mr. W. J. Cleaver gives the following valuable advice in regard to the administration of chloroform: Take your folded towel or cap of flannel stretched over a wire frame, and your chloroform bottle, graduated if your like, but this is of no consequence; let the temperature of the operating room be at least 65° F.; if you patient be one of the very nervous kind, give from half an ounce to an ounce of brandy an hour beforehand; put your catch forceps or your tongue forceps on the pillow beside you; pour a dose of chloroform, a drachm or two, on to the towel or cap and hold it, to commence with, two or three inches away from the mouth and nose of your patient, gradually bring it nearer, but never so near as to exclude air from mixing with the chloroform vapor; at the same time keeping your mind and eye on the respiration movements alone. If the patient shows any symptoms of struggling, let assistants take hold of his wrists and allow him to move his arms about as long as he does not interfere with the administration. If he endeavors to get up he must, of course, be restrained, but on no account let half-a-dozen dressers throw themselves upon him, their united weight probably coming

near upon half a ton. What chance has free respiration in such a case? A little pressure on the shoulders will in ninety-nine cases out of a hundred be found to be quite sufficient; when a patient is forcibly held down with half a dozen big men on top of him, his struggle ends in a kind of nightmare, with perhaps a fatal shock at the close of it. Continue the administration quietly and gradually, without being put out of countenance by the repeated demands of the operator—to know whether he is not yet under; and such remarks as, "I never knew a man take such a lot," "put it close to his nose," "what a time he is getting under," etc. You are giving the chloroform, not the operator, therefore take no heed of him. When there is no conjunctival reflex, and a pinch on the skin of the abdomen bears no result, the pupil of the eye fairly contracted, and the breathing regular but perhaps stertorous, you can allow the operating surgeon to proceed.

Pay no attention to the operation, however interesting it may be; watch your patient's breathing only, and continue the chloroform when you see any signs of returning consciousness. If you do this, and this only, you will never have cause to regret it.—*Sheffield Medical Journal.*

Pathology of Influenza.

The author, who is Prosector at the Marine Hospital, at St Petersburg, furnishes a detailed account of forty cases of la grippe on which autopsies were performed (*St. Petersburg Med. Woch.*) These cases were all of individuals who were otherwise healthy. On microscopical examination of the voluntary muscles, he occasionally found loss of the striæ, however only in isolated muscle bundles. In three cases he discovered evidence of hemorrhage in the muscular tissue, and the resulting hematomas were so large that entire bundles of muscle-fibers were involved.

A closer microscopical examination disclosed the fact that there had been a parenchymatous bleeding, and probable a bleeding by diapedesis. In the vessels were found numerous small micro-organisms, and it may be inferred from this that there was nutritive disturbance of the vessels. As the hemorrhages were invariably unilateral, the author concludes that the lesion involves the sympathetic centers.

Pachymeningitis hemorrhagica interna he found only in one case, but in fifty per cent. of the cases there was a hyperæmia of the pia, and in two cases even bloody infiltration. Suppurative cerebral meningitis was found in one case. In those cases with bloody infiltration of the pia,

there was found besides, hemorrhage into the lateral ventricles.

As a general rule, Kuszkow found the heart muscle soft, friable and anemic.

A microscopic examination showed a classification of the muscle cells, with changes similar to those found in typhoid lesions of the bowels. Hyperemia and infiltration of the pharynx and larynx, he found occurred quite frequently.

Careful examinations of the capillary vessels of the lungs and bronchi were made. The author calls special attention to the frequency of labor inflammation. In eight cases he found purulent infiltration, and of these six resulted in gangrene.

The gangrene spots as well as the purulent ones, were wedge shaped, with their bases towards the pleura. Capillary thrombosis, such as is described by Klebs he seldom found, but when so found it occurred in fibrinous plugs. Venous thrombosis was much oftener discovered, as was also arterial thrombosis, but the latter not so frequently as the former.

The spleen, in the majority of cases was contracted; only twelve were found to be enlarged. These were also microscopically examined. Changes in the intestinal canal were often found. Peritonitis was never discovered, but the kidneys were usually affected.

In conclusion, the author decides, on the strength of his numerous investigations, that influenza may be divided into two forms: 1, hemorrhagic; 2, pyemic or septico-pyemic form, with purulent and gangrenous inflammation of the lung tissue and frequent metastases in other organs.—*Jour. Amer. Med. Ass'n.*

The Emergency Treatment of a Toothache.

Toothache is a little thing in the books, but many physicians would rather meet a burglar at the door on a dark night than a call to cure a bad toothache of several day's continuance; a hypodermic of morphine only postpones the evil day, and usually the patient is respectfully referred to the dentist. The tooth should not be extracted while the jaw and gums are inflamed and the latter swollen, and it is the physician's duty to treat the case until the above conditions are removed. Always keep a small phial containing the following mixture: Chloroform, gtt. x.; glycerine, gtt. x.; sat. sol. ac. carbol., gtt. x.; morphine, gr. j., with a small wad of absorbent cotton. If the offending tooth has a cavity or decayed surface saturate a small pellet of cotton with the above mixture and put it into the cavity or against the decayed surface as the case may be, never pack the cotton in, or the more is the trouble—but have the pellet small enough to enter without crowding. In most

cases this will end the trouble. When the gums are swollen and tender paint two or three times, two minutes apart, with a four per cent. solution of cocaine. This time of year your patient may have been eating a good deal of fruit. The tongue and mucous membrane of the mouth are pale sour stomach, and next day the toothache will return. Give ten grains of sub-carbonate of bismuth and ten grains of phenactin at once and a similar dose before each of the three following meals, with a laxative if needed, and stop all fruit for a few days, and it will not return. The same powder every two hours with cessation of fruit eating will stop the persistent tormenting neuralgias so prevalent at this season.—*Jno. E. Weaver, M.D., of Rochester, N. Y., in Med. Record.*

The Brooklyn Method of Treating True Croup.

The treatment of pseudo-membranous laryngitis by the sublimation of calomel, known as the Corbin or Brooklyn method, was originated and first used by our fellow member, Dr. Job Corbin, in November 1874. The doctor's idea was that of the destruction of the products of inflammation in the windpipe, by subliming a mercurial, and compelling the patient to inhale it by loading the air to be respired with the sublimed material. The better and quicker to accomplish this, and to protect those in attendance from the harmful effects, he caused the patient to be covered by a temporary tent made of sheets, blankets, or other available articles. The black oxide of mercury was the material used in the first sublimation, afterwards the doctor substituted calomel and had a special alcohol lamp made for subliming it.

This treatment, while calling for care and thoroughness, does not, like tracheotomy or intubation, require special skill in the operator, and it has the advantage of being available for immediate and repeated application by those in attendance in the absence of the physician.

The sublimation of calomel should be begun early, as soon as a diagnosis of true croup can be made, or before, if there is a strong suspicion of a membrane forming in the windpipe, as evidenced by a peculiar, dry, barking cough, the disturbance and difficulty of respiration, etc. There is special advantage in beginning treatment thus early, as the object should be, not only to relieve dyspnoea, but to arrest the formation and extension of the pseudo-membrane, and to prevent or lessen systemic poisoning.

Preparatory to treatment by sublimation, a dose of calomel of two or more grains, according to age, administered early in the course of a laryngeal inflammation, has a very good effect, and I believe should be generally em-

ployed, unless there are special contra-indications.

The patient should be placed in a large, well-ventilated apartment, in which a temperature of about 80° F. can be maintained, and the air of the room kept well moistened by steam obtained by boiling water, or slacking lime, or from steam pipes. Dr. Corbin adds carbolic acid to the water being evaporated. Perhaps still better is the combination recommended and used by Dr. J. Lewis Smith in diphtheria and scarlet fever. For several years I have used it and like its effects.

It consists of :

R	Acidi carbolic	
	Ol. eucalypti aa.	1 ounce
	Spis. terebinth.	8 ounces

“Add two tablespoonfuls to one quart of water, in a tin or zinc wash basin, or pan of broad surface, and maintain a constant state of ebullition or simmering in the room occupied by the patient.” Observations in regard to the use of this vapor indicate it to be an efficient germicide.

The apparatus consists of a tent, and an alcohol lamp. For the tent, the child's crib or a cot may be used. The uprights at the ends may be formed of bed slats, broom-handles, or plastering laths fastened to the head and foot or corners of the crib or cot, with a broom handle, slat or stout cord to form a ridge pole. The top of the tent should be a foot or more above the child's head, when sitting up in the crib. The covering of the tent may be two or more stout sheets, or light blankets, applied so that they will cover both ends and overlap at the centre. This will permit the parent or nurse to hold the little patient's hand without uncovering or letting out the vapor, and to reassure and watch the child if necessary. Sometimes it may be desirable to have the patient remain in the vapor under the tent for some little time after the sublimation has been finished; generally there is much relief of symptoms and distress and, occasionally, the worn out little one will fall asleep. The tent may be opened by folding back the sheets or covering from the centre, but if this is done too soon the moisture in the air of the apartment will quickly precipitate the particles of calomel suspended in the air of the tent.

To keep the air in the tent as pure as possible it is desirable to consume but little time in the burning of each powder. This also avoids raising the temperature in the tent to too high a point, and charging the air with an unnecessary amount of carbonic acid gas.

As the use of a previously used subliming lamp and outfit may be a possible means of

conveying germs to others I have thought it safest to use a new outfit for each case. This may be easily and cheaply constructed by procuring a small alcohol cooking-lamp with tripod, fastening it with three or four tacks to half a crib slat; the tin cover of a blacking box, or piece of sheet-iron (the thinner the better to favor rapid sublimation) to fasten to the top of the tripod and over the top of the lamp. There should be a concavity or slight indentation at the centre of the tin cover to prevent the calomel from scattering or rolling off when heated, and the edge of the sheet-tin or iron may be turned down, the better to restrain the flame of the lamp.

The quantity of calomel used in each sublimation should be from 30 to 60 grains; the sublimation to be completed in as short a time as possible. The intervals of treatment vary. When the breathing is specially labored and difficult, the burning of the calomel may be required, for a short period, half-hourly; but usually, the treatment is repeated every two or three hours, increasing the interval as the period of relief extends. In my experience, the whole quantity of calomel used upon a case has been from one-half to several—and in one case the recovered eight—ounces.

As an auxiliary I occasionally use Turpeth mineral in one or two grain doses, one, two, or three times in the twenty-four hours, especially when the character of the cough suggests a partial loosening of the pseudo-membrane, with the view of aiding or hastening its separation and expulsion.

When possible, oxygen should be available for immediate administration; it will often be of service and may, occasionally, save a life.

Special attention should be given to sustaining the strength of the patient by nourishment and stimulants, particularly following each sublimation.

I believe, with Dr. Law, that, “while mercurial fumigation will not take the place of surgical means, no physician is justified in performing intubation or tracheotomy in pseudo-membranous laryngitis, until fumigation has been tried, nor, that failing, is he justified in allowing a patient to die without surgical attention.”

After intubation or tracheotomy, when there is evidence, or reason to suspect the formation of a false membrane below the tube, the sublimation of calomel should be employed or continued. Reports received state that this has been done in a number of cases. Dr. Langmann, of New York, makes this course a routine practice.—Wm. Maddern, M. D., in *Brooklyn Medical Journal*.

The statistics regarding the above treatment

indicate that from 48 to 54 per cent. of recoveries may be expected. If to this were intelligently combined other suitable treatment the results might be improved.

Kerosine in Alcoholism.

The most recent remedy for alcoholism in Russia is petroleum or parafin oil, to which the notice of the St. Petersburg medical authorities was called by accident. It appears that a laboring man who had been drinking heavily for four days and nights entered in a complete state of intoxication, a grocer's shop. Unnoticed by the shopkeeper, he staggered up to an open cask of petroleum and began drinking from it. It is related that the petroleum cured him of all the effect of over-drinking; the nausea, unsteadiness of gait, and headache disappeared as if by magic.—*New York Medical Times.*

Anesthesia by Cocaine Deprived of Its Disadvantages.

Dr. Gautier (*Wiener med. Presse*, No. 47, 1893) recommends the addition of trinitrine to solutions of cocaine in order to render anesthesia by this drug innocuous. He employs the following solution :

Cocaine muriate.....	grains ij
Alcoholic sol. trinitrine (1-100).....	gtts. x
Distilled water.....	drams ijss.

A hypodermic syringeful of this solution contains $\frac{1}{2}$ gr. of cocaine and one drop of the trinitrine solution. He has used this solution for two years without the slightest disadvantage.

Local application to the pharyngeal or laryngeal mucous membrane does not produce the well-known sensation of dryness, which is usually observed with the use of cocaine, but an agreeable feeling. Trinitrine does not appear to reduce the anæsthetic and vaso-constrictive action of cocaine.—*Lancet Clinic.*

Nitrate of silver stains are easily removed by painting the part with tincture of iodine and then washing in dilute aqua ammonia.—*Pacific Med. Jour.*

During these hard times the doctor is among the first to suffer, as people generally pay his bill only when it is quite convenient to do so. So, in the interest of himself and his family he is compelled to be especially vigilant in order to get what is due him. "The Physician as a Business Man," is a practical book showing how this may most effectually be done. Price only \$1.00. See Order Blank page xxiv. Address this office.

Penetrating Wound of the Pericardium—Recovery.

By J. E. BOCARRO, L. M. S.,

Teacher, Medical School, Hyderabad, Sind.,
India.

We commend the following model report from far-off India, in the *Indian Med. Record*, as much for its value as a modest, concise, scientific report, as for the special interest our readers have in the subject at present :

Jan Mahomed, a Sindhi Mahomedan, *æt* 42, cultivator was brought into hospital on the morning of the 15th July, 1887 by his friends from a village eight miles distant from Hyderabad suffering from a wound in the chest, with the history that early that morning, when about to yoke a bullock to the plough, the animal had, by suddenly throwing up its head, accidentally caused the point of the horn to gore him in the chest. He had undertaken the journey to Hyderabad on horse-back, and was $4\frac{1}{2}$ hours on the way, arriving at the hospital at about 10.30 A. M.

Beyond having immediately after the accident dusted powdered antimony over the wound and tied several folds of his *puggree* around the chest to stop the hemorrhage, the man had not interfered with the wound in any way.

On admission into hospital he was somewhat low and exhausted from the effects of the journey, but in other respects had borne the pain of the wound and the loss of blood very bravely. As a matter of fact, he was not at all conscious of the seriousness of the wound. He was a man small in physique, but possessed a wiry frame, injured to hardships.

On examination, the wound was found situated in front of the chest, some two inches to the left of the lower third of the middle piece of the sternum. A triangular flap of integument, measuring about two inches at the free margins and $2\frac{1}{2}$ inches at the attached base, was torn up and reflected upwards and outwards in the direction of the left shoulder, exposing a deep wound which involved the soft tissues, the cartilage of the fifth rib, the pleura and opened into the cavity of the pericardium. This wound, which ran inwards in the direction of the lower angle of the left scapula, bore some resemblance to a short truncated cone, and measured about $1\frac{1}{2}$ inches externally ; its deep narrow end being sufficiently patent to admit of a good view of the whole apex of the heart as it beat in its pericardial sac. This rare opportunity was availed of me to give my pupils a brief practical instruction on the rhythmical action of the heart and its impulse, and a demonstration of its anatomical position in the body.

Symptoms :—Pain over the seat of wound in-

creased by assuming the recumbent posture, and felt least by maintaining the sitting position, with the chest thrown forwards. The heart sounds normal; pulse weak and quick, 90 per minute. Resp. 29. Temp. 98°. No hemorrhage since admission into hospital. As far as could be seen and ascertained by signs and symptoms there was nothing indicating injury to the lung; and no emphysema or pneumothorax, although, of course, the pleura had been torn through.

Treatment and Results:—Having carefully washed the surface of the wound with carbolized water without in any way interfering with the deep structures, the triangular piece of integument was as correctly as possible adjusted to its place and sutured. No chloroform was used. The lips of the wound were then hermetically sealed with small pieces of lint saturated with Friar's Balsam, and over this was placed a "protector," well soaked in carbolic oil with a sufficient padding of cotton-wool and a bandage. The patient was strictly enjoined to keep to his bed with his back well propped up and remain at perfect rest. For three days no urgent symptoms of any kind showed themselves; and, barring some feverishness (T. 99° to 100°) and a slight pain at seat of wound, the patient was progressing very satisfactorily. On the morning of the fourth day, without any corresponding marked rise of temperature (T. 100.2°), there was a sudden accession of pain referred, not to the wound but to the interspace between the sixth and seventh ribs immediately below the wound. The character of this pain was different from the pain in the wound. There was a catch on the spot, the patient said, which impeded his breathing, and it was accompanied by a slight hacking cough, (Resp. 35, pulse 99). On examination friction sounds (whether pleural or pericardiac it was hard to tell) together with crepitant rales were heard. The next day there was some little expectoration; the sputum being, occasionally only, tinged red; the breathing, however, was freer, and the pain less acute than on the previous day. Nothing especial was done to check this intercurrent attack of pleuro—or pericardio-pneumonic inflammation, if I may use the term. Gradual improvement took place, and in the course of three days all traces of the inflammation had subsided, and the patient was convalescent.

There being no discharge, no fœtid odor, and no constitutional disturbance demanding earlier attention to the wound, the dressings were not removed until the eighth day after the accident, and to my great satisfaction I found the wound perfectly healed by first intention. After one

week's further detention in hospital, *i. e.*, exactly a fortnight from the date of admission, the patient was discharged cured, but with a defect. Although the external surface of the wound had united so well and readily, the inner parts had healed incompletely; for after the bandages were removed, it was observed that within an area of about 1½ inches, corresponding exactly with the original site of the wound, a heaving motion was communicated to the integument of the chest-wall, to be distinctly seen and felt each time the patient was made to speak, and obviously due to expansion of the lung.

Some six months after the accident the patient had come to the hospital with a friend whom he had brought to be operated upon for stone in the bladder, and he then still had the defect, but stated that he had kept good health all along and was quite able to carry on his usual avocation without any trouble or inconvenience.

Remarks.—To account for the lung on the affected side having escaped injury, it must be supposed that it was either pushed before the horn and slipped out of harm's way, or that the horn had penetrated the pericardium exactly at the spot where it lies uncovered by the lungs, or it may be on account of both these circumstances put together.

The absence of pneumothorax must have been owing to the lacerated condition of the soft parts and the coating of coagulum formed upon them, serving to effectively shut out the air.

There being no signs of interference with the heart's action, no syncope nor a tendency to it, and no abnormal cardiac dulness; it was evident there was no hemorrhage into the pericardial sac.

Hemorrhage from the intercostal artery was probably arrested at the very time of the accident.

Salicylic Acid in Coryza.

Dr. Wegg, (*Med. Neuigkeiten*, No. 48, 1893) advises the following procedure in the treatment of acute rhinitis: A small quantity, (about thirty grains) of good, pure and dry salicylic acid is placed in an ordinary paste-board pill-box, the cover of which is pierced with a number of holes. The box is then shaken so that the powder arises in fine clouds from the box through the holes, the patient holding the box closely under his nose and inhaling deeply the fine dust. This soon gives rise to sneezing, the hyperemia of the mucous membrane and the resultant symptoms rapidly disappear, and the cold is soon over.—*Lancet-Clinic*.

Consanguineous Marriages.

Within the past few years the consensus of statistics and general investigation have resulted in much additional light upon the subject; all tending in the direction of the thought that where there is complete mental and physical vigor, there is no objection to the marriage of relatives, even so near as first cousins; but, where there is sickliness or pathological defects, the hereditary vices are apt to be emphasized in the posterity. In such cases, consanguinity is detrimental. In other words, the closer the relationship, the greater the emphasis of the principle that like begets like. If defects predominate, the defect will be emphasized; if the reverse, the product will be all the better in consequence of the consanguineous features.—*Med. Mirror.*

There has from antiquity been a general belief, supported by some physiological considerations, that marriages between near relatives are likely to be followed by deterioration and degeneration in the offspring. It has been maintained that by such unions ancestral and family imperfections would not only be perpetuated, but raised to their highest potency.

That this holds good in the transmission of nervous diseases, no physician doubts; and the offspring of parents who are both markedly neurotic, will, unless favored by unusual fortifying circumstances, almost certainly be neuropathic.

A similar affirmation may be made regarding constitutional diseases, such a gout, tuberculosis and carcinoma.

Consanguinity and affinity have been at different times and in different parts of the world, looked upon as impediments to marriage between the parties related. The Roman law prohibited marriages between ascendants and descendants, between brothers and sisters, and at one time between cousins-German; and the old canon law and early *decretals* forbade marriages between persons as far removed as the seventh degree of consanguinity. Doubtless, on the other hand, in very early stages of society, marriages between near relatives were the rule.

The question has been asked whether, when both parents are absolutely sound and healthy, are consanguineous unions detrimental to the offspring, entailing constitutional defects?

De Sinety, in a recent work on sterility, discusses the question in the light of many interesting facts. 'We can,' he says, only judge of the results of consanguineous marriages by the quality of the progeny. We have to day, at our disposal, to decide the question, a certain number of examples which seem to be exceedingly pertinent. There are certain fishing stations on the coast of France where the sea-

faring population live in the neighborhood of a rural population without contracting marriages with them. In the commune of Batz, in the Loire Inferieure, composed of 3,000 inhabitants, there has been frequent inter-marrying for a great many years among near relatives of a dozen or so of families. With regard to most of them, the relationship is of the third to the fifth degree; and yet all, men and women alike, are robust, of good stature, firm health, and the children are numerous and healthy.

Many more observations of a similar nature might be cited, from which it would appear that consanguinity of itself is not especially detrimental to the progeny. As Sanson says, 'consanguinity raises heredity to its highest power by causing to act in the same direction, *atavism*, or the disposition to revert to ancestral qualities and individual peculiarities.'

If, then, the parents are vigorous, well developed physically and mentally, these qualities accumulate in their descendants and the influence of consanguinity in such an event is favorable to the species.

If the progenitors are, on the contrary, sickly, or present any pathological defect whatever, the hereditary vices of the two families are transmitted to posterity and the action of consanguinity is then detrimental.—*Boston Med. and Surg. Jour.*

Dutch Physicians Views on Alcoholic Drinks.

It is an encouraging fact, indicative of the spread of temperance truth, that a medical Temperance Declaration has been issued in Holland, signed by six hundred medical men of that country, which contains the following:

1. The use, even in moderate quantities, of spirituous liquors is always injurious. Alcohol does not assist digestion, but, on the contrary, hinders it. It may excite momentarily the feeling of hunger, but it does not increase the digestive powers. We say further, that many affections of the stomach, which are attributed to twenty different causes, have no other origin than the habitual use of alcoholic liquors.

2. The popular opinion that spirits are stimulants, necessary or harmless when taken during the extremes of cold or heat by persons engaged in work requiring great muscular exertion, or by those exposed to damp air, or by persons working in water or in marshes, or by those whose food is insufficient, is false. These prejudices are not only contrary to experience, but it has been proved that the habitual use of alcoholic liquors has precisely the contrary effects that people attribute to them.

3. In all diseases, especially those in which

the changes are rapid, such as fevers and cholera, those who make an habitual use of strong drink are the least able to resist the power of the disease.

4. For all these reasons spirituous liquors should not be regarded as popular drinks, but, according to our view, should be looked upon as most dangerous, destructive of the prosperity and development, moral and material, of the masses.—*National Temperance Advocate*.

Haig's Uric Acid Theory.

The work published by Dr. Haig was the result of nine years of research and study, chiefly on the cause and treatment of headache, from which he was a periodic sufferer. He found that on a meat diet his headaches became worse, while on non-nitrogenous food they diminished and disappeared. Further study led him to the conception of the close relationship of migraine to gout, and he conceived the idea that uric acid was the cause of the former as of the latter. Accordingly he began to estimate the amount of uric acid eliminated from his own person, and found that a constant difference existed in the quantity excreted during the period of headache and that before and after the attack. By easy reasoning he connected the concomitant symptoms of the headache, the slow pulse, the high tension of mental depression, the disinclination for exertion of mind or body, the cold surface and extremities, with the character of the urine and the amount of uric acid contained in it. If these conclusions are correct, the practice of medicine has been placed at one bound, in some of its most important relations, upon a mathematical basis, and Haig deserves to be mentioned with Hippocrates and Harvey. Further clinical observations and careful research will be necessary to determine the correctness and trustworthiness of these observations.—*Med. News*.

The Value of Stretching the Sphincter Ani in Chloroform Collapse.

In the long sad lists of deaths from chloroform in which the various means adopted for resuscitation (unfortunately ineffectual) are enumerated, I observe no mention of one of the most valuable, in my opinion, viz., *dilatation of the sphincter ani*.

This proceeding has been, I understand, in use in America for some time past, and is highly spoken of by Dr. Daily, in the *New York Medical Times*, February, 1893, as effective in cases of morphine poisoning.

I had lately an opportunity of putting to the

test this plan of treatment in the case of a patient almost moribund after chloroform administration. The usual means having failed to obtain any response, I introduced my thumb into anus, and forcibly drew the sphincter towards coccyx. This had the immediate effect of rousing the patient sufficiently to gasp and cry out, and when repeated later on (as she showed signs of relapsing into the former condition), she so far recovered as to protest in a marked way against its repetition.

Dr. Daily's plan is to use a bivalve rectal speculum, and by its expansion to stretch the sphincter. As the speculum may not be always at hand, I think the finger (or thumb, being stronger) will be found to effect the desired result.

Of course one case does not prove much, but by observation of its immediate effect in stimulating the respiratory functions, as stated in this paper, lead me to think it a most valuable and harmless proceeding.

The sphincter ani being the last portion of the body to give up its sensibility, the converse must be equally true, hence the importance, to my mind, of adopting this plan when the patient after an anesthetic shows signs of collapse.

I trust that trial will be made of this American doctor's valuable suggestion, as I am convinced that its importance is not known, and may be the means of saving life when the usual treatment has failed.—Alexander Duke, in *Lancet*, London.

Ergot Unsuitable for Obstetric Use.

The following are the conclusions from a long article in the *Amer. Medico. Surg. Bulletin*, by J. C. Crossland, A. M., M.D., Zanesville, Ohio:

Ergot is extensively used to prevent an imaginary danger. In the class of cases where its use seems most indicated, better results can be obtained without than with it.

Its positive action blinds us to its possible dangers. The evil it does is often credited to other causes.

Administered, it is a potential force over which we have little or no control.

When the natural forces are insufficient, there are *other* means, which are efficient, harmless, and controllable.

When *all* other means fail, forceps is the *dernier ressort* for delivery *via naturalis*.

That the general professional opinion is gradually tending to the abandonment of ergot in obstetrics, is shown by the gradually-decreasing demand for the drug, as evident from the drug market reports.

Rules Governing the Management of Labor Cases.

1. **DETAILS OF HAND CLEANING.**—Scrub the hands, after carefully cleaning the finger nails, with green soap and warm water for five (5) minutes, paying especial attention to the finger tips and free edges of the nails. Then rinse off the soap with clean water and scrub with nail brush in bichloride 1-1000 for five (5) minutes. Hands should be immersed in antiseptic solution before every vaginal examination. No other lubricants are used.

2. **PREPARATION OF PATIENT.**—Before internal examination the patient's external genitals and thighs must be scrubbed thoroughly with green soap and warm water suds, rinsed off with clean water, then bathed with bichloride solution 1-1000. No anti-partum nor post-partum douche shall be given without cause.

3. Internal examinations should be as infrequent as safety to the patient will permit. One and one-half to two hours apart.

4. For this reason make thorough abdominal examination ante-partum.

5. Before any interference empty bladder and rectum.

6. Never pull on the cord. Do not tie cord until pulsation has ceased, unless for indication.

7. Never introduce fingers or hand into genital canal post partum except for cause.

8. If no hæmorrhage occur wait at least thirty minutes before exciting uterine contractions and expressing placenta.

9. Twist membranes into a rope to prevent tearing and draw them out in the axis of the superior strait, waiting until the active contractions of the uterus have subsided. If membranes should tear do not withdraw them at once, but note the fact and give a hot douche on the second day. If not brought out with this treatment, withdraw them with aseptic fingers.

10. If hemorrhage should occur before the placenta is exposed, express it at once and give a hypodermic of ergot. If hemorrhage persists, keep the uterus squeezed by your outside hand and give hot intra-uterine douche. If the uterus remains flabby and hemorrhage persists tampon the uterine cavity with iodoform gauze, sending for assistance in the meanwhile. (To combat acute anemia, think of salt solution.)

11. Always examine for laceration of perineum by inspection before leaving.

12. All lacerated perineæ are to be repaired.

13. **SUPPORT OF PERINEUM.**—Never touch perineum, always prevent the head from sliding through too rapidly by pressure upon it, and see that the occipital protuberance is out from soft parts before you permit forehead or face to pass over perineum.

14. The binder must be applied so as to go

well over the hips, not as a means of preventing hemorrhage, but to give support to the lower abdominal walls. It should fit snugly, not too tightly.

15. If head is not delivered after being on perineum two hours send for assistance.

16. Always examine the child's navel for bleeding before leaving, as well as the child generally for any malformation.

17. A few drops of argentic nitrate 1 per cent. must be dropped in the child's eyes as a prophylactic against ophthalmia neonatorum.

18. An ante-operation douche shall be given before any procedure, and an intra-uterine post-partum douche after instruments or hands have been in uterus, of carbolic acid 3 per cent. or creolin 1 per cent. N. B. No bichloride is to be used in the parturient canal.

No other rule for operative interference exists except the interest of mother or child. If the fetal heartsounds differ forty beats a minute from the number previously heard, whenever they rise to 180 or fall below 110, if meconium appears in a head presentation, if no advance is made for two hours, in spite of good pains, we hasten labor in the interests of the child. Of course we also accept prolapse of cord or hand, malposition of child or of placenta as indications.

Besides the well-known dystocias, a temperature which keeps rising to above 101, or a persistent pulse of 120 or more will indicate that the mother's state demands our interference. Chloroform is administered during an operation only, ergot is not used except hypodermically for post-partum hemorrhage. Garrigue's peclusive pad is always applied.

These are the rules of the New York Post-Graduate School and Hospital, in following which they have conducted 410 cases without a single death. The author, C. A. VanRamdohr, M. D., (*The Post-Graduate*) concludes as follows:

When it is plainly understood that our patients are of the dirtiest, their surroundings filthy, their food bad, their nursing next to nothing; when it is understood that the forty-two practitioners came to learn and to acquire the asepsis necessary for such success; when it is known that seven months was the longest time a house-physician spent at our department, we can turn to any general practitioner and say: "These results and such results you can have, anybody can have, by upholding the two great principals of modern midwifery: *asepsis and non-interference except for cause.*"

EDITOR MEDICAL WORLD:—The contents of THE MEDICAL WORLD are worth ten times the price of it. Reading, Pa. JNO. STEPHENS, M.D.

Class-Room Notes.

(From Coll. and Clin. Record.)

Prof. Keen does not favor the use of styptics, except in cases of oozing on the surface.

Dr. Davis says that in cases of Eclampsia, no other drug controls the convulsions as well as chloroform.

In acute lobular pneumonia in children, Prof. Hare says that quinine will be found to act almost as a specific.

According to Prof. Hare exalgine should not be employed with a view of reducing the temperature in fever cases.

Eclampsia, says Dr. Davis, occurring during the first stage of labor is more fatal than if it sets in before labor has begun.

Dr. Davis says the only successful treatment for cases of habitual abortion is actual confinement in bed for some time previous to labor.

Prof. Keen says a good flat Esmarch bandage can be applied to a limb and left there for eight hours, and not cause gangrene to set in.

Prof. Hare says in fever cases in which the temperature is above 103°. Fahrenheit digitalis will be found not to have any good influence.

Prof. Hare says in attacks of rheumatism following the exposure to cold, great relief will be obtained by the administration of Dover's powder.

Prof. Hare is of the opinion that the peroxide of hydrogen is the best remedy that can be used to dissolve the false membrane in cases of diphtheria.

Prof. Hare says that drugs which will be found useful in cases of articular rheumatism will prove of little or no value in cases of gonorrhoeal rheumatism.

Dr. Jurist says all cases of acute membranous croup should be isolated and treated as a possible contagious disease, as a diphtheritic case may result from it.

Dr. Jurist says that as a general rule syphilitic mucous patches will be found to be placed symmetrically on both sides of the mouth and upper air passages.

Dr. Salinger reported a case of chronic interstitial nephritis which, by slowly increasing doses, took five grains of the pure nitro-glycerine three times a day.

Prof. Keen says in persistent hemorrhage from extraction of a tooth, the alveoli must be emptied of all blood clots and then packed well with absorbent cotton.

Prof. Hare says the distilled extract of hamamelis applied locally in Hemorrhoids will be found to be exceedingly valuable, and will often yield extraordinary results.

In syphilitic affections of the upper air passages, Dr. Jurist says patients should neither smoke, drink nor chew, nor should they drink anything too hot or too cold.

Prof. Keen says in probing for a ball, a probe with a porcelain tip should be employed, for when the probe touches the ball it will leave a black mark on it, do to the lead.

Prof. Keen says cotton made into a rope can be used as a drainage tube for the abdomen, but it must be changed very often, as it readily takes up the fluid of the stomach.

Prof. Hare says the oil of sandalwood will often be found very useful in the latter stages of bronchitis, in which the expectoration is thick, and the cold seems to persist.

Prof. Keen says hot water at 120° is the best hemostat in cases of hemorrhage; acting by contracting the blood vessel, and the heat also causes little blood to flow to the part.

Prof. Hare says that the sulphides or sulphur water are very useful in cases of laryngeal hoarseness and pharyngeal affections, such as follow public speaking and exposure to cold.

Dr. Davis says in marginal placenta previa, the mouth of the womb will be found to be free from the placenta, but the placenta, by digital examination will be found situate just at the edge of the lumen of the os.

Prof. Keen says in cases of shock, cold water should not be dashed on, as is done in a patient who has fainted; a little may be applied to the forehead, but he prefers that hot water, in bottles, be placed on the patient.

Prof. Hare recommends nitro-hydrochloric acid in cases of chronic hepatitis, in full doses and continued to its physiological limit, which will manifest itself by bilious purging or by signs of gastro intestinal irritation.

Prof. Keen says care should be taken in examining a patient who receives a kick in the belly, for it has often been discovered that such an injury has caused laceration of the liver or spleen, or sometimes both have been injured.

Prof. Keen says in cases of appendicitis, if the pus pours out into the abdominal cavity before adhesions have formed, laparotomy should be performed immediately, without losing a moment's time. The belly should be well washed out after the operation and drained.

Prof. Hare says in cases in which an obstinate syphiloderm is present, half an ounce of the bichloride of mercury and one ounce of the chloride of ammonium added to a warm bath (which should be taken every few days) will often be found very efficacious.

Dr. Davis recommends the following ointmen in healing sore nipples :

R Acid, boric, bulv.....gr. x
Lanolin,
Cosmoline.....aa or ss. M.
Fiat unguentum.
Sig.—Apply locally.

Prof. Keen says in all cases where there is cause to believe that an internal hemorrhage is taking place in the abdomen, the latter should be opened under the greatest antiseptic precautions, and the state of things discovered.

Prof. Hare says that bed-sores may often be aborted if as soon as the skin becomes red a solution of the nitrate of silver, of the strength of twenty grains to the ounce, is applied locally to the parts; but this will not be effective in cases of paralysis.

In persons of intemperate habit, Prof. Keen says secondary hemorrhage is more apt to occur than in persons of temperate habits; and in such cases, in tying an artery you should take part of a muscle or some connective tissue in with your stitch.

Dr. Davis says if during the time a patient is in labor dyspnea occurs, it will be found to be best relieved by the hypodermic use of either one of the following drugs: Ether, digitalis, strophanthus, or strichnia, combined with inhalations of ether or chloroform.

Dr. Davis says that one of the dangers to which a child is exposed when its presentation is otherwise than normal is asphyxia, caused by the os and the cervix not dilating properly, and contracting about the head of the fetus just at the moment when delivery is taking place.

Dr. Davis says that placenta parvia is accompanied by anemia, which requires immediate and active treatment. He advises hypodermics of some stimulating drug, or whiskey or brandy. And for the nervousness which will often accompany it, morphine and atropine will be found useful.

In cases of chronic lead poisoning which manifest symptoms of locomotor ataxia, Prof. Hare says strychnine will be found to give very good results; and in such cases where it is administered before the symptoms manifest themselves, it will act almost as a specific in preventing their appearance.

Dr. Salinger says in cases of chronic interstitial nephritis hemorrhage from the nose is of frequent occurrence; hemorrhage from the stomach may occur, but is not very common. The chief predisposing causes of the chronic interstitial nephritis are syphilis and alcohol: and its occurrence is generally between the ages of forty-five and sixty.

Headache.

Headache is a symptom arising from such a variety of constitutional and local conditions, that to treat it properly it is necessary to arrive at a just estimate of the patient's standard of health. For no other symptom is it more important to carefully examine the patient as to heredity and constitutional taint. As to heredity, the inheritance may be direct, or it may be that the neuropathic parents, who may have been epileptic, or insane, or alcoholic, have transmitted to their offspring an instability of the nervous system which, instead of being of the same variety as that of the parent, has manifested itself as headache arising on various pretexts, as fatigue, worry, eye strain, etc.

Having determined the fact of inheritance in a given case, the examination of the patient requires a correct estimate of the constitutional conditions which may be present, whether the patient has been afflicted with syphilis, malaria, rheumatism, its allied condition, lithemia, or arterial disease.

A most careful inquiry should be made as to the digestion and the condition of the alimentary tract, as in the disorders of stomach and bowels we find a most common source of headache. Indigestion in its various forms and constipation are responsible for a large portion of the headaches of to-day.

An examination of the urine may reveal a diminution of excretion of urea, which often is responsible for headache. The presence of uric acid crystals, of albumen, of sugar, all indicate a line of treatment which must be followed if we would relieve the distressing symptom.

After we have determined the presence or absence of these conditions, we are prepared to study the headache itself, when our inquiry should be directed to the history of this particular symptom, the original attack—under what circumstances did it develop? Often we get valuable information on this point. The first headache may have come on when working in the sun on a hot summer's day. It may have developed after a prolonged work at books, in which both brain and eyes are over-taxed. It may have followed a fall. In all cases the history of the first headache is of great value, and often suggestive of a line of treatment.

Having a history of the origin of the headache and its duration, the study of its character naturally follows. It may be continuous or intermittent. If the latter, it may occur at stated regular intervals and last a definite length of time, or it may occur at irregular intervals, each attack seemingly following a directly exciting cause, which in some cases may be an over indulgence in eating or drinking; insufficient sleep; anxiety; prolonged mental strain, or prolonged use of the eyes, which may or may not be normal.

Having established its type as to periodicity, the study of the pain and its location must be learned. As to location, it may be diffuse over the entire head, and may appear to the patient to be superficial, but it is more usually described as being deeply seated. It may be localized as frontal, vertical, occipital, or one sided.

Frontal headache we sometimes find due to a gastric cause; to anemia; to fever, and often to prolonged mental work.

Vertical pain is often due to gastric disturbance, as is also occipital.

When, however, we find headaches which are not due to altered blood states, nor to any of the causes to which I have alluded, there is still the great cause of ocular defects. This cause may be operative alone or in connection with some other, but wherever found, whatever it may be, I believe that it should be corrected. Whether the error is one of refraction or of lack of muscular balance, it, in my opinion, is a cause which must be removed.

Having now thoroughly examined the headache case, how may we classify it, for upon the proper classification depends the treatment adopted.

Headaches may be either anemic or congestive, toxic, neuralgic, organic, neurasthenic or reflex.

The anemic headache is commonly found among people convalescent from disease of exhausting character; in large numbers of the poorly fed, hard worked young women in offices, shops and schools, and in the young society women of the day. It is usually of the diffuse variety, but it is often more severe in the frontal region and back of the eyes. In cases of chlorosis the pain is sometimes very intense. It is not constant, but attacks are easily brought on by exertion or prolonged reading. This latter cause probably operates by reason of the weakened condition of the muscles of the eye which share in the general poor nutrition of the body. The diagnosis of this type is rendered easy by the accompanying symptoms, which exist in varying degree, of faintness, vertigo, palpi-

tion, breathlessness, dizziness on rising suddenly, and improvement of the headache by lowering the head and elevating the feet.

The treatment of the anemic condition need not be described here. The treatment of the attack is often successful by giving a diffusible stimulant, as spirits ammonia arom., one drachm, to be repeated if necessary in one-half hour. Sulphate of quinia in five or ten grain doses often is effectual in arresting the pain or at least in moderating it.

The congestive headache affects the whole head. It occurs often in school children. It is rarely due to overwork—more often to gastric and intestinal causes. The pain is throbbing, increased after meals, and is usually worse in the latter part of the day. Sleep is often tardy, and when it does come it is often disturbed by bad dreams. The patients are as a rule all children of neuropathic ancestry, and are liable to suffer from other diseases, as epilepsy and chorea. As a rule they are dull at school, or else bright in some things, dull in others, irritable on the play ground and changeable in their moods. Such patients, it should be remembered, are always in danger. It is possible that these headaches, in a limited number of cases, may be forerunners of more serious mischief—tubercular meningitis. These children should be taken out of school and the entire attention be given to making good active physical beings, not intellectual prodigies of them. They should be given a system which they are to carry out most religiously. This should include mild gymnastics, cold sponging, salt water rubbing, outdoor plays, but particular care must be taken that the child does not become exhausted, and to that end I make it a rule to order that the child come in at four o'clock and rest an hour. In many cases we find such cases are best treated by the mixed bromides, five to ten grains, t. i. d., for a few days only.

Regulation of the diet, which should include avoidance of sweets, prevention of over eating, the giving of fruits, and attention to the bowels, should complete a cure.

In adults, congestive headaches more frequently occur in men and are often due to frequent wining and dining. The head pain is described as being a feeling of fullness a throbbing, beating head. The treatment by blue pill and salts, with dietary restrictions, is effectual in curtailing the duration of the attack. A full dose of bromide of potash, or of one of the effervescent salts of caffeine or antipyrin often relieves the pain. The English gentleman prescribes for himself on such occasions the juice of half a lemon in a glass of apollinaris water.

There is also the congestive headache due to

prolonged brain work. It is perhaps needless for me to remind you that when an organ is functioning it requires more blood than when at rest, and that after prolonged mental work there sometimes is a passive cerebral congestion. This is seen in lecturers, ministers, jury lawyers, and students cramming for examinations. It is usually accompanied with restlessness, general fatigue and insomnia. The patients complain of a feeling of pressure on top of the head. There is also dizziness, ringing in the ears, and photophobia. If the attacks are frequent there gradually develops a capillary dilation, due to the frequent active hyperemia, and then a chronic congestion may occur, and we then have a chronic headache most difficult to cure. These headaches are made worse by the worker taking stimulants as a spur to the flagging energy.

My treatment of these cases is, cessation of work where possible; first thing in the morning before rising a cup of black coffee; a spinal douche, 40 degrees, at ten or eleven o'clock.

R Tinct. nucis vom.....oz. 1
 Elix. gent.....oz. 1
 Acid. phos. dil.....oz. 1
 Elix. pepsin.....oz. 1

M.
 Sig. A teaspoonful in water three times a day.

If the heart is flagging, give a little digitalis. At night I have them take a sponge bath with cold salt water before retiring, well rubbed, in order to stimulate the peripheral circulation, and deplete, if possible, the engorged cerebral circulation. If, after being in bed one hour they do not sleep, I give

Ergot.....mxxx
 Pot. brom.....gr. xxx to lx

In the congestive headache of old people I have had some good results from continued small doses of ergot. In some chronic cases which have yielded to no other treatment, potassium iodid in 15 to 20 grains a day relieves the severity of the pain.

In the headache occurring at the menstrual period in which the pain is frontal, extending from the root of the nose over the eyes to the temples, Dr. Glasgow, of St. Louis, reports that in a number of cases he has given immediate relief by pricking the congested cavernous bodies, and thus causing free local blood letting. This I have never tried, as it requires some manual dexterity which I do not possess.

The syphilitic headache is marked by great violence. The pain is usually verticel and may be diffuse or localized. Its characteristic accompaniment of scalp tenderness and nocturnal increase of pain make the diagnosis sure enough to warrant questioning the patient as to his personal history, and to treat him antisypilitically, even though we meet with a denial of specific disease.

I have not found as prompt results with small doses of mercury in these cases as I have with doses of potass. iodid of from 15 to 20 grains three times a day. This may be due to the fact that the majority of my cases have had the headache as a late symptom.

The headache due to cerebral growth, the toxic headache, arising from the use of drugs, the headache occurring in the course of acute febrile diseases, of which typhoid fever and influenza are examples, the headaches which occur in rheumatic, gouty and lithemic subjects form a group, the treatment of which is a part of the treatment of the disease of which it is a symptom, and will not therefore receive special consideration here.

The headache due to reflex causes, chief of which is some eye defect, are to the general practitioner of the most baffling character. This is so because, even though the patient is asked if there is any trouble noticed in using the eyes, we often are answered: "No, my eyes are perfectly strong. I can see perfectly." An examination with the test type, which is the only way we who are not oculists have of examining the eyes, often reveals what we estimate as normal, or near enough to normal vision, and then we dismiss the eye question from the case. Or perhaps the patient may be wearing glasses, and will mention the name of some well-known oculist who fitted the glasses, and pronounced them correct. The general practitioner must indeed be bold who will persist in clinging to the idea that there is still an unsolved ocular problem. But my experience with rather a large number of patients of this class has forced me to the conclusion that oculists may differ in their mathematical calculations as surely as we will differ in our prescriptions for disease. It is not uncommon to have a patient examined by two different competent men, and receive different glasses from them. This, I believe, is not always because the measurements taken differ, but because oculists differ to the advisability of giving full correction or only a partial correction. What may be the correct view to be taken in case of fitting glasses for correcting defective vision unaccompanied by nervous symptoms, is not within my province to say, but in those cases in which the defective eyes are accompanied by headache, I am convinced that in the very large proportion of chronic cases the error must be fully corrected, and corrected after the use of a mi-driatic before we can eliminate the eyes from the case.

In reference to the cases in whom we find loss of muscular balance, we must wait for the decision of the oculist as to the relative value of tenotomies and prisms.

In the cases due to ocular defects which have existed for a long time, the patients will as a rule require treatment for a considerable time after the proper correction has been made.

After a careful study of all headache cases, there still remains a considerable number in whom we can find no ascertainable cause, and where we meet with but little success in treatment. It is these cases that give the general impression that headaches cannot be cured but must be endured. It is also in these cases that we must avoid recourse to the hypodermic or other use of morphia, for they become habits only too easily.

Leaving out those cases in whom we can find no definite cause, I believe that by careful study of individual cases a large majority can be greatly improved, if not cured.—Jas. W. Putman, M. D., in *Journ. Am. Med. Assn.*

Creosote Treatment of Phthisis, Not Curative.

Albu (*Munchner medicinische Wochenschrift*, December 6, 1892), has used creosote in large doses. The patient took thirty grains daily. One patient took as much as 6,500 grains during the time of observation. He believes creosote to affect only the symptoms of the disease—for some it is a good expectorant, for others a good stomachic. On the whole, it is a good tonic. Recovery did not take place in a single case. He believes creosote to have no specific action upon the process. In the discussion of Albu's paper, Furburger states that he has not used creosote for the past two years, because the effects were not satisfactory. In half of the cases in which it has been used it had no effect, either favorable or otherwise. In about one-fourth of the cases it had a deleterious effect; it disagreed with the stomach. The remaining fourth of cases he had treated improved to a certain extent, but the improvement was not greater than in cases under good hygiene without creosote.—*Univerity Med. Mag.*

Cavazzini (*La France Med.*) advises the following as an antiseptic dusting powder:

R Iodoform.....	55 parts
Salicylic acid.....	50 parts
Subnitrate of bismuth.....	20 parts
Camphor.....	6 parts

This mixture makes a light yellow powder which is without disagreeable odor. It is especially efficacious in ulcerating buboes. It is an active antiseptic, hence cicatrizes and prevents undermining of the skin. Indolent granulations are quickly stimulated and suppuration rapidly disappears.—*Thera. Gazette.*

Time Rights a Wrong.

Two and a half years ago two New Jersey druggists were tried upon a charge of adulteration, under the following circumstances: The standard of the U. S. P. at that time for tincture of nux vomica was "two per cent. of dry extractive." The druggists sold tr. nux vom. made from P. D. & Co's. normal liquid, which made a tincture high in alkaloidal strength and therapeutic power, but not containing the requisite "two per cent. dry extractive." In vain learned professors and skillful pharmacists testified that the value of the tincture depended on the alkaloidal strength and not upon "dry extractive," which may be entirely inert. The revised U. S. P. changed the basis of tr. nux vom. from dry extractive to the better basis, alkaloidal strength; and on January 1, 1894, the new U. S. P. became a part of the New Jersey law, thus robbing these cases of legal basis.

But the best part of it is that we now have a rational and definite basis for this important tincture, instead of an irrational and indefinite one. We are progressing, but the above proves that private firms frequently move in advance of the machinery of authority, whether in the shape of revision of the U. S. P. or the action of legislatures. It is but just to say that the strength of the tincture sold by the defendants was identical with what is now the legal standard.

The Spelling of Some Medical Words.

BY GEORGE M. GOULD, A.M., M.D.,
of Philadelphia, Pa.

Read at the meeting of the American Medical Editors' Association, in Milwaukee, June 5, 1893.

Of all the languages of the civilized world, there is none that in the most distant manner can rival the English in the ludicrous illogicality and wretched lawlessness of its orthography. In other languages there is a manifest philologic sanity that evidently seeks to hold the written (or printed) word in some sort of relationship with the spoken word. But in our language the reverse seems to be the case; the more methods in which a single sound can be spelled the better it seemed to please the fathers of the language. As Professor Lounsbury says: "There is nothing more contemptible than our present spelling, unless it be the reasons usually given for clinging to it."

The labor which this fact imposes upon the child's mind, and upon all minds that, so far as language learning goes, persist in the pre-pubertic stage, is a labor that, conceived in its entirety, is literally appalling. The German child learns

in one year, and well, what the English child learns in three, and poorly.† It is so tremendous a labor that even few educated men reach unconsciousness and ease of orthography, and for the great mass of people it is a constant source of worry or chagrin. To a vast number of people the secret consciousness of their orthographic failing keeps them from the pleasure of writing and composition, or prevents them from profitable employment. To every person that writes, the excess of labor required by our barbaric spelling is a huge waste of time and a heightener of the friction of life. With the correlated barbarism of pronunciation, it is the greatest obstacle to the spread of English as the world's great, sole tongue.

The foregoing facts are so incontrovertible that no one who has even cursorily looked into philology and pedagogics has any tendency to deny them. Equally certain is it that all of our great students and masters of philology are entirely agreed as to the tremendous importance of lessening the burdensome labor of education and the friction of life by some approach, great or little, toward the phonetic spelling of English words. As succinctly stated in his preface by the learned editor of the great Century Dictionary :

"The language is struggling toward a more consistent and phonetic spelling, and it is proper in disputed and doubtful cases to cast the influence of the dictionary in favor of this movement, both by its own usage in the body of the text, and at the head of articles by the order of forms or the selection of the form under which the word shall be treated."

Never has more capital been invested in similar enterprises, and never has more philologic erudition been gathered to the service, than in the editing and publishing of those splendid lexicographic monuments of American scholarship, the "New Webster," the "Century" and the Standard dictionaries. It is equally true that in each case the most earnest desire of the men in charge of these works has been to go to the furthest admissible limit dared in recommending the shortening and rationalizing of the spelling of English words. They have only stopped when and where they thought further advance would result in a baulking, and a refusal of the people to follow.

Words fail me to express my amazement to hear men object to all change in the customary

† Professor March says that "it has been computed that we throw away \$15,000,000 a year paying teachers for addling the brains of our children with bad spelling, and at least \$100,000,000 more paying printers and publishers for sprinkling our books and papers with silent letters."

spelling. To be sure, they are but few, and those who have never given the matter an hour's thought or study, who thus blindly cling to the fetich of custom, stolidly resisting any change whatsoever. The changes that have been made, and that have become the rule—these they willingly accept. They have grown used to spelling music and public without a final k, and are willing to leave off this useless second tail. (The English even now stick to the final k in almanac.) But their mental forefathers as stoutly resisted the curtailing process, and their similarly-minded children will finally accept the changes that progressive minds are now forcing on their fathers. The stupidest, most disgusting thing in the world, is the brute conservatism that refuses all change, good or not good, from stolid, unreasoning desire for things as they are. Better chorea, ay, better epilepsy than absolute paralysis. Conservatism is the sham coyness of linguistic old-maidism, the crinolin fig-leaf of philologic prudery, a fig-leaf, too, not the result of too much, but of two little knowledge—indeed, of an abysmal ignorance of the history of the language.

And most strange of all is such a dead-blank wall of prejudice on the part of medical men. Their science is a progressive one; their life is harassed and hurried with the crush of duties and opportunities. Every hour's experience teaches them to ignore precedent and to cut by the shortest route to the desired end. No body of men is more hampered, and in no calling is labor so much thwarted as in theirs, by popular inherited prejudices, and the old unsloughed snake skins of quackery, of myth and of mummery.

The vast majority of medical words have not grown out of the old languages, either of the ancient living Greek, or of the mediævally preserved dead Greek. When a word is desired the modern minter snaps out a Liddell and Scott, gets some words that best suit his purpose, and shakes them together in his etymologic basket until they cohere into some sort of unity, not infrequently a very ludicrous one.

The argument most relied on by the obstructionists is the etymologic one. But even this poor scarecrow cannot be set up in our medical cornfields. I do not think the etymologic argument of much force, even in the general literary language, because already the form in a large portion of our words is altogether misleading, changed, or lost, and because the vast majority of people never will and never can know anything of the etymologic rootings of their language. But, far more important still is the fact that, with printing came the impossibility of a coinage ever

being lost, its history unrecorded, or its tiniest rootlet unpreserved.

But far and away over all is the fact that the needs and the help of the living millions of bodies and minds, present and to come, outweigh linguistic and philologic considerations. Language was made for man, not man for language.

Moreover, and this note well, despite all the literary coxcombs and philologic old maids of Christendom, reform is inevitable. The people, with unerring instinct, are determined to mold their language into some better conformity to their needs. Slang is riotously rampant, and slang is language in the making. Some reform in spelling is as certain to come as future men and women are certain to come, and wisdom on our part is to accept the inevitable, and to make that inevitable as sensible as we can. As another has said: "The grammarian, the purist, the pernicketty-stickler for trifles is the deadly foe of good English, rich in idioms and racy of the soil."

All this is entirely too long an overture to a very small opera. I wish to beg my brother editors to accept, and to unite in asking the profession to accept, certain innocent little changes in a very few of the words they use. Some time ago a valued contributor objected to our editorial suggestion that the *al* at the end of many of our adjectives was a useless length of tail that it were desirable to lop off. He could give no reason except that wonderful reason that it sounded better to say chemical, biological, parasitical, etc., than to say chemic, biologic and parasitic. All argument was useless. I asked him if we should also, in his articles, spell scientific, basical, thermal, .albuminoidal, mesoblastical, graphical, metrical, etc., or should we leave off the already dropped, old simian *al*.

Another valued contributor begged to be allowed to spell hemorrhage, anesthetic, orthopedic, and the like, in the fashion of his ancestors, *i. e.*, with the diphthong. I asked, should we preserve the Greek diphthong in all cases, in *æther*, for example, instead of *ether*, and in hundreds of cases where its retention would make his printed page the object of laughter, even to the etymologic sticklers. "Analogy to the dogs!"—and, of course, logic and argumentation also to the same animals.

After four years of careful investigation and great labor, the American Association for the Advancement of Science has adopted a set of rules for the spelling and pronunciation of chemic terms. Among these rules are those advocating the dropping of the final *e* in all such words as bromid, iodid, chlorid and the like, and also in all such as bromin, iodin,

chlorin, etc. Is there any reason, earthly or unearthly, for not following the suggestion?

While on the suicidal subject of analogy, reference may be made to the spelling of program. There are people who will use the analogic argument, if it serve their purpose, but forget it when it does not serve them. They will spell diagram, anagram, etc., without the overlong tail, but they are horrified at program. Old Dr. Johnson, in his *Contradictionary*, spelled some word endings *our*, others simply *or*. Some of his contradictory aftercomers stick to his honour, neighbour, favour and colour, though they would not be guilty now of horreur, dolour, emperour, governour, etc. They are indignant at meeting meter or center, but if you ask them to spell diameter, scepter, sepulcher, etc., they are like some other bivalves, the shut up—but "are of the same opinion still."

To conclude: There is not a single argument of value against a moderate and at least a small beginning of some kind of spelling-reform of our intolerable English orthography. As regards the spelling of medical words, any argument has less weight than as regards other words. We owe it to our profession to be progressive in this respect, at least, not to be a dead-weight to the car of progress, and at the very least, not to pull backward, like an over-obstinate horse, when the wagon (with one *g*!) is pushed on to our heels. Wherefore, brethren, will you not assent to the little advance already gained, and will you not assent to a few little timid steps further? Every argument of logic and uniformity, and every motive of goodwill and interest in progress, is on this side.

Why shall we not drop the conjoined letter diphthongs in all words? Let us spell all our words from the Greek *æma*, with the single vowel *e* instead of *æ*. Let us say hemorrhage, hemostatic, etc., clear through the list. The same with all other *ai*'s usually spelled *æ*, as in orthopedic, pediatric, anesthetic. The same with *œ*: Let us accept edema, celiotomy, diarrhea, fetus, etc.

Let us adopt, with never a wry mouth, the "American spelling" of honor, center, meter (all the meters and liters!), program, and the rest.

Let us get a chart of the rules for spelling chemic terms adopted by the American Association for the Advancement of Science, and hang it in front of our desks and never spell iodid, sulphid, hydrid, morphin, chlorin, etc., with more *e*'s than we should. It is easier to spell them without the *e*'s.

Let us be sensible rather than censervative. [The importance of the above subject causes

us to give it more space than we usually allow to a single article. THE MEDICAL WORLD a number of years ago gave up the use of diphthongs. Are not our readers ready for another step or two in the direction of a more sensible spelling of medical terms? For example, hemorrhage instead of hemorrhage; and consequently, menoragia, otoragia, etc., instead of otorrhagia, etc.; and diarea, otores, etc., instead of diarrhea, otorrhea, etc. If we should decide in the near future to make such a step as this, can we depend upon the good sense and progressive spirit of the readers of THE MEDICAL WORLD to welcome it?—ED.]

We would advise our readers who are interested in simplicity of language to send to the Bureau of Education, Washington, D. C., for a copy of the book, "The Spelling Reform," sent free.

Formulas.

Prophylactic Against Frequently Returning Tonsillitis.

The following is recommended :

Acid carbolic crystgms. 5 (75 grains.)
 Alcohol.....gms. 10 (½ drams.)
 Ol. menth. pip.....gtt. 1.
 M. Sig.—Ten drops in a cup of warm water, as a gargle, morning and evening.

—Lancet-Clinic.

Local Anesthesia.

A local anesthetic recommended by Dobisch, *Prag. Med. Woch* :—

R Chloroformparts 10
 Et. eris " 15
 Menthol..... " 1
 This mixture is applied by means of Richardson's spray, and, within a minute, an anesthesia is obtained which lasts from four to six minutes.

—Canada-Lancet.

Warts.

Prof. Kaposi (*Norsk Magazin for Lægevidenskaben*, No. 11, 1893) recommends, in cases with numerous warts, the following formula :

Sublimed sulphurdr. v. gms. 20
 Glycerine.....oz. iiss. gms. 80
 Pure concentrated acetic acid...dr. ijs. gms. 10
 Apply locally each evening until the warts dry up and fall off.

—Lancet-Clinic.

For Sore Nipples.

R. Ichthyol.....dram 1
 Lanoline..... " 1½
 Glycerine..... " 1½
 Olive oil..... " 2½
 M. Sig. Apply. Wash off before nursing.

—Med. Record.

Hemorrhoids.

The following combination will usually relieve an ordinary attack of external piles :

R Cocaine hydrochloratis.....gr. vi
 Morphine sulphatis.....gr. vi
 Extracti belladonnae.....drams ss
 Liquor plumbi subacet.....drams ss
 Ungt. acidi tannic.....oz. iij
 Ungt. stramonii.....drams v
 M. Sig.—Wash the part with water, hot as can be borne, for several minutes; dry and apply the ointment freely. Repeat four times daily, and after each stool.

—Med. Fortnightly.

Phthisis.

Prof. Huchard (*Deutsche med. Wochenschrift*, No. 42, 1893,) recommends the following in phthisis :

Sterilized olive oil.....dr. iijss, gms. 100
 Camphor.....dr. v, gms. 20
 Gualacool.....dr. jss, gms. 5
 Inject a syringeful once a day hypodermically.

—Lancet-Clinic.

Depilatories.

We offer several formulæ, obtained from various sources, which are regarded as harmless depilatories :

(1) Sulphuret of calcium } aaoz j
 Quicklime
 Reduce separately to a fine powder; mix, and keep the mixture in well stoppered bottles.

(2) CHINESE DEPILATORY.
 Quicklime.....oz. viij
 Pearl ash.....oz. j
 Potassium sulphuret.....oz j
 Powder finely and place in tightly corked bottles.

(3) RAYER'S DEPILATORY.

	Parts.
Charcoal.....	1
Quicklime.....	8
Salt of tar (dry).....	16

 Reduce to a fine powder, mix, and place in well stoppered bottles

(4) Pass a current of hydrogen sulphide into a thick creamy mixture of water and finely sifted slacked lime, until it acquires a steel blue color and is not further darkened by the gas. Place in tightly stoppered bottles.

(5)

	Parts.
Barium sulphide.....	2
Zinc oxide.....	1
Starch.....	1

 Finely powder and mix.

Barium sulphide is regarded as the safest and quickest depilatory. All sulphides are caustic in their action, a fault inherent in all depilatories, but they are not regarded as dangerous further than that they are likely to irritate the skin. Frequent applications should be avoided. Orpiment, or sulphide of arsenic should never be used.

In applying a depilatory, the part having been previously shaved, the application should be made to only a small surface at a time, care being taken to prevent its spreading; then, after about five minutes, it should be scraped off with a blunt knife, the part washed with water, and an emollient applied.

All depilatories become worthless unless entirely excluded from the air, hence the necessity of keeping them in tightly stoppered containers. No liquid should be added to the dry ones until required for use, and then not to more than is required for one application.—*Bulletin of Pharmacy.*

Elixir of licorice comp, for masking quinine and other bitter and nauseous drugs:

R. Fluid extract licorice.....3 ounces.
Spts ammon. aromat.....1 dram.
Simple elixir, to make.....32 ounces.

Mix.

—*Indiana Pharmacist.*

A Good Cough Syrup.

Paregoric,
Glycerine,
Syr. ipecac,
Syr. squilla.....a. a.....1 ounce.

Mix. Dose, a teaspoonful as required.

—*Ib.*

Equal parts of soap liniment and oil of wintergreen, mixed and applied to the affected parts, affords prompt relief in acute rheumatism. It is only a relief, not a cure.—*Ib.*

Phthiasis.

R. Syr. Acidi Hydriodici, (Hostelley's).....f. oz. iv.
Syr. Hypophosphites comp".....f. oz. iv.
M. Signa: Teaspoonful to dessertspoonful three times a day, in water.

Dr. W. K. Grayson, Florence, Texas, says as a stimulating expectorant the following can hardly be surpassed:

R. Eucalyptol. (Sander and Sons).....
Ol. Amygdalæ dulcis.....aa.....ounces ss.
M. Sig. Take gtt. x. four times a day.

Nostrums—"Chemical Compounds."

The following antiseptics and antipyretics, professedly simple chemical agents, have been shown up in *Merck's Report* to be only mixtures: "Anticol" is found to consist of 75 per cent. of acetanilid, 17.5 of bicarbonate of soda, and 7.5 per cent. of tartaric acid.

"Anticylic acid," claimed to be antipyretic and anodyne, is merely a mixture of antipyrin and salicylic acid.

"Antidiphtherin," upon examination was found to contain potassium chlorate and a trace of ferric chloride.

"Antinervin," (so-called *salicyl-brom-anilid*) is, according to E. Ritsert, a mixture of one part of ammonium bromide, one of salicylic acid, and two of acetanilid.

"Antiseptin" is also known as *zinc boro-thymol-iodide*, according to Goldman consists of 85 parts of zinc sulphate, 2½ of zinc iodide, 2½ of thymol, and 10 of boric acid. This must not, however, be confounded with "Antiseptin," which is chemically *par-amono-brom-phenyl-acet. amid*; nor with *cinchonin iodo sulphate*.

"Aseptin" is said to consist of boric acid, borax and alum.

"Camphol" to be merely a mixture of camphor and salol of varying proportion.

"Exodyne," according to F. Goldmann, is nothing but a mixture of 90 parts of acetanilid, 5 of sodium salicylate, and 5 of sodium bicarbonate.

"Phenolid" is a mixture of 48 parts of acetanilid and 42 of sodium salicylate.

"Quickine," according to the *Pharmaceutische Zeitung*, is one part corrosive sublimate, 50 carbolic acid, and 52 dilute alcohol.

"Somnal" is reported to be merely a solution of chloral and urethane in alcohol.

Olive Branch.

Olive Branch consists of powdered jequirity made into suppositories, with cocoa butter or white wax.—*Boston Journal of Health.*

Orange Blossom.

Our analysis shows it to be about as follows: An oblong body, about one inch long, by one-half inch wide and one-half inch thick, weighing full two grammes (31 grains). A single fold of heavy tin foil surrounds and encloses a light, grayish-yellow, unguentous mass, of a rancid, fatty odor, and astringent, metallic taste. The reaction very acid. The constituents are:

Zinc sulphate.....	1 dr
Alum.....	15 gr
Cocoa butt r.....	3 dr
White wax.....	2 dr
Oil sweet almonds.....	1½ dr
Ext. Henbane.....	1 gr

—*New Idea.*

J. L. St. John's Liniment.

According to *Eclectic Medical Advocate*, this preparation is composed of:

Turpentine.....	7 oz
Sweet oil.....	3 oz
Tinct. arnica.....	4 oz
Oil origanum.....	1 oz
Oil hemlock.....	1 oz
Oil juniper.....	1 oz
Oil Amber.....	2 oz
Laudnum.....	2 oz
Spirits ammonia.....	¼ oz
Camphor.....	¼ oz

Editor MEDICAL WORLD:—THE WORLD still continues to be full of valuable information to a busy practitioner. I could not afford to do without it on my table for ready reference.

J. M. PALMER, M.D.

Dalton, O.

Gonorrhœa—Latter Stages.

R. Permanganate zinc.....gr. ij
Glycerine.....dram
Aque destill.....oz. vj

M. Sig.—Use as injection three times daily.

—*Jour. Mat. Med.*

Reviews.

A STANDARD DICTIONARY OF THE ENGLISH LANGUAGE. Price, in single volume, \$12; in two volumes, \$15. Funk and Wagnalls Co., 18 and 20 Astor Place, New York.

Volume one of this stupendous work is now ready. The second volume, as well as the entire single volume edition, will appear in a short time. This work has already taken four years time and cost hundreds of thousands of dollars in its preparation. It was the ambition of the projectors to make a dictionary so complete and correct that it would at once take rank as the accepted authority throughout the entire literary world. The most eminent men in each department of learning have given their best work to its preparation. Other dictionaries have been small and unpretentious in their first editions, growing from one edition to another. This starts out at once as the greatest dictionary of any language in the world. This dictionary gives *more than double the number*—over one hundred and fifty thousand—of words than the largest other single volume dictionary, and seventy thousand more than a certain large six-volume dictionary. It is more accurate and complete in its definitions. It indicates the exact pronunciation in a plain, simple form. Its illustrations are so natural and life-like that you could go into a forest and identify a leaf by it. In fact, if there is any one book that can be said to be a complete library in itself it is the Standard Dictionary. However, as no words that we can say can give you an adequate idea of this magnificent work and its merits, we advise you to send at once to the publishers for their announcement, or send them 25 cents for pamphlet giving many sample pages.

ATLAS OF HEAD SECTIONS. By William MacEwen, M.D., Glasgow, Scotland. Price \$21. MacMillan & Co., New York, N. Y. Received from John Wanamaker, Phila.

This magnificent work consists of fifty-three engraved copper plates of frozen sections of the human head, the sections being made through the head in every possible direction for showing the anatomical parts in their normal relations. Each plate is accompanied by a key-plate, with appropriate descriptive text. For students of the brain, its anatomy, physiology, diseases and surgery, it is a most valuable work. It is a suitable companion to the following volume, by the same author:

PYOGENIC INFECTIVE DISEASES OF THE BRAIN AND SPINAL CORD. By William MacEwen, M.D., Glasgow, Scotland. Cloth, 354 pages, 60 illustrations, \$6. MacMillan, & Co., New York. Received from John Wanamaker, Phila.

Complete surgical anatomy of the head, most accurately illustrated, extending over forty-eight pages, introduces the reader to the work of this volume—a consideration of the diseased conditions—meningitis, abscess of brain and infective sinus thrombosis. These are given in all their details of causation, pathology, symptomatology, treatment and results to be expected. A treatise the result of such close scientific work and persevering application should be prized by all who are interested in diseases and surgery of the nervous system. It is a distinct addition to our scientific wealth in regard to the brain and spinal cord.

ESSENTIALS OF THE PRACTICE OF MEDICINE. By Henry Morris, M.D. Cloth, price \$2. W. B. Saunders, 925 Walnut street, Phila.

This is the third edition of Dr. Morris' resume or "quiz-compend" of practice. It is often of benefit to the practitioner to have a concise statement of a subject when he wishes to get a brief view of it at one time. This work is very correct, accurate and plain in its language and is up to date in its information.

A SYLLABUS OF SURGERY. By N. Senn, M.D., Ph.D., LL.D., Chicago. Flexible cloth, 221 pages, price \$2. W. B. Saunders, 925 Walnut street, Phila.

We have here a most complete and comprehensive outline of all the principles and operations in surgery. A veritable "mine of treasures" to one who practices surgery.

LADIES' GUIDE IN HEALTH AND DISEASE. Girlhood, Maidenhood, Wifehood, Motherhood. By J. H. Kellogg, M.D., 673 pages, illustrated, cloth, price —. Modern Medicine Publishing Co., Battle Creek, Mich.

MAN, THE MASTERPIECE, or Plain Truths Plainly Told about Boyhood, Youth and Manhood. By J. H. Kellogg, M. D., 604 pages, illustrated, cloth, price —. Modern Medicine Publishing Co., Battle Creek, Mich.

These are two works issued by subscription and intended for popular use, regarding the sexual phase of existence. The author is the talented editor of that popular magazine, *Modern Medicine* (formerly associated with Dr. Paul Paquin in publishing the *Bacteriological World*), and proprietor of a prosperous sanitarium. The physician is often asked for such books to place in the hands of his patients. We know of no better books of this kind than those of Dr. Kellogg, containing much accurate information and useful instruction in regard to the preservation of the health in general and the proper care of the sexual function in particular. It is eminently proper that youths and maidens should both be given proper moral and physical instruction on these subjects of such vital importance, and they could not better receive it than in these earnest words and conscientious teachings of a physician of many years experience. In addition to the general sexual hygiene, the doctor has impressed some of his own sensible ideas in regard to physical habits, as food, clothing, etc. These works will prove beneficial to young men and young women, earnestly reading them for benefit. Of course, the physician will not want them for his own use.

AN ECONOMICAL SYSTEM OF SANITARY DRAINAGE FOR CITY AND COUNTRY. By M. Nadien, Captain of the Russian Army. Price 25 cents. World's Columbian Exposition, Chicago.

HOW SHALL WE MAKE OUR HOMES HEALTHY? By Benjamin J. Portugaloff, M.D. Translated from the Russian. Price 25 cents. World's Columbian Exposition, Chicago.

MASSACHUSETTS Association of Boards of Health. Official journal, September, 1893. Subjects: First. "Authority to Close Schools During an Epidemic." Second. "Plumbing Laws of Massachusetts." Quarterly, \$1 per year. F. P. Chamberlain, 39 Oliver street, Boston.

BELLADONNA, ILLUSTRATED.—A beautiful and highly instructive pamphlet, giving full information in regard to this most useful plant. The book contains a full history of the plant; a full account of its various names and their meaning, botanical description, well illustrated (very complete); geographical distribution (illustrated); its insect foes (illustrated); its adulterations (illustrated); its medicinal constituents; its chemistry and pharmacy; tests for purity;

physiological action (by Prof. H. C. Wood); local actions (by Prof. W. C. Caldwell, illustrated); and a great deal more important information in regard to its special uses by men of the highest ability in their special departments. The therapeutic index at the close, giving mode of its use in different diseases, occupying fifteen pages, is very complete. This entire work may be had *free* if you will address Johnson & Johnson, New York, N. Y., stating how you like THE MEDICAL WORLD.

AN AMERICAN TEXT-BOOK OF GYNECOLOGY, MEDICAL AND SURGICAL. By Henry T. Byford, M. D., John M. Baldy, M. D., Edwin Cragin, M. D., J. H. Etheridge, M. D., William Goodell, M. D., Howard A. Kelly, M. D., Florian Krug, M. D., E. E. Montgomery, M. D., William R. Pryor M. D., George M. Tuttle, M. D.; edited by J. M. Baldy, M. D. A handsome royal 8vo volume, with 360 illustrations in text and 87 colored and half-tone plates. Cloth, \$6; sheep, \$7; half Russia, \$8. By subscription only. W. B. Saunders, 925 Walnut street, Phila.

In this volume all anatomical descriptions excepting what is essential to a clear understanding of the text have been omitted, illustrations being largely depended upon to elucidate this point. It will be found thoroughly practical in its teachings. A clear line of treatment has been laid down in every case, and although no attempt has been made to discuss mooted points, still the most important of these have been noted and explained; and the operations recommended are fully illustrated, so that the reader may have a picture of the procedure described in the text under his eye and cannot fail to grasp the idea.

All extraneous matter and discussions have been carefully excluded, and the attempt made to allow nothing unnecessary to cumber the text.

The subject matter has been brought fully up to date at every point, and the work is as nearly as possible the combined opinion of the ten specialists who figure as the authors.

Among the important subjects we notice the following: Examination of the female pelvic organs—Embraces a description and illustration of all the instruments, tables and apparatus used in the course of gynecological examinations; the various postures assumed by the patient in examination and operation, both faulty and correct; and a clear description of the different methods of examination, with each one fully illustrated.

Technique of Gynecological Examination.—This chapter contains the most recent and approved methods of preparation of the operator, assistants, nurses and patient for operations, both abdominal and vaginal; the best and most reliable methods of preparation and disinfection of sponges, ligatures, sutures and instruments. In fact, the success of modern gynecological surgery rests on the adoption of the principles and details described in this chapter, which has been brought fully up to date.

Menstruation and its Anomalies; Sterility; Anomalies of the Female Generative Organs; Genital Tuberculosis; Diseases of the Vulva and Vagina; Inflammatory Diseases of the Uterus; Laceration of the Soft Parts; Genital Fistula; Distortions and Malpositions; Malignant Diseases of the Female Genitalia; Uterine Neoplasms, Pelvic Inflammation, considered from an entirely different standpoint from that found in the older text-books. The subject is covered in a thoroughly practical manner. The pathology and etiology are clearly pointed out, the results described, and the management and treatment in all phases considered in detail. The old and confusing nomenclature and

pathology have been dropped, and the data given from facts as found to-day, instead of from theory and tradition. Salpingitis, pyosalpinx, hydrosalpinx, hematosalpinx, pelvic peritonitis and pelvic cellulitis are also included under this chapter heading.

Ectopic Gestation; Diseases of the Ovaries and Tubes; Diseases of the Urethra, Bladder and Ureters; After-treatment in Gynecological Operations.

A TEXT-BOOK OF THE PHYSIOLOGICAL CHEMISTRY OF THE HUMAN BODY, INCLUDING AN ACCOUNT OF THE CHEMICAL CHANGES OCCURRING IN DISEASE. VOL. II. CHEMISTRY OF DIGESTION. By Arthur Gamgee, M. D., F. R. S., of England, 528 pages, fully illustrated. Cloth, \$4.50. MacMillan & Co., London and New York. For sale by J. B. Lippincott Co., Phila.

This book should be made a text book in all our medical colleges. It takes up this important subject in the light of the latest scientific knowledge of the present day, giving it a much more thorough and masterful treatment than can possibly be given in the few pages allotted to it in a general work on physiology. How important it is to the physician to have a competent, clear knowledge of the chemistry of physiological and pathological processes cannot be over estimated.

A meager out-line of the contents of this valuable work is as follows: Saliva and its action upon food, 60 pages; Gastric digestion, 133 pages; The pancreas and pancreatic digestion, 78 pages; The bile, 90 pages; Various considerations of the bile in diseased conditions (Jaundice, cholagogues, etc.), 18 pages; Biliary calculi, 14 pages; Analysis of bile and calculi, 6 pages; The intestinal canal, 21 pages; Chemical processes of micro-organisms in the intestines, 20 pages; Chemical processes of the small intestine, 9 pages; Chemical processes of the large intestine; intestinal gases and concretions, 20 pages; Observations in the animal kingdom, 17 pages; with appendices and indices.

A CLINICAL TEXT-BOOK OF MEDICAL DIAGNOSIS. By Oswald Vierordt, M. D., of Heidelberg, Germany. Translated with additions, by Francis H. Stuart, A. M., M. D., Brooklyn, N. Y., 700 pages, fully illustrated. Cloth, \$4, by subscription, only. W. B. Saunders, 925 Walnut street, Phila.

This is the third revised edition of a work of most reliable merit. It was our pleasure to review this work in the first addition, and must only emphasize the high opinion then expressed. The object of first importance in beginning treatment of a patient in disease is to learn accurately just what the disease is. When this is done the treatment is greatly simplified. With accurate diagnosis, the single remedy may generally be used and the highest practicable degree of success attained. This work is a standard one on the subject of diagnosis, having been translated into five different languages. So minutely does the author go into the subject that fifteen pages are required for an outline of the contents and ninety-two pages for the index. A thorough study of this scholarly work once every year would vastly increase a physician's efficiency in practice.

Wit and Wisdom.

PEANUT flour has been introduced into Germany as a food, containing nearly 50 per cent. of albumen. Nordring pronounces it the most nutritious and cheapest food in existence.—*N. Y. Med. Times.*

MELLIN'S FOOD has received World's Fair honors. Being a superior article it could not fail.

WE have always had the utmost satisfaction in dealing with G. W. Flavell & Bro., 1005 Spring Garden street, Phila., for supporters, stockings, etc.

MENTION this journal and you will receive a free sample of Sozoderma (antiseptic soap) by addressing Hall & Ruckel, 216 Greenwich street, New York, N. Y.

A PROBLEM.—Mr. Daddy—I wish our baby could talk more plainly; Brown's baby is a month younger, and one can understand almost every word it says. I wonder why it is?"

Mrs. Daddy (offended)—I'm sure I don't know (To the baby). Comesey tooty mommy itte sweety. Does 'oo wicked popper scold 'oo dear little woppsy dodkins?" —*Puck*.

WE have used cases made by the Western Leather Manufacturing Co., 81 Illinois street, Chicago, and were well pleased. It is surprising how cheap they sell them.

FOR recent literature on important new remedies (europhen, trional, etc.) send to W. H. Schieffelin & Co., 170 William street, New York.

CUSTOMER—Got a cure for headache? Druggist—Yes, 10 grains of capatine. Customer—Put me up 20 grains, then. Druggist—It's two doses you want, eh? Customer—No, one. It's for the two-headed boy at the dime show.—*Life*.

SEND for fine sample of Marsh-mallow Cream to Diamond Laboratory Co., Naugatuck, Conn.

FOR the ideal "Ladies' Perfect" Syringe send to the Aloe & Penfold Co., Omaha, Neb.

EMPTY hollow suppositories—the ideal method of administering certain remedies—are made by Hall & Ruckel, 218 Greenwich street, New York, N. Y.

TRY Micajah's uterine wafers.

FELLOWS' Syrup is well known the world over.

WE always use Weinhausen's reliable thermometers.

ANTI-KAMNIA is quite extensively used.

A SINGULAR REQUEST.

Family Physician—I can assure you, my dear lady, that you have not the least trace of liver complaint.

Patient, who longs to go to Carlsbad—But, my dear doctor, can you provide me with it if I want it very badly?—*Fliegende Blaetter*.

DID you ever notice how idiotic the smile of a pretty girl is—when it is directed towards some one else?

HAYDEN'S Viburnum Compound is an old and standard preparation.

THE Upjohn Pill and Granule Co., Kalamazoo, Mich., make a specialty of fine goods.

FOR acid dyspepsia I have had great success in using Frye's Pancreo-bismuth and Pepsin advertised in THE MEDICAL WORLD. THE MEDICAL WORLD, I am highly pleased with. I find instruction and help in ever number.

DR. L. M. HOLMES,

46 Union Park, Boston, Mass.

WHEN you use opium use the purified form—vapnia. Sample. Charles N. Crittenton Co., 115 Fulton street, New York, N. Y.

HUNGRY GUEST—How is this? I ordered a steak and a poached egg. I see the egg, but not the steak" Table Attendant—Dat's all right sah. De steak am under de egg.

FROM THE DIARY OF A QUACK.—Case 230, Mary An Perkins. Bisnes, wash-woman. Sickness in her bed. Fisik, some blue pills, a soaperifik; aged 52. Ped me one dollar, I kwarter bogus. Mind get good kwarter and mak her tek mo fisik.

Case 231, Tummea. Krinks Bisnes, N Irishman. Lives with Pady molonny whot keeps a dray—Sikness digg in ribs and two blak eyes. Fisik, to drink my mixer twice a day of sasiperily, bere and jellop, and fish ile, with asifedity to make it taste fisiky. Rubbed his face with Centaur Liniment. Aged 39 years of age. Drunked the mixer and wouldn't pay me bekase it tasted nasty, but the mixer'll work his innards, I reckon.

Case 232, old Misses Bogga. Ain't got no bisnes, but plenty of money. Siknes all a humbug. Guv her sum of my celebrated "Dipseforikon," which she sed drank like cold tea—which it was too. Must put sum-think in it to make her feel sik and bad. The Old Wommen has got the roks."

HOBBSFORD'S Acid Phosphate has won an enviable position in the estimation of the public.

EVERY physician should send to the Malted Milk Co., Racine, Wis., for one of their new and useful desk tools, a ruler, measure and paper cutter combined. They are sent free and postpaid to any physician on application. Liberal samples of Horlick's Malted Milk will be sent also to physicians who wish to give this food a trial in their practice.

It is an excellent preparation for use as a diet in typhoid fever and all wasting diseases, for debilitated conditions and digestive troubles, affording as it does all the elements of nutrition in a concentrated yet very pleasant and easily assimilated form. Ask your druggist to keep it.

WHEN you want the medicinal effects of iodine use Hostalley's Syrup of Hydriodic Acid. When you want to prescribe the hypophosphites, use his Compound Syrup of the Hypophosphites. See his SPECIAL OFFER on back cover page.

For the Teeth.

SOME EXCELLENT RULES TO FOLLOW IN THE CARE OF THEM.

One of the most skilled dentists in New York gives these rules for the care of the teeth:

Use a soft brush and water the temperature of the mouth. Brush the teeth up and down in the morning, before going to bed, and after eating, whether it is three or six times a day. Use a good tooth powder twice a week, not oftener, except in case of sickness, when the acids from a disordered stomach are apt to have an unwholesome effect upon the dentine. Avoid all tooth pastes and dentifrices that foam in the mouth; the lather is a sure sign of soap and soap injures the gums, without in any way cleansing the teeth.

The very best powder is of precipitated chalk; it is absolutely harmless and will clean the enamel without affecting the gums. Orris root or a little winter-green added gives a pleasant flavor, but in no way improves the chalk. At least a quart of tepid water should be used in rinsing the mouth. A teaspoonful of Listerine in half a glass of water used as a wash and gargle after meals is excellent; it is good for sore or loose gums; it sweetens the mouth, and is a valuable antiseptic, destroying promptly all odors emanating from diseased gums and teeth. Coarse, hard brushes and soapy dentifrices cause the gums to recede, leaving the dentine exposed. Use a quill pick if necessary after eating, but a piece of waxed floss is better. These rules are worth heeding.

Be assured of the genuine Listerine by purchasing an original bottle.

MATHEMATICAL—Schnapsier (School Commissioner)—Uf I buy meinselluf drie kegs of beer effery day vat vill I haf at der endt of one year?

Scholar—De kegs.—*Bulletin of Pharmacy.*

FOR fine pills of special formulas and for effervescing preparations send to William R. Warner & Co., Phila.

WILKES-BARRE, PA., Feb. 24, 1898

I am using Freleigh's Tablets with most gratifying results. I deem there is no superior remedy in consumption, and in cases where a good tonic is called for. Class of 1889.

E. H. STEVENS, M. D.

LA GRIPPE.

R Benzoate sodium.....½ oz
Glycerine.....1 oz
Liq. tong. sal.....3 oss
Aqua. mentha pip.....2 oss
M. Sig.—Tablespoonful every two to four hours.

HAVE you tried Keith's Tincture of *Avena Sativa* for the morphine habit? Address B. Keith & Co., 75 William street, New York, N. Y.

FOR Hagee's Cordial of Cod Liver Oil send to Katharmon Chemical Co., St. Louis.

AN ounce of keeping your mouth shut is worth a pound of explanation.—*Christmas Puck.*

BONES—What am de difference between a display of wovon goods and quarantine against yellow fever?

Tambo—One is textile fabrics and the other febrile tactics.—*Puck*

THE Maltine Manufacturing Co. has sent out a calendar to physicians only, containing excellent portraits of leaders of the profession. We regret to say that one or two of the men whose portraits were thus presented objected to the same, when the Maltine Company immediately ceased sending out the calendars. We think the motives of the Maltine Company were very commendable in wishing to present to the profession really good portraits of the eminent physicians whose faces all the profession like to become familiar with, and we hope that the objection above referred to will be withdrawn.

HIS REASONS.—"Still a bachelor, Winters?" "Yea." "Necessity or choice?" "Both. Her choice, my necessity."—*Christmas Puck.*

WE are well acquainted with Dr. Charles L. Mitchell, 1016 Cherry street, Phila., and can recommend his medicated gelatin preparations. They are strictly ethical.

DR. W. B. MASK, Flat Creek, La., uses sanmetto in cases of menstrual irregularity with general debility and undeveloped mammaries.

WHY, OF COURSE.—Stivets—The German investigators are experts in bacillus hunting, aren't they?

Whiffet—Well, wouldn't you naturally expect a germ-man to cholera microbe?—*North American Practitioner.*

HUSBAND—Are you going to Miss Twickenham's tea? Wife—No, I haven't anything to wear. Husband—Why don't you wear the same gown you did at the last tea she gave? Wife—I have too much respect for you. People would say you were running down hill.

As a laxative use Syrup of Figs.

FOR your *enciente* patients use Aletris Cordial. Sample free if you pay the express. Rio Chemical Co., St. Louis, Mo.

FOR fine tablet goods address the P. J. Noyes Manufacturing Co., Lancaster, N. H.

AN Irishman, struggling to get on a new pair of boots, exclaimed: "I shall never get 'em on at all till I wear em a day or two."

HIGH World's Fair honors were given to Charles Marchand for his Peroxide of Hydrogen.

FOR fine electrical instruments address McIntosh Battery and Optical Co., 141 Wabash avenue, Chicago.

FOR reliable pharmaceutical preparations patronize Parke, Davis & Co., Detroit, Mich.

SEE 'he fine "Western Leader" buggy case for only \$5.50 offered by Willis H. Davis, Keokuk, Ia.

AT the County Fair.—"Among other attractive features of this great fair there will be highly amusing horse, donkey and pig races. Competition in these three contests open to citizens of the county only."

No young man ever climbed the ladder of success with a bottle of whiskey in his pocket.

SOLICITOR (to Irish client who has been arrested for horse stealing)—Now tell me the truth; it's no use concealing it if I am to do any good for you. Did any one see you steal the horse? Murphy—Yis, sorr. There was wan man seen me steal the harse an' he's goin' to come into court and swear to it, the low, contemptible blackguard. Solicitor—In that case I'm very much afraid it'll go hard against you. You can't escape with evidence like that. Murphy—But, sorr, look ye here. Oi can bring twinty men an' more that'll swear they didn't see me steal the harse.—*Pick-Me-Up.*

IN these hard times you want to get cut rates in surgical instruments. Send to I. Phillips, 69½ Whitehall street, Atlanta, Ga

IF you want to know what is worse in soap than free alkali, write to Bloudeau et Cie, 73 Watts street, New York, N. Y., proprietors of Vinolia Soap.

FREE sample of the new antiseptic compound "Phenosalyl" by addressing Schulze-Berge & Kocchl, 79 Murray street, New York, N. Y.

WHERE there's a pill there's a way.—*Sharland's Journal.*

WE have understood that more than 50,000 physicians are using tablets made by the H. K. Mulford Company, of Philadelphia, with most satisfactory results. This firm received the highest medals at the Columbian Exposition for the superiority of their tablets, tritirates, lozenges and hypodermics. If you have not already used Mulford's tablets you should by all means write for one of their latest Columbian price lists and resume of winter remedies.

UNGUENTINE is a good base for ointment. Send for sample to Norwich Pharmacal Co., Norwich, N. Y.

YOUR fat patients will do well on Phytoline. Address Walker Pharmacal Co., St. Louis.

FOR your new suit send to E. O. Thompson, 1838 Chestnut street, Phila., Pa.

HER PREFERENCE.—"If I were to commit suicide," said young Mr. Spatts, "I should use prussic acid." "And I," replied the artless maiden, "would select the poison found in ice cream—tyrototoxicoa, I think they call it."—*Life.*

WHEN will doctors learn to make their prescriptions so clear that they cannot be misunderstood? A German paper reports this dialogue:

(Continued on next leaf.)

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

PUBLISHED MONTHLY, by C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D., } EDITORS.
J. J. TAYLOR, M. D., }

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance.*

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ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1520 Chestnut Street,

PHILADELPHIA PA

Vol. XII. MARCH, 1894. No. 3.

New and Prompt Antidote to Morphine and Opium Poisoning:

Dr. William Moore, of 355 Boulevard, W., New York City, has recently made a discovery which will prove of the greatest value in the science of toxicology. It is nothing less than a complete and rapid antidote for poisoning by opium and its alkaloids, the remedy itself being comparatively harmless. Heretofore one great difficulty in the treatment of morphine poisoning was the danger of poisoning the patient with the antidote—atropine.

Dr. Moore has found that PERMANGANATE OF POTASSIUM is the long sought ideal antidote to morphine and opium. His theory is that the permanganate, which is ordinarily deoxidized in the stomach by the gastric juices, would, if morphine be present in solution, first attack and oxidize it, thereby rendering it harmless.

The doctor performed many experiments upon animals, his theory working out perfectly. He then performed the experiment before the West Side German clinic, New York, in the presence of a number of physicians and students, of swallowing three grains of sulphate of morphine and shortly afterwards a solution containing four grains of the potassium salt. The poisons was completely neutralized and had not the slightest deleterious effect upon the experimenter.

Following this two students made experiments upon animals with the drug used hypodermically, the proportion being about one and one-third grain of the antidote to each grain of the poison. The animals were in various stages of torpor from morphine poisoning, in some of which it had been given hypodermically and in some by the mouth, and yet all recovered promptly—in from two to ten minutes—after the hypodermic use of the antidote.

Dr. Moore is still pursuing further experiments, and will give a detailed report to the profession.

How far this fact may be available in the treatment of the morphine habit, or whether it will be of any value at all in that field, does not yet appear.

Thus permanganate of potassium has recently assumed a position of great importance among the leading drugs in the materia medica, especially as an emergency drug, it having been demonstrated to be effective in snake-bite, phosphorus poisoning and morphine poisoning.

We hope to give further details upon this subject next month.

Preparation for Medical Practice.

In these days of active competition in all branches of human activity and learning, none but those fairly competent can long hope to

hold a desirable position in the ranks of medical practice. A thorough educational basis for such work must include an intelligent knowledge of the natural sciences, followed by a thorough study of the fundamental medical sciences—*anatomy, physiology, pathology, etc.* This should be crowned with an exhaustive study of all the means recognized by science for the treatment of patients in disease. This is, finally the goal of all medical study, and it is to give our view of the order in which therapeutic study should be pursued that this brief editorial note is written. In our opinion, this order should begin with the use of natural physical forces and gradually lead up to the more delicate and responsible use of drugs.

In the beginning of therapeutic study the student should be thoroughly trained in the matter of hygiene; the regulation of the patient's diet and manner of living in all respects, to alleviate existing disease and counter-act disease-producing tendencies. This is a most important part of a physician's knowledge, and he should not be allowed to proceed farther if he shows an inability to pursue this branch of the science intelligently.

This being passed, the student should next learn thoroughly the application of massage and other mechanical means so far as they are useful in the treatment of diseased conditions.

The next very great important subject for study is the uses of water, and the application of heat and cold in the treatment of disease.

Last of all, the young physician should pursue a most thorough study of the use of such subtle agencies as electricity and drugs in medical treatment.

A physician so educated and trained, by using drugs only in those conditions requiring them, will do his patients the greatest amount of good and the least amount of harm.

A helpful treatment for seasickness has been found to be the wearing of a stout bandage, extending over the entire abdomen, with a large compress of cotton underneath, giving firm pressure.

Alcohol and Digestion.

Alcohol in any quantity or in any form, being in the stomach during the progress of digestion, either retards or entirely checks that process. It does so mainly by reason of its chemical action in destroying the digestive ferments. To take alcoholic drink at meal-time on account of weak digestive powers is fallacious to a ridiculous extreme. If you wish to prove it, employ the ordinary test-tube experiments with artificial ferments and then make the same tests with varying amounts of alcoholic liquors added; or, by means of the stomach tube, remove from the stomach for examination, a portion of a meal taken with liberal supplies of alcohol.

Nitro Glycerin and the Nitrites in Arterio-Sclerosis.

Augustus A. Eshner, M.D., reports in the *Phila. Polyclinic* good results from the administration of nitro-glycerin or the nitrites in cases of arterio-sclerosis, of which common symptoms are apparently causeless shortness of breath, cardiac palpitation and arrhythmia, with accentuation of the second sound and sometimes a booming first sound, tense, resistant and tortuous arteries, vertigo, coldness of the extremities, paresthesiæ, impaired memory, impaired motor power, heightened reflexes, tremor, are sometimes quite remarkable.

He gives one one-hundredth grain of nitro-glycerin thrice daily or two and one half grains of nitrite of sodium or potassium. The dose may be continuously increased. The doctor thinks the treatment more than merely palliative, with suitable regimen. He speaks of one case as follows:

"In one case in particular the improvement in the subjective symptoms following the taking of nitro-glycerin for a few days was so pronounced as to occasion the remark on the part of the patient that he could not have realized that so much could be accomplished in so short a time with so small a dose of medicine."

Imperial Oppression.

We quote the following from the *Jour. Am. Med. Association*:

"TWO PHYSICIANS EXPELLED.—A recent Berlin cable says that the Society of Physicians

in Leipsic have expelled two members because they belong to the local executive of the Social Democratic party. The physicians were at first requested to resign, but they refused to do so. The meeting which resolved to expel them decided also to amend the society's regulations so as to exclude from membership all Social Democrats. This step is justified on the ground that many members of the society who are army surgeons would be obliged to resign in case Social Democrats were admitted."

Thus does the theory of the "Divine right" of authority and wealth seek to repress the advancement of science, the right of freedom of opinion and the upward development and improvement of the race. And the worst of it is that it has its oppressive effect, too. While we do ultimately triumph in a measure over it, yet it succeeds in restraining progress some-times for generations and centuries.

Legislation to Prevent Blindness From Ophthalmia Neonatorum.

Many midwives are grossly ignorant of some essential points in their profession. It has been demonstrated that fully twenty-four per cent. of all cases of blindness are due to disease or uncleanliness at birth. Prompt work will save them all. Some countries and some states in this country require midwives to make immediate report of such cases. This should be the law, with some penalty for violation, in all states.

Clinical Teaching and the Graded Course.

To-day clinical teaching has surpassed all other modes of instruction, and the young practitioner is sent to the bedside with an experience in the management of disease which heretofore required years of practice to obtain.

In adopting the three years' graded course of instruction, the student escapes the intolerable bore of listening to the same set of lectures year after year. I can never forget when, as a beginner in medicine, the nomenclature of disease was rolled in upon me from the chair of practice, and that nearly the whole year was passed in the attempt to follow, intelligently, lectures, the value of which was wholly unappreciated. The gastro-epiploica-dextra and the gastro-epiploica-sinister were mixed with duodinal dyspepsia, and the whole treated by a sub-nitrate of bismuth.—From address by Prof. J. A. Larrabee, Louisville.

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal only. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUBIN.

READ. REFLECT. COMPARE. RECORD.

The New Preparation for Morphinism.—Notes and Replies.

Editor MEDICAL WORLD:—I do not know of anything that has given me more satisfaction than my determination to withhold the name of the drug I have found so valuable in the treatment of the morphine habit. Every day brings me a lot of letters from persons who want to misuse it, by trying to do what can't be done: treat such cases at their own homes, while attending to their business. There are several things that must never be forgotten in relation to these cases. The first is that stopping the morphine is not curing the disease, but only a preparation for the real treatment. People stop it themselves, or they go to various sanatoria to be "cured," but they don't stay cured. After the drug is discontinued and the immediate effects of the stoppage have passed off, we are confronted with these questions: 1. What is the condition that led this person to use morphine? 2. What changes have taken place in his system, due to the use of morphine? 3. How strong is the force of habit with him, and how can we overcome it?

In the first place, we find back of the morphine habit an inveterate neuralgia, rheumatism, neurasthenia, insomnia, or one of those degenerations of the cerebral tissues that lead to dementia, melancholia, what we used to call softening of the brain—but most frequently, perhaps, that form of mental aberration that gives the law such perplexity, paranoia. Chorea, spinal irritation, myelitis and hysteria have made their previously unsuspected appearance when the morphine mask has been torn off. What folly to think, then, that all one has to do is to stop the morphine to "cure" the disease. The fact is, no mortal man can tell whether any given case can be cured, or what is

really the matter until the morphine has been taken away. Sometimes, very rarely, we are compelled to tell our patient he had better resume the morphine; and once in a while we are compelled to advise the friends to take him to a sanatorium where he can spend a year with a capable physician, in combating a paranoia, seeking to check the degeneration and rebuild the nervous tissues. Well it is for the patient if we can induce him and his friends to see the impending evil and take the proper means to avert it, before it is too late to arrest the disease. Too often we are unable to obtain legal control until some overt act has made the brain disease evident even to the unskilled eyes of judge and jury.

My second point is that the period of drunkenness or morphine addiction does not leave the man in the same condition as it found him. This is the weak point of the nostrum people, whose "cures" have a curious habit of dying suddenly during the treatment or soon after it. Has anyone noted how many of Keeley's people die within two years of their cure? The physician is but a bungler who sends out his patients to take on themselves all the burdens of this hard battle of life, just after throwing off a narcotic habit. Every one of those poor, benumbed nerves is throbbing with new-found life; each is exquisitely sensitive to noxious influences, and yet we expect such a man to rough it among the strong men that run this world. I tell you, after stopping the drug, the first question should be whether the man is able to do anything at all; the next one, what he can do. I recollect a fine young doctor whom I sent to Kansas to cut wood, and I have always regretted I did not make it a year, since seeing the benefit he derived from it. To be sure, most patients think they cannot afford to follow such advice, and then we envy the Czar, who tells people to do and they do it.

The third point is the influence of habit. When a man stops chewing tobacco, he will chew gum, toothpicks, lead pencils, anything to chew. How much discomfort arises from interference with habits we are really unconscious of possessing. To break this influence is a study in every case of narcotic habit.

Now, do you see why I object to giving my remedy, which simply relieves the suffering of withdrawal, to those who neglect every rational principle of treatment, and simply want to enable their patients to stop morphine-taking easily? I place such treatment in the same category as giving old men aphrodisiacs to enable them to use themselves up quickly and bring on dementia paralytica.

I have concluded to take this course: I

herewith forward to the Editor of THE MEDICAL WORLD a sealed envelope, in which I have placed the name of the remedy and directions for its use. This I ask him to hold until we deem it proper to give it to the profession, which will be done through the columns of this journal. This is in harmony with the custom in France, where, when any one has an idea for which he desires to claim precedence, he deposits a sealed packet with the Academy of Medicine, in which he has stated his project. He then goes ahead and completes his experiments, knowing that if anyone gets hold of the affair he cannot rush into print and claim priority. This saves premature publication; for fuller trials may show the idea to be of no value, when the packet is withdrawn.

Dr. Abbott, (page 48), calls attention to Burggraevé's advocacy of the small dose, frequently repeated. I did not credit this to him, because he is not its author. Ringer and other therapists before him have advocated this principle. Nor is it a generally or exclusively applicable method, as the single, bulky, daily dose, so favored by Trousseau, has also its uses.

In general, for sudden emergencies or great pain the large dose is the best; for hemorrhages also, when a sudden and powerful impression is needed. A teaspoonful of laudanum will save a life in post-partum hemorrhage, when the same quantity dribbled in will kill. For insomnia, a patient might lie awake for hours taking a granule of cannabin tannate every five minutes, when a single two grain dose would produce a prompt effect. But do not think I wish to undervalue the small dose often given; I use it very much, but not exclusively. Aconite is scarcely ever to be used in any other way. Veratrum is generally best given thus, but in puerperal eclampsia we cannot wait, but give full doses promptly. The fact is, I value the dosimetric method too highly to be willing to have it leave the fold of rational medicine and form a new sect.

I wish our Eclectic brethren would take up the cudgels and "go for" me with all their might, if only they will increase our knowledge in regard to their special remedies.

Let me ask Dr. W. A. Conn (page 51), whose make of sulphocarbolate he is using. I specify the best, and often give ten grains at one dose, without any irritation, but there is an impure form in the market that is irritating in the doses the Doctor names.

Dr. Dawson (page 51) will hardly find any application to the skin equal to cold water, to prevent taking cold after a vapor bath.

Will Dr. Pinne (page 51) apply chloroform to the eczema if the spots are small, to stop the

itching and promote cure? If large, apply the calomel or one of the other mercurial ointments (not the blue, however) and stop the iodide, which sometimes irritates the skin. Do not wash the skin any more than can be helped, and use borax instead of soap. Give the arseniate of soda, gr. $\frac{1}{10}$, before each meal, and a calomel purge occasionally, and when there is any irritation from the arsenic. Limit the diet to skimmed milk, toasted stale bread, a little lean beef, fresh orange juice, and either powdered bone-dust, or the lacto-phosphate of lime, gr. v, daily, in the food.

To Dr. Smith's case I would give the same lime salt, with cold liver oil, and try to build his constitution up. Give them for a year, together or alternately. For the dribbling of urine, erigeron oil, one-half to one drop, is of value, while waiting for the constitutional remedies to do their work. Cantharidine is also of value, but the dose should be very small. I have known a granule containing gr. $\frac{1}{10}$ cause considerable pain. The tincture of the chloride or the syrup of iodide of iron, is often indicated for such children.

Dr. Hertig asks for the best remedy for tapeworm (page 51). There are several good remedies, if they are given right. My preference is for pumpkin seed: 1/2 to four ounces, beaten up to a paste, shells and all. A dose of salts is to be taken on going to bed, and the paste early the next morning; two hours later, an ounce of castor oil, with a half-drop of croton oil, and the stools passed into a bucket of water to float the worm and prevent it from breaking off and leaving the head. The supper the previous evening should consist of milk, coconut and tea or coffee, and no breakfast should be taken till the bowels act. Pomegranate, pelletierine and kousso are good, but costly; male fern is less certain. Oil of turpentine is effectual in doses of one to two ounces, but I do not like to give such quantities, fearing to irritate the kidneys and bladder. If the worm's head cannot be found wait three months before giving another treatment. If the worm has not been killed, segments will by that time begin to appear in the stools.

WILLIAM F. WAUGH, M.D.,

3724 Ellis ave., Chicago.

[With this article we have received the sealed envelope referred to, which we have dated with the day of its receipt and placed in our safe. We shall keep it until it shall be agreed upon between Dr. Waugh and ourselves that the proper time has arrived when it should be opened and its contents published to the profession.—Ed.]

Treatment of Herpes Zoster.

Editor MEDICAL WORLD:—The gratifying success repeatedly obtained by the remedial measure about to be described prompts the publication of it. The multiplicity and, commonly, the uncertainty pertaining to the advice on the treatment of this affection warrants further attempts in behalf of a more direct and reliable method.

The pathology of this disease is still mooted. It is not yet settled whether it be of a nervous origin, as such, or whether it is by an infectious germ or a toxin.

Hutchinson* defines three laws by which to recognize skin diseases originating in some disorder of the nervous system, namely:

"1. The disease will not occur in round patches, nor in oval ones, nor in streaks, but will be arranged according to the branching distribution of the filaments themselves; it will be panniculate or corymbiform. This is a conclusive argument in his opinion against alopecia areata being of nervous origin.

"2. There will be no power of infecting adjacent structures. The patches will not be serpiginous. Eczema, psoriasis, lupus and many others tend to spread by extension. There is no such tendency in the case of herpes or scleroderma.

"3. The diseases develop themselves fully in the first instance. The results, when once declared, do not increase. From the fact that when herpes zoster, if it occur a second time in a patient, never affects exactly the same area, Hutchinson draws the conclusion that the nerve is disorganized by the kind of neuritis which produces the original attack of zoster, and so is incapable of being involved a second time. Recurrent herpes is a different affection, for it leaves no scarring behind it, as does true zoster. Moreover, it is curable by arsenic, whilst arsenic is capable of producing an attack of zoster."

Pathological research has developed the existence of an inflammatory process, at times involving hemorrhage. In some instances the perineuritis was quite extensive and destructive. In rare cases, even, it eventuated in death. It may affect the peripheral nerve and its distribution only, or include its ganglionic center, or affect the latter alone. Hemorrhage into the Casserian ganglion, and the cauda equina have been found, as, indeed, it has been found associated with various diseases and injuries of the spine and the viscera.

Treatises on this matter express the prevail-

*Sajous' Annual, 1890, extract from presidential address to the Neurological Society, January, 1890.

ing uncertainty of its pathology by referring to it rather indiscriminately as a nervous irritation, or as an inflammation. The preponderance of clinical opinion and accumulated evidence seems favorable to the supposition of an infectious or toxic agent with an affinity for nerve tissue. Be this as it may, we glean little from our knowledge of the pathology that gives direction to our therapeutic effort. One point pertaining to its therapy deserves emphatic expression, namely, the necessity of recognizing that the bursted, and even the intact vesicles afford a fertile soil for an accidental infection. The treatment should obviate this.

In the absence of definite knowledge, the writer would suggest the possibility that a persistent neuralgia after the primary eruption has healed is from the cicatricial formations following an accidental inflammatory complication; the nerve terminals being pinched by cicatricial contraction.

The treatment of herpes zoster as pursued by the writer consists of the hot application of a boiled 1 per cent. aqueous solution of carbolic acid. The patient is directed to moisten a muslin cloth in this solution, applying it as hot as can be born, and cover this with some impermeable tissue (oiled silk). In one instance the efficacy of this measure was much enhanced by holding the diseased part to a heated stove. This method in my cases gave relief from pain and itching shortly, and within one or two days the vesicles were gone and unirritating scabs covered their places.

Carbolic acid has antiseptic, anesthetic and stimulating properties; it readily permeates the skin where it can influence the rete and papillary structures. The heat, too, adds to the relief.

This treatment was applied irrespective of the recognized (or assumed) cause in each case. It was given alone, or supplemented by such other internal treatment as seemed indicated in each case. Among my cases were such as had been neglected and were complicated by accidental infection. One had been treated for syphilis with constitutional remedies. Obviously this plan of treatment will apply to the peripheral lesion only. In complicated cases a curative effect will be had less directly, though the palliative effect is almost immediate. The avoidance of opiates and other narcotics, themselves of collateral evil effect, too, is a desideratum.

H. O. PANTZER, M.D.,

Indianapolis, Ind.

The Increase of Cancer.

EDITOR *MEDICAL WORLD*:—A contributor of the *New Review*, Prof. Dunn, is right in assuming that the increase of cancer is of grave importance; and it is profoundly to be deplored that able writers and teachers, like Prof. Dunn, who assume to speak authoritatively, when discussing so serious a question should content themselves with what in American political slang of the day is called "threshing over old straw," and, of course, getting nothing of value therefrom. A hospital was endowed a few years ago in New York to treat cancer; an able man, Dr. Flint, who was appointed to teach the young physicians to treat cancer, as reported, spent nearly all his time telling his hearers that, in his opinion, there was no cure for cancer, with scarcely an inquiry as to prevention or remedy. Now comes Prof. Dunn, in a long, able article, without a suggestion of any great value (unless some might suppose that his suggestion that some zealous bacillus hunter should find a microbe which the chimerical advocates of microbes in general may believe to be the cause of cancer, or which is utterly improbable in view of our experience with other diseases—such should ultimately prove to be a fact). Here, however, Prof. Dunn is unfortunately "threshing over straw," which is at least five years old, for bacillus hunters have beaten this straw thoroughly; as far back as 1887, an able contributor to the *British Medical Journal* gave us results of thorough investigations of various witnesses in this direction, and the final facts that the desired bacillus was found, with its description; among the many prominent hunters in this field we may mention Kubasoff, and as long ago as the above date, Scheurlen announced with much positiveness that he had found the cause of cancer in a specific microbe; later we have had others of equal positiveness, among which might be mentioned Armand Ruffer, with many others who might be mentioned. "What a man hath, why doth he yet hope for?" But this knowledge has not checked in any degree the ravages of cancer, or materially benefited the sick world, and there is no more ground to suppose that it ever will than there was to suppose a few years ago that that quintessence of imbecile fancy which led a large proportion of the profession to believe that sulphuretted hydrogen would cure consumption would do so; but as we see, many found years ago what Prof. Dunn still hopes for; now "when we find these things in the green tree, what shall we find in the dry?"

A thousand pities that these men would not turn their attention to the chemical and physical aspects of the question. It is well known

A PHYSICIAN writes: "Times have been hard with me, and I have tried to do without *THE MEDICAL WORLD*, but I find it a necessity."

that some chemical substances largely influence the formation of cells. For instance, chloride of zinc.

Our old time friend, Surgeon Purcell, of Brompton Cancer Hospital, who has had the best opportunities to obtain most useful knowledge pertaining to the general treatment of cancer, and who probably has made the most commendable use of the same, of any man living, or perhaps who ever lived, has found, as has been proved a thousand times, that chloride of zinc exerts an influence on the character of cicatrix formed—even in connection with cancer—under its influence, which renders the tissue so far from the peculiarities of cancer tissue as to be, as it were, a resistive wall, or under some conditions as a firm island in an ocean of disease, which for a long time resists the onset of the destroying tide, while cicatrix formed in the same tissues under other influences generally take on the vascular form which is well known to be exceedingly liable to become infiltrated and break down in cancerous ulceration, and this influence accounts for the fact that chloride of zinc is the best yet known application for cancer.

It is a matter of knowledge that citric acid destroys life in man by acting as an irritant of the gastro intestinal mucous membrane; it is generally conceded that irritation causes the infiltration and various other phenomena of cancer in constitutions prepared for its ravages. It is also well known that oxalic acid causes a destruction of the mucous membrane of the stomach and other mucous surfaces and a breaking down or softening of the inner coat of the stomach. It is thus evident that a milder solution would change cell formation in a greater or less degree.

It is also a well known fact that the tomato, so very largely used as a food—nearly as an entire meal frequently with some persons—since cancer has been so fearfully on the increase, contains large quantities of both these acids, as high as ten grains to four quarts of tomato juice, as shown in the *American Journal of Pharmacy*, Vol. 43.

A noted physician in western New York died a few years ago from disease of the stomach who expressed a conviction that tomatoes caused the disease in his case. Post mortem examination proved that his affliction was cancer. The writer and many others have noticed similar cases where such impressions prevailed, and why not? It is the prevalent belief of our best authors that irritation causes the development of cancer in persons prepared for it; the tomato contains large quantities of citric acid which destroys life by irritation, as also does the green

stock of rhubarb or pie plant. Also each contains large quantities of oxalic acid, which destroys the mucous membrane of the stomach and converts the inner coating to a soft pulpy mass like some other caustics. Why should they not, in weaker solutions, exert such influence over cell formation or cells? For instance, especially where an ulcer or cicatrizing wounds exists.

Let all physicians who have noticed facts on this subject of food do humanity the kindness to report them at once through the journals, that, as soon as may be, the ravages of this fearful scourge may be checked.

Let those who tell us what cancer is, be called great; let those who cure it, be called greater; let him who demonstrates to us the real cause and prevention, be called greatest; let all try to speed the day.

But, fortunately, there are some facts of more or less value settled in the minds of the most able investigators, of which it would seem to be of great importance that all people should be informed.

First. Experience has amply shown that cancer is not contagious, so no one need suffer for want of care on account of fear of contagion.

Second. It seems sufficiently evident that the smoker more often suffers with cancer of the upper digestive organs than any other class of people.

Third. That a bruise of a gland of the breast, as by leaning against a piece of furniture or other hard substance, often causes cancer of the breast; also, the womb often suffers from cancer manifestly from injury; these are very important facts, as the knowledge of them might often prevent cancer by causing people to avoid the danger. There is an important question, on account of its general application, which requires a careful study, and that is that a good ground of belief exists that the acid juice of the tomato and pie plant, when eaten freely, exert an influence on the protoplasm or the production of cells or on the cells themselves, especially when new without walls, which predisposes to that condition which leaves them liable to take on the changed conditions we find in cancer, and, further, whether those acids may not influence recently matured cell and tissues thus injuriously.

One acid present is an irritant and the other a caustic, and manifestly may exert an influence to cause the cells to break down in that exuberant destruction we call cancer, especially on mucous surfaces, as of the digestive organs and bladder, in both of which cancer is fearfully frequent. May they not exert an influence on cell formation or even mature cells, especially new ones without walls? More especially emi-

grant or migratory cells thus influenced may implant their deteriorated stock in the tissues, and there multiply themselves indefinitely. These "tramp cells," as Americans would call them, find their best accommodations in vascular tissues; indeed, this is the mode of cancer growth. It is lamentable that able men could not be induced to turn their attention to subjects which promise so rich rewards. It is a pertinent fact that the tomato as a food has been used generally largely just about as many years as cancer has been so fearfully on the increase, and the same is in a great degree true of the pie plant; the strange indifference of some microbists is illustrated by a reply the writer recently received from one of them in answer to an inquiry as to his opinion about the tomato and the pie plant when used largely as a food as a possible cause of cancer. His reply was that he would as soon suspect the watermelon and bread; and yet, that man as a noted physician, ought to know that the juice of the tomato contains a large quantity of the deadly oxalic acid, equal to ten grains to four quarts of tomato juice, and that the pie plant also contains the same acid in large quantities, which, when combined with a calcareous base in the root, give a large per cent of oxalates, in some varieties as high as 30 or 40 per cent. It is well known that oxalate of lime is found largely in the urine of persons eating tomatoes and pie plant. It is devoutly to be hoped that practical men will work this very promising field, and tell us more particularly of the effect of these acids on the various conditions of tissue in their formation and history, especially in connection with accidental lesions, as an ulcer or injury. It is a pertinent fact, now well known, that cancer prevails most among more advanced civilized people, where the great luxury of the tomato is used most largely, while the savage, who does not eat it, is comparatively exempt from cancer. One noted physician of whom the writer made inquiry replied that he could find it in his heart to say nothing about the tomato except that it was a beautiful luxury. It is true that the combination of acids in it gives a pleasant taste, but it is certain that it is dangerous when taken largely as an article of food, as is done by many; and it is amazing how physicians should take for granted without demonstration that so strong a solution of so deadly an acid would not injure the formation of tissues, and tissues themselves. There is still a difference of opinion among the best observers on some questions pertaining to cancer, and too little positive knowledge exists. It is but a short time since the great observer, Virchow, surprised us by informing us that can-

cer originally contains no cell peculiarly its own.

Prof. Dunn's *ipse dixit* that "there is no such thing as cancerous, that is to say, a cancerous stomach," would better have been unwritten; our practical friend Purcell finds cancerous conditions and writes of such conditions variously.

JAMES W. HUNTOON, M.D.,

Lowell, Mass.

[We fear that our esteemed contributor is unnecessarily caustic in his criticism of theories which he himself does not happen to believe in. While it is true that the determination of the exact pathology of a certain diseased condition is not always immediately followed by the corresponding discovery of infallible therapeutics of the same, yet it is *always* of great value in therapeutic research. It guides the direction of such research and shows the lines into which it would be unnecessary to go. Instead of meeting with opposition and ridicule, those who think they shall ultimately be able to demonstrate the microbic origin of cancer should be encouraged to continue their investigations until they reach a definite conclusion. If the microbic etiology is demonstrated it constitutes an important advance in pathological science; if the opposite is demonstrated it settles the question and suggests other channels of investigation.

Again, it is too much the custom to speak with merciless ridicule and abuse of the Bergeon treatment as recommended for phthisis. The author of that treatment, after a number of experiments, announced to his professional brethren, in his enthusiasm, that he thought he had found a *cure* for that usually fatal malady. Many others, both before and since, have made a similar announcement, and their various modes of treatment have been found to be more or less beneficial, instead of positively curative. Begeon's treatment was tried by competent observers all over the world, and was found to exert only the favorable influence that a saturation of the system with sulphurous acid usually exerts over the process of suppuration. The greater majority of the patients were benefitted for a considerable time, but almost none were cured. While we now know that we can introduce the same agent into the circulation more conveniently by administering sulphide of calcium by the mouth, yet Bergeon is entitled to praise, only, for his efforts in the line of therapeutic experiments, rather than the unthinking blame he too often receives because his method has proved to have not nearly so much merit as he hoped it would have. In the interest of ad-

vancing science it is well that successful research should be accorded all due credit and praise, and that unsuccessful investigators, or those who hold views differing from our own, should be treated with only the most delicate criticism, in order that they may not be discouraged from further endeavor.

Our contributor's investigations into the disease-producing tendency of tomatoes and pie plant are very commendable, and we hope he will pursue them to a complete demonstration. We believe he will find a co-operator in Dr. Cathell, of Baltimore.—Ed.]

An Extreme Case of Ascites.

Editor MEDICAL WORLD:—Mr. G. M. H., aged 51, who died October 17, 1893, was the subject of ascites for three and a half years. The case stands conspicuous, if not unprecedented in the number of times tapped and the aggregate amount of fluid.

The first six months he was tapped seven times, the amount of fluid averaging thirty pounds at a tapping. The second six months ten times. The third twenty-four times, and so on. The following table will show the advance of the case and compute the aggregate amount of fluid:

Time.	No. Times Tapped.	Average Quantity of Fluid.	Total Quantity of Fluid.
6 mo.	7	30 lbs	210
1 yr.	34	27	918
1 yr.	55	21	1,155
1 yr.	71	18	1,278
3½	157		3,561

The table shows an increase from year to year in the frequency of tappings. It shows a decrease in the amount abstracted at the separate operations, but this decrease is not in proportion to the increased number of tappings, for the total shows that from year to year the quantity of fluid increased. Summing up we have 157 operations and 3,561 pounds of accumulation abstracted. In addition to the extraordinary severity and duration of this case, what is possibly more remarkable is that the patient soon became familiar with the operation and could perform it himself, which he did with his own hands more than one hundred times. What is the record on number of tappings?

C. C. COTTON, M.D.,

Point Isabel, Ind.

Editor MEDICAL WORLD:—I take several other leading medical journals, but I find that I refer to the back numbers of THE WORLD more than I do to all the rest combined for practical, every-day work.

Bethel, N. Y.

R. C. PAINE, M.D.

Antiseptic Obstetrics.

Editor MEDICAL WORLD:—I so fully concur in the views expressed by Dr J. S. Ducate in the January number of the *Med. and Surg. Reporter*, of Philadelphia, that I will add my experience in confirmation thereof. With 50 years' practice, embracing some 2,000 obstetrical cases, with a loss of less than one-half of one per cent. from all causes, including puerperal eclampsia, placenta previa and one of tubal pregnancy, I feel that my duty was not illy performed, notwithstanding neither in the past nor at the present have I paid any attention to the extreme views upon the subject of antiseptics. All the antisepsis performed by me is not for the benefit of the parturient before or during delivery, but a thorough washing with soap and water for my own comfort after my other duty is performed.

I regard cleanliness an essential factor in the treatment of all diseases and conducive to good health, hence I think it best, though not essential in most cases, to give the vagina a few ablutions of warm water, and, if the discharge is more than ordinarily offensive, to use a wash of carbolic acid, or, what I regard as equally efficacious and more pleasant, a wash of tar water, after cleansing the parts with warm water.

If thorough washing after each menstrual flow were more generally practiced there would, no doubt, be less womb trouble in after life. Since the use of antiseptics in surgical practice, operations are performed which are wonderful in their results, and perhaps the suggestion may not be amiss that thorough cleanliness is a prerequisite to the use of antiseptics, without which I presume little good could be expected; therefore would ask whether asepsis without thorough cleansing would equal thorough washing without the use of antiseptics.

There is nothing that decomposes as quickly as blood, hence the necessity of its riddance. Butchers know this fact and are pleased to see a full flow in view of the better keeping quality of the meat. This is further illustrated in case of a beef killed by lightning, without the loss of blood, which in a very short time will be unfit for use.

Though not pertinent to the subject under consideration, it may not be amiss to give my experience on the obstetrical subject. Although taught to wait from one-half to two hours for the expulsion of the placenta, I have long since thought the advice wrong in theory and still worse in practice. I see where some practitioner (name forgotten), "goes for" the after-birth before tying the cord. This I regard as "too previous." My habit is to proceed to the delivery as soon as the child is given to the

nurse. A little kneading of the abdomen, a slight traction of the cord, with the help of the finger of the other hand, and you will seldom have any difficulty, and this early delivery greatly lessens the danger of flooding and in-ures against hour glass contraction.

I will further state that I have long since almost abandoned the use of ergot as a means to increase the inefficient pains of labor, believing that it more frequently does harm than good. My experience with *Viscum Album*, (Mistletoe), though quite limited, is more favorable for that purpose. Pretty firm pressure upon the perineum during a pain is often of great advantage in helping the pain, both in force and longer continuance, and with the further tendency to relax the parts and thereby lessen the tendency and danger of rupturing the perineum.

Port Republic, Va. G. W. KEMPER, M.D.,

Against the Swab in the Treatment of Diphtheria.

Editor MEDICAL WORLD:—I was much interested in Dr. W. B. Parkinson's article in the January WORLD, but differ widely with him as to "the swab in the treatment of diphtheria."

The doctor and myself, though now widely separated, were students in the same office at Morgan, Utah, years ago, and in the epidemics of diphtheria that were prevalent in that locality during that time the usual treatment was to swab out the throat with Monsell's solution, hydrochloric acid diluted and solutions of varying per cent. of argent nitras, and the death rate was enormous and largely do to laryngeal complications, especially diphtheritic croup.

As Dr. Da Costa states, diphtheria is a constitutional disease with a local expression, the expression being in the throat. I claim that to cauterize a diphtheritic ulcer is wrong. Even after applying solid nitrate of silver, in a few hours you will observe the exudation appear again. In using the swab the danger is in abrading the surface of the throat, thus furnishing a new field for the deposit of an exudate. By this means it has been claimed by eminent authority that the exudate has been transferred to the larynx—the most formidable danger in diphtheria.

I agree with the doctor in the use of the H_2O_2 , as an antiseptic and pus destroyer, but would use it as a spray only.

As to other treatment, I would use whiskey freely and large doses of tr. ferri chlor. frequently repeated. Keep the bowels open with small doses of calomel. If laryngeal symptoms supervene I would use small doses of hydrarg. chlor. corrosive or hydrarg. chlor. mite, believing in its preventing formation of membrane.

But above everything I consider alcohol almost a specific, given in large doses, without fear of intoxication, as the virulence of the disease counteracts the effects of the remedy.

Reedsville, Pa. B. R. KOHLER, M.D.,

Methylene Blue for Diphtheria.

Editor MEDICAL WORLD:—I will be pleased to have you call the attention of the profession to the use of methylene blue (Merck's) in diphtheria, ten grains to the ounce of water; apply to deposit with absorbent cotton every hour, washing the throat with some disinfectant before applying, hold the cotton saturated with the blue up on the deposit until it saturates to the roots. I have used this treatment for nine months, and am so well pleased that I have discarded all the old remedies. In most cases the throat will be clear of deposit in forty-eight hours. The most severe type of the disease that I have seen in this time has not lasted beyond the third day. There is no irritation from its use. It is non-poisonous and the germs cannot grow in its presence. There is complete disinfection of the throat. Not the least odor after the first application. Besides, there is complete saturation of the blood from absorption from its local use, as shown by the urine becoming blue after its use for twenty-four hours. I do not know whether this remedy will save neglected cases, but believe it will arrest the disease if used at once. I instruct my patients to keep the preparation in the house and paint any and all deposits they may see in the throat without waiting to send for me. I do not claim this drug as a specific, for the time of use is too short; but the nine months of use have been so satisfactory that it has taken away in a great measure the dread I have always felt for this most terrible and fatal disease.

Denver, Col. N. K. MORRIS, M.D.,

Personal Experience With Diphtheria.

Editor MEDICAL WORLD:—I have been practicing medicine ten years. For five years I never saw a case of genuine diphtheria. Then it came. A little girl, five years old, contracted it and for three months her life was despaired of from paralysis and albuminuria; but she eventually got well. Fifteen others came down in the same town. All got well. One month after all diphtheria had seemingly disappeared from the little village, one child that had had diphtheria, came over to play with my baby, (two years old), and imported the dread disease from the dolls she played with while sick. My baby, after four days of it, died. It nearly broke my heart. I moved away from there

and came to Port Huron. Here I met with it again. Had six cases all at once on my hands in different families, so mild that it was with difficulty I impressed the parents it was diphtheria. Nevertheless, it was so virulent that I contracted it myself two days after I had dismissed all the others well.

Now for an experience. I felt chilly all day, severe chill at night; temperature 104; tonsils inflamed; no patches yet; second day, diphtheritic membrane manifested itself. I was very sick. My tongue was swollen and so dry that I could scarcely move it. Headache, backache, ache all over. Third day, tonsils, uvula, pharynx, all covered with membrane; urine suppressed; sick at stomach; countenance dusky; pulse 120, intermitting; at times suffocated nearly for want of air. Fourth day, membrane all over mouth, even to the covering of the gums with a slight membrane.

Now for treatment. In the first place, thorough disinfecting of everything. Oil stove kept burning night and day, generating steam, with turpentine, oil eucalyptus and carbolic acid; sheets wrung out of a strong solution of corrosive sublimate kept wet all the time, and the following internal treatment:

No. 1.

R. Tr. ferrimur.....dram vi
Glycerine.....ounce iv
M. Sig. swab throat every $\frac{1}{2}$ hour to every hour, night and day, and one teaspoonful internally every three hours.

Alternate with

No. 2

R. Acid nit. dil.....dram iv
Aque.....ounce iv
M. Sig. Mop membrane with this, alternating with No. 1.

This treatment would remove the membrane but not remove the characteristic inflammation resulting from the poison and the treatment. When membrane was gone or nearly gone I would gargle with

No. 3.

R. Acid carbolie.....dram i
Spt. Camph.....at.....dram i
Amm. mur.....dra ii
Aque.....o i
M. Sig. Gargle with this as warm as convenient.

Return to No. 1 and 2 as soon as membrane showed itself. Spray nose with carbolized oil, acid carbolie, minim j to dram j of oil frequently. Also inject some up posterior nares every three hours. Took all the liquid nourishment and whiskey I could drink. Took injections of red pepper tea into rectum for suppression of urine after diuretics failed, which had the desired result. After the diphtheria disappeared, (which lasted ten days) I commenced taking strychnine gr. 1-60 every three hours, and infusion of digitalis and cactus grand for kidney and heart weakness. It

was two months before I left the house. Suffered with diphtheritic paralysis, which was finally overcome by electricity and strychnine. Took in all 300 pills of strychnine and 50 tablets of nitro glycerine for symptoms of heart failure. It is now four months since I had it, and every time I catch cold I have white patches on my throat. My heart is still weak and I cannot eat meat, as the kidneys are yet weak. Can a person have true diphtheria more than once?

I might say in addition, that I also gargled with peroxide of hydrogen when tonsils and soft palate took on an unhealthy action. The physicians of this town were very kind to me, ten of them calling often and doing all they could for me

In conclusion I would say: Don't use harsh means to remove the membrane. Don't give depressants. Don't be afraid of giving too much strychnine where the heart is failing, but combine it with nitro-glycerine, which dilates the capillaries and also has a very favorable action on the kidneys.

Don't force the membrane down into the trachea with a swab. Don't confine patient in a close room, but give plenty of fresh air. Nitric acid will dissolve the membrane better than anything else I ever tried. (I tried papoid, ohloral, pepsin and trypsin.) *Don't use it, (the nitric acid) strong, but well diluted.*

GEO. H. TREADGOLD, M.D.,

Immigrant Inspector at Port Huron, Mich.

A Case in Practice.

Editor MEDICAL WORLD:—About daylight December 28, 1893, I was called to Mrs. J. B., about nine miles in the country. Arriving about 9 a. m., I found a miscarriage at six months, with child born about two hours before my arrival. The mother, rather small, thin and of nervous temperment, about 35 years old. She had evidently about bled to death. She was pulseless, had the Hippocratic countenance and to all appearance was beyond the reach of medicine. She was still wasting. As the stomach would tolerate nothing, and I did not believe would digest anything, I put five drops o \bar{f} tr. nux. vom., two drops fl. ex. belladonna and eight drops tr. digitalis in a teaspoonful of tr. viburnum prunifolium, and used the hypodermic syringe. Then, placing my hand on the abdomen and finding the womb about the size of a child's head, I inquired after the placenta and was told by the husband that it had all come away. I asked him if he was certain of it. He said yes, he had seen them before, knew how they looked, and was sure of it. With the left hand still grasping the uterus I introduced

my right, finding it low down and much distended, and the placenta firmly adhered. Tearing it loose and scraping the wall as clean as possible with my finger nails, the organ contracted promptly and the hemorrhage ceased. Not much to my surprise, nearly the whole of the placenta except the cord was delivered at this effort. I had in the mean time ordered hot applications to the extremities. All the above was accomplished in less than five minutes—less time than it has taken to pen the above. The family and friends had given up all hope, and it did look like a hopeless case. Having gotten to where I could take a long breath and cast a sober reflection, I made up my mind to stick to the hypodermic prescription above named, as I could then see no room for improvement on it. So I continued it every two to three hours till about 5 o'clock p. m., when I could feel a bare thread of pulse in the right wrist, none in the left. She had thus far been in a cold, clammy sweat to the knees and elbows, but warmth had begun to return, and after this she was able to take her medicine per os. Awhile after dark I heard the neighbor women, who had come in to watch through the night, one suggesting to the others that they had better go to bed, as some would have to sit up in the latter part of the night. As usual, it seemed that all proposed to sit up in the fore part of the night, and one good old lady said she was no hand to sit up any way. After silently listening to them I remarked to this old lady, "we don't need you," and then added, "You may make your own arrangements about sitting up, but some of you must stay by this patient all night, and the latter part of the night is the most important time. I shall lie down as I can snatch a chance, and instruct you when to call me up." She did not lack for attention through the night, with but little change in the treatment, except to add a little nourishment. I left the next morning about 10 o'clock, pretty nearly the same course to be continued. She took two small doses of sulphate of quinine—one at 7 and one at 10 that morning and the next. I saw her the next day (the 30th), about sun-down, and found that she had been getting along all right, and was then doing well, except that she had slight fever and nervousness, which I attributed to an over-dose of company, it being Sunday. These people in the country are very fond of visiting the sick on Sunday. There was no more trouble about the contraction of the uterus, no more flooding after the first dose of viburnum. I ordered the simple tr. viburnum to be continued every four hours, and if she continued to improve for

twenty-four hours, then to give it three times a day, and to let me hear if any change for the worse. I have not seen the patient since, but her husband has been to report and get more medicine. Her convalescence has been very steady and satisfactory. He was in to-day, and said she was able to go to the table. There are one or two points of interest in this case, and first I would like to impress the value of black haw (*viburnum*). I use my own tincture, made with four ounces of the bark of the green root, gathered in October, to one pint of dilute alcohol. It makes a beautiful tincture, is more palatable and more effectual in my hands than the fluid extract. In this case the patient needed the stimulant, as they generally do in these cases, for the patient, as stated, was all the time sick at the stomach and would vomit at the smell of whisky or almost anything else, and the vital current had so far withdrawn from the surface and extremities, that she was for a part of the time, totally insensible to the pierce of the needle, and I injected in the sides just below the axilla. Another point; it will not do to depend upon anybody's say so, about the placenta. Of course, there were other little items of treatment that are understood by the profession without mention here, such as attention to the bowels, the secretions, proper nursing and nourishment, etc.

R. L. HINTON, M.D.,

Prescott, Ark.

Infantile Convulsions.

Editor MEDICAL WORLD:—When infantile convulsions are due to obstipation, before you conclude there is nothing more to be done, inject warm water, and if it is not discharged introduce your index finger into the rectum and make pressure against the anterior wall, which may be prolapsed (independent of the posterior or lateral walls), so as to form a ball valve over the outlet, admitting free injection, but allowing no exit for the contents. The pressure not alone relieves the prolapse, but allows air to enter and relieves the bowel of the offending matter on the principle of tilting a bottle containing fluid.

E. N. S.,

1502 North Bond Street, Baltimore, Md.

In regard to the therapeutics of calcium sulphide, Dr. W. C. Abbott, of Ravenswood, Ill., further writes us his successful experience in cases of boils, skin eruptions, sores on the feet, etc., all of which were promptly cleared up by the faithful use of this drug.

Requirements for Practicing in Mexico.

Dr. Horace C. Pope, of Detroit, Mich., writes us as follows :

In your December, 1893 issue under the head of "Requirements for Medical Practitioners," Mexico you state *no special requirements*. This is incorrect.

The American physician before practicing in Mexico, must go before a notary public or county clerk who has a seal, then the Secretary of State must certify under the seal of the State that the party is duly authorized to administer oaths and to seal documents, then this must be forwarded to Washington, D. C., for the seal of the United States State Department, and this again must be certified to under seal also by the Mexican Legation at Washington, D. C.

Pathogenetic Symptoms of Drugs.

Editor MEDICAL WORLD:—Dr. Stockard and Dr. Waugh think that the hematuria was caused by quinine (page 4). There is no thinking or uncertainty about it. It is a *fact*.

All physicians would do well to have one of the following works: The text book of *Materia Medica*, by A. C. Cowperthwaite, M.D., 722 pages, 8 vo., \$5, Chicago, Gross & Delbridge; or *Condensed Mat. Med.*, by C. Hering, M.D., 968 pages, 8 vo., \$7, Boericke & Tafel, Philadelphia; or *Handbook of Mat. Med.* by T. F. Allen, M.D., 1165 pages, quarto, \$15; Boericke & Tafel. The last the most extensive.

Each of these works has systematically arranged the symptoms which drugs produce. They are obtained by taking the drugs internally when in health, and are also collected from cases of poisoning. It too often happens, that either a too large dose or a long continued use of a medicine produces symptoms which do not belong to the disease. A reference to either of the above works will clear up any doubt and prevent further injury.

Roseburg, Oregon. F. G. OEHME, M.D.,

Editor MEDICAL WORLD:—It is just recently that I have become a member of the WORLD's family, and I already begin to feel a desire to put in my paddle and stir up the turbid waters. As an introduction to your family, I wish to cast in my mite of experience in the use of quinine, with reference to its producing or promoting hemorrhage. I live in Western Illinois, near the Mississippi River, in one of the worst malarial districts of its latitude, and here we are compelled to give quinine or one of its substitutes in almost everything we are called upon to treat.

I have practiced here for 25 years and I am surely within the mark when I state that I have prescribed and dispensed with my own hand over one hundred ounces each year. (I do a country practice and buy and dispense my own drugs). I believe that such an experience should have convinced me one way or the other as to whether quinine does or does not produce or promote hemorrhage.

There may be places on God's green earth where there are other influences which, taken with that of the quinine, may promote hemorrhage, but it is certainly not here. In all of my communications with my medical brethren, privately and in the county and State medical societies, I have yet to hear the first one state that he has noticed that quinine promotes hemorrhage.

We have long since learned that quinine is an excitant of uterine action, and we are sometimes brought face to face with a most perplexing question. Malaria also, in some of its protean forms, near the end of the term, is wont to take on the function of a uterine excitant. Quinine is the antidote to the malarial poison, but it may bring on premature labor. Now, here is an apparent dilemma. What would you do? I give the quinine and take the chances. The two usually counterbalance each other and the patient is allowed to go on to full term. I have long since ceased to use ergot in labor except as a hemostatic and have substituted quinine therefor. I find its action rather slower than ergot, but quite as reliable and of a much better quality. I have used it hundreds of times and I have never seen it produce a tetanoid condition of the uterus, as ergot sometimes does, neither have I ever seen it cause or excite hemorrhage. On the contrary, contraction from the use of quinine seems to be just as efficacious in the control of hemorrhage as does that of ergot. I cannot think that Mrs. Ida O. Wilhelm, of Clay Centre, Kan., can justly charge her case of hemorrhage to the use of quinine. If this meets with grace in the eyes of the editor of the WORLD and its readers, I may at sometime, tell her how she might have avoided that hemorrhage.

W. E. GILLILAND, M.D.,
Coatsburg, Ill.

[In further pursuance of his investigation, Dr. Waugh has received the following letter:]

DEAR DOCTOR:—I noticed in a recent MEDICAL WORLD that you expressed a desire to hear reports of cases of hemorrhage due to the administration of quinine. The only case I ever had, in which I am certain continuous hematuria existed as a result of continuous quinine dosage occurred as recently as Novem-

ber, 1893. I was called in consultation to see a case of intermittant fever. The patient had been in bed ten weeks. The physician in attendance had been giving daily, quinine, grs. xxv, during the latter part of the night and early morning, to ward off the expected chill. At the time I saw him he was voiding large quantities of blood with his urine. I suggested the immediate cessation of the quinine, put the patient on a mixture of acid carbohc and tr. iodine, and in three days the hemorrhage ceased, and did not return. The patient made a good recovery.

CHAS. G. PLUMMER, M.D.,
Mercantile Block, Salt Lake City, Utah.

Electricity a Paralyzing Agent.—A Correction and Addition.

Editor MEDICAL WORLD:—Allow me to correct for your next issue, an error in my last communication, under the heading of "Animal Electricity" (page 14). I wrote, proposing to show that, in so far as involuntary muscles are concerned, electricity produces similar effects to motor nerve section, instead of motor nerve action, as the printer has made me to say—a mistake which entirely contradicts my meaning.

In justification of a statement which at first sight may appear absurd, I will offer the following facts, based on the highest physiological authority, though differing materially from the conclusions put forward in the text books

1. The inferior laryngeal nerves supply motor nerve influence to both the muscles which close and to those which open the glottis. If these nerves are cut, both sets of glossal muscles contract but the constrictors over power the dilators and the glottis is closed.

Faradization of the same motor nerves produces the same effects, as their section; the glottis being closed, just as it is in death.

(Dr. Burdon Sanderson's Handbook for the Physiological Laboratory, Lindsay and Blakiston, 1878, page 308, 318). Here nerve section, faradization and death, are attended by similar effects on the glossal muscles. Now if electricity be a stimulus, it is certainly found in very bad company.

The same results attend section and faradization of the motor nerves supplying the esophagus and stomach, etc., which, instead of being "paralyzed," as the text books assert, after section of the vagi, exhibit quite active muscular contractions in ejecting their contents. Section of the splanchnic nerves, which contain the great vaso-motor nerves of the abdominal viscera, causes such contraction of the abdominal arterioles as to empty their contained flow into the portal system, "as though a great intes-

tional hemorrhage had taken place," (Handbook). Faradization of the same nerves or of their roots in the spinal cord produces marked contractions and even ischemia of the arterioles, as physiology abundantly testifies. (Carpenter's Phys., page 318). These and other facts of similar importance (to which want of space forbids a reference here) seem to prove the proposition made above—that in so far as the involuntary muscles are concerned, motor nerve section and faradization produce similar effects; and it can hardly be denied that in both cases the effect is paralyzing so far as the motor nerve is concerned.

These facts would seem further to point strongly to the conclusion that, in so far as the involuntary muscles are concerned, the true role of motor nerve force is to restrain, control and co ordinate, the inherent contracted energy of the muscle for the purposes of the organism. Such a view of the case suggests other and most important practical conclusions which cannot even be glanced at here. The subject has been discussed at considerable length in a paper of mine to be found in the Transactions of the 9th International Congress, section, physiology, and also in a paper read before the first meeting of the American Electro-Therapeutic Association, and printed in the *Archives of Gynecology* for December, 1891.

THOMAS W. POOLE, M.D.,
Lindsay, Ont., Canada.

Animal Electricity and Magnetism.

Editor MEDICAL WORLD:—In the January number of the MEDICAL WORLD is an article headed animal electricity by Thomas W. Poole, M. D., in which the following sentence occurs: "It is unnecessary to recapitulate the evidence that nerve force and electricity are wholly unlike, and that neither of these forces can be transformed into the other." It is true that nerve force cannot be transformed into electricity for the reason that it is transformed electricity. There is no fact in organic nature more certain than that magnetism is the source from whence comes innervation. The latest scientific investigation of electricity proves it to be a natural elementary substance. It is a well known fact that all elementary substances are allotropic. That is, they change their properties and pass from state to state, progress and return by virtue of their inherent life or motion. For instance, we have carbon, as diamond, as graphite and as charcoal, the same element, but different properties. Again we have oxygen and ozone, the same but very different properties. We have electricity, magnetism, animal

magnetism, heat, light, odyle, thoughts; these are all the same elements, but in different states of progress. We could no more think without magnetism than without phosphorus. All organisms are magnetic, and a disturbance of the magnetic equilibrium of the system invariably precedes disease. This may occur in a special organ or in the general system. Local inflammation is always preceded by an extremely magnetically negative state of the vaso-motor or nerves of the organ or part. This causes engorgements of the capillary vessels, and is followed by the "*Rubor et tumor cum calor et dolor*" of Celsus, because the nutrition of the organ or part is altered by a partial or total stagnation of the blood. If the vasomotor nerve depression is general when reaction comes on we have inflammatory fever, but the nerve depression may be so great as to prevent reaction, then collapse and death will be the result, as sometimes happens in cholera and pernicious intermittents.

The magnetic state of the system and the consequences of a disturbance of its equilibrium is well demonstrated by permitting young healthy children to habitually sleep with very old persons. The child in a short time commences to lose vitality, turns pale and becomes anemic, and if the contact is continued will die of inanition. Old persons are always magnetically negative, while young, healthy persons are always positive. This fully explains the above phenomenon. A number of years ago I made experiments with animal magnetism as a therapeutic agent and the result was so encouraging that I continued to use it in suitable cases for six or eight years. The result or a synopsis of it with cases, was published in the April number, 1886, of the *Medical Age*.

Cordova, Ill.

J. HOKE, M.D.,

Replies to Drs. Bronson and H. L. K.

Editor MEDICAL WORLD:—Drs. Bronson and H. L. K. report cases which require a careful diagnosis as to the causes, which will require a careful examination of each case. The process of exclusion must be employed, as chronic diarrhea and intestinal indigestion have many causes. It would be well for them to ask themselves the following questions:

Has the patient Bright's disease? Is there any disease of the liver, heart or pancreas? Has the patient tuberculosis? Is there any malignant disease of the intestinal tract? Are there any ulcers of the rectum or other rectal diseases. When we exclude these causes we come down to worms and malaria, which frequently have only this one symptom. In malaria the spleen is enlarged, but is often so soft as to

be difficult of detecting, but an examination of the blood will settle the question, even if the regular recurrence of the attack does not.

If we find nothing of the above causes, then we may have a deficient nerve action which would be very similar to Dr. Bronson's case and here I find the hypophosphites of lime or soda, with or without strychnine, of great service, also sometimes small doses of arsenic, one-half drop of Fowler's solution three times a day, especially if there is some nausea and the stomach cannot stand cold water.

In Dr. H. L. K.'s case, if the above causes were excluded we would very probably find intestinal catarrh, in which one-tenth grain of calomel before each meal would give us the best of results.

I mention these remedies as I have often found them of great use. I think that in these causes, bismuth, opium, tannic acid, etc., are of very little, and generally of no permanent use; and in our books we hardly ever see it mentioned, and that quinine, santonine, arsenic, hypophosphites, strychnine and calomel are of use, whereas they are often the only remedies and all that is required. I have found the hypophosphite of great service in treating the diarrhea in the aged. I would advise the doctors to make a correct diagnosis as to cause and then adopt a treatment and stick to it for a month or so.

R. C. PAINE, M.D.

Bethel, N. Y.

Continued Fevers.—Cystitis.—Diphtheria.—Nitrate of Ammonia for Continued Fevers.

Editor MEDICAL WORLD:—If the cystitis in Dr. Campbell's case is not caused by stone, I would suggest 15 grs. boracic acid three or four times a day in a glass of water. At the same time, fifteen drops each of tincture of hyocyanus and tincture of nux vomica, with thirty drops of fluid extract of uva ursi every four hours. I have gotten excellent results from this treatment in cystitis where the urine was ammoniacal, highly offensive and contained a great deal of blood and mucus.

In diphtheria I have gotten better results from a throat wash composed of chlorate of potash, salicylic acid, carbolic acid and glycerine than from any thing else. I sometimes add sulphur to this gargle. Internally I prefer tincture of iron and quinine to other remedies. I have found the inhalation of lime vapor very valuable.

For twelve years or more I have been using nitrate of ammonia in the various forms of continued fever. I generally combine Fow-

ler's solution with it. When taken in time I have seen many cases shortened by this treatment. The nitrate controls delirium. In some cases, when there had been considerable delirium before its use, the mind cleared up within twenty-four hours after beginning it, and there was no further delirium during the fever. Fifteen grains of the nitrate of ammonia, with five drops of Fowler's solution, every 3 or 4 hours for an adult may be given. If too much nitrate is given it produces vomiting. If there is any illeo cecal tenderness, tympanitis, with or without dry brown tongue, or any redness about tip or edges of tongue, I prefer turpentine to all other remedies. It may be given in capsule or with the nitrate and arsenic. In such cases occasionally a fly plaster is necessary. Among the coal tar antipyrhetics I prefer phenacetine. If the temperature rises over 103 degrees, I generally use it. I find one dose in twenty-four hours sufficient. After the first dose producing sweating, I find it advisable to decrease the dose, as it takes less to act on the system after sweating is once produced. Profuse sweating does harm. I think very highly of cold water to reduce high temperature where appliances are at hand for its use. I have often gotten benefit from sponging the extremities with ice water. To the nitrate and arsenic above, I sometimes add tincture of aconite with good results. In cases where there is tendency to diarrhea, I have used sulpho-carbolate of zinc to advantage. The most troublesome cases are those where constipation is persistent. I have tried salol, salicylic acid, tincture of iodine and a great many other remedies, but I prefer the nitrate of ammonia with arsenic as given above, using quinine only as may be necessary. After the first few days I get no benefit from this drug except as a tonic. Of course I have not given detailed treatment, but only an outline. The intelligent physician must always supply many things in his treatment of any disease.

Carrsville, Va. GAVIN RAWLS, M.D.,

Why Tapeworms Are Not Expelled.

Editor MEDICAL WORLD:—On page 51 Feb. WORLD, Dr. E. Hertig asks for the best that is recently known for the expulsion of tapeworms. I suppose the doctor has a case in which he has tried the ordinary remedies and failed. I have no new medicine to offer, but fully believe that if the doctor will give this short article a little thought he will have no more trouble removing tapeworms.

Remember that the so-called vermicides only paralyze the worm, and this paralyzed condi-

tion soon passes off (in two or three hours), if it is not wholly expelled, and it returns safely into the bowels. Now, right here is, in my opinion, where so many physicians fail; they give vermicides (?) and paralyze the worm, and purgatives to expell it; the purgative acts too slowly, and the worm recovers before the purgative acts, or it acts too lightly; the worm may be partly expelled, but a good portion of it crawls back to its place in the upper bowel. I do not believe that physicians generally fully appreciate the importance of staying with the patient to see that the worm is expelled, and not allowed to return after it is nearly all out.

I have seen as much as three feet of worm crawl back into the bowel, and had I not been watching my patient, it certainly would have remained there, but by giving one copious enema after another it was expelled.

My treatment is as follows: Take three ounces of pomegranate bark, add twelve ounces of water to it and bring nearly to a boil, let it set several hours or over night; if the bark is dry, after pouring this off, add three or four ounces more, heat and pour this off, and again, if necessary, till the bark is exhausted, then concentrate the whole to six ounces by gentle heat, and give in three doses inside of one hour, then give one tablespoonful of castor oil every half hour till bowels act very freely, or till the worm is expelled. As long as the worm is apparently lifeless and bowels are acting all is well; but if the segments that are expelled, or the portion that is being expelled, commences to move readily; then be ready to assist the expulsion by giving injections. If the worm is slow to come, and crawls back between actions, give more of the pomegranate decoction and castor oil. The pomegranate and oil, of course, are given on an empty stomach.

Give a moderate calomel and podophyllin purge thirty-six hours before commencing the other treatment.

Keep a close watch on the condition of patient's bowels and condition of worm and see that it is expelled.

Fate, Texas. JOE H. LOVING, M.D.,

Replies to Quiries, Notes, Etc.

Editor MEDICAL WORLD:—1. Dr. Bronson's case (page 20, January number) is likely one of dyspepsia. I should suggest:

(a.) A cupful of hot water twenty minutes before breakfast, continued for months. (b.) The use of rectal injections of hot water (as hot as can well be borne) beginning with half a pint and gradually, by "education" of the bowels, going up to two quarts. Repeat twice

weekly for two weeks, then thrice weekly. (c.) Medication: Pepsin and muriatic acid, in large doses of former, after meals. Also P. D. & Co's. fl. ext. boldo; six drops in water before meals. (d.) The avoidance of all food that is difficult to digest.

2. Case of H. L. K., M.D. (page 20, January number) is also a case of dyspepsia, I believe. Benefit would likely result from:

(a.) A cupful of hot water twenty minutes before each meal. (b.) Medication:

R Leptandrin.....gr. xl
 Salicin.....gr. cc
 Fl. ext. boldo (P. D. & Co.).....m. l
 Pulv. ipecac.....gr. v
 Oleo resin capsic.....gr. ij
 M. Et. ft. capsul. N. L. X.
 Sig. Take three capsules twenty minutes before each meal. Also twenty-five grains Lactapeptine after each meal.

3. Skin case of "Medicus" (page 20, January number). Give internally:

R P. D. & Co's. fl. ext. berberis aquefol.....oz. ij
 Syr. tolu.....f. oz. vj
 M. Sig. Teaspoonful in water after each meal. Shake well.

4. Case of periodical retention of urine for which "medicus" (page 21, January number) asks for relief. This looks like hysteria. Try the following, beginning always one week before the expected period of distress: three grain capsules of valerianate of zinc, one t. i. d. before meals. Also tr. ferri mur. and fl. ext. ergot in full doses t. i. d. after meals.

The "kneeling posture" in labor as mentioned by Dr. Stanley, in the January number, is effective. It is certainly a valuable and much neglected procedure, which should be resorted to much more frequently in tedious labors, in my opinion.

If Dr. G. will take the criticism kindly (the spirit in which it is given) I would say that the use of the catheter in his case of "pelvic inflammation" (page 9, January number) *if not absolutely necessary*, was fraught with great danger of producing a violent cystitis which might have given more trouble than the existing condition. In such cases (gonorrhoeal infection), when the procedure is absolutely necessary, I believe that the parts should be *exposed* (the reasons having been explained to the patient) and well cleansed with an antiseptic solution before the catheter is used, which should (in such cases) be done under the guidance of the *eye* as well as the hand. Besides, the catheter should be subsequently well cleansed and disinfected before the operation is repeated.

Will Dr. Shotwell (page 5, January number) (who by the way, seems a very candid and conscientious writer, a trait which we all admire so much) kindly tell us what the unfavorable reports of osmic acid are; and further give us his method of using the remedy, dose, etc. Is it in-

jected simply under the skin or into the muscles?

Finally, a little hint, in which I think most of your readers concur, *if possible* do not let Dr. Waugh cease writing for your most valuable journal, since his going far away from your city. We can always learn from his contributions.

J. K. SHIRK, M.D.,

Lancaster, Pa.

Replies to Inquiries—Case of Talipes Calcaneus—Necessity for Thorough Investigation.

Editor MEDICAL WORLD:—I would say to Dr. Bronson (page 20, January WORLD) I had a similar case several months ago, and obtained a cure by the use of arsenite of copper, as follows:

R Cupri. ars.....gr. 1-20
 Aquae.....Oj
 M. Sig. Teaspoonful every hour while awake.

Also:

R Ext. nuc. vom. fld.....dr. j
 Spt. vin. gall.....oz. viij
 M. Sig. Teaspoonful three times a day. Also daily doses of podophyllin gr. $\frac{1}{2}$.

Dr. H. L. K's case will be helped by the same treatment, with the addition of fell bovinum.

To Dr. Smith, page 21, I would say that spasmodic croup is a disease very seldom dangerous.

Diagnosis: Comes on suddenly at 10 or 11 o'clock at night, and generally leaves, with or without treatment, at from 1 to 2 in the morning.

Cause—Generally cold or wet feet in one predisposed.

Treatment—If you live close enough to get to the house before the attack is over, give five to ten drop doses of syrup of ipecac every five minutes until vomiting occurs; wrap neck in wet towel; give inhalations of vapor of turpentine, and if serious, chloroform. Spruce of ipecac, raw onion or onion juice, or iodide of potassium will prevent recurrence.

A case of talipes calcaneus (congenital). I send a report of this case especially for the benefit of the younger members of the profession, to illustrate that we need not fold our hands and wait, in so many cases, as some do.

In the fall of 1890 I was called to see a baby, one month old, with a very bad talipes calcaneus. The mother said she had been to one doctor (a young graduate), who said she would have to wait until the baby was two years old, and then have an operation performed. I advised the mother to hold the foot in the opposite direction all of the time she held the baby,

while nursing, etc., and systematically use friction and massage to the muscles of the calf and inside of the leg. The result was that when the baby was two years old she could walk as well with that foot as with the other, no weakness even.

Another illustration: When I started in practice here one of my first patients was a young lady who had been treated for several months for "female weakness" and obtaining no relief, came to me. She told me her symptoms and I asked for an examination, which was refused. She said Dr. M—— had not asked for an examination. I replied, Dr. M—— had not cured her either. Several days after her mother brought her back and, on examination, I found—prolapsus? No. Right inguinal hernial I procured a truss for her. She wore it three months, married, and now she has one baby, does not have to wear a truss, and is well. Why she had not noticed the small bulging tumor I do not know.

Vernonia, Oregon. C. H. NEWTH, M.D.,

Confirmation of Yarrow for Dysentery.

Editor MEDICAL WORLD:—I noticed a communication in THE WORLD for September, 1893, headed "New Remedy for Dysentery," by W. S. Cline, M.D., of Woodstock, Va. In that paper the doctor relates a success with the infusion of yarrow leaves, as a new remedy. That the remedy is a very useful one there is no doubt, but the doctor will pardon me when I say that it is not new in California. In the early fifties, in California, dysentery was very common, owing to the scarcity of wholesome food. By some means the miners discovered the usefulness of a decoction of the yarrow tops, leaves and flowers, and success followed in almost every case, the remedy taken ad libitum.

Jackson, Cal. E. B. ROBERTSON, M.D.,

[The doctor will find other reference to the subject in Nov., 1893, WORLD.—ED.]

Answers to February Inquirers—Tapeworm—Eczema—Pruritus.

Editor MEDICAL WORLD:—Replying to Dr. Hertig.—During the past few years quite a number of remedies have been added to the list of teniafuges Naphthalin, thymol, salicylic acid and other intestinal antiseptics are among the more recent members of this class Mignonette (*reseda odorata*) has recently been lauded as a teniafuge by a French physician, while only a short time ago a case was reported of the expulsion of an entire tapeworm from the person of a young lady after she had eaten a raw pineapple (*ananas sativa*), the stomach

having been previously emptied by fasting. But regardless of the success which may have attended the use of these remedies in other hands, we have found them inferior to certain methods practiced by us for some time past. Extensive observation and personal experience with a large number of cases have led us to believe that *Pelletierine*, the active principle of pomgranite root (*punica granatum*) is one of the best teniafuges known at the present time. It may be administered alone or in combination. "Tanret's Pelletierine" is a most excellent and efficient preparation of this alkaloid, and is largely used by tapeworm specialists, who remove tapeworm in sixty minutes. Sometimes it is well to combine pelletierine with other remedies possessing similar virtues, and the following formula is one which we have frequently employed with uniform success:

R Pelletierine tannatis.....gr. j-ij
Oleo-resinae felicis maris.....m. xxx
Chloroformi.....m. v-x
Syr. acacia.....oz. i

M. Sig. The whole to be taken in a liberal quantity of sweet milk immediately upon arising in the morning.

No breakfast should be eaten and in the course of an hour or two a brisk cathartic should follow the above mixture. Here is a good combination:

R Ol. tiglii.....gtt. i
Ol. ricini.....oz. ss
Ol. cinnamomi.....m. v
Glycerine.....dr. ij

M. Sig. One dose,

We do not advise even thirty minims of extract of male fern to be taken into an empty stomach, and so we administer it in a liberal quantity of sweetened milk and thus prevent its undue absorption by the general system. This method of treating tapeworm is a good one. The mixtures, however, are not very palatable, and are somewhat objectionable on this score. They are not, of course, suitable for infants or young children.

The following mixture makes a good teniafuge, agreeable to both palate and stomach and allowable for children as well as adults:

R Peponis decort.....oz. j-ss
Sacchari albi.....oz. ij
Ol. gaultheriae.....g. x v
Mel. depumati.....q. s

Grind the pumpkin seeds—which have been deprived of their outer coating—and rub to a mass with the sugar. Then add the oil of wintergreen and sufficient honey to make a nice electuary.

This electuary is to be taken in the course of an hour, early in the morning—breakfast being omitted—and one or two hours afterward to be followed by a brisk cathartic. Castor oil alone, or combined with extract of male fern and a few drops of turpentine, usually answers best. With either of the above mixtures the

tapeworm should be passed in comparatively short time—head and all. By administering the teniafuge before breakfast in the morning, regulate fasting becomes unnecessary; still, in the case of a recalcitrant parasite it is sometimes well to limit the previous evening meal to soup or gruel, and to evacuate the bowels with a saline.

Replying to Dr. Pineo, I would suggest for the child the internal administration of one-tenth grain of calomel morning and evening. This is most conveniently given in tablets. As a local application to the hands and extremities the following will doubtless prove beneficial:

R. Acidi salicylic. gr. xxx
Bals Peru. dr. ij
Vaseline. oz. i
Ungt. picis liquise, ad. oz. ij

M. Fiat ungt.

Sig. Apply locally to affected areas.

It will be found advisable to apply the ointment twice daily, rubbing it gently over the affected area, and afterwards smear a small quantity on a light cloth and bind it about the part. This will doubtless relieve the pruritus and also aid in curing the cutaneous lesions. Should the ointment fail to relieve the itching the following anti-pruritic powder may be dusted over the troublesome portions:

R. Pulv. camphors. dr. ss-ij
Pulv. amyli,
Zinc oxid. ss. oz. ss

M. Fiat pulver.

Sig. Apply locally as directed.

The old lead and opium wash is a good anti-pruritic, especially when modified as follows:

R. Tinct. opii. oz. ss-oz. i
Spts. camphors. oz. ss
Liquoris plumbi subacetatis. dr. i-dr. ij
Glycerini. oz. ij
Aque, q. s., ad. oz. viij

M. Sig. For external use only.

This lotion may be applied continuously on gauze or linen, and is usually very agreeable to itching surfaces.

Distilled extract of hamamelis may be mentioned as an anti-pruritic of special value for itching about the eyes and other portions of the face.

For eczema of the face and especially that of the eyelids (*eczema palpebrarum*) there is nothing superior to an ointment of the yellow oxide of mercury. It may be prepared thus:

R. Hydrag. oxide flav. gr. ij-iv
Vaseline. dr. ij

Misce bene. Fiat ungt.

Sig. Apply locally.

This ointment may be rubbed upon any portion of the face, even into the eyes. As with all mercurial ointments only a small amount should be applied at a time.

Dr. Dawson will find diluted alcohol or whiskey excellent for preventing catching cold after taking warm baths. It should be rubbed well into the skin with the uncovered hands.

J. HOBART EGBERT, A.M., M.D., PH.D.,
118 South street, Holyoke, Mass.

Medical Mention.

Editor MEDICAL WORLD:—If H. K. L., M. D., (page 20), will take two one grain tablets of sulpho carbolate of zinc every two hours, I think he will be relieved of liquid stools and offensive discharges in a very short time.

Ten grain doses of subgallate of bismuth, or "dermatol," after each meal will have the same effect. The former is the cheapest remedy. For the dizziness and cold feet he can take the following:

R. Specific tr. nux vomica. (Lloyd's).....
Specific tr. belladonna. (Lloyd's)..... dram ss
Simple syrup..... ounces vj
M. Sig. Half teaspoonful every two or three hours

It should be continued for several weeks in order to obtain the full benefit. If the belladonna causes dryness of the mouth or dilatation of pupils, the dose should be lessened or suspended until those toxic effects pass away.

Belladonna in minute doses is one of the best remedies for chronic costiveness that I know of. One tenth of a drop of the specific tincture every two hours and continued for from two to six weeks generally results in success.

The patient should imbibe plenty of fluid and should go to stool at a certain hour each day, whether Nature calls or not.

I agree with the Editor, (page 3) when he says "Atropine is the quickest and most valuable remedy known in surgical shock and in those conditions in disease which resemble it, in the stage of collapse in cholera and cholera infantum."

I get better results from it than from whisky, brandy, nitro-glycerine, etc.

Those conditions are known by the pale, cold surface, cold extremities and blueness of lips and nails.

The dose of Atropine should be very small and given hypodermatically at first, 1-200 to 1-60 grain.

The belladonna paralyzes the nerves distributed to the circular fibers of capillaries and arterioles and relieves the over-worked heart.

Digitalis seems to have the opposite effect and produces a slower action and a stronger impulse because the capillaries are more or less completely closed and the circulation obstructed and the strong impulse is mistaken for a better pulse in those cases.

Does gonorrhoea cause sterility? Certainly, but only in those cases where the salpingitis closes the fimbriated extremity of the fallopian tube and the ovum does not enter the tube. That is the reason prostitutes are sterile.

They menstruate regularly or irregularly but they do not conceive.

Gonorrhoeal orchitis causes sterility in the

male when it prevents the flow of seminal fluid. A good many marriages are not fruitful, because the husband ate "forbidden fruit" before marriage. If he carried gonorrhoea to his wife she might become sterile.

Not long since a case came to me in which a young man seduced a young woman. He not only impregnated her, but he gave her gonorrhoea. She aborted at five months. Then followed pyo-salpingitis and all that long train of evils. She has been and probably always will be an invalid. "The wages of sin, etc."

Rensselaer, Ind. J. B. WASHBURN, M.D.,

[In our experience the doses of atropine suggested by the Doctor would not prove to be very small, but rather fair-sized doses, especially if given hypodermically. Also, while prostitutes use every precaution against conception, yet many of them do conceive. The Doctor's reasoning in regard to the action of gonorrhoeal inflammation is quite correct.—Ed.]

Replies to Queries.

Editor MEDICAL WORLD:—If Dr. Bronson will view his case in the light of intestinal indigestion, use lactopeptine with subnitrate of bismuth, or some good pepsin and bismuth compound or "pan peptic tablets," I think he will do about right. I have treated these chronic enteric troubles as dyspepsia, and have been very successful. Most of them originate in a lack of secretion of the acid of the stomach. He will find the following a good form:

Nitric acid.....	1/2 oz
Muriatic acid.....	1/2 oz
Sulphate of iron.....	40 to 50 gr

Mix and let stand twenty-four hours before dispensing. Sig Give ten drops in one-half glass of sweetened water after each meal.

H. L. K., M.D.—I think this case is some, what of the same character as the above. In his case I would add to the above treatment salol, five grains, three times a day, one hour before eating, in capsule.

Dr. Manty should try Dr. Bulkley's, of N. Y., treatment. Paint one-half of the surface with pure carbolic acid, full strength. When this has commenced to peel off, paint the other half. By the time half No. 2 has peeled off No. 1 will be ready for a repetition. Dr. Bulkley, in the article I read, claims splendid success. I tried it in one case, the only one that I had, and it did well.

"Medico" has, I judge, a case of spasmodic closure of the spincter of the bladder from irritation, with, say about one and a half inches of the inner surface around the sphincter, subacute but enough to cause sensitiveness of the neck and exit. If I were attending it I would inject into the bladder about four ounces of the following solution twice a week:

Nitrate silver.....	10 gr
Water (warm).....	4 oz

To be injected through a catheter, allowed to remain for a few seconds and run off through the catheter, which has not been removed. Inject while in a reclining position and standing or squatting, when it passes off. On each intervening day the following:

Gallic acid.....	1 tablespoonful
Boric acid.....	1 teaspoonful
Warm water.....	4 ounces

Let remain for several minutes—say ten or more, and pass off as above. She should be instructed to pass her water regularly every three or four hours, not to drink coffee, except at breakfast, and if compelled to use a catheter, to be instructed how to use it herself. At some time she has allowed the urine to over distend the bladder, and it has somewhat lost its elasticity. Sanmetto is a very good addition to the above.

I will add that I am having good success with my pneumonia and grippe cases with the following:

Chloride of calcium.....	5 gr
Dover's powder.....	1 to 2 gr

Every two or three hours in powder or solution.

The calcium I saw recommended recently, and have treated all of my cases this winter, some thirty odd. This added to "anti kamnia" or "analgesine," as a sedative, in place of the old carbonate of ammonia and morphine treatment. Don't forget to feed every time.

Brodnax, La. DR. BEN. H. BRODNAX.

Editor MEDICAL WORLD:—On page 19, of January WORLD, Dr. Bronson requested treatment for his wife. I would suggest that the doctor give her a teaspoon one quarter full of Wm. S. Merrell's colorless hydrastis in a little water before each meal, and a teaspoon quarter full of a powder composed of sub-nitrate of bismuth and ingluvin—three parts of bismuth and one part ingluvin in a little water directly after each meal. I think it will meet her case.

Jefferson, Md.

I. I. CULLER.

Editor MEDICAL WORLD:—Sayto Dr. Bronson in answer to his case related in January number, page 18, that the cause of the diarrhea is want of assimilation and the fault is more than likely in the mesenteric glands, and that cod liver oil and beech wood creasote will benefit his patient. The cause may possibly be turbercle.

Athens, Tex.

DR. C. R. JOHNS,

The Best Treatment for Tapeworm.

Editor MEDICAL WORLD:—On page 51, Feb. No., E. Hertig, M.D., asks for the best treatment for tapeworm:

R So't capsules of kamala and male fern,
(Parke, Davis & Co).....1 doz

All the preparation necessary is that your

patient eat no supper, and on retiring take a full dose of castor oil. The next morning, after the bowels have moved thoroughly, give six of the above capsules; in half an hour give six more, followed by oz. ss. castor oil. In two or three hours you will have the tapeworm. The above treatment has been successful in five cases; in one case after six other physicians had failed. Only in one of the above cases, did I have to repeat the treatment a second time, and that was not the one in which the other physicians had failed.

J. H. TRAVIS, M.D.,

Elsie, Mich.

For Suppression of Urine.

Editor MEDICAL WORLD:—Please find enclosed prescription for the benefit of my brother M.D. signing himself "Medico" and his case of suppression of urine. I have a lady patient whose ailment is very similar and has been for some time, but immediate relief is always obtained by a few doses of the prescription herewith given. She is extremely neurotic, especially when suppression of urine makes its appearance, but as she keeps her little two-ounce mixture on hand she finds it a sheet anchor to relief.

R Fl. ext. gelseminum.....dr. iss
Tinct. henbane.....dr. fiii
Bi-tart. pota-s.....dr. ii
Fl. ext. belladonna.....Gtt. xvi
Fl. ext. buchu.....oz. ss
Aqus camphor q. s. ad.....oz. ii
M. Sig. Teaspoonful in a wine glassful of water three times a day till relieved, then less.

I always advise them to watch the effects of fl. ext. gelseminum. JAMES LISTER, M.D.,
Brown City, Mich.

Editor MEDICAL WORLD:—Dr. J. C. Campbell, of Albany, Vermont, calls for help. I will give him my treatment, which has cured a great many cases similar:

R. Santonine.....viii grs
Granulated sugar.....ij drams
Mix thoroughly by trituration and divide in sixteen powders. Give one powder every three hours first day; second day give one powder every four hours; third day give three powders; on the fourth day give one powder morning and night.

At the same time:

R. Tinc. rhus aromatica, (Parke, Davis & Co).....
Give twenty drops three times each day.

Dr. C. try it, you will be more than pleased with the result. Let me hear from you through THE MEDICAL WORLD.

J. B. MOBLEY, M.D.,

Wichita Falls, Texas.

Editor MEDICAL WORLD:—Your new title design is an improvement on the old. It is not the outside that I anxiously await every month, it is the valuable information contained in the inside that I appreciate. THE WORLD is the first I refer to for sound, practical information. I hope it is of as much benefit to all of its readers as it is to me. DR. L. R. BIGELOW,
Globe Village, Mass.

Cord Five Times Around the Neck.

Editor MEDICAL WORLD:—I have noticed in the last few numbers of THE WORLD a number of communications referring to cord around the neck, and in this connection I wish to report the following case:

I was called at about 5 a. m., January 3, 1892, to attend Mrs. F. in her fourth confinement. Patient was a large, healthy woman, with a roomy pelvis, and I expected to get away in a short time. The pains were good, yet the labor lingered throughout nearly the whole day, and at 4 p. m., a nice, plump, healthy eight-pound girl was born, but with the cord wrapped five times around the neck, completely filling the space from sternum to chin. The child was but partially asphyxiated and in ten minutes was crying lustily. The cord was longer than usual but I did not measure it.

Wood River, Neb. J. P. RIDDILE, M.D.,

For Diurnal Enuresis.

Editor MEDICAL WORLD:—Dr. D. G. Smith, of Filley, Neb. (February WORLD, page 51), ought to give the boy small doses of phosphate of potassium; four doses daily for a week.

Dr. C. F. KUCHLER,

Springfield, Ill.

Editor MEDICAL WORLD:—Let Dr. H. L. K. (see January WORLD, page 20) try the following, viz:

R Tr blue flag.....dr. i
Distilled water.....oz. vii
Alcohol.....oz. iss
R. Sig. Teaspoonful every three hours in day time, and 1-20 grain of strychnine hypo-phosphate at bed time.

If this fails then:

R Podophyllin.....gr. i
Alcohol.....oz. ss
Distilled water.....oz. ss
Sig. Five drops every three hours during the day, and 1-40 grain of calomel triturated with sugar at bed time. Take every morning a cold bath or sponging, and use a very coarse towel to cause good reaction.

Do not forget that secret opium or morphine consumers will often *ipso facto* suffer from deranged functions of the liver.

Evansville, Ind.

J. PIRNAT, M.D.,

Eozema.

Editor MEDICAL WORLD:—If Dr. Pince will treat the case he speaks of (page 51, Feb. No.) as follows:

R. Naphthaline.....i
Vaseline.....dr. iv

M. Mix by rubbing thoroughly in mortar.
Sig. Apply over the eruptions morning and evening; wash the affected parts thoroughly with water as hot as can be borne and castile soap before each application.

After using the above for three or four days, and after the scaly crusts have all or nearly all dropped off, apply balsamum peruviaum, a. q. s. each night at bed time, washing the face each

morning with soap and water as above. After trying various remedies for years I hit upon the above, and they have never, as yet, disappointed me. There is no need of internal medication, unless to meet special indications.

Geneva, Iowa.

C. H. TIDD, M.D.

Twins.

Editor MEDICAL WORLD:—As other physicians are giving their experience to the craft in regard to "twins," I have a case in mind that may present several points of interest.

While I was practicing in Western Kansas, A Mr. B. drove in from his home in the country, a distance of eight miles, with a lumber wagon and slow team. He arrived at my office at eleven o'clock, A. M., and informed me that his wife had been confined that morning and at eight o'clock was delivered of a fine boy; that the patient was resting easily, but the after-birth was not yet delivered and they required my assistance. I repaired to his residence with due dispatch, arriving a little after twelve o'clock, noon. Two old ladies were present who had undertaken the accouchement. I found the patient resting comfortably with a nice boy properly cared for.

The patient informed me that she had had but few pains since her child was born. Upon examination I found there was another child yet to be born, and so informed the patient. She seemed much surprised. I gave her ten grains of quinine, then waited. Soon very satisfactory pains were established and I found there was a breech presentation. All the soft parts being in a relaxed position, I made no attempt to change the position. At two o'clock another nice boy was born, weighing six pounds, the first one weighing seven. There were separate placentas. The first was delivered soon after the second child. Pains were re-established, but I found that at each pain the remaining cord receded instead of advancing. The patient complained that each pain gave her great pressure against the stomach. Gentle traction on the cord did not seem to assist matters any, then, by following up the cord, during a pain, I found an isthmus in the uterus too narrow to even introduce a finger. Each pain seemed to carry the uterus higher. I found that I could not easily secure the placenta when the uterus was contracted, therefore waited until it was relaxed when I introduced my hand and *fore arm nearly to the elbow*. I found the placenta floating very placidly in the upper portion of the metra, just under the stomach. It was readily removed and the uterus immediately contracted. There was a minimum amount of

hemorrhage at either birth. The mother made a very satisfactory recovery and the twins thrived.

I consider the case unique in several particulars: The lapse of time between the first and second birth; the intervening rest; the separate placentas; the complete hour glass contraction; the high position attained by the uterus in the abdominal cavity and the small amount of hemorrhage for such a complicated and protracted confinement.

There has recently been much discussion through your valuable journal, in regard to the use of the forceps and vaginal irrigation in obstetrics. For myself, I can say that in a practice of many years I have rarely found it necessary to use the forceps. I believe that the forceps has more often been a source of harm than an instrument of good. Their use is often resorted to, especially by young physicians, when, if the physician would have a little patience, encourage his patient, lend a helping hand wherever he can assist her, and manage to keep all other attendants and spectators busy, he will not have need to resort to forceps. Then after delivery, if he will satisfy himself that the uterus is firmly contracted, and it and the vagina well cleared of all shreds of the chorion and decidua, clots of blood or other debris, he need have but little apprehension of results. This may be done by the practiced finger without irrigation or exposure of patient. Of course the patient should be thoroughly bathed with warm antiseptic water, her clothing and her bed made clean and comfortable, antiseptics applied to the vulva on ample absorbent napkins and the vagina and uterus left to the provisions of nature. The practice of vaginal and uterine irrigation after parturition is most pernicious and has been the source of many cases of metritis, peritonitis and salpingitis. The trouble is largely due to the teachings of professors of obstetrics in the medical colleges, who teach too much what to do and not enough of what not to do.

D. D. ROSE, M.D.,

Davenport, Iowa.

Large Twins.

Editor MEDICAL WORLD:—In the January WORLD I noticed F. W. B. (page 11), refers to Dr. L. Rupert's large pair of twins, and cites a case in his own practice.

Now, I do not think 7½ and 8½ pounds an unusual weight for twins, but am frank to admit that I do not just now know the average or usual weight, as I have kept no record, and weighed, I believe, but one pair.

This was a case which I attended three years

ago near Dillsburg, Pa. The first was a head presentation. In the second one the legs departed from the abdomen, and I had a feet presentation. I hastened delivery and barely succeeded in resuscitating it from asphyxia.

They were both girls, and each weighed precisely 10½ pounds—twenty-one pounds in all. But now came the most perplexing trouble—in looks and form they were *identical*. We got them mixed, and could not tell which was born first. The mother guessed at it and we tied a ribbon around its wrist so that the mother could identify it. It was months before the mother could see any difference. I see them frequently and yet can see no difference.

Boiling Springs, Pa. DR. M. R. PETERS,

Twins.

Editor MEDICAL WORLD:—I see in THE WORLD that my brother, of Rupert, W. Va., also F. W. B., have reported each a case of twins. I think I can beat either of them. April 23, 1892, I delivered Mrs. M. of twins, boys, weight 8½ and 9½ pounds, with two after births, two distinct bags of water. The second birth was same as normal labor of only one child; nothing to indicate that one had just been born.

Why is it said that an eight-month child seldom lives? I must believe the saying a true one from experience I have had with such.

L. P. RUPERT, M.D.,

Nuttallburg, W. Va.

A Large Pair of Twins.

Editor MEDICAL WORLD:—On October 9th, 1893, my wife presented me with a fine pair of twin boys, both healthy and beautifully formed.

The first, the smaller, was a footling presentation and weighed 9½ pounds, the other, head presentation, weighed 10½ pounds, (after they were dressed).

There were two distinct placentas, one located at the fundus and the other on the left side. When contraction came on after the second stage was over, the placenta on the side was detached and expelled naturally. Then came on a severe hemorrhage. There was central or hour glass contraction, with the other placenta shut in. By giving chloroform and the manual efforts of Dr. W. R. Temple, we succeeded in its removal. The mother had a fair recovery. Both babes did well until the 5th night, when both were taken suddenly and severely sick. One died when ten days old, and the other when nineteen days old, of what myself and Dr. W. R. Temple thought to be meningitis. The WORLD is a welcome visitor to me.

N. M. SPRADLEY, M.D.,

Selvin, Ind.

Was it Hepatic Abscess?

Editor MEDICAL WORLD:—I was called June 15, 1893, to see Mrs. D—. She gave me the following history of her case: She had been confined to bed for three months with severe pains in right side, passed a good deal of blood from her bladder at the beginning of her illness, and had been visited by three doctors, but was growing worse.

On examination I found over the hepatic region tenderness and considerable pain. The area of hepatic dullness extended over the right hypochondriac, lumbar and part of the iliac region, reaching to the linea alba from the ensiform cartilage to the lower margin of the umbilical region. She had a cadaveric appearance, dry skin, torpor of bowels; had not sweat any during her sickness and was taking but little nourishment. I gave her:

R Fl. ext. culvers root.....oz. 1
Syrup Iodide of iron.....oz. 1
Iodide potassium.....oz. ½
Fl. ext. sassa-parilla.....oz. 1
Good Whisky to make.....q. 1
M. Sig. Take half to one tablespoonful half hour after meals three times a day. One granule of calomel, one-sixth of a grain, before meals. Gave morphia and anodynes for pain and to give rest. Directed poultice over hepatic region.

I saw her again on the 22d; found her bowels in a lax condition; appetite improving, and she was perspiring freely, but there was no improvement in pains and induration of the right side. In lieu of the poultice, I used flying blisters over the hypochondriac region, and I kept up an irritation for ten days. At this time I found fluctuation. On introducing exploring needle I found pus. I gave her about two ounces of good whisky and plunged my lance into the lower margin of the right hypochondriac region. There run from the incision fully one pound of pus.

In four or five days she turned over on her right side and rested quietly for the first time in two months. She regained her health rapidly and was out of bed in two weeks.

One number of THE MEDICAL WORLD has wrought me a lucrative practice.

J. W. SHEMWELL, M.D.,

Bumpus Mills, Tenn.

Editor MEDICAL WORLD:—Mrs. H., age 22, Primipara, was taken in labor at term at 1 A. M., January 11th. Slight regular pains all day. I saw her at 8 P. M. Membrane had ruptured; os had not dilated; head down, but not engaged; great sensitiveness of external genitals and vagina; antero-posterior flattening of pelvis to about 2½ inches. Pains regular and increasing in strength all night. Thirty grains chloral per rectum helped dilatation of cervix. At 6 A. M. dilatation was complete,

pains very severe, still great vaginal sensitiveness of apparently nervous origin. Gave chloroform during pains till 10 A. M. No progress, owing to extreme sensitiveness of vaginal muscles causing contraction at the slightest touch. I was not quite sure of exact condition, so I gave chloroform to full anesthesia, then, though head was free above the brim, I tried forceps delivery. That failing, I sent for help, and at one P. M., assisted by Dr. B., performed craniotomy. After evacuating the contents of the skull and crushing the bones, the contraction was so great that Dr. B. had still great difficulty in delivering the head. A bichloride 1-2000 douche was given before the operation, and one of boiled water after. Perineum was ruptured, requiring deep silver sutures. Patient rallied well. After twenty-four hours, urinated while having a douche, without catheter. Temperature never rose above 99° F. The breasts are normal and fairly well developed. The patient has always been healthy, and yet there has been absolutely no secretion of milk. Treatment consisted of liquid diet, and bichloride douche, 1-6000 twice a day. One ten-grain dose of antikamnia in headache the second day. January 29th, patient is as well as any woman after ordinary confinement.

What was the cause of no milk, and is not such absence of secretion uncommon, unless measures are taken to prevent the flow of milk?
Nashua, N. H. E. BLAYLOCK, M.D.,

Practical Experience With Tonsillitis.

Editor MEDICAL WORLD:—I have been suffering from yearly attacks of tonsillitis for twenty years, frequently having it every fall and spring. Have had it so severely that the sense of suffocation was almost unbearable, and as I advance in years the attacks are more acute. To prevent these attacks coming on I have tried various remedies, with but little effect in ameliorating the disease. I had become so familiar with the prodromic symptoms that, as soon as frontal headache, nausea, tongue coated, bowels constipated and rheumatic pains came on, before the tonsils became enlarged I would say, an attack of quinsy is coming on. About a month ago these symptoms made their appearance and the thought occurred to me, make an effort to abort it with hydrarg submur. Acting on the suggestion I took at night four tablets, grains ij, each, and the following morning two more, at the same time using a gargle of ammoniated tincture of guaiac and milk. To my surprise and joy the symptoms aborted, engorgement of tonsils and uvula subsided, but I was

left with a salivated mouth, gums blue, teeth loose and ulceration of mucous membrane of the internal portion of the mouth, which prevented me from masticating food for several days. This I cured by a strong wash of potassium chlorate and tincture of myrrh. Was the effects of treatment worse than the disease? No. Try it, all those who have suffered from periodical attacks of the disease, and they will answer in the affirmative.

Brothers of THE MEDICAL WORLD, come to my rescue, and give me the best treatment that you have tried with success in a case of a child of my own, which I diagnose eczema. The child is 4 years of age, no scrofulous or syphilitic taint. About one and a half years ago he broke out with red spots in the flexures of joints of arms and legs, on the wrists, which would spread, coalesce, weep a thin watery secretion, scab over, dry up in the day time, and break out again at night, with intolerable itching at night. One wrist has suppurated. No eruption on scalp, but now some on face. To tell the remedies I have tried would be to mention all the alteratives, washer and ointments enumerated for eczema. I can dry it up and think my child is recovering, when to my disappointment it will break out again with renewed force. I am going to use red oxide of mercury ointment; have been deterred from doing so fearing salivation from absorption of the mercury.

You can see my interest in the case, so I feel that all the readers of our medical society (for THE WORLD is this to the busy country practitioner) will come to my rescue.

Chester, Nova Scotia. J. FORMAN PINEO.

Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Eolampsis.

Editor MEDICAL WORLD:—Will some one of the able writers of THE WORLD, give me a few suggestions of advice. 3T>

A woman 20 years of age, plethoric, had convulsions fourteen months ago, continuing twenty-four hours, attacks lasting from a second to a few minutes each. Of these convulsive attacks during the twenty-four she had many. She finally gave birth to a seven months fetus.

She is again pregnant, and has had the same convulsive attacks for twelve hours, with vertigo, severe headache, and nausea vomiting.

Most of the time she is unconscious and does not know what has transpired; seven days after this attack her urine contained much albumen, test tube one-third full. Os and cervix were dilated so as to admit the finger. She suffers headache at all times in or out of pregnancy. Convulsions only during pregnant state. I am anxious in regard to her. Safety should the convulsions come on in the first stage of labor shall I induce labor or shall I wait? Suggestions from able men are highly appreciated.

Toronto, S. D. G. M. MORTON, M.D.,

My diagnosis is acute meningitis. Treatment has been applications of cold to the head, (first shaving off the hair); cupping of the temples; large doses of calomel to act upon the bowels, saline diuretic; hydrate of chloral and morphine; iodide of potash; fly blisters to back of neck and spine. I am not satisfied with my losses and would like to have some light on such cases. Am I right in diagnosis and treatment?

Earl, Ind. T. S. F. MILNER, M.D.,

[We have great faith in the salicylates in the treatment of meningitis. For appropriate symptoms, the following will also be useful:—aconite, belladonna, and the so-called anti-rheumatic remedies.—Ed.]

Editor MEDICAL WORLD:—Will you kindly give me a word of advice. I have a case of chronic eczema in an infant of 9 months which so far has resisted all treatment. Just as I think the case is well under control then comes another crop of vesicles which burst and the irritation is started all over again. Have used salves, powders, soaps, lotions, etc., *ad nauseam*. Treatment now consist of solution of chloride of arsenic and tincture ferri chloride internally. Vesicles are picked with a needle, contents absorbed with sponge as far as possible, parts dusted freely with sub-nitrate of bismuth with a grain or two of menthol and cocaine added to each ounce; parts then covered with old soft cotton cloth and then bandage applied. The legs, genitals and abdomen are principally affected. A hint in the case would be appreciated.

WM. T. HAMILTON, M. D.,

Ironaton, Ala.

Editor MEDICAL WORLD:—Can any of the readers of THE MEDICAL WORLD suggest a method to prevent cold feet?

Woodley, Pa. J. C. KELLER, M.D.,

Editor MEDICAL WORLD:—I write to ask the opinion of my fellow practitioners in regard to two cases I have on hand. I have had six such cases in the month of January, 1894. One has recovered, three have died.

Symptoms: Intense headache, photophobia, loud ringings in the ears, nausea and projectile vomiting; the pupil of the right eye is contracted while the left is dilated; temperature 101 to 103° F.; the pulse is firm, hard and small, varying in frequency with the range of temperature; the bowels are constipated and the abdomen is retracted. There is restlessness, jactitation, irritability, sometimes acute mania; the eyeballs roll about vaguely; the head is drawn backwards and to one side.

Editor MEDICAL WORLD:—I have a case I wish to present to the great army of THE WORLD'S readers and ask for comment and help. Mr. F. S., a carpenter by trade, 26 years old and single, temperate in habits, born in Wisconsin but came to this state at thirteen, always good health, had gonorrhoea February 1891; never had syphilis. In February or March 1892 was taken with hematuria, which appeared on cold mornings; never excepting when he gets cold early in the mornings, and if he stays in doors he has no hemorrhage and feels perfectly well, until he gets cold next morning, when his urine is bloody, and in an hour or two it is as clear as ever. Sometimes it looks more like bile than blood, but the ordinary tests fail to prove it. He has gone the rounds of the M.D.'s, and just fell into my hands ten days ago. My prescription was nitro-glycerine $\frac{1}{100}$ grain 4 times per day. Diagnosis, chronic nephritis. No hemorrhage since beginning treatment, though he has been exposed and, as he expressed it, got cold several mornings, and was surprised to see his urine clear. I should have said that he has never had a symptom of it in the summer, only in cold weather. Now, I want to know if I am correct and to hear from some of my brother M. D.'s who have had more experience in such cases than myself.

Newport, Ark.

J. M. JONES, M.D.,

Editor MEDICAL WORLD:—I wish treatment for a case of bladder trouble which appears as a case of cystorrhoea, as the deposition in the chamber is abundant, and the calls for voiding urine are every hour, day and night, and cannot be retained longer than two hours at least.

Analysis shows nothing but pus and some lithiates.

Patient is 17 years old, boy of fair complexion, stout an vigorous—an apparent model of

health, and yet he finds in the chamber every morning about two ounces of thick, tough, gelatinous deposit which crystalizes by evaporation. This trouble was contracted two years ago in north Mississippi, his native state, where there is a little malaria.

It was first brought on by a slight hurt in the region of the kidneys and he has since suffered some attacks of acute lumbar pain and fever, but only for a day, and the urine is not appreciably changed. Who will give a treatment that will cure the case?

Fallston, N. C. B. F. FALLS, M. D.,

[The agent particularly wanted here is a thorough urinary antiseptic. The best are as follows: boracic acid, salol, pulsatilla, benzoic acid and its salts, etc. The probability is that there is an inflammatory process in the kidneys.—Ed.]

Editor MEDICAL WORLD:—What can be done, if anything, for a fever thermometer, which will register but not stand? The needle falls immediately when taken from the mouth.

Excelsior, Ark. W. F. MANNING, M. D.,

Editor MEDICAL WORLD:—Will some of the WORLD'S family give me a remedy for a lady, age 19, health moderately good, who has exzema of the scalp, and is also affected on the face and especially on the forehead with black heads? She is very anxious for a remedy to cure the black heads on her face. She says there seems to be a little worm in every tubercle.

Beardstown, Tenn. J. H. STANLEY, M. D.,

Editor MEDICAL WORLD:—Will some one of the medical profession give a prescription through the MEDICAL WORLD for the cure of "goitre" or swelling at the throat?

The case in question is a man of fifty, who has a tumor as large as a good sized orange at the left side of his throat. In 1880 he had an attack of tonsilitis which was followed by said tumor.

A. E. RHODES, M. D.,
East Amherst, Erie Co., N. Y.

Editor MEDICAL WORLD:—A few days ago I was consulted by Mrs. R. in regard to her little four-year-old girl, who looked the picture of health. She sometimes suffers with what the mother calls articular rheumatism, but about one month ago the child complained of her head and on looking she found a worm making its way out through the scalp. She pulled it out and found it about one inch long and as thick as a knitting needle and alive. In a

week or so another came out of the other side of the scalp, on top and a little to the right of the top of head, and a few days ago she showed me where one came out of the inner lower lip, the lip being swollen and hard and a black spot as large as a No. 4 shot where it came out. The child shows no other symptoms of the affection. The mother tells me they are alive and crawl about for a short time and die. They are transparent and contain an aqueous substance. Please ask through your journal the causes and what you call them

A. M. WILLEY, M. D.,

New Hampton, Mo.

Dr. J. W. Jones, of Ormond, Fla., sends us a newspaper clipping of a woman at Strouds, McLean Co., Ky., giving birth to her first baby at the age of sixty-four, after a married life of forty years. The Doctor wishes authentic facts, from members of the profession, of women becoming mothers after sixty years of age.

Editor MEDICAL WORLD:—Through the columns of your valued journal, I wish to report a case which may be of interest to some medical brother.

On December 3d, 1893, I was called to the country to see a child, 17 months of age. On arriving at the place I found the child unconscious, on its back, tongue and lips dry and parched, fever high, head hot and thrown back, eyes partly open and pupils dilated to full extent. Previous history was that they had called a quack about a week previous. At that time he pronounced six spasms which the child had as "worm spasms." His treatment was fluid extract of pumpkin seed and three grains of quinine every three hours in powders. As to the size of powders, I weighed one. Also one-half glass of medicine containing, they said, one heaping teaspoonful of quinine, and other medicine not known. The child, at the time I saw it, was at intervals of about two minutes screaming with all force, a sharp, piercing scream. Pustules broke out all over its head and neck, and at the time of its death, four days later, the back part of its head was a complete pulp. I put the child upon bromides and sulphate of morphine, with anti-pyretics; cold to the head. The screaming stopped and all nerve excitement. The child upon that treatment seemed to improve for a short time.

What do my brother practitioners say to the quack treatment of large doses of quinine to help on a much congested brain in this case?

There is no doubt as to congestion of the brain after having six hard spasms.

Butte, Neb. W. E. BRIDGMAN, M.D.,

[But what does the doctor think of sulphate of morphine to so young a child? He does not mention the dose.—Ed.]

A correspondent wishes to know what medical schools in Toronto were conferring medical degrees in 1858.

Editor MEDICAL WORLD:—Could you not devote a whole number entirely to catarrh of the nose and throat. It would be a gold mine to physicians.

O. C. ENGLE, M.D.,

New Sheffield, Pa.

[We do not think the subject sufficient for an entire number, but shall be pleased to publish any useful articles in regard to it that we may receive.—Ed.]

Dr. G. E. Matthews, of Ringwood, N. C., wishes to know the best treatment for the "hot flashes" of the menopause.

Dr. Field, of Elroy, Wis., wishes treatment to remove powder stains from the face. The testimony of those of our readers who have tried the many plans published in this journal some years ago would now be in order.

A writer wishes for recent advanced information in regard to the treatment of scarlet fever.

Request is made for formula of "Pinkham's Compound."

Editor MEDICAL WORLD:—Will you please insert in your columns this case:

Female, age, 23; one child 5 years old; then married 3 years after; now has child 4 months old. She has had an enlargement of right axillary glands, extending or swollen down the side and across to the mammary gland; the pains shoot over to the breast and down the side. She is not so much emaciated, but some, which may be owing to nursing the child. The glands of the axillary regions, where the lump is, are tender to the touch. It has been there for four years, small; but since the birth of the last child it has enlarged very fast and become painful. Is it malignant in character, or is it just enlarged glands? J. C. MOLLYNEAUX, M.D.,

Woodland, Ill.

[Any specific taint?—Ed.]

Editor MEDICAL WORLD:—As I desire to prepare a paper on *Epistaxis as a complication in diphtheria affecting the nasal cavity*, I would ask any one who has had experience in

the matter or can give briefly the views of authors in their possession to write me what they know about it, including treatment. I consider this a grave and generally fatal complication and one but little discussed in medical works. Please write me personally, and I will arrange the matter in a manner useful to all, omitting names if desired, and if the editor of THE WORLD thinks it worthy of a place in these columns, will publish it.

Missouri Valley, Ia. R. D. MASON, M.D.,

Editor MEDICAL WORLD:—I was called November 1st, to see Mr. J. He had been troubled since the early spring with head and back ache, had been treated by various physicians, but on July 1st had to give up work. I found him in bed suffering greatly from head ache, pain between the shoulders and on each side of the back, low down and in the calves of the legs, muscles twitching about the shoulders and at different points in the lower limbs. Vision was perfect. I also found that he had a very long and tightly contracted prepuce, which was swollen and inflamed. He was passing large quantities of colorless urine, specific gravity 1002. Bowels only moved once in seven or eight days, and then only a small slug. Appetite very poor. Troubled with insomnia, and very despondent. I removed the foreskin and the wound healed nicely; primary union. After the first months treatment urine became normal, in quantity and quality, bowels regular, and appetite good, painless and muscular twitching stopped. I then expected by the aid of tonics to have my patient able to go to work in short order, but I have been fooled. His headache still continues and he has a good deal of pain in various parts of the body and legs. The least exercise makes him feel tired and languid, and causes the pain to return. He is a young man of exemplary habits; never has been intemperate; family history good; never has been any syphilitic disease or received any injury. There is no tenderness at any point along the spine, and he has never had any trouble with the eyes. Readers of THE WORLD, I want help. Give me your diagnosis, treatment and prognosis.

M.

Editor MEDICAL WORLD:—Will some of your readers please give me a reliable formula for the cure of the tobacco habit?

J. M. F.

Editor MEDICAL WORLD:—I have been an uninterrupted subscriber to THE WORLD ever since the first number was published, and cannot now do without it.

Sharon, Ga.

A. C. DAVIDSON.

Editor MEDICAL WORLD:—Will the readers kindly give me advice in the following case:

Mr. A., 32 years of age, married; in youth practiced self-abuse and since marriage has indulged to excess. He suffers from nocturnal emissions, and the fluid passes when at stool or with the least pressure. His condition is such as usually results from excessive indulgence.

I am a young man in the profession and have had no experience with such cases heretofore and therefore ask THE WORLD and its readers for information as the remedies I have used, have had no effect on the patients condition.

ADVICE.

Editor MEDICAL WORLD:—I would like to know the following:

1. Best treatment for a burn denuding skin from entire stomach and chest, in a child four years old. Prognosis?
2. What medicines can be given to a pregnant woman without injuriously affecting the fetus?
3. What medicines are absorbed in the milk when given to a nursing mother, without injuring the baby. For instance, can tincture of aconite or tincture of veratrum, strychnine, etc., be given to the mother without affecting the nursing babe?
4. What is the best treatment for suppressed or arrested lochial flow?
5. How many of THE WORLD'S subscribers believe in the physician's furnishing his own medicine, for profit and to prevent reduplication of prescription by druggists, and for convenience and profit to patient?
6. What is the best formula for a cough medicine, basis, syrup and balsam of fir?
7. What is the best solvent or vehicle for tar in a cough medicine?
8. Does the occurrence of menstruation during a case of pneumonia lessen the chances of recovery?
9. What effect does the occurrence of menstruation have upon the treatment or prognosis of any and all acute diseases—grippe, fever, pneumonia, etc.?
10. What is the best and purest make of salicylate of sodium?
11. What are the indications for the use of diascorea villosa (wild yam), and the best preparations of the same? Is the solid extract as active as the fluid extract and tincture? What is the dose of each?
12. Could any sequela or condition of typhoid or other fever, in the eighth week, produce an enlargement of the stomach, simulating pregnancy of four or five months? That is, could tympanitis, enlargement, etc., be mistaken by

an averagely informed doctor, for pregnancy? If the stomach presented an enlargement, symmetrical and well defined, the exact shape of pregnancy, a firm feeling as if the finger pressed upon an enlarged uterus; this enlargement and well rounded and well marked line of firmness extending up nearly to the navel, and the parts between this and the ensiform cartilage perfectly flaccid and soft, would not this show pregnancy? If it was a swelling from fever, tympanitis, etc., would not the tension in an enlargement of the above extent, extend to ensiform cartilage?

INTERROGATOR.

Dr. Ray, of Côte St. Paul, Montreal, Canada, wishes formula for Koenig's Nerve Tonic.

Current Medical Thought.

Croupous Pneumonitis.

The following are the conclusions of Dr. R. N. Cunningham, of Evsly, Ala., at the close of his article in the *Va. Med. Monthly*:

- 1st. It is a constitutional disease, with a local anatomical sign, consisting of an inflammation of the pulmonary parenchyma, and caused by its own specific materies morbi or germ, probably that of Frankel or Friedlander.
- 2d. That the special circumstances under which this germ is evolved and operates are unknown, as we have it under diametrically opposite conditions, both good and bad.
- 3d. That the disease as a rule, prevails endemically, rarely epidemically, and still more rarely sporadically.
- 4th. That these endemics differ in type and in extent of pulmonary inflammation, and consequently, in mortality.
- 5th. That the disease is severer in public institutions, especially prisons.
- 6th. That the negro is especially predisposed to the disease, has less capacity to resist it, and, consequently, a larger mortality.
- 7th. That coal miners, especially negroes, while not predisposed to the disease, are favorable subjects for extensive pulmonary inflammation, and have less capacity to resist the disease, owing to the more or less anthracosis of the pulmonary tissue.
- 8th. That the mortality is mainly determined by the type of the disease; first, in the primary effect of the germ upon the nervous system; and secondly, the extent of pulmonary inflammation and in the rapidity of its invasion and development.
- 9th. That the mild, uncomplicated cases, with a fairly good pulse and moderate temperature,

and with only one lobe, especially the lower lobe, involved, intrinsically tend to recovery; and that the severe cases, complicated or not, with fast and weak pulse, fast or labored respiration, regardless of temperature and attended by great prostration, intrinsically tend towards death, and without judicious treatment will die, regardless of the extent of pulmonary inflammation; and that in the cases in which the pneumonia is double, particularly if the double invasion is simultaneous, their tendency is to a fatal issue; and finally, that in the cases in which the inflammation is universal by a simultaneous or rapidly successive invasion of the entire lung structure, death is the inevitable rapid result. Therefore, in comparing statistics, all these things should be taken into account; otherwise they are worthless. Hence the wide divergence in the statistics and difference in treatment of various observers.

10th. That the immediate cause of death in many cases is ante-mortem heart clots.

11th. That the main features of treatment are: (a) to combat the shock of the germ invasion, best done by opium, stimulants, and, in my opinion, hypodermoclysis or the subcutaneous injection of a saline solution—chloride of sodium drams j to the pint of water. So far as I know this is absolutely new in the treatment of this disease. (b) to stimulate freely, the best stimulant, as a matter of routine, being whiskey and strychnine, supplemented in extreme cases by tincture strophanthus; (c) to control temperature, the best method being the bath; (d) to prevent, if possible, heart clots, hypodermoclysis, in my opinion, being the most reliable; (e) to meet indications as they arise."

The doctor reported an endemic of this disease among convicts which subsided immediately after a thorough antiseptic cleansing of the prison. Speaking of hypodermoclysis, he says: "In studying this disease two facts—one clinical and the other pathological—were impressed upon my mind: 1st. The prostration in this disease greatly resembled surgical shock. 2d. The chlorides are always diminished in the urine, as the disease advances, usually in proportion to the extent of pulmonary inflammation, reappearing in correspondingly increasing quantities during resolution. It occurred to me, therefore, that if this prostration were treated after the manner of treating shock, and that if the blood were supplied with additional chlorides, the heart clots might be prevented. Both of these indications seemed to be met by the introduction into the blood of a warm saline solution. I, therefore, determined to inject into the veins or arteries—after the manner of treating surgical shock or hemorrhage—a warm,

aseptic salt solution of the strength given above. At the suggestion of Dr. Jerome Cochrane, State Health officer, I adopted hypodermoclysis as the method, using a fountain syringe and a medium-size aspirator needle as the instruments and the subcutaneous tissue of the abdomen as the site for the injection."

Infectious Nature of Croupous Pneumonia.

As erysipelas develops in the lymphatic channels of the epidermis, typhoid and cholera localize in the intestine, pneumonia is limited to the lungs: there the invasion of the exciting agents of pneumonia begins, and as it is certain that corpuscular matter can pass from the acini to the lymph channels of the lungs in pneumonia, it penetrates with facility into the fluids of the body.

Pneumonia is a disease due to infection, but whether purely contagious or miasmatic is a question. It is beyond doubt due to micro-organisms, and must be classed with cerebrospinal meningitis, erysipelas, mumps, influenza and rheumatic fever.—Macfarlane, in *Brooklyn Med. Jour.*

Treatment of Renal Insufficiency.

Dr. Rochester (*New York Medical Journal*) says:

We should not try to stimulate into activity an organ that is inflamed or degenerated, by the use of drugs that excite functional activity of such organ; in the case of the kidney we should rarely, if ever, have recourse to stimulating diuretics, or to diuretics which, like digitalis, act by increasing the arterial pressure, until we have relieved the venous congestion by diaphoresis or catharsis, or both.

Attention to diet is of the utmost importance in these cases.

In order that the materials to be excreted by the kidney may come to that organ in the most unirritating form, the metabolic processes should be carried to completion; this is to be accomplished by regular systematic exercise, which is to be obtained by massage when active exercise is not advisable, by inhalations of pure oxygen gas when it is evident that sufficient oxygen is not obtained from the air, and by the dilution of the katabolic materials by drinking large amounts of distilled water or one of the mildly alkaline waters.

The anemia that accompanies these cases should be met by the use of oxygen and iron.

As the symptoms indicative of this condition are the result of toxemia which depends upon

the non-elimination from the body certain katabolic materials that should normally be carried off through the kidneys, and as these organs are in such condition that they cannot do their work, all other avenues of elimination should be opened up for the escape of these poisons. This is to be brought about by exciting the activity of the skin by means of hot air or steam baths accompanied and followed by vigorous massage; keeping the bowels open by means of salines and washing away the contents of the colon, thus keeping the mucous membrane in a proper condition for excretion, with copious enemata of slightly alkaline water, occasionally followed by a high enema of 500 or 600 c. c. of pure olive oil, as suggested by Fleiner (*Berliner Klin Wochenschr.*, 1893, Nos. 3 and 4).—*Am. Lancet.*

Two Easy and Delicate Tests for Albumin in Urine.

Dr. C. Fouchlos (*La Progres Medical*) recommends two new tests for albumin in urine, for which he claims utmost delicacy and absence of any possibly fallacy.

1. Add to the suspected urine a few drops of a 1 per cent. solution of corrosive sublimate; in case of turbidity, add some drops of acetic acid. If the turbidity persists it is due to the presence of albumin.

2. Take 100 cc. of a 10 per cent. solution of sulpho cyanide of potassium, and mix it with 20 cc. of acetic acid. Add a few drops of this mixture to the urine. If albumin is present in small quantities, an immediate turbidity will ensue; if in large quantities, a heavy white precipitate will appear.—E. C. R., in *Med Review.*

Cause of Death From Bullet Wounds of the Brain.

A London correspondent writes in the *Am. Pract. and News* that Mr. Victor Horsley maintains that the cause of death from bullet wounds of the cerebral hemispheres is due to the sudden increase of intracranial pressure brought about by the entrance of the bullet into the cavity of the skull, a cavity which was closed and already full. As an experimental demonstration of this he showed that when a closed cavity filled with water and lint was fired into, the increase of internal pressure manifested itself by the bursting of the canister with great violence. The increase of pressure in the brain took effect on the respiratory center, which becoming paralyzed, death ensued.—*West. Med. Reporter.*

Erysipelas and Gonorrhoea.

Schmidt (*Contralblatt fur Gynako'gie*, 1893, No. 39) reports a case of gonorrhoeal vaginitis in a little girl in whom erysipelas of the thigh

developed with simultaneous disappearance of the vaginal discharge. Vaginitis is known to be a peculiarly intractable affection in children, yet in this instance it was cured within a few days without local treatment, and there was no recurrence after the disappearance of the erysipelas. The apparent causal relation between the latter and the cure of the gonorrhoea is analogous to the effect of the inflammation in cases of inoperable sarcoma.—*Am. Journal Med. Sciences.*

[This is another example of the scientific fact of disease antagonism, mentioned frequently in these pages recently.—ED.]

The Inch-and-a-half Incision and Week-and-a-half Confinement in Appendicitis.

BY ROBERT T. MORRIS, A.M., M.D.

More than a million dollars have been paid to expert consultants who made the diagnosis of typhoid fever, idiopathic peritonitis, typhlitis, or internal strangulation of bowel in cases in which the disease was really appendices. Consequently, that money was expended to no purpose by the patients.

More than a million patients have died of appendicitis because the consultants made other diagnosis at a time when prompt operation would have saved life. Consequently, these deaths were unnecessary.

We cannot realize how common appendicitis is until we have rubbed our eyes and looked about a bit. Within the past five years I have removed fourteen infected appendices for the patients of one venerable physician, who in more than thirty years of practice had not previously made the diagnosis of appendices, and I believe him to be a representative practitioner who has had no more than an average proportion of the cases under his care.

One of the most vivid pictures in my memory is that of a celebrated German anatomist with scalpel in hand making a postmortem examination and noting points which were jotted down in the record book by his assistant. The cecum of the cadaver was covered with thick, gray lymph. The appendix was not examined because it happened to be buried in pus and adhesions, and because it was only a little thing, anyway. "Perityphlitis!" said the professor. "Perityphlitis," mumbled the assistant as he put the note where it would go on record.

It was only a decade ago that we began to examine infected cecums closely enough to collect accurate data; and then followed the era in which rules for finding inguinal pus were elaborated, in the intention of operating for the

evacuation of pus when it was discovered. How well we remember the day when authorities were ranged along the line of argument as to whether abscesses in appendicitis were extra-peritoneal or intra-peritoneal. Later information was to the effect that the patient's chances for recovery were better when the appendix was removed before pus got on any side of the peritoneum. Then we tried different waiting periods before operating, and these periods became shorter and shorter because we were often made sorry, for when we waited to see how a case would turn out we often found out. We found out that the patient was going to die because we had waited too long; or that he was going to recover. But we never, never, never knew when the patient had recovered, and that was a sticker for honest counsellors. By rational deduction we are to-day aware that the appendix should be removed as soon as a diagnosis of appendicitis can be made. No important question of late years has received more summary treatment than the one as to the proper time for operation in appendicitis; and as the question is wedge shaped, with deaths grouped at the late end, we have slid quickly down to the point which on my indicator rests at the words "no delay." In the evolution of the prompt operation for removal of an infected appendix I have reached a position from which it seems best to ask surgeons to accept as standard, an abdominal incision one inch and a half in length, which confines the patient to his room for a week and a half. It is not necessary to repeat here in detail my theory of appendicitis, which, briefly stated, describes the disease as an infectious exudative inflammation of the appendix vermiformis ceci, caused by bacterial invasion of a structure which is not well equipped for self-defense. The reason why bacteria gain entrance into the tissues of the appendix is because the guarding mucosa of that structure is easily bruised between a full cecum and a hard pelvic wall, or it is eroded by concretions. The reason why the appendix is not well equipped for defense is because the inner tube of mucosa and adenoid tissue is so closely confined within the outer tube of muscle and peritoneum that it cannot swell much without cutting off its own vascular supply and causing a resulting train of effects.

Appendicitis once established may continue to smoulder for years without causing any important symptoms, or it may blaze up and destroy the patient in a jiffy. Usually the disease smoulders for years and blazes up from time to time. Medical treatment smothers the blaze frequently, but the smouldering continues while the patient believes himself to be well. Sometimes the patient is not deceived, but his physi-

cian is; and when these patients come to us for operation, without the knowledge of the family physician, it is often difficult for us to persuade them that it is best to have his counsel and assistance in the case.

The inch and a half incision is made through the right linea semilunaris and all structures of the abdominal wall. The colon is readily distinguished by its longitudinal muscular bands. The direction of the colon is determined by exciting reversed peristalsis with a crystal of sodic chloride. The appendix is always found exactly where the long muscular bands of the cecum terminate. Adhesions are separated with a finger introduced into the abdominal cavity. If pus is present, or if adhesions are widely attached, or if the appendix is attached to the gall-bladder, or left overy, the inch and a half incision must be discarded for a longer one; but the longer incision is the exception in the class of cases that I am getting nowadays. The mesentery of the appendix is ligated with fine cat-gut. The base of the appendix is ligated very close to the cecum with a fine strand of eye silk to prevent intestinal contents from seeping into the wound. The ligated stump is buried with three Lembert sutures, for, if it were not so buried, perforation occurring under the ligature might cause trouble. The abdominal wound is closed with separate tiers of fine cat-gut sutures for the separate structures of the abdominal wall. If we used a single tier of sutures for aponeuroses which pull in different lines of traction, the patient would not be out of bed at the end of his week and a half.

Allow me to make one final request. Kindly fail to find seeds in the appendix. It requires a strong, sturdy, moral nature to bear up against the wishes of the patient who expects to be pleasantly surprised by the report that a seed was found in his appendix. Please send the seed-like concretions to the chemist before making a report — *Mathews' Med. Quarterly*.

Treatment of Seminal Incontinence.

First and foremost in the treatment of seminal incontinence, I place moral and hygienic means. Masturbators who cannot be wholesomely frightened with the ultimate results of their evil practices, are indeed hopeless cases. In every instance the cause must be discovered before any satisfactory progress can be anticipated. It will be absolutely useless to attempt moral or hygienic measures if the trouble were dependent upon an incipient ataxia, dementia paralytica, enlarged prostrate, or stricture. A most exhaustive examination must be made for every

possible reflex cause, and it must be removed before everything. Where these reflex causes are absent or have been entirely overcome, my chief reliance is upon the use of the bath, proper rest and exercise, the passage of the sound and the administration of atropia and the bromides. I know of nothing so effective as these measures to conquer an obstinate seminal incontinence.

The patient should be instructed to avoid every kind of stimulus and over-fatigue. Anything that is likely to irritate the genital organs, such as tight clothing, bicycle and horseback riding, should be refrained from. His food should be of the blandest and most nutritious sort. Tea, coffee, alcohol and tobacco must be abandoned for a time. He must take a light, dry diet, and abstain from drinking large quantities of fluid before retiring at night. It would be a good plan for him to set the alarm clock to awaken him a couple of times in the night to empty his bladder. He must sleep in a cool, well-ventilated room, with as little bed-clothing on him as possible. He should always occupy a bed alone, and cultivate the habit of lying upon his right side. It might be well to have the head of his bed turned toward the north, for there may be something in the notion that one sleeps better when the electric current of the body and earth are parallel. A warm bath before retiring is soothing and tonic, while a rapid sponging of the whole person with cold water in the morning lends vigour for the day. Of course, all literature and pictures of a sensual nature must be rigidly eschewed; and to keep the thoughts pure and healthful, it would be well for the patient to acquire a hobby to which he could turn for amusement in his leisure moments.

In all cases of seminal incontinence there is more or less inflammation of the prostatic urethra and irritability of the whole canal. If this be severe the patient will describe a kind of burning, sore sensation at the end of the penis, and he will complain of the frequency with which he has to pass his water on account of the uncomfortable sensation of an over-distended bladder. If these inflammatory symptoms are at all pronounced, hot sitz-baths, soothing oleaginous injections, and the free use of cathartics would be advisable. Leeches or blisters to the perineum are necessary at times. I am convinced there is no better treatment for the irritability of the posterior urethra, after the more acute symptoms have subsided, than the frequent passage of the sound. At first this should be done at intervals only of two or three days, the instrument being retained for two or three minutes. Later on it should be intro-

duced daily, and held in the urethra for fifteen minutes. In inexperienced hands a small soft sound or catheter should be first employed, and larger ones used as the mucous membrane becomes more tolerant. Better, however, than the soft instruments are the steel sounds, when carefully introduced, since they are less painful to pass and are more vigorous in their therapeutic action. The resisting contact of a solid body against the mucous membrane of the urethra greatly lessens its sensibility, while the gradual increase of the size of the instrument as the treatment proceeds, helps to relieve the congested blood vessels. If there be any strictures present, as there are apt to be in all odd cases, these, as well as the exudative thickening of the urethral membrane, are more or less reduced. I wish to recommend most emphatically the use of the bougie in the treatment of seminal incontinence. If there be any pronounced impotence of a neurotic origin, the passage of the feeblest possible electric current through the steel sound while it is *in situ* will in some cases prove beneficial, but only the mildest currents should be employed. This, however, as well as Trousseau's rectal pessary, at one time as popular, will rarely if ever be needed, since other means are quite as effective.

Without the measures already recommended, the use of drugs alone will surely end in failure. It is astonishing how few of the many medicines suggested for this trouble are really efficacious. Lupuline, cimicifuga, ergot, camphor, conium and similar remedies have seemed to me to afford only a temporary relief, if any at all. Atropia, the bromides, and strychnia are the medicines I place most confidence in. Of these, atropia stands by all odds at the head. By checking the activity of the seminal glands the alkaloid of belladonna enables them to recover their wonted tone and function. A pill containing gr. $\frac{1}{80}$ or gr. $\frac{1}{60}$ of atropia should be administered every night at bedtime, so that the patient may sleep through the unpleasant sensations which this drug sometimes gives rise to. So satisfactory have I found the use of atropia in this way that I would rather discard every other medicine than it. Sometimes it is well to exhibit, together with the night pill, another in the morning containing a smaller quantity of the drug, say gr. $\frac{1}{100}$ to gr. $\frac{1}{120}$. While employing this remedy the attendant must, of course, closely watch the state of the pupils as a guide to the quantity being ingested. The bromides are frequently effective, but they must be given in massive doses. The potassium bromide may be administered in drachm and a half dose at bedtime, and diminished upon the first indication of bromism. This salt alka-

linizes the urine and blunts the reflex irritability of the spinal cord. At times the other bromides are admirably borne. Some patients, especially the neurasthenic ones, tolerate the mono-bromide of camphor in five or ten grain doses. I have no experience to confirm the high recommendation by Hecquet of ferric bromide in three and five-grain doses. In anemic cases this would doubtless be a most eligible form in which to administer the bromide. Antipyrin, cocaine, tincture of hops and dulcamara are all anaphrodisiacs, more or less valuable in neurotic cases. Ergot has been highly lauded in the relaxed condition of the genital organs associated with a continuous discharge. I have not seen the permanent good results, however, that have been claimed for it. Where there is a deficiency in the nervous tone I find the strychnia meets the demand most completely. This powerful spinal cord stimulant should not be considered until all the signs of inflammation and irritability have been removed, and the patient's general physique indicates a return to its former vigour. In doses of gr. $\frac{1}{16}$ to gr. $\frac{1}{8}$ it then acts most happily in restoring the normal functions of the genital glands. Of course the use of iron, especially the tincture of the chloride, arsenic, cod liver oil and corresponding systemic tonics, will commend themselves in properly selected cases. The patient's general health must be built up in every way so that a strong constitutional background may be afforded for the improvement of the genital functions. Electricity is a valuable agent in this connection, especially when applied in the manner of general faradization and central galvanization with mild currents.

I have never found it necessary to use other local means of treatment than the bougie; hence I will say nothing of the various injections proposed containing nitrate of silver, tannin, hydrastis, etc. Such injections ought always to be used with the greatest caution, as strictures, impotence, and even death have been caused by them when too strong. They are not only troublesome to carry out perfectly, but I believe are less effective than the earnest, persistent use of the sound. I am assured that with patience and perseverance few cases of seminal incontinence can resist the combination of moral, hygienic, instrumental and medicinal measures outlined above.—L. Harrison Mettler, A.M., M.D., Chicago, Ill., in *Medical Record*.

Those intending to attend the approaching International Medical Congress at Rome, Italy, will address A. Jacobi, M.D., 110 West Thirty-fourth street, New York, N. Y., for information as to rates, travel, etc.

An Efficacious Depilatory.

Butte (*Monatschr. f. prakt. Dermatol*, 1893) recommends for this purpose iodine collodium, applied for three or four days in a fairly thick layer to the hairy part, when the collodium pellicle is removed, the hair will be found to stick to its lower surface.—*N. Y. Medicin Monatschr.*

Ipecacuanna Without Emetine.

Powdered ipecacuanna root, deprived of its emetic principle, emetine, is stated to have achieved great success in the treatment of dysentery. The virtues of ipecacuanna are well known in this direction, but have hitherto been marred by the distressing vomiting that accompanies large doses. Merck, of Darmstadt, has produced a powder from the root of the best Brazilian ipecacuanna, free from emetine, but containing the other constituents intact. This has proved of great service in British India, the chosen home of acute and chronic dysentery. Scruple doses may be taken frequently, without the usual vomiting. It is known as ipecacuanna desemetinisata.—Dr. Louis Lewis, in *Times and Register*.

Special Exercise to Correct and Prevent Constipation.

Friction, rubbing, or massage over all parts of the abdomen two or three times per day by the patient himself, or less frequently by a good magnetic operator will help promote vital action of the bowels. If not convenient for the patient to walk or ride for exercise, he can secure the advantage of both in large degree by the following exercise taken in his room:

Standing with the feet well apart to broaden your base, bend or flex the lower limbs at the knees and extend the same about twice a second, or one hundred times a minute, for several minutes at a time, three or four times a day, and at the same time twist or turn the body above the hips first to the right and then to the left as far as you well can, resting the hands upon the hips or allowing them to hang by your side. At each turn of the body toward the right or left you will bend the knees about three or four times. You thus use chiefly the flexors and extensors of the thighs, and the rotating muscles of the trunk. The motion of the body is meanwhile up and down, and the motion of the chest and head is alternately to the right and left. To facilitate the turning of the body, the heel of the limb opposite the one on which you rest, as the body sways from side

to side, may be raised so as to allow the limb to turn upon the ball or toe of the foot. To get the best effect of this exercise the head must be kept well up, the shoulders back, and the spine erect during the exercise. The bowels may generally be allowed to rise and fall with the body, but at times it is well to exercise the diaphragm by endeavoring to draw up beneath it the liver and viscera of the abdomen.—Dr. Dutton, in *Jour. Am. Health Society*.

Treatment of Warts and Other Exoscences.

In cases of multiple warts of the face, Prof. Kaposi recommends the application of the following paste :

R Sublimed sulphur..... drams v
 Pure concentrated acetic acid.....drams liss
 Glycerine.....oz ij
 Mix.—For external use.

The paste is applied to the warts either with a brush or spread over small pieces of linen. This is done at night, the paste being washed off the next morning. The application is repeated for several days in succession. Under the influence of this treatment the warts shrivel up, become blue and ultimately drop off spontaneously.

Another very simple method employed with success by Prof. Kaposi in the treatment of facial warts consists in covering the affected parts with pieces of flannel smeared with soft soap. These are left in position for twenty-four to forty-eight hours, according to the degree of sensitiveness displayed by the patient, until the skin becomes red and shrivels up. After removing the flannel the warts should not be washed, nor even wiped; they become spontaneously detached in about a week.

In Prof. Kaposi's opinion electrolysis is the most efficacious means of treating nevi mollusciformes, a needle connected with the negative pole of a battery is introduced into the tumor, while the patient holds the positive electrode in his hand. A current of from one to two milliampères should be used and the application should last about thirty seconds. It is repeated at the end of a week or fortnight. Large nevi require the application of the galvano-cautery or some other caustic.—*N. A. Practitioner*.

Atropine as a Hemostatic.

Bierwirth thinks that atropine in a small hypodermic dose is superior to all other remedies as a hemostatic.

Bean-Pods as a Diuretic.

According to Dr. Ramm, of Preetz, a decoction made of dried bean-pods has a powerful diuretic effect, and is even capable of dissolving urinary concretions.—*Druggists' Circular*.

Emulsion of Cod-liver Oil.

The following note upon cod-liver oil is made by Dr. J. Madison Taylor in the Philadelphia Polyclinic: "The best form is a cold-pressed oil from freshly selected livers. The difference between this and inferior oils, both in taste and efficiency, cannot be overstated. This kind can always be given straight. I devised a very economical and handy form of emulsion, which my assistants use much. In an eight ounce bottle six ounces of oil are put; the mother adds to this one raw egg, one tablespoonful of whisky, and fills the bottle up with glycerin. The whole is then thoroughly shaken and kept in a cool, dark place. It is agreeable and well retained."—*Med. Bulletin*.

Class-Room Notes.

(From Coll. and Clin. Record.)

Antipyrine, Prof. Hare says, aids the elimination of uric acid from the economy.

Cannabis indica, Prof. Hare says, will often be found to be very useful in cases of migraine.

Prof. Wilson says that only the severe cases of rubella or rotheln are followed by desquamation.

Belladonna locally applied, Prof. Hare says, will be found very useful in cases of localized neuritis.

Surgical cases, Prof. Keen says, should be dressed as seldom as the safety of the patient will admit.

Prof. Wilson says that gastro-intestinal ulcers occasionally develop during the period of convalescence of an attack of small-pox.

Syphilis, if it be due to vaccination, Prof. Wilson says, will have the chancre in all cases appearing at the point of vaccination.

Prof. Montgomery says that the uterus should always be sterilized by some antiseptic after an instrument has been introduced into it.

Adenomata, according to Prof. Keen, are painful only at the period of menstruation, but sarcomata are painful, independent of this period.

The best treatment, according to Prof. Keen, in cases of tubercular peritonitis is to open the abdomen and drain for a long period.

Prof. Parvin says that all drugs which by their therapeutic action tend to increase the arterial tension will also increase the flow of the milk.

As a rule, Prof. Keen says, in every four out of five cases of fistula in ano, the patient will be found to be of a tubercular character.

Malarial fever, according to Prof. Wilson, will be rarely met with, if at all, in those regions in which the temperature does not rise above 60° F.

Glycerine or any of the mineral fats, Prof. Wilson says, should not be employed by injection in the skin in cases of scarlet fever, but fresh animal fats should be employed in making injections.

Prof. Hare says that a combination of bromide and caffeine will often cure a headache that neither the bromide nor the caffeine alone will relieve.

Prof. Parvin says that two hours should be allowed to elapse before active measures are instituted toward the forcible removal of a retained placenta.

Prof. Parvin thinks that the involution of the sexual organs after confinement takes place more rapidly and satisfactorily if the mother nurses the child.

Prof. Parvin does not favor the administration of ergot during the third stage of labor unless the patient be a habitual bleeder, if hemorrhage be present.

The hemorrhage occurring in cases of laceration of the cervix, Prof. Parvin has found, can generally be controlled by the injection of hot water into the vagina.

Inability to nurse, Prof. Parvin says, is often due to heredity; brought on by the fact that a number of successive preceding generations did not nurse their offspring.

Unless during the existence of an epidemic of small-pox, a child who is suffering from a cutaneous disease, or who is otherwise in poor health, should not be vaccinated.

Fibromatous tumors, Prof. Keen says, are neither painful nor tender to the touch; they are also slow in growth. They may, he says, by pressure on adjacent parts, produce pain.

The eruptions produced by the inoculation of vaccine lymph will manifest themselves, Prof. Wilson says, twenty four hours earlier, if the inoculation has been performed by human lymph, than if performed by the bovine.

Cannabis indica, according to Prof. Hare, will be found to be a very useful drug in stopping the cough of phthisis, and it possesses the advantage over opium in that it is not so dependent to the system in general.

Sarcoma, Prof. Keen says, as a rule, is a disease of youth and not of old age. It makes its appearance generally during the period when

the tissues are growing. It generally appears between the age of twenty and thirty, more so than after forty.

Camphoric acid, according to Prof. Hare, is the best drug that can be used in controlling the night-sweats of phthisis. It should be taken in doses of twenty to thirty grains, and two or three hours before the time that the sweats generally come on.

Anteflexion of the uterus, according to Prof. Montgomery, is of most frequent occurrence in women who have never borne children. It is also the displacement which is found of most frequent occurrence in the sterile woman.

The tumor which is scrofulous in character, Prof. Keen says, in the early stages will be found to be perfectly movable, but in the later stages it will be bound down tight and will be immovable, due to its having infiltrated into the surrounding tissues.

Prof. Wilson favors the treatment of scarlet fever by chloral. Such doses, he thinks, should be administered as to keep the patient under its hypnotic influence to such an extent as to require wakening at the time when food or medicine is to be administered.

The recurrence of malignant growth, excepting sarcoma, according to Prof. Keen, rarely appears before six months after the operation, and if such a recurrence does not take place within three years after the operation, the chances of its not recurring at all are the very best.

Prof. Parvin calls attention to the fact that in opening an abscess of the breast, the incision should always be made longitudinally and not transversely. For, he says, when the opening is made by a transverse incision more milk ducts will be destroyed than if the incision had been made longitudinally.

Dr. Davis says the danger of placenta previa to the mother arises from hemorrhage and shock followed by collapse, septic infections also often setting in. The danger to the child, on the other hand, exists, that asphyxia may take place, caused by the placenta being detached too rapidly, thereby the supply of the maternal blood being cut off too soon.

Prof. Hare says if the salicylates do not yield good results, in cases of rheumatism, in from four to six days, their use should be discontinued, and other drugs tried, as it will not be likely that any good results will follow their further use. Nor does he think that they should be administered in large doses three or four times a day. He has had the best results follow from the frequent administration of small doses.

Dr. Davis says cases of labor in persons actively insane often proceed without any manifestations of pain being given by the patient. The delivery of the child, he says, should be made under complete anesthesia of the patient. In these cases sedatives will often be required.

Prof. Hare has concluded, as a result of experience, that in cardiac diseases digitalis affords relief to patients below the age of twelve to a less extent than in similar forms of cardiac diseases in adults, and that in children dyspnea, nervous irritability and cyanosis are symptoms which often manifest themselves after the use of this drug.

Formulas.

Elixir One Chloride.

- R Hydrargyri chloridum corrosivum (corrosive mercuric chloride).....2 gr
Water,
Syrup orange.....aa.....8 oz
M. Sig.—Teaspoonful after each meal.

Elixir Two Chlorides.

- R Tinct. ferri chloride.....1 oz
Solution chloride arsenic.....2 dr
Elixir simplex, to make.....16 oz
M. Sig. Teaspoonful after each meal.

Elixir Three Chlorides.

- R Mercury bichloride.....3 gr
Ammonia chloride.....2 oz
Solution chloride arsenic.....3 dr
Elixir simplex, to make.....16 oz
M. Sig. Teaspoonful after each meal.

Elixir Four Chlorides.

- R Mercury bichloride.....4 gr
Solution chloride arsenic.....3 dr
Hydrochloric acid, dilute.....4 dr
Tinct. iron chloride.....8 dr
Simple elixir, to make.....16 oz
M. Sig. Teaspoonful after each meal.

Elixir Five Chlorides.

- R Corrosive sublimate.....3 gr
Solution chloride arsenic.....3 dr
Hydrochloric acid, dilute
Tinct. iron chloride.....aa.....1½ oz
Ammonia chloride.....3 oz
Elixir simplex, to make.....16 oz
M. Sig. Teaspoonful after each meal.

The elixir of the iodides are much the same as iodides of potash, arsenic, iron and sodium in elixir.—*Indiana Pharmacist.*

Anti-Diarrheic Powder.

In the *Spaitlul*, No. 19, 1893, the following powder is offered as an efficient anti diarrheic:

- Salicylate of bismuth.....gms 8 (dr. ij).
Benzo-naphthol.....gms 2 (gr. xxx).
Extract of opium.....cgms 10 (gr. jss).
Divide into 10 parts, in capsules. One every hour or two according to the frequency of the stools.

—*Lancet-Clinic.*

Monsens Bark For Tapeworm.

M. Bouchet (*Lyon Med.*, Nov. 20, 1892) a pharmacist, recommends to the Society of Therapeutics the following formula: Fast in the evening; in the morning take three or four pearls of ether, and one hour later administer the following decoction:

- Water.....800 gr
Bark of the pomegranate root.....60 gr
Monsens bark.....60 gr
Reduce to a coarse powder, boil, strain, moisten the residue with a little water, and replace on the fire and evaporate to about a glassful. One hour after taking this there generally follows an abundant evacuation which generally contains the entire tenia.

—*Fort Wayne (Ind.) Med. Magazine.*

Syphilis.

- R Syr. acidi hydriodici (Hostelley's).....f. oz. vi
Hydrag. bichlorid.....gr. i ss
M. Sig. Teaspoonful three times daily, id water.

Hypertrophic Phinitis.

- R Ol. gaultherie.....m. i
Eucalyptol (Sanders & Son's).....dr. j
Camphore.....gr. i
Liq. alboline.....oz. j
M. Sig. Apply with Davidson's atomizer.

Diabetes Mellitus.

- R Lithii carbonatis.....dr. ss
Sodii arseniatis.....gr. i
Extr. gentianae.....gr. xv
M. Ft Massa et in pil no XX divide.
Sig. One pill morning and evening.

—*Annual Univ. Med. Sciences.*

A Cathartic Lemonade.

- R Soda phosphatis.....dr. vi¼
Spiritus limonis.....gr. xix
Syrupi simplicis.....oz. ij
Aque destillate ad.....oz. x
Misce et fiat haustus.

—*The Practitioner.*

Chronic Headache.

Dr. Zentler advises:

- R Arseniate of sodium
Sulphate of atropine aa.....gr. ss
Extract of aconite.....gr. vij
Powdered cinnamon q. s
Mix and make into thirty pills. From one to four pills daily.

—*La Riforma Medica—Times and Register.*

Hair Dye and Stimulator.

Reply to Dr. Bennett, Lima, Ohio.

EDITOR MEDICAL WORLD:—To stimulate the growth of hair and restore gray or faded hair, use the following:

- R Plumbi acetatis
Lac. sulphuris
Pulve sodii boratis.....aa.....dr. i
Aque amonia.....dr. ss
Alcoholis
Spiritus myrcisæ
Glyceinis
Ess. bergamont.....aa.....oz. i
Aque pure.....oz. iv
M. Filter twenty-four hours.
Sig. Rub well into scalp once to twice daily.

W. E. BRIDGMAN, M.D.,

Butte, Neb.

Aone Rosaces.

Petrini (*Riform med.*) recommends the following application :

- Resorcín.....gr. xv
- Ichthyol.....dr. ss
- Collodium.....oz. i

M. S. Externally applied.

After evacuating the pustules the surface is to be painted once a day for three successive days. An interval of five or six days without application, during which time the collodium coating desquamates. Reapplication if necessary.

— *Lancet-Clinic.*

Oxyuria.

Minerbi recommends the following rectal injection for children :

- Naphthalin.....gr. xv-xx
- Ol. oil v.....oz. i-oz. ii

M. S. Injection.

For adults :

- Naphthalin.....scr. iv-dr. iiss
- Ol. oil v.....oz. ii-oz. iiii

M. S. Injection.

— *Ib.*

Hemiorania.

The following (*Nouv. Remed.*) is recommended :

- Butyl chloral hydrat.....gr. xvi
- Ext. cannabiss indic.....gr. iv

Mt. Div. in part, equal xvi. Da in capsul.
Sig. Take two capsules, and a third capsule one-half hour thereafter.

— *Ib.*

Enuresis Nocturna.

White (*Movatshefte f. pract. Dermatologie*) gives the following :

- Sodii benzoat, {aa.....gr. xvi
- Sodii salicylat., {
- Ext. bellad., fl.,.....gtts. ii
- Aquese cinnam.....oz. iv

M. S. Four to five teaspoonfuls a day.

— *Ib.*

La Grippe.

Sodium sulphite is one among the many things which are said to have been used with success. A teaspoonful of the following mixture in the same quantity of water is given every two hours until relief is obtained :

- Sodium sulphate.....4 drs
- Water.....6 oz

Tooth Wash.

Dissolve two ounces of borax in three pints of boiling water, and before it is cold add one teaspoonful of the spirits of camphor, and bottle for use. A tablespoonful of this mixture, mixed with an equal quantity of tepid water, and applied daily with a soft brush, preserves and beautifies the teeth, extirpates all tartarous adhesion, arrests decay, induces healthy action of the gums and makes the teeth pearly white.— *Phila. Record.*

Reviews.

SEXUAL WEAKNESS AND IMPOTENCE; by Edward Martin, M.D.; published by Geo. S. Davis, Detroit, Mich., Price, 25 cents.

This is a neat volume of 102 pages; illustrated. The author talks plainly and clearly upon the subject involved, and which are the source of so much annoyance and perplexity to the practitioner. The ordinary text books give very little satisfaction in this class of cases. This little book fills the lacking very acceptably. We recommend it very highly.

THE ALKALOIDAL CLINIC, W. C. Abbott, M.D., editor. Monthly, \$1 per year. Published by the Editor, Ravenswood, Chicago, Ill.

We welcome this journal to our exchange table and to the sisterhood of medical journals. The object is to give definite information in regard to the progress of scientific knowledge in the treatment of disease by active principles. The talented editor is already well and favorably known to all our readers. His work in the initial number of *Clinic*, as in all his writings, is very good indeed. Dr. Abbott might appropriately be termed the American champion of dosimetric medication. His journal, being devoted to a distinct advance in medical science, is well worth the subscription price. J. J. T.

"MATHEW'S MEDICAL QUARTERLY;" a journal devoted to diseases of the rectum, gastro-intestinal disease, and rectal and gastro-intestinal surgery. Edited by Joseph M. Mathews, M.D., Louisville, Ky., (P. O. Box 434); \$2 per year; single copies 55 cents.

We have seldom or never been so favorably impressed by a new medical journal as by this one. The first number is a veritable mine of information upon the subjects embraced. Every physician comes in contact with this class of diseases, particularly diseases of the rectum. Dr. Mathews was the first regular member of the profession to make a specialty of diseases of the rectum. As usual, irregulars first reaped a rich harvest in this field, before the regular profession saw the importance of devoting special attention to it. We owe Dr. Mathews much as a pioneer in this direction, and also for this valuable publication. This first number is worth many times its price to the general practitioner. The doctor wishes the names of all reputable surgeons in the United States, who limit their practice to diseases of the rectum.

CHOLECYSTOTOMY—Report of six cases; by Hugo O. Pantzer, M.D., Indianapolis. They are very interesting cases. Many chronic liver troubles are amenable to treatment by operation upon the gall bladder. We predict that this operation will readily increase in popularity. We suppose that the author will send this reprint free to physicians who desire it.

THE SUCCESSFUL MANAGEMENT OF INEBRIETY WITHOUT SECRECY IN THERAPEUTICS. By C. H. Hughes, M.D., St. Louis, Mo.

AN attractive feature of the February *ARENA* is a Symposium on "Rational Dress for Women," by a number of well-known American women. There are fifteen large photogravures accompanying the Symposium, illustrating the style of dress now worn by American women. This issue contains 164 pages, and is filled with able papers from thoughtful men and women. Address Copley Square, Boston.

Wit and Wisdom.

PLEASE see Dr. Waugh's card, this issue, in regard to his private hospital.

SEE pages xxiii and xxv, this issue. Is there any practitioner in this country who is not acquainted with the venerable Philadelphia *Medical and Surgical Reporter*? Grasp the offer there made, and make it your companion for the remainder of this year. The combination provides that those who are already subscribers for *THE WORLD* this year may have the *Reporter* for the remainder of 1894 and *THE WORLD* for 1895 for \$2.75. To new subscribers, *Reporter* and *WORLD* for the remainder of 1894 for \$2.75.

METABOLISM.—This is a scientific treatise on the general subject of tissue changes, or the process of waste and repair, with therapeutic suggestions. Sent free by James I. Fellows, 48 Vesey St., New York, N. Y.

BROWN.—Do you believe there's such a thing in married life as perfect love? A case where both are of the same mind? Fogg.—Oh, yes; there are the Googley's, for instance. She thinks there never was a man in the world like her husband, and so does he.

Temporary Tooth Filling.

A filling of pure beeswax is an excellent thing for temporarily filling an aching tooth that is decayed.

OAKFIELD, N. Y., March 15, 1893.

Freligh's Tablets gave me most excellent results, and can recommend them as worth of trial by the medical profession. I am still prescribing Freligh's Tonic—original unbroken package—with marked benefit.
A. P. JACKSON, M.D.

Rheumatism.

I have not only been surprised but elated with the excellent results from Syrup of Hydriodic acid in inflammatory rheumatism. While I have been using the preparation for a long time, and with decided advantage its application in rheumatic conditions only recently suggested itself to me. I have treated a sufficient number of cases with the remedy, however, to be positive of its superior therapeutic properties in controlling these painful conditions. My usual prescription and directions are as follows:

R Syrup acid hydriodic (Hostelley's).....f oz. vj
Sig. Ten to twenty-five minims every three or four hours.

The dose may be increased after a week or ten days' treatment, and as symptoms subside the dose is to be gradually diminished. I frequently blister in connection with the above, and from this combined treatment have observed, in a number of cases, almost marvelous results. Several of the cases which have yielded promptly to the treatment were as severe rheumatic cases as I ever saw.

F. M. BELTZ, M.D.,
2036 N. Broad St., Phila.

Medical Inspector Board of Health.

AN excellent and instructive book on "Winter Remedies" will be sent free if you write to H. K. Mulford Co., Phila.

DOCTOR.—There, Patrick, is something that will give you an appetite for your dinner. Pat.—Faith, an' it's not that I want. The great nade is a dinner for me appetite.

THE man who waits for a golden harp with which to praise God would feel very much out of place in heaven.

FOR a steady thing, the light of a tallow candle is better than that of a sky-rocket.

CELERINA in combination with Aletris Cordial is used with marked success in cases of nervous debility arising from uterine derangements.

SEE advertising page xxxv in January *WORLD*, and send 25 cents to the New York and Chicago Chemical Co., 96 Maiden Lane, New York City, for their very liberal offer.

IF you want to keep on thinking well of a man, don't go his security.

I HAVE used Peacock's bromides in four cases of epilepsy, and it is only fair for me to state that I have had good results in each case. In three of these cases there were no attacks at all, while the medicine was used, although they had been frequent and severe in spite of the exhibition of the ordinary bromide salts. I say while it was used because I have had difficulty in convincing some patients that they were not entirely cured after using one bottle, but where I have been able to have them continue the treatment for a reasonable time after the disappearance of the fits, there has been no return of them even after the medicine was stopped.
CHAR. C. JOHNSON, M.D.
Columbia, S. C.

MELLIN'S Food is just the proper thing for your delicate invalids and infants.

POVERTY is no disgrace, when it is our neighbor who is poor.

WILD oats are said to be the only crop that grows by gaslight.

DIDDEREAU—Did you attend the lecture of Prof. Hardhead on "Grip, a Malady of the Imagination?" Biddereau—He did not lecture. "Why not?" "Down with the grip."

SEND to W. H. Schieffelin & Co., New York, for rare drugs, the newest from the scientific laboratories.

PUT your plethoric patients upon Phytoline.

SEND to the Empire Truss Co., Lockport, N. Y., for trusses, elastic bandages and all woven goods.

HAVE you yet tried Micajah's Uterine Wafers?

SEND to I. Phillips, Atlanta, Ga., for surgical instruments.

SYRUP of Figs is prominently recommended as a good family laxative.

LOOK for the newest valuable drug to come from the laboratories of Parke, Davis & Co., Detroit, Mich.

PLEASE see the very liberal offer of Hall & Buckel, this issue, in regard to their soap, Sozoderma.

A MAN named Snow, living in the suburbs, was made a father a few days ago, and he sent the announcement to the local paper: "A little Snow drifted into my house last night."

THE Lambert Pharmacal Company was led to suspect that substitution was largely practiced in Chicago in regard to their Listerine. A trusted representative was sent to purchase 15 to 25 cents worth of Listerine from each of 500 drug stores; 479 purchases were made, and each carefully tested. Just think of the following astonishing results: 251 were genuine Listerine; 204 contained no Listerine whatever; 24 were Listerine diluted with water or glycerine. Judgment

(Continued on next leaf.)

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

PUBLISHED MONTHLY, by C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D.,
J. J. TAYLOR, M. D., } EDITORS.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance.*

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Vol. XII APRIL, 1894. No. 4.

As You Freely Receive, So Freely Give.

One of the chief characteristics of the readers of this journal is that they fraternally exchange with one another the useful ideas they acquire from their experience and research. This is a practice which results in mutual advantage and also in great benefit to humanity represented by their patients. We have to record a notable exception in the person of one who recently wrote us that he had found a successful treatment of a certain disease, but that he would not give it to the profession nor to the public—he was not going to give away the results of his study.

In response to this we would ask the doctor where his medical knowledge came from. Is he not indebted to the profession at large for the accumulated knowledge of many generations of medical investigators who studied,

experimented, observed, recorded and published their observations for the benefit of others? If the doctor had been left solely to his own investigations for information could he, even in a long life-time, have learned the anatomy of the human system, the details of physiological processes, the pathology of the various diseased conditions, the action of the many articles that have been tried as drugs and been either retained as valuable or rejected as worthless? Could he, unaided, ever have mastered a single disease or the virtues of a single drug? Men of eminent learning have devoted the concentrated effort of a life-time to the accomplishment of one of these objects and at the last have been compelled to hand the work over to their successors to take up where they have left off. How, then, can this doctor say that *he* has learned his alleged method of curing a certain disease, when, even if valuable at all, it is only a slightly different application of information that has been discovered and furnished him by others? If by publishing to the profession his method of treatment, whatever it may be, he could discharge his obligation to his scientific confrères for the accumulated wisdom of ages and also for the ideas he receives from month to month from all parts of the world, he would get off cheaply, indeed. The fact is that the very best, by giving all that he learns by practice and research, cannot repay a tithe of what he has received. He can only do his best, and no one can do better. Truly, we are none of us our own makers or our own educators.

* * *

As a recent example illustrating the sentiments expressed in the above remarks we have the action of Dr. William Moor, of 355 Boulevard W., New York, in making public his treatment of morphine poisoning. Although only published a few weeks, yet already we have

reports from credible observers that it has saved several lives, some of which cases are given elsewhere in this number of THE WORLD. Dr. Moor does not claim that he elaborated the clinical symptoms of morphine poisoning or that he discovered the chemical process by which permanganate of potassium is obtained. These he received from others, in the course of his medical studies. He only made the particular application in question, after observing the chemical reaction of the two drugs when brought together in the laboratory. His observation he at once told to his professional friends, both as a measure of return for his general indebtedness to science and from his feeling for suffering humanity and his desire to save as many lives as possible. Only those imbued with these principles deserve to be ranked with the medical profession.

Lilac for Malaria.

Dr. Valerius Idleson, of Berne, Switzerland, recommends in the *St. Louis Medical and Surgical Journal* the use of an infusion of lilac (six fresh leaves of the plant to a cupful of hot water) for malarial and intermittent fevers. Two cupfuls of the infusion should be taken daily until the attacks disappear; after that one cupful daily for a few days.

In the resuscitation of the asphyxiated, as from drowning, one of the first points to be remembered is to pull the tongue forward and thus free the air passages from the obstruction caused by its pressure against the pharynx. It is well to draw the tongue backward and forward and thus secure rythmical entrance of air into the passages. Forcible dilatation of the sphincter ani and the injection of some irritable substance, as infusion of capsicum, into the rectum will be of service.

According to *The Vegetarian*, the free use of oranges, apples and other acid fruits will destroy the appetite for strong drink.

The *New York Herald* says that free inhalations of cologne water will break up a beginning coryza.

Use iodide of lime for croup, as recommended in these pages some time ago.

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal only. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way, and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Diphtheria.—Replies.

Editor MEDICAL WORLD:—It seems to me that in the recent discussions of diphtheria there is a good deal of illogical assertion; of basing arguments on facts that are exceptional, or are only true at certain times. For instance, the statement attributed to DaCosta, that diphtheria is the local manifestation of a constitutional disease. If you will consider the patient the local manifestation, and say that the constitutional disease is in bad hygienic surroundings, I will heartily agree; for diphtheria more than any other disease, is due to filth, in cellar, back-yard, alleys, cess-pools, gutter or street, or in the drinking water. But I cannot accept this doctrine with the individual, and I am sure it leads to bad methods of treatment. If you take an open wound or ulcer and inoculate it with diphtheritic matter the disease appears at the point of inoculation. If a person has diphtheria of the throat and also has a wound or ulcer elsewhere, cover the latter hermetically with a watch glass, and no diphtheria appears on the surface. Why are these things so, if diphtheria is not a local disease, whose infection is transmitted through the air and not by the blood? If it be not local why did the deposit after inoculation appear on the throat instead of at the point where the virus was introduced? I cannot see how these facts can be explained on the constitutional theory, any more than I can believe that any real doctor who has treated this disease by efficient local means can believe in the constitutional theory.

I would not say anything about the treatment of this disease, were it not that the WORLD family has been enriched by so many new members since I last wrote on this subject, that my views must be new to very many. When

diphtheria is about, the childrens' throats must be looked to carefully, as the disease is insidious and has often passed the curable stage before any thought of illness has arisen. Many a time, when a child has complained of headache, I have found the tonsils covered with exudation, though both mother and child insisted there was nothing the matter with the throat. I believe we are only safe in considering every exudation on the throat as diphtheritic; for I have seen fatal diphtheria develop in a case I had diagnosed as herpes. Any throat affection is liable to become diphtheritic if the disease is prevalent. Nevertheless, a white exudation, with swelling tenderness, difficulty in swallowing and fever, is less dangerous than an ashy deposit with very little local uneasiness. I do not stop to make nice diagnoses that may be right now and all wrong in six hours, I put every case of exudative throat disease on my old favorite.

R. Potass chloratis pulv.....dr. j.
 Acid. hydrochloric U. S. P.....dr. jss.
 Misco, et adde
 Tr. ferri chloridi.....dr. ij.
 Aqua, q. s. ad℥. iij.
 S. A teaspoonful, pure, every two to four hours.

Mixed in this way, free chlorine is evolved, in the nascent state, and it is the best destroyer of the diphtheria microbe in existence.

Strong? Very. But not too strong, to kill the germ, and this must be done, be the patient old or young. In children under two years of age, and whenever the chlorine acts on the healthy tissues, I use peroxide of hydrogen instead. But this must be used very much oftener. The first principle of treatment is that the local remedy must be strong enough to kill the germs, and must be used very often. Once every quarter hour is none too often for peroxide, by night and day. Even when the chlorine is used, the peroxidé should be applied in the intervals. I prefer to have the chlorine swallowed, as it is thus more thoroughly applied than by a swab, and we get the constitutional bracing of the iron and acid. Any irritation of the stomach is prevented by taking a drink of water just before the dose. These remedies dissolve and carry off the exudation, leaving an ulcerated surface. This they keep aseptic, and it quickly heals. It may be that the microbes root down into the tissues, but these remedies get at them and cure the disease, without being injected under the mucous surface. Prompt and vigorous treatment soon puts an end to the attack, and the disease never gets beyond its first home on the tonsils. But if the doctor does not believe in local treatment, or if he is not called in time, it may spread to the larynx, atrium, eustachian tubes and middle ear, the

nose, the eyes, the mouth or, rarely, to the esophagus and stomach. If it gets to the larynx spray vigorously and almost continuously with peroxide, and perform tracheotomy as soon as the sign appears—the retraction of the abdomen with inspiration. Then keep on spraying—and praying—for your case is desperate. If the disease gets into the passages it spreads to the whole extended tract; sinuses are filled with membrane and decomposing matter; the stench is horrible, the discharge burns the skin off the nostrils and lips, and epistaxis may carry off the patient. At the first sign of coryza I used to inject the nostrils with nitrate of silver solution, five grains to the ounce, every four hours. This usually stops it, after one to three injections. But of late years I have preferred peroxide, as it is surer, safer, and less irritant. In the worst cases of nasal diphtheria I have ever seen I used a quart bottle of peroxide every day, and saved my patient. At first I diluted to one fourth, but soon found the full strength of Marchand's solution was well borne and most effectual. For epistaxis I have never failed with solutions of chromic acid, 2 grains to the ounce, and stronger if necessary. Now I find in these cases another proof of the local character of the disease. The child is hot and feverish; his pulse rapid and weak, delirious, forehead burning, toes and fingers cold, he cannot eat and the stench is beyond description; the secretions pouring from the nostrils and ex-coriating them. If ever the disease is "constitutional," is it not here? And yet wash the nasal passages out thoroughly with peroxide, and your fever, depression, etc., are gone; the boy sits up and asks for food, and eats his ice-cream with the greatest relish. If the microbes had invaded the blood, they could not be reached by peroxide, and the change is inexplicable. If the disease producers were located in the nose, and their ptomaines were from thence absorbed into the blood, it is easy to see why the thorough cleansing out of the nasal tract puts a stop to the poison production and absorption. The only cases in which diphtheria is ever constitutional is when the local disease has not been efficiently treated and colonies of Loeffler's bacillus have penetrated to the blood-vessels and been swept away in the circulation to form foci of septic disease in the lungs, heart or wherever they happen to lodge.

The history of this dispute is notable. Commencing when diphtheria was first recognized, it was found in Paris that all the cases died except those treated by an old woman, who applied strong nitrate of silver solutions; while the doctors considered it a constitutional disease and treated it on "general principles." Ever

since, there has been a persistent effort on the part of closet physicians to insist on the same theory, in spite of the fact that all successful treatment is based on the local medication.

On page 79, Dr. Pantzer speaks of herpes zoster. For over a year I have treated every case with zinc phosphide, gr. $\frac{1}{10}$ every 4 hours, with prompt and invariable success. This drug is said to be not always efficient; but I am particular to have a good preparation, and I thus escape the uncertainty so often spoken of in regard to drugs. Get a good drug and give it yourself, and you will find that like causes produce like results, and the exceptions are most likely to be due to errors in diagnosis.

Dr. Oehme (page 87) thinks the homeopathic provings of quinine are sufficient to prove the production of hematuria by it. I am well aware that this symptom, and also, a chill followed by fever, have been recorded in these provings of quinine, but these symptoms are very exceptional indeed, and by no means uniformly following the use of this drug. The utmost that can be said of quinine in its relation to hematuria is that *occasionally* its use is followed by this symptom, which ceases when the quinine is discontinued and reappears when its use is resumed; but that, in the vast majority of cases where quinine is given, nothing of the sort occurs. Moreover, it seems certain that *all* cases of malarial hematuria are not aggravated by quinine, as a number of capable observers have reported cases of this sort that were cured by quinine. As yet, therefore, we cannot say that in any given case quinine will cause hemorrhage, unless we have found it out by giving the drug to that particular person.

Dr. Shemwell's case (page 97) is not clear. If the pus were from a hepatic abscess it should have been red from inter mixture of blood; if from the bowel (appendicitis), it should have had a fecal odor; while if it were located in the layers of the abdominal parietes, the hematuria is unaccounted for. Does not this point to the kidney as the probable source of the pus? A perinephritic abscess may cover the space indicated.

Dr. Blaylock asks what is the cause of agalactia (page 98) in his case. All women are not equally good milk-givers, and some are always dry. The breast may be large, but composed mainly of fat, the glandular structure being undeveloped and rudimentary; or, it may be atrophied from the pressure of corsets and padding. Sometimes the breast remains undeveloped until stimulated by the efforts of the child to nurse.

Why did Dr. Pineo (page 98) take calomel to abort a tonsillitis? Morell Mackenzie, who

was very good authority, recommended lozenges of guaiac resin, two grains each; one every two hours. I have found them very effectual. Hare says sodium salicylate is a specific. I usually give it, five grains every two hours, with the guaiac. If suppuration has already occurred, however, no remedy will cause the pus to be reabsorbed.

I wish my friends would all try pure chloroform for eczema, applying it twice a day, and whenever itching occurs.

Has Dr. Morton (page 99) examined his patient's urine when she is pregnant? He will find albumen, probably, and should put her at once on the skim milk and grape juice diet, with diuretics. The convulsions demand veratrum viride, chloroform, and speedy delivery.

What causes cold feet? In women, the lack of exercise, constipation, and tight shoes. Tie up the unfortunate little toes so they cannot move, and no wonder the circulation is weak. They are really fingers, provided with the same apparatus and capabilities, and the difference is solely due to lack of education. It is well to let them out of prison on every possible occasion; especially for an hour before going to bed. Then they can unbend, limber up, the blood courses freely through them, and they will be free and comfortable when they go to bed. Take off the shoes and stockings and have a merry romp in bare feet every evening, even taking a run out into the snow, a la Abbe Kneipp. When I was younger, I used to grease my feet and wrap them in greased paper before setting out for a day's shooting in winter.

For Dr. Milner's meningeal cases (page 99) I would second the editor's suggestion of salicylates; giving for effect, and not by any stated dose. I would use hot water instead of cold; and would let out enough blood to relieve the patient. Keep the bowels loose and the skin acting by means of elaterium and pilocarpine.

Dr. Jone's case (page 99) has hematuria whenever the cold drives the blood in from the skin and increases the pressure on the circulation of the kidneys. If this be due to chronic nephritis, there will be albuminuria. But it only means that there is in the urinary tract some where a tissue with capillary walls so feeble that they will not bear unusual pressure. Nitroglycerine relaxes vascular tension and hence prevents bleeding. The blood may be from granulation tissue in the kidney, ureter, bladder or urethra, as determined by its condition, time of passing as to urination, and collateral symptoms. It may show tubercle, cancer, calculus, varicosity or papilloma as the pathological condition.

Dr. Manning's thermometer has lost its index

(page 100). Raise the temperature by warm water to over 105, and then plunge the bulb into ice-water; you may thus restore the interval between the mercury columns. But you must then be sure to compare the readings with a standard thermometer, as they may differ from those previously made. The trouble is caused by lowering the mercury by jarring, instead of by a circular sweep.

For black heads: press out with a watch key; apply lanoline, one ounce, acid benzoic, twenty grains, oil of rose three drops, at night on going to bed, and wash in the morning with borax water, cold, and rub well with towel. Keep the bowels regular, and get open-air exercise daily.

Is Dr. Rhode's case (page 100) goiter, emphysema, or aneurism? If goiter, give hydriodic acid internally, and use the electrolytic needle plunged into the mass. Any other suggestions would require personal examination, as the nature and relations of the tumor must be studied before adopting surgical measures.

I wish Dr. Willey (page 100) would send us some of those worms that crawl out of the child's head. I would give her iodides.

The ideal treatment for scarlet fever is perfect hygiene of the house and surroundings, plenty of ventilation, pure water to drink in abundance, very simple food, say, soup, milk and coffee, and no medicine. Of course, anginous and nasal complications demand vigorous antiseptics, but they do not occur when the above suggestions are followed.

Dr. Mollyneaux, case is not very clear. Is there a tumor in the breast? If so, it is not likely to be a cancer at so early an age, but still this is not impossible. More likely it is an abscess of the breast, with secondary involvement of the axillary glands. The exploring needle would be of use to determine the point; and in either case the knife is the best remedy.

I have spoken of epistaxis in my talk on diphtheria, and will only add here that before I began using chromic acid I never saved a case, and since I adopted that remedy I have never lost one.

Dr. M.'s case (page 101) has myelitis. The tight prepuce may have been an exciting cause, and a tight sphincter ani or a urethral stricture may be now keeping up the difficulty; or, it may be persistent, the exciting cause being removed. Look for the conditions I mention, and remove them if found; apply counter-irritation to the spine; have him rest on a sofa, on his face, most of the time, and give iodides of potash and mercury regularly.

"Advice" (page 102) would better pass a sound into his patient's urethra. When he finds a very sensitive spot, deposit there a drop of nitrate of silver solution, five grains to the ounce, and dilate fully with steel sounds. Let his patient sleep alone, on a hard bed, without too much cover. Bromide of potassium will help to check the sexual ardor until the effects of excess have subsided.

I think I see the editor's blue pencil waving over this long letter, and will therefore close without tackling "Interrogator's" list of inquiries.

WILLIAM F. WAUGH, M.D.,

103 State St., Chicago, Ill.

[We learn by private correspondence that Dr. Waugh has been elected Professor of General Medicine in the Post Graduate College of Chicago. Also at the present time he is delivering a special course of lectures on therapeutics at the College of Physicians and Surgeons, at the request of the faculty. His private hospital is in active operation, but not confined entirely to nervous cases, as he receives some also for rectal and gynecological treatment. Indeed, he says, that his friends simply send him any cases that they have not the facilities for handling.—ED.]

Also the following letter:—During the month of February I was called upon to answer over 200 letters, received from fellow physicians, asking advice. Nearly three hours a day are thus occupied. About one-fourth of the writers enclosed stamps for reply, none enclosed fee. It is obviously impossible for me to continue giving so much of my time for nothing; and it has been suggested that I should charge a small fee when the writer desires an answer by mail. But this I am unwilling to do, for two reasons: First: I enjoy these talks with my friends, and do not want to lose them. Second: no matter how small the fee may be, there are times when the patient cannot pay it, and when the doctor could not readily pay it himself; for when times are hard the doctor knows it first. God forbid that I should ever refuse to extend a helping hand to my brother doctor because he could not pay me for it. Let him write as before, and I will help him out to the best of my ability. But whenever there is in question a patient who is willing and able to pay for the advice, let the doctor slip in a fee (I don't care how small it is); and at any rate enclose a stamp. Perhaps I may be able to employ a secretary, which I must do if my correspondence increases.

WILLIAM F. WAUGH.

Further Confirmation of Dr. Moor's Discovery of Antidote for Morphine Poisoning.

Editor MEDICAL WORLD:—Enclosed please find for publication clinical notes by Prof. J. S. Buist, of Charleston, South Carolina.

DR. WILLIAM MOOR,
355 Boulevard, New York, N. Y.

CLINICAL NOTES.

Called at 12 M., February 13th, 1894, in haste, to see a healthy, robust young woman (white) age nineteen, and upon arriving at the residence I was informed that the case was considered hopeless, as the poison, *laudanum*, had entered the blood, and the patient was beyond help. The following history was rapidly obtained: About 10 o'clock A. M., by accident, one and a half ounces of tinct. opii (official) had been taken. The discovery of the fact was made at about 10½ o'clock. Evidences of the patient having vomited at some time existed, though the odor of opium could not be detected in the vomited matter. Condition at that time: Extreme lethargy, intense drowsiness, insensibility to external impressions, pinched features, loss of consciousness nearly complete, slow, full pulse, labored breathing, pupils of both eyes contracted. The first medical aid arrived at about eleven o'clock. The above symptoms had increased in a great degree. Strong coffee was given, which the stomach at once rejected. The patient was at once forcibly aroused and kept in constant motion. A solution of sulphate of atropine was administered, but rejected as soon as taken into the stomach. Up to my arrival and assuming charge of the case nothing further had been attempted.

Condition at 12 M: Pupils of both eyes contracted to the finest possible point; eyes dull and glassy; drooping of eyelids; insensibility to external impressions; intense drowsiness; pulse slow and intermittent; heart's action feeble; respiration labored and slow; almost utter inability to sustain the body upon the limbs. Patient presented all the typical symptoms of opium poisoning. At once a hypodermic injection of $\frac{1}{8}$ grain of atropine was given and the result watched with the utmost interest and patient kept in constant motion.

I ordered as soon as could be procured:

Permanganate potass.....gr. vj
Aqua destillate.....dram j

At the end of thirty minutes no change in the patients condition; pupils more contracted and all symptoms aggravated. At 12¼ I injected ten drops of the permanganate solution in the arm. Results: In six minutes the effects were noticeable. The pupils of both eyes commenced to dilate (observed not only by myself

but by those in attendance). In ten minutes the patient's locomotion improved. In fifteen minutes she spoke and begged to be allowed to sleep. Circulation improved, pulse stronger, respiration more regular. Allowed to rest in a chair for five minutes, profound sleep coming on. Pulse eighty-two per minute, intermitting every sixth beat. Respirations twenty-four per minute. Patient aroused and ten drops of the permanganate solution introduced in the other arm. The effects in ten minutes were wonderful. Pupils largely dilated, susceptibility to light manifest, consciousness returned. Patient in fifteen minutes hysterical and crying; pulse seventy-six; respirations twenty per minute. Patient allowed to be in bed and at once went into gentle sleep, pronounced to be out of danger. By six o'clock in the evening all symptoms had passed away and a complete recovery was the result—no after effects.

Charleston, S. C. J. S. BUIST, M.D.,
Prof. Surgery, Med. Col. S. C.

Confirmation of Permanganate of Potassium as an antidote to Morphine.

Editor MEDICAL WORLD:—There has been much discussion, pro and con, as to the efficiency of permanganate of potassium in morphine poisoning. To Dr. Wm. Moor, 355 Boulevard W., New York City, is due the discovery, and he has made many experiments upon himself, and animals, to prove his theory.

A few days since, I was called, by Dr. A. L. Yocum of this place, to assist him in a case where a man had taken about from fifteen to eighteen grains of sulphate of morphine. He had been found three hours after taking it, and was, seemingly, beyond all hope of recovery. We gave him a hypodermatic injection of $\frac{1}{8}$ grain of Atropine. We applied a strong Faradic current, and kept up artificial respiration by Sylvester's method. In spite of this, he was slowly failing, and death seemed imminent. I had remembered reading in the lay press of the use of permanganate of potassium in morphine poisoning, and concluded to try it. A grain was given subcutaneously, and, in not to exceed five minutes, he drew up his legs and kicked over a two hundred pound man, who was standing at his feet: in fifteen minutes, he was walking with the assistance of two men. I then washed out his stomach with a stomach tube, and then poured down a quart of strong coffee. In an hour, he began to fail again, and we gave him a half grain of permanganate of potassium; and, in a few minutes, he was talking rationally and smoking a cigar. He made a good recovery, but felt for two days as though he had been sobering up from a protracted spree.

This case is remarkable on account of the long time from taking of poison, before the antidote was administered (some three hours) and the size of the dose. We can state with almost absolute certainty as to the amount, from fifteen to eighteen grains, which was taken in a glass of seltzer water at a bar, in the presence of several persons. He declared that it was with suicidal intent. He walked out from the bar, and could not be found for some time afterwards.

H. B. MCKLVEEN, M. D.,
Chariton, Iowa.

Another Case.

Editor MEDICAL WORLD:—As "one swallow does not make a summer," still it may be considered as an indication, and if more should follow it will be a proof that Dr. Moor has discovered that permanganate potash neutralizes the poisonous effect of morphine. If it is his discovery, which I am inclined to believe, then the world at large and the profession in particular owe him a lasting gratitude, and it should be extended to him alone from now on until the end of time. So much for Dr. Moor, now for a patient of my own.

A young man of 26, a victim of consumption who is only waiting for the end, as he realizes that it must come soon. On Friday night, February 15th, I was called from bed to go at once to see Mr. B. who had taken 22 one-eighth grain morphine pills (Parke, Davis & Co's). When I arrived I found he had taken them about four hours previously. He was then in deep coma, respirations about eight per minute, pulse about 40 and weak. Now, I thought, is the time to try Dr. Moor's antidote. I made a solution of about 5 grains permanganate potash in 2 oz. water and by persistent efforts had him swallow it. Presto—change. in half an hour he revived enough to inquire "What are you doing?" I waited for about two hours more and then he seemed wide awake and gave me a good raking over for having thwarted his purpose (suicide).

I went home, called the next morning and as there seemed to be some traces of morphine still, gave him about 2 gr. more of the antidote in solution. Called on the 17th; he was up and dressed and seemed pleased that he did not succeed. Now if the antidote did not save him, what did, for that is all that I gave him?

I should not be surprised to learn in the future that Dr. Moor has builded better than he knew, and that the permanganate will be used as a cure for the morphine habit and thus do away with these institute sharks who bleed their

victims so unmercifully. This man had never used morphine before.

G. P. CARMAN, M.D.,
142 Prince Street, N. Y.

Confirmation of Treatment of Sciatica and Lumbago.

Editor MEDICAL WORLD:—I wish to report a severe case of sciatica and lumbago that has been greatly relieved by a formula found in a copy of the WORLD that fell into the patient's hands by accident.

Mr. Sam Hutchinson, a very worthy man of our community, contracted sciatica and lumbago about a year ago and for the last six months was drawn double and, as he expressed, had his nose on the ground all the time. His suffering was excruciating and he was an object of pity. He was treated by Dr. B. T. Robertson and myself with the usual remedies without any material advantage. He then fell into the hands of the patent medicine man, with the same results, when he became discouraged and thought life was hardly worth living. But in looking over your journal he came across the following formula by Prof. Bourget (Lausanne), page 26, January WORLD.

R. Salicylic acid.....	} aa. oz. ʒ
Turpentine.....	
Lanoline.....	
Lard.....	
S. Applied without friction.	oz. ʒv.

And he immediately resolved to try it.

I had it put up at my druggist and gave it to him on the 1st day of February. I saw him to day, February 10th, and he is very nearly as straight as ever, and gets about well and says his sufferings are over; in fact, with the broad smile on his countenance I hardly realise that he is the same stooped individual. He says the application at first is severe and almost makes a man feel as if he was going to die, but that sensation does not last long.

I write this in behalf of suffering humanity. If it will cause my brother Doctors to give it a trial and if it will be the means relieving others as it did this one, I will have accomplished the purpose for which this was penned.
Sherley, Tex. J. M. SPEED, M.D.,

Something About Warts.

Editor MEDICAL WORLD:—Common warts are rarely dangerous to life or inimical to health, but they are sometimes painful and are often unsightly. Their etiology is absolutely unknown—with all due respect to the hoppy-toad which is popularly believed to be able to cause them. While we know nothing of the cause of their coming, we are equally ignorant of the philosophy of their going.

They are most common with children and young persons, but adults are not wholly free from them.

Medical writers usually say that the treatment of warts is very simple. They generally recommend the use of caustics, chromic acid being commonly preferred. I have never seen any marked success with this method, except perhaps in the case of single warts. When an adolescent has from twenty-five to 100 warts of all degrees scattered over his hands, the caustic treatment presents rather an extensive problem, with no positive assurance of immediate and permanent success.

When I was a youngster, ten or twelve years of age, my hands were disfigured with an abundant crop of warts. One particularly large "seed wart" on my right forefinger, was a source of continual trouble. It used to crack and split and bleed from frequent injury, and segments of it were occasionally pulled out or tied off, only to be reproduced again and again. A multitude of applications, charms and incantations for removing warts, so well known to our grandmothers and not wholly forgotten in our less superstitious day, were faithfully tried without success.

Finally I was persuaded to apply to old mother Fish, who had a reputation in that part of the country for telling fortunes, selecting lucky numbers in lotteries, finding stolen articles, and dealing generally in the Black art, and who had also a great reputation for curing warts by a method reputed to have been learned from the Indians. After crossing her palm with a small silver-piece, she touched the warts with the tips of her finger moistened with a little of her saliva, and assured me that my warts would disappear, but declined to fix the exact date of that important event. I watched daily for the going-away process, but I could not perceive that they grew any smaller.

One day, perhaps four or six weeks after my interview with mother Fish, I happened to think of my warts, and on looking for them lo! and behold!! every one had disappeared—not a vestige remained. The unsightly excrescences were replaced by normal skin.

Did she drive them away? I don't know. Did they disappear instantaneously—"all at once" like the deacon's one hoss shay? I wish I knew. Was their going away at this time merely a coincidence? If so it was a singular one, for the pesky things had been troubling me for years. Then, too, many persons of my acquaintance had lost theirs in a similar manner.

I simply give the facts—let others if they can reconcile the *post hoc* with the *propter hoc*.

I admit that the foregoing hardly falls under

the head of rational or scientific medicine, but human nature is so perverse that patients choose to be cured by empiricism or mysticism, even, rather than suffer martyrdom in the supposed interest of pseudo-science.

In recent years I have known warts to quite promptly disappear after taking small doses of magnesium sulphate—say five grains, more or less, every morning. I have seen enough of these cases to fully convince me that the magnesium salt exerts an influence upon these obnoxious growths. They often disappear within a month after beginning treatment. I now recall in particular the case of a young lady who had three large disfiguring warts on one hand. I tried caustics in vain, for, however temporarily successful I was, they would quickly return. Finally I put her on the epsom salt and speedy cure followed.

Last year I had a somewhat singular experience. An interesting widow had several warts on her hands. So large were they as to actually interfere with her wearing tight-fitting gloves. They had troubled her for years. I advised magnesium sulphate, but for some reason she delayed the trial of the remedy. They had grown so large and she was annoyed at the blemishes, that she was habitually rubbing them in her idle moments. Before long they seemed to become smaller and the rubbing was continued for a definite purpose. All the warts vanished.

Her little son, seven years old, had more than three score of warts in all stages of development on his hands. He was instructed to rub them frequently, and in less than a month they likewise disappeared. What removed them—mechanical interference with the trophic supply, or was it mental or nervous suggestion? However that may be, still other cases have yielded to the same happy treatment.

Brooklyn, N. Y., BENJ. EDSON, M.D.,

Various Topics.

EDITOR MEDICAL WORLD:—The new title design is quite an improvement on the old. THE WORLD continues to be my favorite medical journal.

It is still a doubtful question as to whether or not quinine causes hemorrhage. Cases like that of Dr. B. H. Broadnax (page 4) and some others, would seem to indicate that it does. I have seen several cases which seemed to indicate the same.

In one case, in 1876 I was assured by the family that the case (a young lady) could not take quinine; that she had suffered with hemorrhagic fever once or twice before, and the

doctors said it was caused by quinine. I cured her with quinine used hypodermically.

Last year I treated two boys (twins) who had lived the year before in the Mississippi bottoms where malarial diseases hold high carnival. They had taken no quinine in six months. Both had hemorrhage from the kidneys when I saw them, and that deathly palor which is so characteristic of the disease. They were very poor, and had suffered for the necessities of life. Both recovered. The treatment was principally quinine and calome^l. This is about the only class of fevers or malarial diseases in which I use calomel. Other cases could be given—cases which seemed to favor as well as oppose the idea that quinine causes hemorrhage; but it is not necessary. Long continued use of quinine may cause a person to have hematuria, when he has taken no quinine for many weeks or even months. At least I have seen cases which caused me to think so. But even if it is true that it does cause hematuria, it does not necessarily follow that the patient may not be benefited by quinine.

If you have not already done so, turn back to page 14 and read the article on "Humbug and Tinkering in Gynecology." There is much truth in what Dr. Robinson says. Many a case which goes to the gynecologist for weeks and months without being benefited would, if living in the "back-woods," (page 12) recover—especially if poverty or dire necessity compelled her to labor in the open air for bread and meat. Though "out of fashion," bleeding may do much good in pneumonia (page 16). Though I have never practiced it, I am of the opinion that many cases would be benefited by it. Of course, the physician must be able to discriminate, and never bleed where it is not indicated.

By all means adopt the spelling reform (page 69). I am sorry to see some medical journals ridiculing the idea. The time is not distant when there will be a reform in spelling more extensive, perhaps, than that suggested in THE WORLD. If congress would adopt it for all public printing it would be only a short time when all leading journals would adopt it. If a few more leading journals like THE WORLD will adopt it, others will follow, and by and by the political papers will take it up and soon every one will use it. If the editors of a large number of leading papers could hold a convention for that purpose, something might be accomplished at once.

Kendrick, Miss. C. KENDRICK, M.D.,

A PHYSICIAN writes: "Times have been hard with me, and I have tried to do without THE MEDICAL WORLD, but I find it a necessity."

An Experience in the Treatment of the Morphine Habit.

Editor MEDICAL WORLD:—I am satisfied that in the treatment of morphinism there are a number of remedies that may be used with success. At present it seems to me a matter of individual idiosyncrasy, rather than a specific remedy. My first case of Morphinism was a lady about fifty years of age. I had been treating her for several weeks for kidney trouble, with only moderate success. One day her husband called at my office and asked "ought you not to know all the facts in my wife's case?" I replied "by all means I ought." He then told me that for more than twenty years his wife had been addicted to the use of morphine, that he purchased it by the ounce, and she took it every day. I advised him to wait and let her tell me herself. In a few days she made a confession and said she wanted to be rid of the habit. At my request she placed all her morphia in my hands, and she promised not to use any save what I gave her. I then went to the drug store and purchased quinine, and began her treatment with mixed powders of morphia and quinine, in proportion of seven to one; in a few weeks the powders were quinine and morphia in same proportion, a week or two later it was all quinine; after keeping her on that alone for some days, I informed her that she had not had an atom of morphia for so many days, and that the other powders were not a necessity and I should not continue them, and that was the last of the habit with her. Nearly five years have passed since then and she has not returned to the drug. I tried the same treatment on a case later, but failed.

D. S. COLES, M.D.,

Wakefield, Mass.

Letter from Syria.

Editor MEDICAL WORLD:—Recently I read in a French medical journal a very interesting article by Prof. M. L. Lortel, one of the famous biologists of France. I will give the translation, for some of your readers may be as interested as I have been.

"In a former communication I have shown that the deposits of the filtering galleries, as well as the deep mud of Lake Geneva, may preserve alive the adult forms of the spores of a certain number of pathogenic microbes." Then he said he was interested to know if the same results could be established in sheets of water subject to entirely different conditions of temperature, light, and, above all, of chemical composition, and with this in mind he made analysis of

the mud taken from the Dead Sea in Palestine by M. Barrois, professor of the Society of Medicine of Lille. The Dead Sea is situated at the southern end of the Valley of the Jordan. It occupies a vast basin, which is certainly the deepest depression on the face of the earth, as its surface is 400 metres below that of the Mediterranean. Rocky walls rise 800 metres on three sides. This sea is nourished by the Jordan, a rapid river, whose waters are, during a part of the year, charged with mud and organic matters proceeding from its source and the snows of Mt. Hermon. The saline, thermal and bituminous springs contribute around its margin a considerable mass of water, which may double that of the Jordan. The density of the Dead Sea is 1.162, while that of the ocean is only 1.027; so that the human body floats easy without the help of any movement, on the surface of its heavy liquid. The water of this sea cannot escape by any known issue, and as it is very evident that its level has subsided considerably, the evaporation must raise every day at least 6,500,000 gallons of water, an enormous mass, which is, however, easily drawn up by the rays of a fiery sun, the Valley of the Dead Sea being one of the hottest points of the globe. During a long series of centuries the waters must have been concentrating more and more, and the inferior beds of this liquid mass are formed only of mud enclosing an enormous quantity of crystalline needles of different salts forming a semi-fluid mass. It is this strange medium, so strongly charged with saline substances injurious to the highest organisms, that I have been studying from a bacteriological point of view. The analysis of the water contains:

Chloride of sodium, . . .	60.125 gr
Chloride magnesium, . . .	160.349 gr
Potassium,	9.63
Calcium,	10.153
Bromide of magnesium . . .	15.04
Lime	0.78

A total of 246.077 gr. of saline matter per litre. In certain parts the bromine, which the experiments of Paul Bert have shown to have a very energetic action upon the vitality of the tissues, may reach even to 7 gr. per litre. Recently M. Barrois, the able zoologist, has traversed in a boat a great part of the Dead Sea, hoping to find the inferior animalculæ. But, like his predecessors, he found the water entirely sterile. In consequence of the statistics of some competent men, I thought that the waters of the Dead Sea might well, in consequence of their concentration and their special

composition, constitute an aseptic fluid capable, perhaps, of some useful application. Here comes the interesting part of the article; the above is only introductory. "The semi fluid mud, collected with care by M. Barrois, was then diluted suitably and distributed in many hundreds of tubes and flasks. What was to my profound astonishment to observe, after forty-eight hours, that all the nutritive media contained, especially in their deep parts, two micro-organisms perfectly recognizable by their altogether special form; those of *gangrene gazeuse*, characterized by large bacilli accompanied by corpuscles like the clapper of a bell, and those of tetanus, so easily recognizable by their form resembling a pointed nail with a spherical head. Guinea-pigs inoculated with sterilized water mixed with a little of the mud were all dead in less than three days of gangrenous septicemia, with all the train of symptoms, in some degree intensified, characteristic of this formidable affection." Guinea-pigs and donkeys have also all perished of the same affection from the inoculation with the product of our culture media deprived of contact with oxygen. In one case and in the others, numerous bacilli have always shown themselves in the peritoneum, in the muscles and in the blood, which have transmitted the malady to other subjects, and which, cultivated afresh, have reproduced the bodies like the clapper of a bell, which are so characteristic. The affliction engendered by those organisms is the *gangrene gazeuse* and not the *charbon symptomatique*, with which we might confound it. Young oxen experimented upon have not been affected by our inoculation. Most of the guinea-pigs inoculated directly with the mud presented tetanic symptoms, corresponding to the frequency of the organisms described above. The experiments here described prove then, once for all, that certain pathogenic microbes may resist for a long period, whether in the adult state or in the form of spores, prolonged contact with large masses of water, even whilst they contain, in considerable quantities salts injurious to every other organism, animal or reptile. The practical point is, that it will be impracticable to regard water strongly charged with salt as an anti septic liquid capable of protecting against attacks of tetanus and *gangrene gazeuse*. It is just such investigations as the above that have caused such a change in the minds of the best surgeons in Europe, for, instead of using vast quantities of so called antiseptic fluid during operations they now use nothing but extreme cleanliness, and all instruments, sponges, etc., must be encased in a sterilizing apparatus, for at least half an hour before an operation.

Tripoli, Syria.

IRA HARRIS, M.D.,

Solution of Sulphate of Copper Externally for Diphtheria and Croup.

Editor MEDICAL WORLD:—Since writing my communication to THE WORLD which appeared in the February number, I have had a bad case of diphtheria in which the carbolic acid mixture referred to in that article failed to arrest the progress of the disease. Believing that anything to combat this dread disease has special interest to the profession, I report the case briefly, asking forbearance for its crudeness, as it was prepared amid the cares of an active practice. Before describing the case of diphtheria, I will mention a case of membranous croup, as the treatment of the latter influenced the former case very materially.

I received a call at 9 p. m. to visit a boy, aged 5 years, having membranous croup, and found him in great distress, with the sign of defective inspiration—the retraction of the abdomen during inspiration—fully marked, the parents' attention being attracted to it before my arrival. Calomel, ipecac and apomorphine failed to have any effect. For the fever and inflammation he was given a full dose of Rochelle salts. Then aconitine, gr. 1-134 in water, $\mathfrak{z}\text{ij}$ (two ounces,) and $\mathfrak{z}\text{i}$ (one dram) of this every two hours. To support the heart I gave digitaline gr. 1 67 in water $\mathfrak{z}\text{ss}$ (half ounce,) and of this $\mathfrak{z}\text{i}$ (one dram) thirty minutes after the aconitine. About every four hours I gave veratrine gr. 1-134 in aq. $\mathfrak{z}\text{ss}$ (half ounce,) and of this $\mathfrak{z}\text{i}$ (one dram) thirty minutes after the digitaline. The following mixture was then prepared:

R. Potass iodid grains xv
Spts. vin. rect. drams ii
Aq. q. s. ad. ounces iv

Mix.

A piece of muslin folded so as to be three inches square and having four layers, was saturated and applied over the trachea, being covered by oiled silk. Considerable relief followed this application, but it was not permanent. During exacerbations I would apply a similar piece of muslin wetted with water, and upon which four or five drops of chloroform were placed. This treatment extended over 18 hours, the patient showing signs of exhaustion meanwhile, and the breathing being very laborious most of the time. During a visit to my office I read an article by Dr. Missoux in Oct. No. *Amer. Jour. Med. Sci.* for 1859, page 538, in which he advocated the use of cupri sulph. in croup. I prepared a solution (4 gra. cupri sulph. to water $\mathfrak{z}\text{iv}$.) and, upon returning to my patient, applied muslin as above, saturated with it, over the trachea. In ten minutes the mother remarked that he was breathing much

easier, which was true. From the time the cupri sulph was applied, the patient's symptoms improved, and in 24 hours he was convalescent. The cupri sulph. was removed for a short time if nausea occurred, and the pot. iod. substituted.

I was called on Friday to see a youth, 16 years old, who had had symptoms of diphtheria from the preceding Monday, and had used a few domestic remedies in the meantime. The glands on the left side of his neck were very much enlarged, and the tonsils were swollen until they touched each other, being one third covered by exudation. He was given a solution and gargle of the carbolic acid mixture (R Carbolic acid, 150 grains; salicylic acid, 15 grains; essence of mint, 10 drops. Mix.) the solution having the strength of one drop of this mixture to one ounce of water, and the gargle 4 drops of mixture to one ounce of water. He took one dram of the solution every hour for 24 hours, and gargled with one dram of the stronger solution every hour for the same time. At my second visit (in 24 hours) he was worse. The external swelling greater, if anything, as was the exudation. The carbolic acid mixture was then stopped, and he was given: quin sulph. gr. iv every four hours. In two hours, tinct. fer. chlorid. gtt. xii with pot. chlorat. grs. vi in solution. Tinct. iodine was applied externally to the enlarged glands. I directed gargle of potass. permang. grs. iv to aq. $\mathfrak{z}\text{i}$, and one dram of this internally every four hours. In another 24 hours his condition was very slightly improved. I then had a tubular collar of muslin two inches in diameter prepared, and filled it with carbo ligni, placing it around his neck. In 12 hours his condition was slightly changed for the better, the swollen glands remaining the same. I now concluded to use cupri sulph. externally, recollecting its good effects in croup. A solution was prepared: R. Cupri sulph. gr. iv; aq. $\mathfrak{z}\text{i}$, and application made of muslin folded 3 inches square with 4 layers saturated with it, to the glands on each side of the neck above the charcoal collar. The patient said he could swallow better in ten minutes. In 30 minutes he said the loud noises in his ears had vanished. The cupri sulph. was applied almost continuously for several days (being removed when nausea occurred,) and at the end of that time I found my patient enjoying a hearty breakfast of chicken broth and crackers, with but little of the diphtheria remaining. He told me he believed that the medicine applied to his neck, and which colored the muslin, had acted the principal part in his recovery.

Since sending my article for the February WORLD I have used the carbolic acid mixture

in a number of cases of diphtheria in which the disease had appeared but a day or two, and found it to act as well as I could desire. I have used it in three cases of scarlatina anginosa with good effect, the solution being alternated with neutral mixture every two hours. In my second case of scarlatina, the patient's brother, aged 6 years, could not be kept out of the room. As a prophylactic he was given 20 drops of the solution (one drop to aq. one ounce) three times daily. A month has passed since his exposure, and he remains in good health.

Ladiesburg, Md. JOHN J. LIGGET, M.D.,

Uric Acid Headaches.

Editor MEDICAL WORLD:—In the February number of THE WORLD, page 60, is an article quoted from the *Medical News*—“Haig's Uric Acid Theory.” I have not seen the book mentioned, but I most heartily endorse his theory as published in this short article. For years I have been convinced that uric acid was the cause of many cases of periodic headache. The results obtained in the treatment of these cases, the subsequent exemption, after being placed under proper restrictions in regard to diet, in connection with the indicated treatment, have been such as to warrant me in the conclusions at which I have arrived, viz: that most, if not nearly all the cases of periodic headache which I meet are results of the uric acid diathesis. It is on this theory I base my treatment and generally with success.

I write this short article that the attention of physicians may be called to the subject, hoping that some one with more ample opportunities than I may give the matter the attention it deserves and publish results in THE WORLD.

W. B. SQUIRE, M.D.,

Worthington, Ind.

[We hope the Doctor will give his principles of treatment in the next number.—Ed]

Antagonism Between Vaccine Virus and Phthisis.

Editor MEDICAL WORLD:—I have had occasion to observe the effect of thorough inoculation with vaccine virus upon three cases of phthisis pulmonalis and have noted the speedy remission of all the symptoms of phthisis.

One case has entirely ceased to cough while the others are free from the rise of temperature and I think will recover.

You know that when one recovers from small pox the system is thoroughly cleansed and the patient generally presents a rugged appearance. Do you think it possible to kill out the bacillus of consumption this way? I am very much excited over this discovery, as I have for years been experimenting and this shows the

best results. The great difficulty is to get the virus to work. Steady perseverance and good virus will succeed. Am I alone in this discovery?

H. S. BREWER, M.D.

240 Wabash Ave., Chicago.

Treatment of Sprains.

Editor MEDICAL WORLD:—Immerse in hot water twice a day as hot as can be borne for thirty minutes, pouring in more hot water as it gets cooler. Then rub with the following liniment:

R. Gum camphor.....ounce 1
Sulph. morph.....gr. 17
Kerosene (fl. s.).....ounce iv
M. Apply locally twice daily five to ten minutes at the time. Then apply bandage.

I know the above treatment is good for I sprained my ankle on the 7th of February while stepping from my buggy and charged up only a half week to my accident policy.

W. S. ROBERTSON, JR., M.D.,

Mount Cross, Va

High Temperature in Typhoid Fever.

Editor MEDICAL WORLD:—I wish to report a fatal case of typhoid fever as being one of unusual hyper-pyrexia, and in the following epitome of the case I will very briefly mention the salient features connected therewith.

The patient was a young man, 23 years of age and was taken sick the latter part of last December; he died on the 21st day of the disease. There was mental hebetude and delirium from the very inception of the disease, which continued until the last twenty-four hours, when coma supervened. Meteorism was present though not at all excessive. The dejecta were characteristic of the disease, but never exceeded three movements during any twenty-four hours, and after the fourteenth day became decidedly feculent. There was a strong rheumatic element present, which gave rise to the only pain experienced during the illness. Successive joints were invaded, but the left wrist and dorsal aspect of the left hand were the most severe, being exquisitely tender, red and edematous. A strip of flesh several inches long on the left arm and leg, for awhile, became very red and painful. A slight rigidity of the muscles of the arms and legs was present throughout the illness. Until the fourteenth day of the sickness the thermometric range was from 102° F. to 104½° F. and the case in other respects was not unlike typical cases. On that day there was a complete remission in the fever, and in a few hours a chill, which lasted nearly an hour, after which the fever ran rampant. After a few hours of intense fever a decline, and then the

chill, followed again by a raging fever. Thus it continued, day by day, until the close—there being one or two chills every twenty-four hours, followed by unusually high fever and very profuse perspiration. The effect of energetic treatment on these conditions was practically *nil*. There was no hemorrhage or evidence of perforation. Four days before death the thermometer registered 110° F. in the axilla. Our thermometers are only scaled to 110°, and as the index was at the top in this case it is not known how much higher it would have gone. A few hours before death an axillary temperature of 108½° F. was noted. I attribute the chills and excessive temperature to meningial complication. I would be glad to learn the experience of THE WORLD'S readers as to high temperature in typhoid fever.

Humboldt, Neb. L. B. ALLEN, M.D.,

Cancer.

Editor MEDICAL WORLD:—I notice in your March number an article on cancer by Dr. James W. Huntoon.

Allow me to say a few words in reply to that article. I have made a special study of the cause and treatment of cancer for 25 years, and have treated patients from all parts of the Union. I am familiar with all the leading works on cancer and the various forms of treating it also the various theories regarding its cause.

Dr. Huntoon speaks of the tomato as a probable cause of cancer. I am well aware that there is a notion handed down from sire to son that cancers are caused by tomatoes, together with another that cancers are *alive and have legs like a spider*. Some of the old Botanic medical books recommend a syrup made from the tomato as a blood purifier, for different blood and skin diseases and with *good success*. In my own experience I know that many cases of scrofula and salt rheum are always better during the time when they can get ripe tomatoes to eat. I always advise my cancer patients to eat all the ripe tomatoes they can get—and as I have many cases of cancer that I cured from ten to twenty years ago that have been eating tomatoes all these years, and as I have never known a person injured by eating this fruit, I conclude it is safe to still recommend it. The doctor seems to think that the rapid increase of cancer is caused by tomatoes. In reply to that allow me to say that New Jersey is one of the leading states in the Union for raising tomatoes—the people *eat them at all times and in all forms*, yet out of a population of 1,278,032 only 1,752 persons died of cancer in this state last

year. In England tomatoes, if raised at all, are raised in hot houses; yet in 1890 cancer caused one death in 1,480 of the population, or 1 in 28 of the total mortality. Thus we see that tomatoes *did not cause cancer* in England. In regard to pieplant, allow me to say that I have lived in New England, where the pieplant is a very common article of diet, yet cancer is not so common there as elsewhere.

Patterson, N. J. E. G. JONES, M.D.,

[The above statistics seem to show a surprisingly large mortality from cancer, both in New Jersey and in England.

This controversy leads us to remark that the statement of accurate investigators show that cancer is not on the increase relatively to the number of patients brought under observation. The number of reported cases of internal cancer has increased, on account of the improved methods of accurate diagnosis. Many cases of death from cancer of various internal organs that would formerly have passed without recognition are now properly diagnosed and go upon record. The number of cases of cancer of external parts, where it has always been easy of diagnosis, does not seem to be increasing.—Ed.]

Infant Feeding.—Safety Pin Swallowed.

Editor MEDICAL WORLD:—The theoretical methods of the feeding of infants, and the stringent diet rules which some physicians are habitually imposing upon mothers who are rearing children naturally or artificially, must often strike the observing and thinking physician as absurd and convince him that we cannot raise children by rule. Tell a mother to nurse her baby once in two or three hours and feed it a stated quantity and the chances are that she will be unable to follow your instruction, or if she does, will have a fretful and sickly child. If an infant nurses every hour or two, as long as digestion is good and the child thrives, that is sufficient. It is easy to prescribe a course of diet for anyone, but another matter to follow it. A large majority of babies grow and are healthy who nurse nearly every hour and some even sleep with the nipple in the mouth, without harm. How senseless it seems to make a hungry and helpless little being wait one or two hours, simply because the physician has directed that there should be an interval of 2 or 3 hours between the feeding. Theoretically, a strict diet table is a fine thing, but it is found valueless in a large percentage of cases in practice. While I do not advocate reckless feeding of infants, I advise every mother to study her child as regards the food question, and I find that most of them succeed admirably.

A few days ago I was hastily summoned to see J. H., aged 2 years, who had a few minutes before swallowed an open safety pin. The mother was positive that the open end pointed upward, as she tried to reach it with her finger and could feel the point of the pin. In her endeavor to extract it, she had pushed it farther down into the esophagus. As I could not reach it with my finger, I introduced a large probe and when about 2½ inches down a peculiar metallic click was heard. Bringing the boy into a good light, I instructed the father to make pressure upward on both sides of the throat, and, using a large tongue depressor, I could get a glimpse of the catch part of the pin. Introducing a curved pair of uterine forceps I succeeded in extracting it. The pin measured 1½ inch in length and ¼ inch between the open ends. Had the pin slipped beyond reach or into the stomach, I think that it would have caused the boy's death.

LOUIS J. PONS, M.D.,

Roxbury, Conn.

[The pin case was well handled. We wish, however, to express our difference of opinion with the Doctor in regard to the too frequent feeding of infants. The child that is strongest to resist disease, especially of the alimentary tract, is one that is fed not oftener than once every two hours.—Ed.]

Castor Oil as a Lubricant.

Editor MEDICAL WORLD:—In February number, mention is made of an interesting letter by Dr. John M. Kitchen, on the use of castor oil as a lubricant.

This practice so fully coincides with my own, for the past fifteen or twenty years, that I feel emboldened now to say that I use it in preference to all other lubricants, in catheterism, vaginal examinations, etc. I know of nothing that excels, or even equals it; and in my experience castor oil is faultless as a lubricant. In catheterism it is vastly superior to others in common use.

For the young practitioner, I would say that my plan before attempting to insert a catheter in the male urethra is to inject one or two teaspoonfuls of oleum ricini, with the left hand holding the meatus close about the nozzle, so as to prevent regurgitation (which will follow if not prevented), and with the right hand stroke the urethra backward, so as to force the oil along the entire canal. This done, insert the catheter, and you will be elated with what facility the instrument will glide along the canal, overcome obstructions and enter the bladder, causing less pain from friction than by any other means you have ever used.

Another commendable feature is that you will almost always find castor oil in every home in the country practice.—

Haleford, Va. J. A. MOORMAN, M.D.,

Alkaloidal Notes.

Editor MEDICAL WORLD:—The many demands upon my time, largely increased during the last three months in which I have been starting my journal, the *Alkaloidal Clinic*—so courteously reviewed by the editor of this journal in its March issue—have prevented my saying the many things to the readers of THE WORLD which come to my mind as I read its pages from month to month. There are so many good things in the number at hand, with a few places where I would suggest this or that in the alkaloidal line, that I offer these notes.

Without any special regard to classification, I will take the points up as they occur; first, emphasizing what is said against the use of the swab in diphtheria and then saying that, used rightly, I believe it excels all other means of local application, but if it is not used carefully, by skilled hands, with a clear conception of what is desired to be accomplished, it can do much harm. I am much interested in Dr. Morris' report of his use of methylene blue in diphtheria and hope it will not drop here. The great clinic to which these suggestions are made has thousands of opportunities daily to test them and they should be carefully tried and reported for our mutual benefit.

I can not refrain from an expression of sympathy with Dr. Treadgold in the loss of his baby.

It seems to me that the children of physicians more often die of contagious diseases than those of the laity. A dear friend of mine, in a recent epidemic of scarlet fever, staid away from home for weeks, and after all was over, dressed anew, took all antiseptic precautions, came home, infected his two children and lost them both. With the defervescent granules to control the fever, strychnine arseniate as a tonic and calcium sulphide to combat the *materies morbi*, I have come to have little anxiety for my scarlet fever patients.

I wish to compliment Dr. Hinton on his successful handling of his case of hemorrhage. Belladonna, nux vomica and digitalis (preferably their active principles, atropine, strychnine and digitalin) are the remedies for this condition. Digitalin and strychnine tone the heart and act as hemostatics, in the true sense of the word, by contraction of the arterioles. The addition of atropine is very happy and has lately been especially emphasized for shock and hemorrhage from internal congestions. It is a well known

fact, though often forgotten, that vaso-motor dilatation affecting the skin capillaries, causes a corresponding contraction of those of internal organs. Atropine, therefore, must be pushed to its full physiological effects. I have just had a very happy experience in the use of these three remedies in a case of collapse from intestinal hemorrhage in typhoid fever; it was the most terrific I have ever seen. I found my patient in complete collapse and it took two hours of hard work, frequent hypodermics of the above mentioned remedies, with artificial heat, to produce the reaction desired. It finally came and my patient was conducted safely through to a perfect recovery.

Much has been said in THE WORLD of late regarding hemorrhage induced by quinine, but it looks to me in every instance cited as if poisonous doses were being given, and it is my opinion that no such result would be obtained from this useful drug if proper physiological doses were adhered to.

The March issue is especially rich in the therapeutics of tape worm, a sufficient variety of formulas being given to satisfy the most fastidious tenia. I have never found any thing to work better than the following prescription, which was suggested to me in this form, by my esteemed friend, the late Dr. M. L. Eaton, an eminent physician of Fairbury, Nebraska :

R. Oleo-resin male fern (Merck's).....dr. 1
 Chloroform..... dr. 1
 Olei ricinioz. $\frac{1}{4}$ to 1
 Given on an empty stomach in the morning.

I have never failed but in one instance and then was able to demonstrate the fact that the castor oil was poor. The active principles so far offered for these cases are both uncertain and too expensive.

Dr. Lister, page 95, gives his formula for suppression of urine. This leads me to speak of a remedy that I have used for some years with excellent satisfaction, having suggested it to many of my friends who have used it with like good results. This is arbutin, a glucoside, the active principle, as you know, of uva ursi. It is almost tasteless and acts in a minute dose. A granule of $\frac{1}{7}$ gr. every twenty or thirty minutes until effect, is sufficient for an adult, while for a child up to three or four years, I generally put four to six granules in half a glass full of water, giving a teaspoonful at a dose. With this, as with all other diuretics, water should be given freely. I am led to suggest this, it being so pleasant, handy to use and inexpensive, the granules of the size above mentioned being furnished by various granule makers at less than \$1.00 per 1000. I believe we should be ready to use whatever tends to

make our practice most successful, agreeable, simple and inexpensive.

Dr. Pineo, page 98, and Dr. Hamilton on the next page, ask for suggestions in the treatment of infantile eczema. No specific treatment can be given for a case of this kind. The cause must be sought for and removed. It is generally a vitiated condition of the fluids of the body caused by indigestion, mal-assimilation or both. Local treatment, except so far as it is soothing and antiseptic, is of no earthly value, the local lesion being simply an outward manifestation of an inward trouble. The local inflammation becomes a septic condition induced by scratching, irritation of the clothing and the decomposition of ointments and lotions mistakenly applied. I have come to depend mainly upon magnesium sulphate, sulphur and arsenic. The former I use in small doses in an effervescent form, known as "Seidlitz Salt." Of this I give sufficient to keep the bowels free and soft. The other remedies I use singly or together in the salt, arsenic sulphide. Of this, to these babies, I would give one granule, gr. $\frac{1}{7}$, four times a day. Diet is of the utmost importance. In the former it should be bread, milk and fruit. In the latter, milk with perhaps a little bread and now and then the juice of an orange. For local treatment, good results are obtainable through the use of dilutions of peroxide of hydrogen as a wash and dusting with dry stearate of zinc combined with salicylic acid as prepared by McKesson & Robbins. I would wash the affected areas twice a day with peroxide of hydrogen and water, one to four. Remove all scabs and shreds of decomposing tissue and dust immediately with the dry powder above mentioned. I believe that the above treatment, faithfully carried out and modified to meet indications as they arise, will cure these two cases.

I would like to discuss the subject of acute meningitis with Dr. Milner, page 99, but this letter is growing altogether too long. I can not, however, forbear to present the claims of the defervescent principles, aconitine, veratrine and digitalin for cases of this kind. I have lost a much smaller percentage since I have been able to use these drugs more accurately. If treatment is begun in season, many can be saved; if it is delayed until organization of effusion takes place, few will be. Heat and cold and quiet with free catharsis through the use of salines are adjuvants too important to omit mention.

Dr. Jones, page 99, is on the right track with his patient but I would suggest atropine instead of glonoin, as its effects are more permanent and it can be continued longer with a greater feeling

of safety. I would also give this patient medium doses of strychnine (two to four granules of the arseniate $\frac{1}{32}$ gr.) before meals and would use the atropine between meals and at bed time, combining with the last dose aconitine (two granules of the amorphous gr. $\frac{1}{32}$). The atropine should be given in large enough doses to cause a slight flush of the skin and a tinge of dryness in the throat: this will take about $\frac{1}{100}$ gr. The fact that he has never had any trouble in the summer would tend to disprove the doctor's diagnosis unless confirmed by microscopical examination of the urine, and would indicate, rather, passive congestion of the kidneys.

To Dr. Manning, page 100, I would say, throw your thermometer away and get a new one.

Suggestions made in reference to eczema may also help Dr. Stanley with his case page 100.

Dr. Mathew's question, page 101, should interest us all; many a woman has ridden into eternity on the "change of life," drawn by her friends and pushed by her doctor who did not know what else to do. This irritable condition of the nervous system is best controlled by Buckley's Uterine Tonic assisted by large doses of strychnine, with or without digitalin according to the condition of the circulation.

To "advice," page 102, I will say, out of considerable experience along this line, that the best results are obtained by giving such a patient sufficient doses, twenty or thirty grs. of bromide of potassium, three times a day, as to effectually quell sexual desires, with the exhibition of large doses of strychnine at meals to tone up the sphincters of these minal vesicles and the passage of cold sounds every other day.

W. C. ABBOTT, M.D.,

Ravenswood, P. O., Chicago, Ill.

Post Partum Hemorrhage.

Editor MEDICAL WORLD:—I wish to call attention to Dr. T. C. Mewburn's article on post partum hemorrhage in the February number.

His treatment is upheld by all practical and experienced physicians.

How necessary it is that the medical attendant, when called to a case of this kind, knows just what to do, and *how* it should be done—no time now for parley or consultation.

The point in the article which interested me especially, is calling attention to "yawning" as a symptom of impending hemorrhage. About twenty years ago, when I was a young practitioner, I was made acquainted with this symptom in such a manner that the acquaintance has remained indelibly fixed in my memory.

Attending a lady in her second labor, presenting nothing unusual, but somewhat tedious and in about one half hour, or perhaps forty-five minutes, my attention was attracted to the gaping and yawning of the patient. Being my first case of post partum hemorrhage, I did not at once recognize the trouble. I then examined for flowing in the bed, but found nothing alarming; the patient was now complaining of severe after pains. Placing my hand over the abdominal wall, I encountered a "tumor," and thinking, perhaps, that there was another child in the womb, I examined the patient again, and in manipulating the uterus, I was frightened at the large coagulæ that were expelled. I now understood that I had a case of post partum hemorrhage for the first time. I remember distinctly that I gave ergot, brandy and aromatic spirit of ammonia—the patient did well in recovery. How vividly I remember the facial expression of that patient in her yawning and gaping.

The above symptoms are often, but not always, present in hemorrhage, but the attendant, when he hears them, should bestir himself, as there is danger to the patient.

N. F. BROWN, M.D.,

243, 24th St., Detroit, Mich.

Quinine and Hemorrhage.

Editor MEDICAL WORLD: I will give you my recent experience regarding quinine and hemorrhage after seeing Dr. Waugh's quotation of the experience of Drs. Stockard and Brodnax. The subject is my father, who had a slight attack of La Grippe and had been taking quinine heavily for forty-eight hours before I saw him, 4 grs. every 3 hours. The urine was bloody and abundant; expectoration consisted of mucus streaked with blood, but in 6 or 8 hours after I ordered the quinine stopped,—which I did immediately—all hemorrhage ceased, and appeared not again. The urine cleared up, he still expectorated, but there was no blood.

He had never passed blood with his urine before this but once, which was about 6 years ago, when he had chills and took quinine heavily.

E. E. THOMAS, M.D.,

Horn Hill, Texas.

Action of Quinine Upon the Uterus.

Editor MEDICAL WORLD:—I notice a letter in February number of WORLD from Mrs. Ida O. Wilhelm, M. D., in which she thought a case of post partum hemorrhage occurred from the use of quinine. This is a subject in which I have been greatly interested since I

entered the medical field. Quinine in large doses will sometimes give rise to epistaxis and hemorrhage from different parts of the body, and perhaps from the uterus also; but my experience with the latter has been just the opposite. It may be that large doses, say twenty to forty grains, will cause hemorrhage. It is a well known fact that the drug produces contraction, and therefore aids in the expulsion of the fetus. In order to derive the best results the drug should be given in small doses, say three or five grains every hour until strong pains set in. My experience has been that it is one of the safest drugs you can administer for weak pains. In a short while it tones up the flagging uterus, bringing on good pains, and at the same time is a prophylactic against post partum hemorrhages by producing contraction, expelling clots, preventing hemorrhage, and leaving the uterus in a firmer condition, even, than does ergot.

In a number of cases it has served me well, and I have yet to see the bad effects at the time, or after delivery. I have never given more than ten grains to one patient, as there was no cause for it, while at the same time I thought larger doses might cause bad results.

During the month of July, 1893, I was called to Mrs. J., and upon my arrival I found profuse hemorrhage, especially during pains, with os moderately dilated. The patient complained of being weak and giddy, and as hemorrhage had been going on for some time, I thought she would have to be delivered at once with forceps. I sent for a brother physician, and in the mean time, gave her five grains of sulphate of quinine, and watched for results. As the brother was away from home, I missed having him with me; but within a few minutes after administering the drug, pains increased in strength and hemorrhage ceased. In due time she was delivered according to nature's method, and although this was her sixteenth confinement, there was no postpartum hemorrhage, and her recovery was good.

My method of managing labor is as follows: Have obstetric bag with forceps, but let them stay in it. Find position of child and, if nature is doing her work well, do not interfere. Should my patient suffer too much, I give a dose of sulphate of morphine, one fourth to one-half grain. Generally this will let her rest awhile, after which good pains will hasten labor. Should her pains be weak, give three to five grains of sulphate of quinine and, if necessary, repeat. After delivery of child and *placenta*, give a teaspoonful of ergot, and it is seldom I ever have any trouble.

As for the use of forceps, they are good when necessary, but when a case is seen in time and properly managed there is no use for them. When used to hasten labor or save the mother from suffering, I believe them to be a curse. It was intended by God that woman should give birth to children, and He has so arranged that nature, with her slow, cautious method, will bring the little one into the world without leaving such bad after-effects. I would like to hear from others on the use of quinine during labor, and their results. S. J. SUMMERS, M. D.,

Haigler, S. C.

[The doctor's method of managing labor is very good indeed, and we judge that patients are fortunate to be in his hands. To it might, with benefit, be added some form of relaxing medication to overcome the rigidity of the soft parts, as gelseminum, lobelia or a few puffs at a cigar or pipe. The outlet of the vagina may, with great benefit, be paralyzed in the early stage of labor by forcibly stretching it with the hands until it yields. His last argument against the forceps, however, is not the best that can be offered, and if accepted could be urged against all medical and surgical procedures. The whole progress of science and advance of civilization is but man's continued struggle to overcome the limits that nature has apparently set to his achievements. However, we believe with the doctor that the forceps should not be used in perfectly normal cases. The degree of departure from the normal, however, which justifies their use would, probably, not be agreed upon by any two individual practitioners. It is well to remember that in the state of civilization we have very few perfectly normal women.—ED.]

Viburnum Prunifolium.

Editor MEDICAL WORLD:—As my article, "Case in practice," on pages 85 and 86, March WORLD, has brought forth more letters than I can well afford to answer by letter, I ask space to reply, as I hope, sufficiently to satisfy all interested.

I have the root of viburnum prunifolium, (black haw) gathered in October, whittle the bark off closely, and put it in a ten gallon carboy, adding one pint of dilute alcohol to every four ounces of the green root. It makes a beautiful tincture. What I mean by dilute alcohol is equal parts of pure water and ninety-five per cent. or absolute alcohol. I begin to pour off and use in two weeks, if I need it, but let it stand on the bark till I want to make a fresh supply the next year. I use about eight

gallons per year in my practice. It grows deeper in color by standing on the bark, and I think is better. I have used the fl. ext., but it was not as satisfactory in my hands, and not nearly so well tolerated by delicate stomachs, while all can take the tincture, and the most of them call it a pleasant bitter. I give it in various combinations, such as hypophospites, cough syrups, or whatever is needed to meet the indications in individual cases. Where engaged in cases of pregnancy, I invariably have them begin four to eight weeks before time of confinement and take three teaspoonful-doses per day. The only trouble here is, that I frequently get beat out of a ten dollar fee, as the labor is so easy, natural and rapid that the child is born and some old woman does the necessary work before I can get there, especially if it is in the country. The first thing I do, on entering the lying-in room, is to give a teaspoonful of the tincture. If genuine labor pains, the natural contractions of the womb will be strengthened, the general system toned up, and the labor will go on all right. If not, the patient will be easy in less than ten minutes, and in most cases fall asleep. If the case is protracted sufficiently, I give one-half to one teaspoonful every hour. After labor is over I order it taken in teaspoonful doses every four hours, for the first day or two, and then three times a day for ten days. I never use ergot; never have any post-partum hemorrhages, never fear to leave a case as soon as the placenta is delivered, and the child cared for. I have relieved many cases of barrenness, by the use of this remedy—at least, without it, all other appliances would have failed. The fact is, it has a powerful tendency to reduce all pathological conditions of the womb and appendages, to a physiological or normal state.

When I found reaction taking place (in the case given in March WORLD) I informed the husband, an intelligent man. He smiled and said "I never saw a doctor do as little as you have seemed to do in such a case, in my life." I remarked, this kind of work requires an unusual amount of fortitude, to sit by and await the usual time for the action of medicines. He said he was satisfied he had seen one woman physicked to death, and I don't doubt it. This is for the benefit of my younger brethren. Now, to many whose eye may fall upon the above statements, they may be as well known or better than to me; for such, it is not intended. I am still open for any questions that may occur to the inquiring.

Prescott, Ark.

R. L. HINTON, M.D.,

Dioscorea Villosa.

Editor MEDICAL WORLD:—In your issue of March, 1894, on page 102, information is asked for the use of *dioscorea villosa* (wild yam). In reply I will say that there is a solid extract and a fluid extract. The solid extract possesses the properties of the crude root in an eminent degree, and is undoubtedly as much a specific for bilious colic as quinine is for intermittent fever. The best preparation is the solid extract. The dose of the solid extract is from one to four grains, to be given every one to four hours, according to urgency of case. The dose of the fluid extract is from one-half to one dram. It is also useful in flatulency and in cramp of the stomach and spasmodic condition of the bowels.

A. E. BACON, M.D.,

Sault Ste Maria, Mich.

Dr. J. E. Kilburn, Donald, Ark., writes as follows:

"In regard to the use of quinine in obstetrics, from my own experience it strengthens the pains and makes them longer in labor, prevents hemorrhage afterwards, and controls the after pain. I have never given anything but quinine to control the after pain but once, and have never had postpartum hemorrhage in any case of my own and but one case of puerperal fever."

Notes and Comments.

Editor MEDICAL WORLD:—On page 4, January No., '94, the account Dr. Waugh gives of the cord one or more times around the neck of child is correct. It does occasionally retard labor. With many, the forceps is applied in every case of labor the least protracted from any cause. Time is precious, which is often the only excuse. If so many deaths did not occur during or after child birth it would seem correct practice.

Why is it I never lose *any*? I had my first case, alone, in 1846, and some will doubt it, but I do not remember, save one, a case of death of mother in child-birth or directly the result of it.

This was a fine young primipara, full grown and developed, and, instead of calling me as promised, she had two midwives with her in active labor for five days. I delivered her with forceps of a large, dead, putrid child. She died in two hours. This was in 1891.

The above are facts, and I have no motive at my time of life to misrepresent.

Ramsey, La.

J. B. RAMSEY, M. D.,

Diurnal Enuresis—Appendicitis.

Editor **MEDICAL WORLD**:—For Dr. S. J. Smith's case, February number, page 51, please allow me to suggest to examine the prepuce and glans thoroughly. Some days ago I was consulted concerning a similiar case. I broke up an adherent prepuce and the boy was cured at once without a drop of medicine. Where no such condition prevails I would suggest rhus aromatica, belladonna and strychnia in appropriate doses. Correct too much acidity or alkalinity of the urine.

I enjoyed the short, but pithy article on appendicitis by Dr. Morris in March number, page 104. I should like to hear from many of the surgeons of our family on this subject. I know of at least seven operations for appendicitis with no deaths, having been performed in my neighborhood the past year.

J. J. MONTGOMERY, M. D.,
Luzerne, N. Y.

Milk Sickness in the Land of the Skies.

Editor **MEDICAL WORLD**:—I was pleased to see Dr. Mellette's article on milk sickness, in February **WORLD**, page 42, and as I have had considerable experience with it, in a practice of twenty-five years, I wish to make a few remarks on the subject.

Notwithstanding the Doctor's good article, I wish to say:

1st. That I think he is laboring under a wrong impression, in that malarial influences are in any way connected with it, as it is quite prevalent in this mountainous country with an altitude of 2756 feet, where malaria is comparatively unknown.

2nd. That I have never known it to be communicated through water; but according to my observation, animals get it from the dew, which settles on the vegetation growing in shady places. Also, it is propagated by animals eating the flesh of those that have died with the poison. Thus it is that persons drinking the milk or eating the beef of animals which have eaten this vegetation, are attacked with the poison.

3rd. Without going into detail on the symptoms, I will simply state, that once the observant physician sees and recognises a case of milk sickness, he never can be deceived or misled again, for the peculiar aroma incidental to it is a sure guide, notwithstanding the many prominent symptoms belonging to it, such as persistent nausea, obstinate constipation, a throbbing sensation in left hypochondriac region, etc.

4th. As to treatment, I wish to differ from the doctor and say, that the best treatment I

can establish consists in an emetic, followed by a purgative, for which I prefer castor oil. Also stimulants should be administered; brandy well sweetened with honey, I find to be the most efficient.

It is easy to treat. There is no use in losing any cases of milk sickness.

J. M. MEASE, M. D.,
Canton, N. C.

For Black-Heads.—Ointment for Eczema.

Editor **MEDICAL WORLD**:—If Dr. Stanley, (page 100), will direct his patient to apply water as hot as can be borne to her face each night for fifteen minutes, then squeeze out the black heads and apply the following:

R. Lac sulphur.....	dr. ii
Camphor gum.....	gr. xx
Alcohol.....	dr. ii
Glycerine.....	oz. i
Rose water.....	oz. ii

M. Sig. Apply with mop to face at night.

And if there are any pustules give calcium sulphide, gr. $\frac{1}{2}$ after meals. I think he will succeed in curing his case if he persists in the treatment. I have had good success with eczema with:

R. Europhen.....	gr. xv
Vaseline.....	oz. i

M. Sig. Apply twice daily.

Would like to know how the patient gets on if Dr. Stanley would be so kind as to write me.
Irasburg, Vt. GEO. H. NEWTON, M. D.,

Treatment for Eczema and for Black-heads.

Editor **MEDICAL WORLD**:—In answer to Dr. Wm. T. Hamilton, of Ironaton, Ala., in regard to his case of chronic eczema, I would recommend that he prescribe for the child small doses of the syr. of hydriodic acid—using a reliable preparation. Give one-third to one-half dram three times a day, with oxide of zinc ointment applied locally morning and evening or more frequently, if deemed necessary to keep the parts protected. I have observed the use of syr. ferri iodide in appropriate doses with proper attention to cleanliness of the parts to succeed admirably. Of course, in all cases of eczema, as in all pathological conditions, the cause must be found and corrected. Often the clothing, course rough cotton or flannel, is the exciting cause. The parts affected in the Doctor's case would call for the utmost punctuality in attention to the child, to keeping it well and promptly dried each time when water is passed or the bowels move. The drying should be effected with as little rubbing as possible, rather patting and pressing soft cotton cloth over the parts to dry them. An ointment

which I have found to give good results in these cases is as follows;

R. Ungt. picis, liquidis.....drum ij
 Bi-muth sub. nit.....drum i to dram ii
 Petrola um q. s. ad.....ounce i
 To be applied locally twice or three times a day.

If Dr. J. H. Stanley will give his patient full doses of syr. hydriodic acid, using the ointment of oxide of zinc locally, have her bowels move daily, press out the black-heads and use friction over the face, he will be amply repaid for his efforts by success.

Scotland, Pa. J. J. COFFMAN, M.D.,

Chronic Eczema.

Editor MEDICAL WORLD:—My hint to Dr. W. T. Hamilton is to use no bandages. Wet the parts every other day with this prescription:

R. Acid carbol.....m. 15
 Sodii boratis.....grs 60
 Glycerini.....ounce ½
 Aquæ.....ounce 3 ½

M. S.—Apply at night.

R. Acid salicylic.....grs 5
 Vasline.....ounce 1

The parts may be dusted every two or three days with zinc oxide.

Dispense with the other treatment, both internal and external.

Will suggest to J. Forman Pineo to try this prescription for his child:

R. Acid sal. ylic.....grs 120
 Acid boracic.....grs 90
 Sodii boratis.....grs 90
 Glycerine.....ounce 1 ½
 Spis recti.....ounce 4 ½

M. S.—Apply externally.

G. M. MORTON, M.D.,

Toronto, S. Dakota.

Eczema.

Editor MEDICAL WORLD:—I report my case of chronic eczema as about well. He did best under this treatment, which I would recommend to Dr. Pineo, Chester, Nova Scotia: carefully prick vesicles, absorb contents, wash with tar soap, dry with soft towel, use iodide of sulphur ointment, or "noitol" if itching is severe, bandage limbs, linen next to the skin, perfect seclusion from the air and syrup ferri iodide internally. "Only this and nothing more."

W. T. HAMILTON, M.D.,

Ironaton, Ala.

Dr. W. S. Newlon, Oswego, Kan., writes that cases of goitre are occurring on the white soils of Kansas. This is due to the magnesian-calcareous water. Iodine, so far as it acts as a remedy, is mainly a chemical one, dissolving the earthy salts. The doctor also writes that insanity is on the increase, especially that induced by religious excitement.

Another Case of Abundant Dropsy.

Editor MEDICAL WORLD:—Mrs. M——, German, age thirty-seven years, married fourteen years, no children, first noticed an enlargement of her abdomen in September 1888, which was diagnosed as a pregnant uterus at that time. At the end of three months she was seen by another physician, who pronounced it a case of ovarian cyst, and introduced an aspirator needle and withdrew fourteen pounds of straw colored fluid.

After that she was aspirated at intervals varying from two weeks to two months until November, 1891, getting about forty pounds of fluid each time. Since November 1891, it has been necessary to relieve the pressure every fourteen days. She became my patient in November last. Since then I have tapped her six times, getting 246 pounds of fluid.

Up to date she has been tapped ninety-one times with a grand total of 3225 pounds of fluid removed.

F. M. BARNEY, M.D.,

Dolgeville, N. Y.

Expulsion of Tape-Worm.

Editor MEDICAL WORLD:—As there are several tape-worm prescriptions in February WORLD, I will say that I have been in practice 25 years and have removed several worms with the old treatment with male fern, pumpkin seed, etc., always with trouble in getting the head. Some eighteen months ago I discovered that I was carrying one of the gents in my bread basket. I concluded that I would try a different treatment on myself. Eating a hearty supper and breakfast, at 10 o'clock a.m. I commenced with the following:

R. Chloroform.....drams iii
 Mucilage acacia q. s. to make.....ounces vi
 Sig. Two ounces every hour.

At 1 p. m. I commenced the following:

R. Sugar of milk.....grains xii
 Croton oil.....drops vi
 Ft capsules No. 6.....
 Sig. One every half hour.

I ate cheese and crackers with each dose of medicine, and only took four capsules. At four p. m. I had the worm, head and tail, sixty-five feet long, in a bottle of alcohol. I have removed two since with the same treatment without any trouble. The idea of trying to get the worm out of an empty stomach and bowels is too thin. Keep your patients full of grub and when you get an action from the stomach you will have all the worm, for he sticks to the cheese and crackers.

M. S. MOORE, M.D.,

Orlando, Ark.

For Tape Worm.

Editor MEDICAL WORLD:—In reply to Dr. Hertig's query in February number, page 51, "the best remedy for the expulsion of tape worm" I offer the following:

- R. Ext. felic. maris.....1.20 (gr. 18)
- (chloroform).....4. 3 60 (M. 84)
- Ol. ricini.....3 60 (M. 84)
- Ol. tigli.....0.03 (M. 1/2)

M. ft. caps. No. xli. (12).

Sig.—At one dose, or at two doses, half an hour apart.

My experience in more than thirty cases is, his wormship appears very promptly within four hours, head tail and connecting links.

A. F. JUETTNER, M.D.,

387 Ohio Ave., Cincinnati, O.

Treatment After a Vapor or Hot Bath.

Editor MEDICAL WORLD:—In answer to the request of Wm. Dawson, February WORLD, page 51, for formula for skin after a vapor bath to prevent catching cold, I will give my method. After the bath go over the patient thoroughly several times with rough linen towels, until the skin is dry and rosy, then rub all over with soft rubber flesh brush, then with stiff bristle brush, then with bare hands. By that time the skin will be cool, white and velvety. Then spray lightly but thoroughly from head to foot with absolute alcohol, and when the patient is dressed he can go away about his business and not be in any more danger of taking cold than if he had not been in a vapor bath.

I always give galvanism with my baths, and it acts as an anodyne tonic, taking away that tired feeling, and replacing it with one of elasticity and well being that is very pleasant.

Lima, O. H. C. BENNETT, M.D.,

Replies.

Editor MEDICAL WORLD:—I would suggest to Dr. Bronson, (page 20, present vol.) to have his wife use celerina for the borborygmus, taking four drams daily, the last dose before going to bed at night. Also for diarrhea two or three grains of sulpho carb. of zinc; as soon as out of bed in morning siping a cup of hot water, to which has been added 10 drops of tinct. capsi cum. Have her take only for breakfast burnt flour gruel, or hot milk, slowly, in teaspoonful doses, being not less than 20 minutes taking a pint of either fluid. If the gruel is used, boiled milk may be added. This will break the diarrhea habit, and, if strictly followed marked improvement will soon be noticed and eventually a cure may be expected. No food hard to digest, such as fried meats, fried cakes or anything containing lard, including pie crust or cookies should be allowed at other meals. Swine flesh, or anything pertaining to it must be entirely discarded.

Dr. H L K., (same page) would no doubt be much benefited by abstaining entirely from solid food for ten days, taking only cooked milk as hot as can be sipped. Add one-half teaspoonful of salt to each pint. Take after each movement 1 or 2 grs. of sulpho carb. of zinc. Take also each time before taking milk 1/2 gr. granule of iodoform. Keep in recumbent position as much as possible. No tea or coffee. Cold water only a tablespoonful at one time.

If "Medico" will give his patient small doses of Fowler's solution of arsenic after each meal, increasing dose gradually for two months, if necessary, I feel confident that those periodical attacks will be driven off. Allow her to drink no cold water but only hot, which will reduce obesity some. W. C. DERBY, M.D.,
White Cloud, Mich.

Gastro-Intestinal Catarrh.

Editor MEDICAL WORLD:—Dr. Bronson's case is evidently one of gastrintestinal catarrh with possible ulceration of the rectum.

First, as to diet: Let it be composed entirely of *peptonized food*—peptonized milk and gruels by the Fairchild process. Next, intestinal antiseptics, and I would impress the importance of giving the antiseptics at short intervals. For this purpose I would use the following:

- R. Roserin sublim.....
- Bismuth salicylat.....
- Benzoyl naphol.....aa..... 15 0
- Pulv. rhel. rad..... 7a. 0
- Pulv. rhiz. ca am.....
- Sac. alb.....
- Sod. B carb.....aa..... 5. 0

M. Sig. Tea-ponful every two hours.

Also, high injections through long rubber tube twice daily of one litre of warm water containing at the beginning 10 grms t.nc. iouine and increased to 20 grms.

Should the looseness of bowels continue after this treatment, in addition use the following:

- Grated B ker's choco-la e..... 1b 1/2
- Rice flour..... 1b 1/2
- Pulv. white sugar..... 1b 1/2
- Acid tannic..... dr. 1

M.

A tablespoonful cooked for half an hour in a cup of milk to be taken before breakfast. Give also a teaspoonful of hydroleine three times a day.

Let her also wear a broad flannel bandage over the bowels. C. H. BAINBRIDGE, M.D.,
Po t Clinton, O.

[We publish the above for the reason that, being sent privately to Dr. Bronson's address, it was returned without finding him.—Ed.]

Editor MEDICAL WORLD:—THE WORLD still continues to be full of valuable information to a busy practitioner. I could not afford to do without it on my table for ready reference.

Dalton, O.

J. M. PALMER, M.D.

Peculiar Parasites.

Editor MEDICAL WORLD:—Would suggest to Medico to examine carefully about lower lumbar vertebrae for spinal tenderness and counter-irritate, if tender; treat for malaria with quinine; then give soda hyposulphite, 20 grs., three times per day in half glass water 4 or 5 days till liver acts. Then give Aikin's comp. quinia and strychnine pills, 1 each day for 14 days. Just finished similar case, cured. To Medicus I would suggest sulpho. ichthyolate of ammonium, $\mathfrak{z}\text{iv}$; glycerine, $\mathfrak{z}\text{iv}$; collodion, $\mathfrak{z}\text{ij}$; mix and apply over eruption every night. Wash off next morning with solution bicarbonate soda.

In your January No., H. L. K. asks for opinions on Lis case. I would diagnosis it worms—either tape or the primary cysticercus. I have treated a number of cases. They are described in Cooper's Dictionary of Medical Practice, a large three volume work, issued thirty or forty years ago. They are about three eighths of an inch long, head the largest part about them, have two or three rings around them, are hairy, have three hooklets at the mouth, very sharp and pointed. They generate by thousands and look like grape seeds mixed with cotton fuzz.

To discover them, pour water in the chamber and examine closely.

Destroy them by using oleo-roisin of male fern, fluid extract of pomegranate, fluid extract of pumpkin seed. After adding sulphuric ether, [Quantity not stated.—Ed.] to the male fern, take one ounce of each of the above and take one and one-half to two teaspoonfuls in hot water three times a day before meals, and purge off at night with one to two drams of hyposulphite of sodium in half glass of water.

This treatment will cure if you persist in its use. I gave it in one case for three weeks in teaspoonful doses, and then doubled it before I loosened the worms so that they would pass. The man was 38 or 40 years old, a widower, and was just as you have described. After passing a quart or two of them he got well and gained forty pounds in three months. They are as hard to kill as tapeworms.

J. A. LIVINGSTON, M.D.,

Wortham, Freestone Co., Texas.

Editor MEDICAL WORLD:—If Dr. S. J. Smith, page 51, February, will use normal liquid ergot in ten to fifteen drop doses three times a day for a child under five years old and larger doses for older patients, he will cure every case.

H. P. THOMPSON, M.D.,

Brownwood, Texas.

Editor MEDICAL WORLD:—In reply to Dr. Willey's query about larvæ of hexapods coming from the skin of a child at New Hampton, Mo., I would answer that common people call them pollywogs. They were the common ox warble, *hypoderma bovis* (De G.) or a kindred dipter. There is a bot that is a human pest in Central America. With us the rabbit, deer, sheep, dog, squirrel and horse have each a bot.

This child was associated with some animals last summer, cows, dogs, sheep or cats, I suspect, and ate the ova of their hexapodal pest. Inquiry may tell. W. S. NEWLON, M.D.,

Oswego, Kan.

Dr. John W. Tiffany, of Grand Island, Nebraska, advises the readers of THE WORLD to use *echinacea augustifolia* for scarlet fever and diphtheria

Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

What Caused It.

Editor MEDICAL WORLD:—On March 15th, 1893, I was called to see Mrs. S. I found her an old lady of Polish nationality, 74 years old, extremely emaciated and apparently in a dying condition. The nurse called my attention to a swollen and very tender place on the left side posteriorly, just above the crest of the ilium. I supposed it a large bed sore, as she had been confined to her bed for about three months. She was suffering excruciating pain and could not rest day or night. I was informed by her that she had suffered pain of a mild nature, gradually increasing in severity in the left side, for nearly four months. Her bowels were moderately regular and moved promptly under the influence of a mild cathartic. I prescribed morphine and atropine sulph. in sufficient doses to produce rest and made applications of a solution of chloride of ammonium in spts. vini. rectific. and aqua dest. to the supposed bed sore. I moved her bowels freely and directed a cushion to be made to fit and protect the sore from pressure. Nevertheless it increased rapidly in size, redness and tenderness and I was thinking of using the lancet on account of so much pain, when on the fourth day after my first visit, I was called hurriedly and found it had ruptured spontan-

ously, and pus and feces of a solid and liquid nature were pouring out, nearly filling an ordinary size *pot de chambre*. It looked as if she had not had an action in a month. Her bowels at this juncture ceased to move through the natural passage, and everything escaped through the new opening. The pain ceased in severity and in two days she had a good appetite, digestion became good and she steadily improved. The hole decreased in size and after a month her bowels moved in the natural way, only a small quantity coming out the opening in her side, which continues up to this date, February 9th, 1894. There is a complete channel formed by nature, running downward and inward from just above the crest of the ilium, connecting with the bowel. I thought when first called to her that she would die in a few days, but she is living to day and in fair health for a person of 74 years, with the opening still in her side, which is, and seems will remain, about as large as a quarter of a dollar. She performs her household duties and a short time ago walked a mile to see me. If this had been on the right side I would say it was from fecal impaction, but as it is, I am unable to determine what caused it. I relate the case thinking it might be of interest to some of the readers of this most excellent journal. Will some one please give an idea as to what caused the trouble?

HARRY BROWN, M.D.,

Yorktown, Dewitt County, Tex.

[The cause in this case seems to have been fecal impaction, which can as well occur on the left as on the right side, although much more frequent at the cecum than at the sigmoid flexure. The Doctor will now have to make efforts to secure the closure of the fistula if nature seems to have reached a stopping point in that process.—Ed.]

Editor MEDICAL WORLD:—I want help for what we term a sleepy disease. There is a condition of somnolency in which the patient goes to sleep on the slightest occasion, day or night, whether having lost sleep or no. If he sits down for a few seconds and becomes quiet he falls asleep, and even sometimes goes fast to sleep when walking along following the plow or when engaged in any other occupation, and may sleep from fifteen minutes to an hour or more if unmolested. At the same time they seem to enjoy pretty fair health otherwise. Frequently at night on retiring the patient falls to sleep quickly and into a state of "nightmare," when there seems to be something on him, or after him, from which he is powerless to extricate himself, and when called or shaken is hard to

be awakened, and after having slept as best he can all night is not refreshed.

This disease seems to have made its appearance, or at least become more prevalent, since the appearance of la grippe, which has been so severe in this part of the country. The patients are both white and colored, but mostly colored and mostly young men. One young man's attack came on after an attack of grip when engaged in hard study while attending college. These cases have lasted from 1 to 2 years without growing much worse, and with but little improvement, spending a miserable existence of suffering. The general plan of treatment has been with alteratives and nerve tonics.

Please, brethren, give some information if you can.

DR. B. F. FEW.

Greer Depot, S. C.

Editor MEDICAL WORLD:—Will some one give treatment for a patient fifty-one years old, who complains of only a pain in the pit of stomach? I thought for a long time it was in the ensiform cartilage, as the space involved was not larger than a dime. It feels more like toothache than anything else. Sometimes it only lasts a few minutes; at other times for hours. Bowels regular, tongue normal, excepting that it looks a little red. Before the pain starts he will gap and stretch as if he was going to have a chill. Alkalies sometimes give relief. Hot cloths over stomach sometimes relieve, and at other times morphine in large doses is the only remedy. At times it comes every day, then some times he is perfectly well for two months. He had the piles several years ago, but is well of them now. He formerly suffered with palpitation of the heart, but it is apparently all right now. He has tried various doctors and all kinds of treatment, but all fail.

Orlando, Ark.

M. S. MOORE, M.D.,

Editor MEDICAL WORLD:—Will some of your readers give me some help in the treatment of the following case: Mr. S., age 35, on the 16th of January, 1893, was forced to vacate a rented house. At the time the weather was colder than it had been for many years. He was exposed to the cold all day.

That night his wife noticed that he was not as usual and next day sent for me. He complained of being dizzy, said he was not at home, also said the house was not right and if he attempted to leave the room could not find his way out. When at the table he would slyly take his food as if he were stealing it and would often miss what he tried to pick up. When I would visit him he would say, "Doctor I am still drunk." He sleeps very little, says he

sees different objects at night. Often will go to bed and sleep, probably half an hour, wake up very much excited and sleep no more that night. He suffers with his heart. I think there is a good deal of trouble about the pericardial sac. He suffers much from shortness of breath and at times thinks he is going to die. His appetite is good and his bowels regular. If some brother will help me in this I'll be most thankful. I have exhausted the *Materia Medica* in his case and nothing does him good for any length of time.

Would also like a cure for a very bad case of hemorrhoids without the use of the knife. In this case the rectum comes out nearly three inches.

PRACTITIONER.

Editor MEDICAL WORLD:—Does THE WORLD or any of its many readers know another good way to treat carcinoma of the female breast than by the knife? Tumor commenced about eight months ago; size now is about 4 x 6 inches, an inch thick. For the last four months the patient suffers considerably, but only occasionally when she takes cold or works more than usual. Patient is about 49 years old, has not passed the menopause yet, is stout and fleshy; otherwise in good condition of health. She has never been sick to amount to anything; had five children, three living; her baby is nine years of age. She does not want an operation performed.

P. MEHRING, M.D.,

Portage Des. Sioux, Mo.

[See recent numbers of this journal in regard to the treatment of cancer by inoculating with erysipelas.—Ed]

Editor MEDICAL WORLD:—I would like to have the bretheren give me the cause and cure for dark circles around the eyes.

I know of a great many females who have a splendid complexion, but it is marred by the dark and sunken circle around the eyes. It is not wholly confined to the female sex, but males are also afflicted, but not to the same extent.

Any information as to the cause and cure would be thankfully received through the medium of THE WORLD.

WILLIS A. HAMMOND, M.D.,

Madison, N. Y.

Editor MEDICAL WORLD:—Your new title design is an improvement on the old. It is not the outside that I anxiously await every month, it is the valuable information contained in the inside that I appreciate. THE WORLD is the first I refer to for sound, practical information. I hope it is of as much benefit to all of its readers as it is to me.

DR. L. R. BIGLOW,

Globe Village, Mass.

Editor MEDICAL WORLD:—I would ask some brother to write an article on chronic catarrhal inflammation of the bladder, with treatment. THE MEDICAL WORLD takes the lead of all medical journals that are on my table for concise practical knowledge and for its being right to the point in practical application of the knowledge it contains at the bedside of the sick.

H. W. COBB, M.D.,

Perry, Mich.

Editor MEDICAL WORLD:—Will some one of the medical fraternity give the modes of detecting impurities and adulterations in alcoholic liquors?

G. M. MORTON, M.D.,

Toronto, S. D.

Editor MEDICAL WORLD:—I have a patient, a clerk, who has had syphillis, then syphillitic rheumatism, for all of which he was treated and from which he recovered before he came under my care. He is now and has been for the past six months, suffering from a discharge from the penis, which I have diagnosed spermatorrhea. I have used everything I know of for that, with no effect. The discharge very much resembles the white of egg. He says he has no involuntary emissions. Would be glad if any of the brethren would help me. I made this request once before with only one or two answers, and I got no benefit from any of them.

Sicily Island, La. J. D. USHER, M.D.,

Editor MEDICAL WORLD:—I want to get information from the brethern on a subject concerning which little or nothing is said in our text books, viz: chronic cyanide poisoning as it appears among miners who use potassium cyanide in a process to obtain silver from the ore. Will any of the WORLD family give me hints? I hear there are cases coming up in mining districts where the men are "cyanided" but I can't obtain any intelligent information as to symptoms, prophylaxis or treatment. Any assistance will be kindly appreciated.

B. F. HOLCOMBE, M. D.,

Tombstone, Arizona.

Editor MEDICAL WORLD:—Will some of the WORLD family give an article on the pathology symptoms, prognosis and treatment of Malarial Hematuria? None of my works on practice give it, and some light on this disease will be appreciated.

"Precio."

Dr. J. M. Jones of Ormond, Fla., sends us a clipping from the *St. Louis Republic*, as follows:

Seventy-Two and a Mother.

"FAIRMONT, W. Va., Jan. 6.—Eighteen months ago, John H. Garby of Weisel County, a bachelor 74 years old, was married to Miss Sarah Mills, who was less than two years his junior. Yesterday Mrs. Garby presented her husband with as fine a boy baby as has ever been born in this section, a county noted for its fine babies. The mother and child are doing well."

The doctor would like to hear from anyone who knows of this remarkable circumstance, as to its actual truth.

The formula is wanted of B. M. Woolley's cure for the opium habit.

Walcott's Pain Paint Powders.

"Skin Success."

"Viava" (a vaginal suppository.)

Miles' Nervine

H. H. Green's Dropsy Cure.

Low's Worm Syrup.

To the subscribers asking for powder or snuff for nasal catarrh we reply that we have never found any of the recommended formulas satisfactory.

For treatment for pruritus ani we refer the inquirer to the series of articles in January, February and March *WORLD*, 1893.

Current Medical Thought.

Technique in Tenia Treatment—Report of a Remarkable Case.

By C. M. FENN, M. D., SAN DIEGO, CAL.

In the absence hitherto of any unfailing tenicides or specifics, it may be profitable to inquire if there are other methods available for the safe and certain expulsion of the various cestodes. Personally, having abandoned the search for such a remedy, for the reason that it might imperil the well being of host as well as guest, I find that some of the standard teniafuges, if employed in adequate doses and supplemented by attention to certain details, to be noted farther on, may be made to accomplish all that we desire. For example, during the local prevalence of tape-worms which followed the importation of a measly herd from Mexico, some years ago, I came to use kamala in doses of 8 to 12 grams (ʒii ʒiii,) and ethereal extract of male-fern to the extent of '4 to 10 grams (ʒi-ʒiiss.) These apparently large doses, exceeding those recommended by the authorities of that

period, were successfully administered and upon the hypothesis that a parasite which merely imbibes its sustenance, having neither mouth or intestine, and sufers for prehension only, must require quantity as well as quality. In the matter of details referred to, jalap was selected for the before and after cathartic, in preference to several others commonly used. For instance, castor oil, so widely commended in such cases, was believed to be deficient as a peristaltic persuader and practically inert in the presence of mucus. Senna is equally insufficient in its action, and aloes correspondingly tardy, expending its force on the lower bowel. Jalap, on the contrary, besides having somewhat of an anthelmintic reputation, is safe and admirably adapted for children, to whom it may be given clandestinely in gingerbread or cookies. Following the last dose of the purgative it is advisable to employ frequent enemata of cold water, with or without salt or soap. These appear not only to chill the worm but to measurably increase peristalsis.

Of the three species of teniæ which mature in the human intestine, *tenia saginata*, *tenia solium* and *bothrioccephalus latus*, the first is of more frequent occurrence in tropical latitudes like this, owing, doubtless, to the greater consumption of beef in comparison with other meats.

That *tenia solium* (pork-worm) however, is not unknown here may be inferred from the following case, which may also be considered a fitting résumé of the foregoing remarks:

A little boy, on his first legs, injured a toe, to which his mother applied a bit of fresh pork. A second application, soon required, was about to disappear as mysteriously as the first when he was detected in the act of eating it. Three or four months later, during a convulsive seizure, several segments of a *tenia solium* were expelled. Believing it to be an instance of *post hoc propter hoc*, active measures were taken to relieve the child of his unwelcome guest, and before reaching his third year he passed through ten severe ordeals, expelling in the aggregate 110 feet¹ of tape worm! The first three doses, by homeopathic direction, the parents believe were koussou or kamala in combination with some other drug. At all events, after each attempt the child was "sleepy, feverish and a source of great solicitude for twenty-four hours." A fourth dose by another attendant was known to consist of 15 drops of chloroform and one drop of croton oil! This was followed a few weeks subsequently by an emulsion of creasote. Still later, at the suggestion of friends, two attempts were made with emulsions of pumpkin

¹ Measurements reported by parents.

seeds. In justice to all parties, it is proper to state that in every instance starvation and purgation with castor oil, castoria, etc., were rigidly enforced. This is confirmed by an incident in the history, when the little patient led his only sympathetic relative to the cupboard and with tears running down his cheeks exclaimed: "Grandpa, I'se so hungry! I'se so hungry!" Meanwhile, reports of the case had reached relatives in the east, who immediately sent out a quantity of pelletierine tannate, with assurances of success. Two trials of this specific (?) quickly followed, bringing away a few feet of the worm as other remedies had done. A small dose of the pomegranate alkaloid remained, but in view of previous failures it had almost been decided to await the natural demise, or suicide (?) of the parasite at the end of four or five years.

The tenth and successful assault was reluctantly undertaken by the writer. Though I should have preferred kousoo or koussin for a child, the remainder of the pelletierine was given.

Without special restrictions as to diet a full dose of jalap preceded the teniafuge about twelve hours, and was repeated next day an hour or two after the exhibition of the anthelmintic. After thoroughly scotching the parasite, indicated by the appearance of large segments in the dejections, frequent enemata of plain and salt water were employed. Traction upon the worm was interdicted, but rather it was advised to strap the protruding extremity to the nates and continue injections. At a later hour the head intact and erect with fifteen feet of the tenia gave assurance of its unconditional surrender after a siege of nearly twelve months.—*Jour. Am Med. Association.*

Baby With a Tail.

In December last I was called to attend a lady in the country during her accouchement, and seeing that she was likely to have a tedious labor, was very careful in eliciting her history prior to this trying ordeal. She stated she had not felt well for several months—ever since she had worried about some favorite young pigs that were being abused in the yard. Going out she carried the pigs into the house, lifting them fondly by the tail; and the occurrence bore on her mind, being much impressed by this novel way of transferring swine.

But alas! after labor was completed, the fond son also was blessed with a tail—a nice, well-formed tail—a tail just where a tail ought to grow—a five inch tail. The mother, a primipara, did well, also the child; but the father,

who was chagrined at so unusual an anomaly, requested its immediate amputation, which we reluctantly performed; after which he exclaimed: "Now, mine pig-boy does better."

The mother, like most women in whom I have found this tendency to "spot" their young, was of a very frail and nervous temperament and, more than all, was ignorant.

But, in conclusion, I am convinced that such mothers can, and do often, transmit their mental impressions to the child in utero, thus developing the many so-called mother's marks. I could relate several similar instances.—Julian Berry, M. D., Mace, Ind., in *Memphis Med. Monthly.*

Altitudes and Female Health.

It is noticeable that the altitudes of Arizona, Wyoming and other high regions are not favorable to a rounded development. Our high altitudes will hardly produce the rounded, plump figures so common in any of the Pacific islands, neither can a woman there retain her nervous system in that quiet and phlegmatic mood so peculiar to the women of Holland any more than she could keep her hair from standing out if on an insulating stool. A few years of mountain life—in the extremely dry and windy altitudes—and a few child-bearings, and a woman is a nervous and physical wreck. No thorough duplicate Benjamin Franklin can ever come from those dessicating altitudes, as he was one of a family of seventeen children.—*Pacific Med. Jour.*

Three Cases of Tetanus Successfully Treated With Ammonium Bromide.

BY JAGAN NATH, L. M. S.,

Chief Medical Officer, Jamoo, Kashmir.

CASE 1.—Rasila, Hindu male, got his right thumb blown off by the bursting of his gun. On the fourth day tetanus appeared, for which he sought admission into the Jamoo Hospital. Wound antiseptically dressed; 15 grains of hydrate of chloral administered every three hours with no relief. Tinctura cannabis indica in 15-drop doses every four hours given without relief; in fact the spasms seemed to be worse after it. Cannabis repeated in 20-drop doses without relief. On the following day bromide of ammonium in 20-grain doses was given three times a day, and the patient was much better on the following day. The treatment was continued for about six days. Improvement was every day apparent and the patient was discharged as cured on the twelfth day.

CASE 2.—Hazura, a Hindu male, aged 45, had his hand wounded with an axe and got

tetanus five days after. He was admitted into the dispensary by an order of the Court ten days after the accident. The wound was aseptically dressed. Hydrate of chloral and tincture belladonna in full doses were given every three hours, but the tetanic spasms remained the same. Bromide of ammonium in 15-grain doses was now given three times a day, and a little relief followed. The dose was now increased to 20 grains, and the patient was much better in 24 hours. This mixture was continued with tonics for about eight days, and the patient was discharged cured on the eleventh day.

Note.—The above two patients were kept in a dark room during treatment.

CASE 3.—A Hindu boy, aged 10, son of Ralla Ram, pleader of Jamoo, got his foot seriously injured along with many of his class-fellows by the fall of the Jamoo school building. He developed tetanus on the third day after the injury.

Bromide of ammonium was the only medicine used in his case, and it entirely stopped the spasms, and after two weeks he was discharged as cured.—*Indian Medical Record.*

Abortive and Curative Treatment of Typhoid Fever.

Dr. John Eliot Woodbridge, of Youngstown, O., read before the Mahoning, O., Co., Med. Society, a paper, which was published in the *Journal of the American Medical Association*, in several parts, and which has attracted considerable attention throughout the country. In this series of articles the doctor states that for twelve years past he has not had a death in any case of typhoid fever that he has seen and placed under treatment within a reasonable time after the inception of the disease. The treatment seems to be essentially one of intestinal antiseptics, although the doctor only outlines the actual treatment of two cases, promising to consider the principles of the treatment and their detailed modification for particular cases in a future paper. Intestinal antiseptics is not new to our readers, as they have been familiar with it for years past. In this line surely lies the specific treatment of typhoid fever, as well as other continued fevers whose causation is not now clearly made out.

Dr. Woodbridge's treatment, as given in the paper mentioned, is as follows:

"I conceive that he will treat typhoid fever best who best measures the condition of his patient, or rather the extent of territory over which the germs have spread and the amount of mischief already done, and having done this,

to select and apply his remedies in such manner as to most speedily stop their ravages and most effectually relieve the patient of the ptomaines, tox albumens, injuries to Peyer's glands or other ill effects of their temporary sojourn. This is a much too difficult task, I fear, for me to undertake to-night. Some time in the future I hope to give expression to my views on these points, but at present I think I can do no better than give the treatment of two or three typical cases, in connection with their bedside histories.

CASE 51.—A. McF., (whose chart you have,) as stated before, had been sick sixteen days when I was first called; his temperature was 105½; his bowels intensely tympanitic; he was voiding both urine and feces involuntarily. During the first two days he took about 60 minims eucalyptol, 1 15 minims guaiacol, 1 30 minims turpentine, and perhaps 15 grains of the following mixture:

No. 1.

R. Podophyllin.....	grains i
Hydrag. chlor. mitis.....	drams i
Guaiacol carb.....	drams vi
Thymol.....	drams v
Menthol.....	drams i
Sacch. alb.....	ounces ii
Eucalyptol, (as much as possible.)	

M. In very minute doses every half hour to one hour.

During the following three days, he took 2½ minims guaiacol and 5 minims eucalyptol every three or four hours all of the time, and part of the time double that quantity with an occasional 10 drop dose of turpentine added; and in addition small doses of quinine continuously every three hours; occasionally a 2½ grain tablet of Dover's powder. Nearly every day during his sickness, and sometimes twice a day, he had rubbed on his abdomen a mixture of eucalyptol and guaiacol, with the addition, sometimes, of turpentine. His kidneys failing to respond to the turpentine, there was given him a diuretic as follows:

No. 2.

R. Potass acet.....	ounces 1
Spr. niri. dulc.....	ounces ss
Aquæ dest q. s. ad.....	ounces iv

Sig. One teaspoonful every half hour in water or lemonade.

And when the bowels became constipated "glycerin suppositories" were used. Whisky, milk, eggnog and Fairchild Brothers and Foster's panopepton were given freely. This is the

1. A word of caution about guaiacol and eucalyptol. Many of the specimens of both, obtained from highly reputable houses are wholly unfit for administration. In my earlier experience I had some very unpleasant results, especially from eucalyptol, much of which is inert and some absolutely poisonous. I have a dozen or more samples in my office now, all obtained from the best sources, and yet one-tenth of an ordinary dose of some of these would act as a most violent emetic. I believe guaiacol carb. to be the best of its class.

first and only case in which I have ordered thorough and systematic sponging, in my own practice, during the past twelve years; and I did so in this case only because he came under my care on the sixteenth day of his sickness.

CASE 52.—W. H. took R No. 1 two days in about $\frac{1}{4}$ grain doses every thirty minutes.

For two days :

No. 3.

R. Eucalyptol.....	ounce ss
Spir. rect.....	ounce i
Guaiacol.....	drum ii
Aquæ dest. q. s. ad.....	ounce iv

Sig. One-half teaspoonful every three or four hours.

For one day, No. 1; No. 3, two days; No. 1, one day; then No. 3 until the temperature had been subnormal two days.

CASE 55—T. M. took No. 1 two days; eucalyptol and guaiacol in one mixture, and thymol in another to the present time. (Feb. 12, 1894.)

This was practically the course pursued with the cases reported. I should have much preferred giving exact rules for a general course of treatment, applicable to every case, but do not feel competent to do so; nor do I know how much medicine has been given in any case because I never wrote a prescription for any of these preparations, but have always carried them with me and I poured out a sufficient quantity to last a day or two and when exhausted replenished it from my case. Since I see my dilemma, however, I shall leave a definite quantity and in a future paper write more concisely; and yet I fear it will ever be a difficult thing to lay down fixed rules by which to treat such a disease as typhoid fever, in which the symptoms of the disease constitute a very imperfect criterion by which to measure either its duration or gravity, and almost none for treatment. While my cases may have been too few to establish the value of my theory of treatment, they have been too many and the results have been too good to admit of longer silence on my part.

Thus far in my private practice I have had no death from typhoid fever for twelve years. I have been able to abort two or three cases when first seen on the tenth day, and all who came under my care on or before the eighth day of sickness. It may not be possible to abort every case, beginning on the eighth day, nor is it necessary, for when the profession and the people understand that typhoid fever can invariably be cured when proper treatment is instituted at a sufficiently early period, the physician will no longer wait until his patient is covered with petechia, or has had one or more hemorrhages before making a diagnosis or beginning treatment.

Functions of Ovaries and Testicles.

It is a well known fact that the "ovaries and testicles have at least three distinct actions: the first, generation; second, their action through absorption on the central nervous system, which give to men and women their physical, moral and intellectual characteristics. The third is a special tonic action which reinforces in a special way the action of the spinal cord and brain." These are well known functions which cannot be disputed.—*Dominion Med. Monthly.*

Cinnamon as an Antiseptic.

That "No living germ of disease can resist the antiseptic power of essence of cinnamon for more than a few hours," is the conclusion announced by Mr. Chamberland as the result of prolonged research and experiment. It is said to destroy microbes as effectively, if not as rapidly, as corrosive sublimate. Even the scent of it is fatal to microbes, and Mr. Chamberland says a decoction of cinnamon should be taken freely by persons living in places affected by typhoid or cholera.—*Medical Age.*

Crude Pyroligneous Acid in the Treatment of Gonorrhœa in Women.

In the *Algemeinem Krankenhaus* in Vienna the following outlined treatment is regularly employed in the gynecological wards for the cure of gonorrhœa. The patient is placed in the dorsal position and a cylindrical speculum introduced. When the os is thoroughly exposed the external end of the speculum is elevated and about an ounce of crude pyroligneous acid poured in. This is allowed to come in contact with the parts surrounding the os, after which the speculum is slowly withdrawn to the vulva, permitting the acid to come in contact with all parts of the vagina as it follows the speculum. The speculum is not entirely withdrawn, but is reintroduced and then gradually depressed and the acid allowed to flow out through the cylinder into a basin, care being taken not to stain the linen of the patient. This is done every second day and results in a large majority of cases, in a cure after the third or fourth application.

In most cases the patient complains of but a slight sensation of warmth; if the inflammation is very acute the pain is more severe, though even then not extremely so.—*Pittsburg Med. Review.*

Chloro sulphate of quinine has been introduced, especially for hypodermic use, as it is soluble in its own weight of water, and causes less pain than the sulphate or hydrochlorate.—*Id.*

Legal Requirements for the Practice of Medicine in the United States.

[Compiled for the *Journal of the American Medical Association.*]

So many changes have been made in the legislation regulating the practice of medicine in this country during the past three years, that the Illinois State Board of Health will include, in its forthcoming Report on Medical Education, the text of all laws on this subject in force at the beginning of the present year in the several states and territories of the United States, and in the provinces of the Dominion of Canada. From this forthcoming report, through the courtesy of the Secretary of the Board, Dr. J. W. Scott, some data have been gathered which will be of interest to the spring crop of new graduates, and to medical men generally.

Of the six New England States, Maine, Massachusetts, New Hampshire and Rhode Island have no legal requirements for the practice of medicine. Connecticut has adopted a medical practice act which went into effect October 1, 1893, and in Vermont the law requires the registry of a diploma endorsed by a Board of Medical Censors or of a certificate of satisfactory examination by one of these boards.

Exclusive of the four states first named, the other states and territories may be roughly grouped into the following three classes:

In Alabama, Arkansas, Florida, Maryland, Minnesota, Mississippi, New Jersey, New York (act of May 9, 1893,) North Carolina, North Dakota, Pennsylvania (after March 1, 1894,) South Dakota, Texas, Utah, Virginia and Washington, the diploma confers no right to practice and has no legal value, except, in some cases to give its possessor standing before an examining board. The right to practice in each of these sixteen states is determined by individual examinations before boards of examiners created by law.

In California, Colorado, Connecticut (since October, 1893,) Delaware, Illinois, Iowa, Kentucky, Louisiana, Missouri, Montana, Nebraska, New Mexico, Oklahoma, Oregon, Tennessee, Vermont and West Virginia, the diploma is subject to the supervision of some designated body vested by law with authority to determine its validity as evidence of its possessor's qualifications for the practice of medicine. Failing the possession of such a recognized diploma, the right to practice may be acquired by passing a satisfactory examination.

In Arizona, Georgia, Idaho, Indiana, Kansas, Michigan, Nevada, Ohio, South Carolina, (since the repeal of the act of 1888,) Wisconsin and Wyoming, the presentation of any kind of a diploma—provided only that it be from a

“chartered” medical institution—is the sufficient warrant in law for county clerks, clerks of courts, registrars of deeds and similarly qualified judges of medical fitness to admit to practice.

Following is a résumé of the legal requirements for practice in each state and territory of the United States, in force Jan. 1, 1894:

Alabama.—A certificate of successful examination by the State (or county) Board of Medical Examiners. Diplomas confer no right to practice.

Arizona.—Registry, with a county recorder, of an unrevoked, uncanceled “diploma regularly issued by a medical college properly and lawfully organized under the laws of the state wherein said college shall be located.”

Arkansas.—A certificate of successful examination by the State (or county) Board of Medical Examiners. Diplomas confer no right to practice.

California.—A certificate issued on the diploma of a college in good standing or upon a successful examination by one of the State Boards of Medical Examiners—regular, homeopathic or eclectic.

Colorado.—Similar to California, except that there is but one State Board of Medical Examiners.

Connecticut.—A certificate of registration of the diploma of a college “recognized as reputable by one of the chartered medical societies of the state,” regular, homeopathic, eclectic; or a certificate of satisfactory examination by a committee appointed for the purpose by the State Board of Health.

Delaware.—A certificate based upon the registration of a diploma from “a respectable medical college,” or upon “a full and impartial examination by the State Board of Medical Examiners.”

District of Columbia.—Nominally the indorsement of a diploma, or an examination, by a committee of the District Medical Society; practically no requirement.

Florida.—A certificate of satisfactory examination by the State (or district) Board of Medical Examiners. Diplomas confer no right to practice.

Georgia.—The registration of a diploma from any “incorporated medical college, medical school or university.” The clerks of the superior courts are the sole judges of the value of the diploma as evidence of fitness for medical practice.

Idaho.—The record of a diploma at a county seat.

Illinois.—A certificate issued by the State Board of Health upon the diploma of a legally

chartered medical institution in good standing as determined by the Board, or upon a satisfactory examination by the Board.

Indiana.—The registration, in a county clerk's office, of a diploma "from some reputable medical college."

Indian Territory.—*a.* Cherokee Nation: An examination by the Board of Medical Examiners; *b.* Choctaw Nation: A certificate based upon a diploma or upon an examination by the Board of Medical Examiners; *c.* Creek Nation: Payment of \$25 annually as a license fee.

Iowa.—Similar to Illinois.

Kansas.—The registry of a diploma from "some respectable school of medicine," or of a certificate of qualification from some State or county medical society.

Kentucky.—A certificate from the State Board of Health issued upon the "diploma of a reputable and legally chartered medical college."

Louisiana.—The record of a diploma from "any medical institution of credit and respectability" after indorsement by the State Board of Health.

Maine.—No legal requirement. In 1887 an act to regulate the practice of medicine was passed by the Legislature but was vetoed by the Governor.

Maryland.—A certificate issued upon a satisfactory examination by the State Board of Medical Examiners. Diplomas confer no right to practice.

Massachusetts.—No legal requirement.

Minnesota.—Similar to Maryland.

Mississippi.—Similar to Maryland—except that the examination is made and the certificate issued by the State Board of Health.

Missouri.—Similar to Illinois.

Montana.—Ten years of practice; a certificate upon the diploma of a college "in good standing," or upon an examination by the State Board of Medical Examiners.

Nebraska.—A certificate issued by the State Board of Health upon the diploma of "a legally chartered medical school or college in good standing," as defined in Section 8 of the Act of July, 1891.

Nevada.—The record of a diploma from "some regularly chartered medical school."

New Hampshire.—No legal requirement.

New Jersey.—A license issued upon a successful examination by the State Board of Medical Examiners. Diplomas confer no right to practice.

New Mexico.—A certificate upon the diploma of a legally chartered medical institution in good standing, or an examination by the Territorial Board of Medical Examiners.

New York.—A license issued upon a successful examination by one of the State Boards of Medical Examiners—regular, homeopathic, eclectic. Diplomas confer no right to practice.

North Carolina.—A license issued upon a successful examination by the State Board of Medical Examiners. Diplomas confer no right to practice.

North Dakota.—Similar to North Carolina.

Ohio.—The diploma of a respectable school of medicine, or a certificate of qualification from State or county medical society.

Oklahoma.—A license issued by the Superintendent of Public Health upon a medical diploma or after examination.

Oregon.—A certificate on the diploma of a college "in good standing," or after examination by the State Board of Medical Examiners.

Pennsylvania.—A license issued after examination before one of the State Boards of Medical Examiners: Act of May 18, 1893; takes effect March 1, 1894. Diplomas will thereafter confer no right to practice.

Rhode Island.—No legal requirement.

South Carolina.—A certificate of verification of the diploma of a reputable medical college. An Act of Dec. 24, 1890, abolished the State Board of Medical Examiners created by the Act of 1888 and under which the diploma conferred no right to practice.

South Dakota.—A license issued by the State Board of Health after examination. Diplomas confer no right to practice.

Tennessee.—A license on the diploma of a college "in good standing," or after examination by the State Board of Medical Examiners.

Texas.—A license issued after examination by a District Board of Medical Examiners. Diplomas confer no right to practice.

Utah.—A license issued by the Territorial Board of Medical Examiners after examination. Diplomas confer no right to practice.

Vermont.—The registry of a diploma indorsed by one of the Boards of Medical Censors, or a certificate of examination by one of the Boards.

Virginia.—A license issued after examination by the State Board of Medical Examiners. Diplomas confer no right to practice.

Washington.—Similar to Virginia.

West Virginia.—A license on the diploma of a reputable college, or after examination by the State Board of Health.

Wisconsin.—The indorsement of a medical diploma by the censors of either of the State or county medical societies.

Wyoming.—The record of a diploma with a registrar of deeds.

The lithium salts are said to be better alkalizing remedies than the others of the alkaline groups. They render the urine more alkaline, and in the lithemic acid diathesis they hold the uric acid in solution and its elimination is favored. Some cases are reported where the lithium salts (carbonate and citrate are preferable) have dissolved uric acid calculi. In rheumatism and dyspepsia of fleshy persons these salts are efficient.—*Kan. Med. Jour.*

Asafetida for Habitual Abortion.

Dr. Guido Turazza, of Padua, gives his own testimony, together with that of several other Italian physicians, in favor of the efficacy of asafetida as a preventative of abortion. A pill containing about a grain and a half of the drug is given once in two days at first, and gradually at intervals, until finally one is given every tenth day. The author regards asafetida as a good remedy in nervous derangements of women, and remarks incidentally that it has the advantage of regulating the action of the bowels.—*Woman's Med. Jour.*

How to Avoid Malpractice Charges.

"Let the professional man live up to the requirements of his profession and observe its ethica. Let him keep up with every advance made in his science. Be careful in professional deportment, diligent in studies, exacting even as to details—putting whatever skill he has in all he undertakes—doing it well, no matter what the case in hand may be, avoiding familiarity, drinking moderately of intoxicants, or what is better, not at all. Let him earn a reputation as a good, safe, reliable practitioner, and it will stand by him. It will make imputations of malpractice too improbable to be feared. They will fall like water upon a duck's back. Fortified positions are often impregnable. They are seldom attacked. Like the engineer upon a steam engine, be ever on the alert for danger signals and intelligent enough in vision to understand their meaning. Put down the brakes in time to halt in safety. If you have doubts, consult some professional brother. Call him in to aid if prudent. A divided responsibility is sometimes desirable. Attack may be made on one, which the mere presence of two will at once avert. Take no unnecessary risks. Assume no needless responsibilities. Never make other people's troubles your own. Assist them by every professional means in your power. Use your best efforts. This is all you are called upon to do—all you can do. You can exercise no superhuman

agency. You have no such power, and would be an impostor if you claimed to have. Neither science is an exact one. Neither is capable of assured and exact determination. The best men in the medical fraternity often disagree; so do the best judges upon the benches of the highest courts in the land. Lawyers and doctors should never encourage malpractice suits. They should be brought only in extreme cases, and then only against the unworthy. They seldom help the client, and are sure to injure the professional man, who, like Caesar's wife, must be above suspicion. Professional men must have good names and keep them unsullied. Merchants may fail, and compromise at twenty-five cents on the dollar. The lawyer and doctor must pay one hundred cents every time, or go down deeper than any 'McGinty' ever read about in song or story. A merchant may do business in his wife's name. The lawyer and doctor must use their own and if, for any reason, it is not usable, they are gone, bob-line and sinker, and 'none so poor as to do either reverence.' Then emulate the example of the men who have made 'name' and earned 'fame' in the two professions, and you will recall the days when it was a proud honor to be called 'lawyer' or 'doctor.'"—Judge David McAdam, N. Y. Superior Court.

The practicing physician comes closer to the people in all that concerns their every day life and their march of improvement than does any one else. If the development of civilization is temporarily retarded he is generally quickest to recognize and appreciate the cause. Hence we have seen physicians in the entire history of man's evolution, prominent in all phases of human progress, whether in the domain of pure or applied science, religion and ethical culture political liberty or economic conveniences. Early to see the defects in our conditions of life and bold to prescribe the remedy, the names of physicians may be found frequently in the list of martyrs to the cause of humanity. They may also be found among those who have successfully led their fellows in the path of better living. We note with pleasure an address recently delivered before the session of the American Public Health Association held in the City of Mexico, by Geo. Homan, M.D., of St. Louis, on "The Fundamental Conditions of Public Health in Civilization," and to be obtained by applying to the Secretary of the Association, Concord, N. H. The doctor shows that our system of land tenure is mainly responsible for the unhygienic conditions that exist in our cities. He gives a forcible plea for humanity's natural rights.

Clairvoyant Physicians.

The following two letters of advice from "Clairvoyant Physicians" are taken from an expose in *The Nurse*, of Boston :
Examination of Mr. B— :

Yours to hand, character of writing and contents noted. Your writing is characteristic of high nervous temperament caused by indigestion the food is not assimilated in the elementary canal and you feel weak and debilitated. Your blood is poor for want of nourishment and your nervous system needs toning up. Will try to help you. Please send \$5 for course of treatment. Consultation and advice free.

G. M. C.
 Medium and Clairvoyant.

Henry P—
 Botanic and Clairvoyant Physician
 Terms, \$5 per month in advance
 Office Hours, 10 to 12 A. M. ; 1 to 10 P. M.
 Mail orders promptly answered
 Advice free.

LETTER NO. 2.

Mrs. P— : Dear Madam—I am in receipt of yours and examination find you suffering from torpid liver which makes you billious, there is too much bile in your stomach and your food cannot digest. Your blood becomes stagnant and does not come to the surface readily. Your lungs become weak and your kidneys overheated. This makes you nervous and downhearted. I enclose receipt for the money sent, and prescriptions for one month's treatment. If not improving rapidly let me hear from you again.

R. Resin of Podophylin one-half teaspoon, A. M., before breakfast.

R. Elixer of Cincona or the steeped Cincona bark — one-half wine-glass three times a day.

Take also—Infusion of parsley root a quarter of a gill and 30 drops of the tincture of acidivily.

Yours truly,
 HENRY P.—.

Urea is markedly increased by the use of coffee and tea, hence these should be interdicted in organic and functional derangement of the kidneys.—Curtman, *Med. Era*.

The Philadelphia *Medical and Surgical Reporter* was established way back in 1858. It has held a commanding position ever since. Up to 1894 its price was \$5.00 per year. It is now reduced to \$3.00 per year, but has not changed at all except in price. If you are not familiar with it, send for a sample copy (P. O. Box 843, Philadelphia), and mention this notice.

We will supply both *Reporter* (weekly) and *WORLD* to you for the remainder of 1894, for only \$2.75. The sooner you send, the sooner your subscription will begin.

A surprise in next month's *WORLD*.

Sanitarians and Politicians.

The medical profession is expected to assist the state in legislating for the public health. In all matters pertaining to the prevention and removal of the causes producing disease the doctor is required to furnish the ordinance and ammunition, level the piece and let the other fellows fire the shot and get the credit for the execution. When the work is done and his services are no longer needed, he is set aside to be used again at a convenient season.—*Kansas Med Journal*.

Aluminum Foil Money.

One of the State Senators of Illinois, Dr. A. L. Brands, has introduced a resolution asking Congress to withdraw paper money and engrave a like amount on aluminum foil, to prevent the spread of cholera and other infectious diseases by means of paper money. The aluminum foil, it is claimed, can be engraved as readily and in any way would be as suitable for money as paper, and at the same time it could not harbor deadly germs. From this it may be assumed that sanitation is looking up in the State.—*Texas Sanitarian*.

Nitro-Glycerin for Vomiting.

A contributor to the *British Medical Journal* recommends this nitro-glycerin as the most positive remedy for controlling vomiting he has ever employed. He has found it will control all forms of vomiting, whether in adult or infant, acute or chronic. He has found it of great service in controlling vomiting of gastric catarrh, and in alcohol it acted almost as a specific. Also proved useful in controlling the vomiting of pregnancy.—*Canada Lancet*.

Formulas.

To Arrest a Cold.

- R. Tincture gelsemium..... gtt. 2
- Liquid ergot..... " 5
- Camphor water..... dram 4

Mix, and take every hour immediately the cold is felt. If this be taken for twelve hours, at the same time keeping indoors in the warmth many a cold will be cut short.—*Corr.-Bl Schweiz. Aertze.—Woman's Med. Jour.*

Sciatica and Other Neuralgias.

- R. Tinct. aconit.,
- Tinct. colch. sem.,
- Tinct. bell.,
- Tinct. actea racem.....aa.....equal parts
- S. Six drops every six hours.

—*Metcalf.—I b.*

Whooping Cough.

R. Ammonii bromidi.....dram ij
 Ammonii carbonat.....gr. i
 Syrup tolu.....f ounce j
 Aquæ dest. q. s. ad.....f ounce ij

M. Sig. Teaspoonful every four hours.
 —Prof. Graham.

Dipsomania.

R. Quintæ sulph.....gr. ij
 Zinci oxid.....gr. ij
 Strychninæ sulph.....gr. 1-40
 Acid arseniosi.....gr. 1-100
 Pulv. capsici.....gr. ij

M. et ft. pil. No. j. Sig. One pill thrice daily.
 —Dr. Edward C. Mann.

For the Night-Sweats of Pulmonary Tuberculosis.

R. Acid salicylic.....dram jss
 Glycerin.....f ounce ij
 Alcohol.....f dram iv
 Aquæ destil.....f ounce j

M. S. Thirty drops hypodermatically at bedtime, four or five nights in succession.
 —Bernheim, *Sem. Méd.*

Ely's Cream Balm.

Take of:—

Vaseline.....1 oz
 Th. mol.....3 gr
 Carb. bismuth.....15 gr
 Oil Wintergreen.....2 minims

—Kilner's *Modern Formulary*.

Diphtheria.

Hieber recommends:

R. Hydrarg. Chlorid. mitis,
 Salolis,
 Sacch. alb.....aa.....dram ss

M. et div. in chart. no. xxx.
 Sig. One powder every hour.

This is said to cause a rapid disappearance of the membrane. —N. Y. *Med. Record*.

Stimulant in Pulmonary Phthisis.

MIXTURE.

R. Dilute phosphoric acid..... }
 Dilute hydrochloric acid..... } equal parts
 Dilute sulphuric acid..... }
 Tincture iron chloride..... }

Thirty drops in half a glass of sweetened water, during meals.
 —Mays, *Pittsburgh Med. Rev.*

Heart Tonic.

R. Atropinæ sulphatis,
 Strychninæ sulphatis.....aa.....gr. ¼
 Fel. bovis insp.....dram ij

M. ft. pil. No. xxx. Sig. One three times a day.
 —Kan. *Med. Jour.*

Acute Gonorrhœa.

Balzer prescribes:

R. Sodii bicarb.....dram x
 Sodii salicylat.....ounce iiss

M. Sig. Dose, one drachm in a quart of lemonade.
 —N. Y. *Med. Record*.

Liniment.

A good all around liniment is made from:

R. Cotton seed oil,
 Sassafras oil,
 Aqua ammonia,
 Chloroform,
 Spts. camphor.....aa.....½ ounce
 Turpentine.....1 ounce

Mix. Apply over the region of the pain.
 —Indiana *Pharm.*

VERDI, Paxton, III: "We are having soap-bubble parties in this neighborhood. What can be put in the water to keep the bubbles from bursting and allow them to be blown very large? Glycerine won't do."

Try the following:

Castile soap, powdered,
 Mucilage acacia.....aa.....4 drams
 Glycerine.....1 ounce
 Water, to make.....4 ounces

Mix. Strain, and use about an ounce to a pint of warm rain water. The bubbles can be made very large and they last a long time.

—Indiana *Pharm.*

Salicylic acid, in six to eight grain doses, given every hour, fasting until six doses are taken, followed by three ounces of castor oil, will expel tape worm. He will have to vacate the premises or pay rent.

—Indiana *Pharm.*

Bed bug poison is best made from corrosive sublimate mixed with salt and dissolved in water.

R. Corrosive sublimate.....1 ounce
 Salt, fine table.....4 drams
 Water.....16 ounces

Mix. The salt assists in the ready solution of the corrosive sublimate in water and saves the expense of alcohol, a matter to be considered these hard times. —Ib.

Pimples and blackheads may be removed by the use of a solution of salicylic acid and alcohol.

Salicylic acid.....1 dram
 Alcohol.....3 ounces

Mix. Wash the affected parts night and morning with hot water and Castile soap, rubbing vigorously, dry with a rough towel and apply the lotion with the end of one finger, rubbing it well into the skin. Pimples disappear at once and blackheads after a few applications. —Ib.

Pulmonary Tuberculosis.

Dr. Norman Bridge, late Professor of Diseases of Chest at Rush Medical College, Chicago, Ill., recommends the following as an inhalation:

R. Pot. iodid.....grs. x
 Creosote.....dram j
 Eucalyptol (Sander & Sou's).....drams ij
 Alcohol.....ounce j

M. Sig. Use as an inhalation twice a day.

For Persistent Dry Cough.

The following will be found excellent for those persistent, dry, hacking coughs, which resist the usual treatment.

- R. Syr. plics.....ounce ias
 Syr. pruni verg.....ounce i
 Tinct. capsicumounce ss
 M noll acacia.....ounce j
 Syr. acid hydrodic (Hostelley's).....ounce j
 M. Sig. Teaspoonful four times daily.

For the Acute Stage of Gonorrhoea.

The following formula is one much used in the service of Prof. T. R. Neilson and I can say from a somewhat extended clinical experience with it that it almost always accomplishes the object aimed at, namely, affecting the urine so that the urethral symptoms of the early stage of an acute urethritis are much modified.

- R. Potassii acetatis.....dram iiii
 Potassii bromidi.....dram ss
 Acidi borii.....dram ii scrupule ii
 Tr. belladonnae.....dram ss
 Liq. potass. citratis, q. s. ad.....dram viii
 M. S. A tablespoonful in a goblet of water three or four times a day.

In giving your directions to the patient, it is of importance that he understands he is to take a liberal quantity of water with his medicine, and I think the remedy is better taken about two hours after meals.

—John Lindsay, M.D., in *Phila. Polyclinic*.

Scarlatina in Children.

Dr. A. Correa (*La Semaine Médicale*, No. 72, 1893), recommends the following :

- R. Nitrate of pilocarpine.....grain 1-20
 Aconitine.....grain 1-20
 Salicylate of soda.....grains xxx ounce j
 Alcohol.....
 Syrup of orange peel.....} aa ounce iv
 Distilled water.....}

A teaspoonful every twenty minutes until the usual effects of pilocarpine are manifest. As soon as this action disappears then commence its administration again.

According to him, under the influence of this treatment, scarlatina, even if it be malignant and associated with pultaceous angina, rapidly assumes a benign character.—*Lancet Clinic*.

Phosphate of Soda as a Purgative.

Prof. C. Paul (*Wiener Med. Presse*, No. 52, 1893) has employed the phosphate of soda for seven years as a purgative instead of the sulphate, usually used. He prescribes it as follows :

- Phosphate of soda.....dram v j
 Distilled water.....ounce v j ss
 Simple syrup.....ounces ij
 Alcoholic tinct. of lemongtts. xxv
 Citric acid,
 Bicarbonate of soda, }aa.....grs. xxx

About two hours after taking this purgative lemonade an evacuation will take place, which is soon followed by two others. Its action is easy and pleasant, and the remedy is taken without difficulty.—Translated by Dr. Pritchard, for *Lancet Clinic*.

Reviews.

DIRECT LEGISLATION. By J. W. Sullivan. Paper, 25 cents. The True Nationalist Publishing Co., New York, N. Y.

This is a plain and forcible presentation of the popular Initiative and Referendum as employed by the people of Switzerland in their public affairs. In these is found the strong-hold of popular liberty. We recommend every citizen of the United States to read this little book.

THE DISPENSATORY OF THE UNITED STATES OF AMERICA. By Geo. B. Wood, M.D. and Franklin Bache, M.D. 17th edition with illustrations; thoroughly revised by H. C. Wood, M.D., LL.D., Joseph P. Remington, Ph.M., F. C. S. and Samuel P. Sadtler, Ph.D., F. C. S. Cloth, \$7.00. Sheep, \$10.00. J. B. Lippincott Co., Phila.

This work is already so well known to the profession that we hardly know what new to say in introducing the seventeenth edition. Yet there may be some one among our readers who is not yet acquainted with it. That it has passed through seventeen editions is enough commendation in itself. However, a careful examination of the great work itself will convince any one that no physician should be without it. The Index of Diseases in the first part of the book is a new feature. This, we think, is not very carefully compiled. One observation we note is that the author does not seem to know of the virtues of aconite. However, the brevity of this department does not detract from the vast fund of information to be found in the main portion of the work. In this a vast number of official drugs are treated exhaustively. The National Formulary follows, giving many very useful stock formulas. Next follows the treatment of non-official drugs. Then follow tables of tests, weights and measures and other useful tabular matter. The general index, alone, at the close of the book, comprises 97 pages, and the entire work 1930 pages. The thumb index is very convenient and time-saving.

AN AMERICAN TEXT-BOOK OF DISEASES OF CHILDREN. By American Teachers. Edited by Louis Starr, M.D., assisted by Thomas Wescott, M.D. 1190 pages. Price, cloth, \$7.00, Sheep, \$8.00, half Russia, \$9.00. W. B. Saunders, Phila. By subscription only.

This is pre-eminently the day of complete systems and Text-Books on special subjects. The handsome volume before us represents the work of the most distinguished authors in the various special branches of diseases of children. The information is up to the present date. Many subjects in surgery are treated as incidentally belonging to the domain of pediatrics.

A TEXT-BOOK OF THE THEORY AND PRACTICE OF MEDICINE. By American Teachers. Edited by William Pepper, M.D. LL.D. Vol. II, 1046 pages. \$5. \$6. and \$7. W. B. Saunders, Phila.

This, the second volume, is some-what delayed, yet it is rendered more valuable on account of the reason of the delay, namely, the fact that Dr. Pepper himself was writing a good portion of the work, (325 pages of it). This work, fully illustrated, is one of which both the editor and publisher may well be proud.

A PRACTICAL TREATISE ON THE DISEASES OF THE HAIR AND SCALP. By George Thomas Jackson, M.D., of New York. 414 pages illustrated; cloth; \$2.75. E. B. Treat, No 5. Cooper Union, New York, N. Y.

This is the second edition, completely revised and considerably enlarged, of this very practical work.

In every community there are patients with diseases affecting the hair and scalp that might be cured or greatly benefited by treatment, much to the physician's advantage in both professional reputation and financial reward. For this purpose it would be well to have this special book by a practical worker in this field.

A TREATISE ON HEADACHE AND NEURALGIA. By J. Leonard Corning, M.A., M.D., of New York. 275 pages; illustrated; cloth, \$2.75. E. B. Treat. No. 5, Cooper Union, New York, N. Y.

In this, the third edition, much of the text has been re-written. A useful addition has been made to the main subject in the chapters on Spinal Irritation and also one on Normal and Morbid Sleep. There is added an appendix on Eye Strain as a cause of Headache, by David Webster, M.D., Prof. of Ophthalmology in the N. Y. Polyclinic.

A PRACTICAL TREATISE ON NERVOUS EXHAUSTION (NEURASTHENIA). By George M. Beard, A.M., M.D.; edited by A. D. Rockwell, A.M., M.D. 262 pages; cloth; \$2.75. E. B. Treat, 5 Cooper Union, New York, N. Y.

This is the third edition of this very popular work. It treats of this "great American disease" thoroughly, in the lines of its Symptoms, Nature, Sequences and Treatment. A careful reading of this work will profoundly influence the physician in his consideration of almost every case thereafter, as some of the manifestations of this quite general condition will be found in almost every patient.

HOW TO USE THE FORCEPS. With an Introductory Account of the Female Pelvis and the Mechanism of Delivery. By Henry G. Landis, A.M., M.D., Columbus, O. Revised and enlarged by Charles H. Bushong, M.D., New York. 203 pages, \$1.75. E. B. Treat, 5 Cooper Union, New York, N. Y.

The original work of Dr. Landis was published in 1880. The vast amount of information since developed on the subject has been added by Dr. Bushong. The thorough technique of the use of the forceps should be known by every obstetrician, who is at all times liable to be required to apply this instrument.

SUICIDE AND INSANITY. A Physiological and Sociological Study. By S. A. K. Strahan, M.D., Barrister-at-law, London, Eng. 228 pages. \$1.75. Swan, Sonnenchein & Co., London. For sale by John Wanamaker, Phila.

In this work we have a complete and exhaustive treatise on the melancholy subject of self-destruction. The subject is treated in a clear, logical manner, historically, comparing different ages of the world and different nationalities. A proper classification of suicide is given, and a close analysis of the probable causes. The author attributes the rapid increase of suicide to a cultivation, by marriage, of the neurotic classes.

SYPHILIS IN THE INNOCENT. (SYPHILIS INSONTIUM). By L. Duncan Bulkley, A.M., M.D., New York. Cloth, \$3.50. Bailey & Fairchild, 29 Park Row, New York, N. Y.

This treatise was awarded the Alvarenga prize by the College of Physicians, of Philadelphia. It certainly is a masterly treatise on this interesting subject. The bibliography of the subject alone covers 143 pages. The author details in full the vast number of ways in which this loathsome disease may be communicated. The author's plan for the legal control of the

disease is so practical that we think it would finally result in its total extinction.

THE McIntosh Battery and Optical Company, 141 Wabash Ave., Chicago, issue a magnificent illustrated catalogue of 200 pages. It contains, in addition to illustrations and prices of a vast array of electro-therapeutic apparatus, many scientific articles upon the treatment of disease by electricity. Sent free if you refer to this review.

GEORGE KEIL, 1715 Willington street, Philadelphia, announces the early publication (third edition), of the "Medical and Dental Register-Directory and Intelligencer," for the States of Pennsylvania, New York, New Jersey, Maryland and Delaware. It will present a complete list of all medical and dental practitioners in the States named, with place and date of graduation, lists of professional educational institutions, hospitals, societies, etc., etc.

ANTISEPTIC MEDICATION. In two volumes, price 25 cents, each.

THE MODERN CLIMATIC TREATMENT OF INVALIDS WITH PULMONARY CONSUMPTION IN SOUTHERN CALIFORNIA. By P. C. Remondino, M.D. Price 25 cents.

THESE are volumes in the Physicians Leisure Library, published by Geo. S. Davis, Detroit, Mich. Each volume is worth far more than the small price asked for it.

PROCEEDINGS of the Phila. Co. Med. Society for 1898. Lewis H. Adler, Jr., M.D., Editor.

TRANSACTIONS of the College of Physicians, Philadelphia, for 1898.

DIFFERENTIAL DIAGNOSIS OF COMMON DISEASES OF THE EYE. By W. F. Conners, M.D., Oil City, Pa. Price 50 cents.

This is arranged as a chart convenient for office use.

THE Louisville Medical Monthly. This is a bright new aspirant for honors in the journalistic field. Price \$1.00 per year. Jas. B. Studman, M.D. and Geo. M. Warner, M.D., Editors. We wish the new journal abundant success.

THERAPEUTIC NOTES. Published by Parke, Davis & Co., Detroit, Mich. Subscription free by mentioning this review.

THE Arena is a magazine, published in Boston, that is battling for human rights and advanced scientific knowledge. In the February number "The March of Uninvited Poverty" by the editor, and in the March number "The Cause of Financial Panics" by J. W. Bennett and "Jesus or Caesar" by the Editor, are deserving of especial mention. They are indeed startling articles. Price, \$5.00 a year or 50 cents a number.

THE Easter Number of "The Literary Digest." The whole world has been traversed to find material for the Easter Number of THE LITERARY DIGEST. Almost every civilized language will be represented. It will be superbly illustrated, full of information; treating all questions of present interest, and all sides of those questions; presenting the leading articles in the foremost Magazines and Journals of the world. This number of THE LITERARY DIGEST will probably excel any other attempt to give the literature of the world in one issue. The Easter Number will be ready on Thursday, March 22.

Wit and Wisdom.

REMEMBER, WORLD and *Philadelphia Medical and Surgical Reporter* (weekly) both for the remainder of 1894 for only \$2.75! The sooner you send the sooner your subscription will begin.

FOR beautiful desk blotters, giving artistic representation of the wild rose, address Frederick Stearns & Co., Detroit, Mich.

MELLIN'S FOOD will give you entire satisfaction in the nourishment of infants and invalids.

THINGS WORTH REMEMBERING. The dose of the alkaloids ranges from gr. 1-50 to 1 8, except—

strychnine	gr. 1-100 to 1-50
Physostigmine	gr. 1-100 to 1-60
Atropine	gr. 1-100 to 1-50
Digitaline	gr. 1-100 to 1-50
Morphine	gr. 1-8 to 1-3
Cocaine	gr. 1-8 to 1-3
Pilocarpine	gr. 1-8 to 1-8

Of the other preparations as follows:

Abstracts	gr. 1-6 to ij
Solid extracts	gr. 1-6 to ij
Fluid extracts	m. i to x
Tinctures	m ij to xx

The strength of the various preparations is in the following order:

1. Alkaloids.
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Acids for internal use are always diluted from eighty to ninety per cent.

The dose of the potassium compounds ranges from five to twenty grains.

The dose of sodium salts ranges from one-half more to twice the dose of potassium compounds.

While the foregoing is not absolutely correct, yet the doses are within safe limits.

It should be remembered that potassium and sodium are not official, but it is their compounds that are used for internal use—*Kan. Med. Jour.*

PHYSICIAN: "I am tired of running here every day to see about that bill you owe me."

JONES: "Well, doctor, I am an accommodating man, and if you'd rather stay away, I think I could manage to do without you."

RHEUMATIC FEVER.

R. Tinct. aconite root	¼ drm.
Liq. tong. sal.	3 oza.
Glycerine	1½ oza.
Ess. opodel.	1¼ oza.
M. Sig.—Tablespoonful every two hours.	

M. D. CONWAY, in his *Sacred Anthology*, has among many of the striking passages from the *Hindoo Albitis*, the following:

HEALTH—Who is this natural beauty who advances with so much grace? The rose is on her cheeks, her breath is sweet as the morning dew. A joy, tempered with modesty, animates her countenance. It is health, the daughter of Exercise and Temperance.—*Journal of Hygiene.*

FOR all diseases characterized by sclerosis, try "Arsenauro"—the bromide of gold and arsenic. Address, E. M. Johnson & Co., 38 Platt St., New York, N. Y.

FOR hollow suppositories and glycerine suppositories, address, Hall & Ruckel, 218 Greenwich St., New York, N. Y.

OLD SUBSCRIBER (to editor).—"Can you lend me five dollars?"

EDITOR.—"We cannot."

OLD SUBSCRIBER.—"Paper not doin' much, eh?"

EDITOR.—"Well, we're holdin' our own."—*Lippincotts.*

MR. YOUNGHUSBAND (coming home, finds his wife at the stove): "So you are going to do your own cooking. Tell me now, what is that you are cooking at that stove, Molly?" Molly: "You musn't have so much curiosity. I don't know myself what it is going to be."

FOR perfect pill preparations specify W. H. Schiefelin & Co.'s, New York.

WOBBLER was just wiggling out of the tail-end of a protracted jag, and meeting Wibbler he exclaimed, "For the Lord's sake, what will cure this drink habit?" "Trichloride of gold." "I thought it was bichloride they used," said Wobbler. "Buy chloride of gold and you will hit it," said Wibbler, "for the other two are chemical impossibilities."—C., in *Med. Gleaner.*

IN referring to PEACOCK'S CHIONIA I may say it is very nearly, if not quite, a specific remedy for constipation. I have prescribed it in obstinate cases of confirmed constipation, and in each case the remedy has proved successful. One lady who had been afflicted for years with the most obstinate constipation, took one eight-ounce bottle at my suggestion, this occurred four months ago, and since that time she has been free from any symptoms of her former malady, and is today in the best of health and spirits.

Port Sarnia, Ont.

H. PACE, M.D.,

U. S. Consulate.

We have noticed that no matter where a man has a pain, he is always satisfied that he would be very brave and patient if it was only somewhere else.

USE Phytoline for your fleshy patients.

COLLECT YOUR FAIRE.

When a young man appears in your office, Doctaire, And with a mysterious and diffident aire, Informs you that something is wrong with him whaire—

That is—er—where he—he maketh wataire, And it hurts till it naturally lifteth his haire, And he further explains that the whole sad affaire Came of riding his wheel through a rough thorough-faire,

Just say to him blandly, "Alas, my dear saire, In certain precincts, the whole atmosphere Seems loaded with microbes—I advise you, beware Of these shady retreats, and do not ride thaire." Then fix up his "dope" and collect a good faire, For as sure as you trust, though he be a prechaire, He'll beat you, or skip to some other doctaire.

—Dr. Cooper, in *Eclectic Medical Gleaner.*

CAN a lawyer, or doctor, or undertaker be a real Christian? To be such, he must consistently pray for his daily bread. In praying thus the lawyer asks for strife, lawlessness and all manner of crime. The doctor asks for sickness—for physical and mental suffering, while the undertaker asks for a steady, if not an increased death rate. Can they do this consistently with the spirit that animates the Christian religion?—*Ec. Med. Gleaner.*

We have used the Pile ointment made by Fred. W. Stewart, Oswego, N. Y., with satisfaction.

THE following excerpt may be familiar to many, but it is worth re-reading: "A house-keeper, the

mother of eight children, was suddenly seized with insanity and confined in an asylum. The husband, when asked as to the cause of her insanity, said he could conceive of no possible reason. 'She was a devoted mother, was always doing something for us, was always at home, never went out of the house even on Sundays, or gadding about to the neighbors, gossiping and talking; she was the best of wives; had no ideas outside of her home.' 'The husband,' said the superintendent of the asylum, 'has furnished a graphic list of the causes of his wife's insanity.'—*N. C. Med. Jour.*

SEND to the Hastings' Truss Co., 224 South Ninth St., Philadelphia, for trusses and supporters.

IN cholera and all epidemics, the liquor drinkers are the first to die.

FOR your cases of vesical irritation use Sanmetto.

A JOKE ON THE NURSE.—This story is about Philadelphia twins. The nurse was giving them a bath. Later, hearing the children laughing in bed, she said:

"What are you children laughing about?"

"Oh, nothing," replied Edna, "only you have given Edith two baths and haven't given me any."

THE Empire Manufacturing Co., Lockport, N. Y., make a fine line of elastic bandages, abdominal supporters, umbilical trusses and woven elastic goods generally.

THE TASTE OF IT.—Doctor's small boy. "Professor, I have an example in fractions I would like to have you work for me. Will you do it for me?" "Professor of Mathematics (taking out pencil and paper).—"Yes, my boy; what is it?" Small boy—"If one bottle holds two and a half ounces of quinine—got that down?" Professor—"Yes." Small boy—"Well, how does it taste?"

To those physicians who have long felt the want of an emergency case which would be conveniently carried in the pocket, they will find the case advertised by H. K. Mulford & Co., in this journal to fill this want most completely.

WE are informed that the Eclectic Medical Institute of Cincinnati has many more students than any other eclectic college in this country; also that it has more students than any other medical college in Cincinnati.

THE fourth annual meeting of "The Association of Military Surgeons of the United States," will be held in Washington, D. C., May 1st, 2d and 3d, 1894.

This national organization is composed of Medical Officers of the U. S. Army, U. S. Navy, National Guard of the United States, and the Hospital Marine Service—in whose service are many of the most celebrated and distinguished surgeons of our country.

GEORGE HENDERSON,

Chairman Committee of Arrangements.

SALO-SEDATUS is a drug that is useful in cases characterized by fever and pain. Free sample by addressing the Salo-Sedatus Co., St. Louis, Mo.

DID you notice the elegant new advertisement of the Walker Pharmacal Co.? No? Well, you are missing a treat if you do not refer to it at once.

The immense success that this enterprising firm has met with in the manufacture of Phytoline, and the universal commendation accorded them by the medical profession, has induced them to put upon the market a new preparation known as Pineoline, made from the imported ethereal extract of the pine needles. It possesses not only a pleasant odor, but much medicinal

virtue. It has been used by some of the most prominent dermatologists and general practitioners in this country with the very best of success.

It is indicated in all forms of skin affections and in any stage in which they may be found.

Send to the Walker Pharmacal Co., St. Louis, for reports and clinical cases on the use of Pineoline and Phytoline.

MANY physicians are recommending the use of Horlick's Malted Milk as a table drink in place of tea, coffee, cocoa, etc. The evil effects of long continued use of tea or coffee are well known, but the difficulty has been to provide a pleasant and satisfactory substitute. Malted Milk is a perfect soluble combination of pure cow's milk and an extract of malted grain, and when served either hot or iced it makes one of the most pleasant, refreshing, and nutritious drinks imaginable, little if any more expensive than the ordinary drinks, and far more healthy and nutritious for continued use. Does not stimulate, but aids digestion. Prepared by simply adding water. Address the Malted Milk Co., Racine, Wis., for samples.

DEATH AS IT IS.—Perhaps the most common mistake of the lay mind is the association of the dramatic with the conception of death. Nothing is more common than to hear from the pulpit, pictures in words of excitement, of alarm, of terror, of the death-beds of those who have not lived religious lives; yet, as a rule, if these pictures are supposed to be those of the unfortunates at the moment of death, they are utterly false. In point of fact, ninety-nine of every hundred human beings are unconscious for several hours before death comes to them; all the majesty of intellect, the tender beauty of thought or sympathy or charity, the very love for those for whom love has filled all waking thoughts, disappear. As a little baby just born into the world is but a little animal, so the sage, the philosopher, the hero, the statesman, he whose thoughts or deeds have writ themselves large in the history of the world, become but dying animals at the last. A merciful unconsciousness sets in as the mysterious force we call life slowly takes leave of its last citadel, the heart, and what is has become what was. This is death.—Cyrus Edson, in *North American Review*.

The Pil. Sumbul Comp. made by Wm. R. Warner & Co., Philadelphia, is a good treatment for the nervous diseases of women.

HORNELLVILLE, N. Y., March 12, 1898.

I have used Freligh's Tablets, Cough and Constituent, with good results, and can recommend them to the profession. Freligh's Tonic has always given good satisfaction in my hands. H. GILBERT, M.D., Class of 1867.

THE BLACKBALL.—This is a most troublesome little globe. It may present itself to us in the form of a black ball, or in the answer, no. The fact is we use one or the other many times without thinking how serious the act is. Before anybody deliberately votes to deprive a fellow creature of that which he so much desires the most careful thought should be given. The blackball means the discouragement and sometimes the ruin of the man who receives it; while the man who gives it may forget all about it in an hour. We cannot expect everybody to think precisely as we do; while perhaps with our aid and friendly council we may do the individual an untold amount of good. Let us be very careful how we make use of that dangerous and fatal blackball.

Use Listerine as a surgical and toilet antiseptic. Address Lambert Pharmacal Co., St. Louis, Mo.

PERPOENA CHEMICAL CO., }
37 College Place, N. Y. City. }

GENTLEMEN:—A few weeks ago I received a physician's sample of Perpoena from you; after testing it well I like it better than any so far of the many coal tar derivatives. Most of them are so expensive (for I dispense my medicines,) I am very glad to find something that will do its work with less expense. Enclosed please find 50c. for one ounce. Yours respectfully,

MRS. DR. HOLMES,
46 Union Park, Boston, Mass.

Residence, Needham, Mass.

TRY Micajah's Uterine Wafers. Send for sample to Micajah & Co., Warren, Pa.

Do not allow yourself to read a moment in any reclining position, whether in bed or on a sofa.

KENNEDY's Extract of Pinus Canadensis, which is now made by the Rio Chemical Co., of St. Louis, has long been known in this country, chiefly from the endorsement it received from the late Dr. Marion Sims, as an efficient astringent and alterative when applied to mucous surfaces. It now seems to be coming into extensive use in England, where many medical men have reported excellent results with it in various catarrhal difficulties.

FOR "Dyspepsia Tablets" and pills and tablets generally, address, the P. J. Noyes Manufacturing Co., Lancaster, N. H.

AN excellent hair tonic is made by scalding two ounces of black tea in a gallon of boiling water; strain and add three ounces of glycerine, tincture of cantharides, one half ounce, and bay rum, one quart. Mix well by shaking and then perfume.—*Tex. Health Jour.*

A SIMPLE remedy for a rough skin is to first wash the face thoroughly at night, then rub it with about a teaspoonful of cream, and let it dry in. The skin will look shiny and feel stiff at first; but in the morning you will be surprised to find how soft the skin will be.—*Health and Home.*

FOR digestive disturbances use Frye's Pancreo-Bismuth and Pepsin. Sample free. Geo. C. Frye, Chemist, Portland, Me.

CHAS. DAY, M. D., 79 St. Mark's Square, London, says:—I have prescribed your preparation, Iodia, with very satisfactory results. Its power of arresting discharges was very manifest in a case of leucorrhœa, and another of otorrhœa. In the latter case, the result of scarlet fever in early life, the discharge had existed for many years. The patient could distinctly feel the action of the Iodia on the part, and the discharge gradually dried up.

SYRUP of Figs is recommended as a general laxative.

PENSIONS FOR PHYSICIAN'S WIDOWS.—A proper movement has been undertaken in France, where it is proposed to place the widows of medical men who die during an epidemic, while engaged in their professional duties, upon the same footing as widows of officers who die upon the battlefield, with the intention of obtaining for the one the same compensation as that provided for the other.—*N. Y. Medical Journal.*

MARCHANT'S Peroxide of Hydrogen is an excellent antiseptic and disinfectant.

BEHOLD, the fool saith, "Put not all thine eggs in the one basket," which is but a manner of saying, "Scatter your money and your attention;" but the

wise man saith: Put all thine eggs in the one basket and—watch that basket.

JULY 4th: Statistics show that we lose more fools on this day than in all the other days of the year put together. This proves, by the number left in stock, that one Fourth of July per year is inadequate, the country has grown so.—*Pudd'nhead Wilson's Calendar for 1894.*

SEND to the Diamond Laboratory, Naugatuck, Conn., for sample of Marshmallow Cream.

In all the affairs of life, social as well as political, courtesies of a small and trivial character are the ones which strike deepest to the grateful and appreciative heart.—*Henry Clay.*

FOR all chronic bronchial catarrhs try fluid extract of Chekan, prepared by Parke, Davis & Co., Detroit, Mich.

TELL all your mothers and nurses to use Dr. Julius Fehr's Baby Powder.

SEND to J. Phillips, Atlanta, Ga., for fine surgical instruments at cut rates.

FOR instruction in the treatment of the morphine habit address, B. Keith & Co., 75 William St., New York, N. Y.

DO YOU need a good diuretic in your practice? Send to Schultze-Berge & Koechl, 79 Murray St., New York for the new diuretic, Symphorol.

USE Vinolia Cream for skin diseases characterized by itching and burning.

FELLOW'S Compound Syrup of the Hypophosphites is a standard article.

REMOVAL.—We have removed to 125-137 Rees street, where, with nearly double our previous manufacturing space but much lower rent, we shall be able to give our patrons the benefit of same. Western Leather Manufacturing Co., 125-137 Rees street, Chicago.

WE have always had satisfaction with the supporters and other elastic goods we have purchased of G. W. Flavell & Bro., 1005 Spring Garden St., Phila.

THE new surgical dressing, Unguentine, manufactured by the Norwich Pharmacal Company has been introduced to the profession solely on its merits. It is now used extensively in the large hospitals and is endorsed and prescribed by the leading surgeons throughout the country more generally than any other preparation of its kind on the market. They ask you to write for sample and literature and make your own personal test.

SEND to Hall & Ruckel, 216 Greenwich St., New York, for sample of Sozoderma, the antiseptic soap.

BUY your spring suit of E. O. Thompson, Phila.

ANTIKAMNIA.—This is a combination of elements belonging to the coal-tar group, and is an American product. It is a white crystalline powder, odorless, and has a slightly burning taste; soluble in hot water and in diluted alcohol, but not in cold water. It acts as antipyretic, analgesic and anodyne. The importance attached to this drug, I think, is due to its anodyne and analgesic power, and the celerity with which it acts. As an antipyretic in fevers, it acts more slowly than antipyrin, but is not attended with as much depression of the cardiac system and cyanosis. Whenever a sedative and an analgesic together is indicated, this remedy meets the demand. In severe

(Continued over next leaf.)

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

PUBLISHED MONTHLY, by C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D., } EDITORS.
J. J. TAYLOR, M. D., }

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid invariably in advance.

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Pay no money to agents for this journal unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1520 Chestnut Street,

PHILADELPHIA, PA.

Vol. XII. MAY, 1894. No. 5.

Spring is here, and pardon us if we throw off our heavy, dark suit and appear in a lighter one. While the title design that we adopted beginning with January issue has been much praised, there is on the part of our correspondents, a commendable inclination toward simplicity, plainness and distinctness of design, something like the first and original one, before any change was made. The present design is an attempt in this direction, which we hope will be final. Some magazines change their title design every month; for example, the elegant and widely-circulated *Ladies' Home Journal*. But we believe the title page should be like the face of a familiar friend, seldom changing, and only for the better, as maturer years add dignity and expression to the face. But after all, as many have written us, it is the *inside* that determines the value of a magazine; and if our efforts can

merit a continuance of the lavish praise that has been bestowed upon us, we should be satisfied indeed.

A Commendable Form of Specialism.

One of the most valuable facts in the study of political economy is that of division of labor, whereby each worker becomes especially skilled in his own department of the work. In medicine this has thus far been practicable only in the cities, where there is enough work in each specialty to justify the worker in devoting his time exclusively to it. Yet we have long thought that less populous communities might enjoy the advantages of a form of specializing that would be equally as beneficial.

Let us suppose a town in which there are seven or eight physicians. Let each one retain his portion, as he may succeed in obtaining it, of the general family practice. In addition, let each one make special preparation for the more advanced practice of some particular specialty, taking special course of instruction and procuring the necessary special instruments and apparatus. Let him, then, be called in by his fellow practitioners in all cases of that kind of practice presenting difficulties too great for the general practitioner, and charge the fees usually received by specialists therefor.

Thus Dr. A., in the course of his general practice, encounters a case of obstetrics in which there is a marked deficiency in the size of the pelvis. Instead of sending to a distant city for expert help or himself attempting an operation for which he is illy prepared, he calls in Dr. B., the gynecologist of his community, who performs symphyseotomy or what ever other major operation best suits the case and saves two valuable lives. Dr. A., in turn, is called in by his confreres when they have an operation about the nasal passages or the throat, requiring

special skill, or a difficult case to diagnose. Dr. C., in addition to his general practice, cultivates the special branch of orthopedic surgery. Dr. D., operative surgery; Dr. E., skin diseases; Dr. F., the eye and ear; Dr. G., nervous diseases.

The advantage of this method of organization of medical forces would be many, among which we note the following:

The people of the community would be able to command better professional services. When a case has progressed beyond the ability of the general practitioner the patient has a right to the benefit of the services of a trained specialist.

Each physician in the community could pursue his practice with greater confidence, having the satisfaction of knowing that he could readily obtain the best of assistance in cases which he could not successfully manage.

Each one of these physicians will be a better specialist because of the fact of devoting a portion of his daily work to the general practice, and a better general practitioner by reason of his deeper studies in his specialty.

The specialty fees and practice would be kept within the profession of that community.

The physicians of a town in which such an organization of medical skill is effected would be able to extend their practice farther into the surrounding territory.

We hope the leading spirits of each town will take this subject up for consideration.

Order Out of Chaos.

We have in the country a great variety of medical laws, in force in the different states, as shown in the article in our last number giving a brief abstract of those laws. This gives rise to much confusion, and often to injustice. Yet it merely represents the endeavor of the people to attain that point where they may be assured that those who are allowed to practice medicine, surgery and obstetrics shall prove themselves to be well educated in the fundamental sciences of the profession. The result of these endeavors is yet far from being perfect. According to these results, one who is well qualified in one state is not qualified at all in another—and it may be in an adjoining state.

Some years ago, in an address before the Alumni Association of the Medico Chirurgical College, Prof. Frank Woodbury expressed the hope that the United States Government would establish a medical examining board, with power to examine voluntary applicants for a degree of "Civil Service Physician," or some other distinguishing title. This was intended only for the title of distinction, as an incentive to the ambition of the physician and to encourage him to make the highest special preparation for the practice in order to be ranked among those who had gained the distinction, and not to carry with it any special privilege. He was led to recommend this in view of the success of the government army and navy examining boards.

It would be our idea, however, to have a national examining board, whose certificate should, by common consent of the authorities of the different states, be accepted as authority for practice in every state in the Union without further examination. It should be so constituted as to do justice to the adherents of each different medical sect, while requiring the most thorough scientific knowledge on the part of each one successfully passing the examination.

In brief, the advantages of a national board would be:

A higher standard of professional attainment will be sought by students at once, as, finally, all will prefer to apply for this certificate.

A physician holding this certificate will not be worried as to state requirements if he should contemplate moving to another state.

A physician living near a state border, holding this certificate, would have no trouble in accepting calls from across the line.

Lastly, it would be a measure of great expediency, public policy and substantial justice.

Dr. John B. Deaver, of the University of Pennsylvania, does not dilate the entire urethra for stricture of the pendant portion. He believes that there is no use in disturbing the prostatic portion, and hence possibly the prostate gland, when that portion is not involved. For the above he uses short bougies.

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Appendicitis.—Cancer.—Replies.

Editor MEDICAL WORLD:—As general practitioners, we have this fault to find with the surgical specialist fraternity: That while we may have treated certain affections quite satisfactorily before, just as soon as the surgeon invades any portion of the human body, all the previous methods of treatment seem to lose their efficacy and become valueless. I think there are two explanations, each of which has some truth. Firstly, when we believe our treatment is the very best, and have a certain reliance on it, that belief shows itself in our own selves and is communicated to the patient. But when we go into the game half-heartedly, prescribing drugs tentatively, feeling that we have a therapeutic right bower up our sleeves to be played if needed, the doubt is also communicated to the patient, and he, too, like ourselves, waits for the more powerful remedy we are holding back. How much effect would we get from a drug if we were to prescribe it, saying, "I'll give you this now, and if it does not help you I'll have to fall back on a better one, which I have all ready." And we might as well say it as think it, for our patients know it all the same.

But sometimes the failure of old methods is due simply to chance. We have had a series of cases that did well; and just as we are called upon to surrender these cases to the surgeon we have one of those that could not recover without the knife.

I have recently had an illustration of this. For many years I have treated all cases of what we called "typhlitis," and "perityphlitis" by morphine, albuminous diet and hot enemata, passed as far up the bowels as I could get a tube to go. I do not know how many cases I had during my 23 years of practice, but there were a good many. All recovered. Not one

was operated upon. But in the summer of 1892 I had a similar case, treated in the same way. It got better, but not well. There remained a painful spot in the abdomen, becoming still more painful on exercise or over-eating. Several slight returns were controlled in the same way, and then he had a sudden invasion of the lungs by tubercle bacilli, occurring under such circumstances as to convince us that the abdominal disease was really a focus of tuberculosis, from which a swarm had been discharged into the lung. So that I am now forced to regret bitterly that I did not operate on this man, although it is the first case in all my practice that did not get well without operation. Is there any way by which a diagnosis could have been made, showing this to have been tubercular? Senn does not give any, and I do not know whether a microscopical examination of the feces would have helped. It might, and I shall not neglect to have this done in my next case. The patient was not tuberculous, nor was one in his family; but his mother had died of consumption of the lungs, and so had several members of the family who lived in the same house just before he moved into it.

It was evidently accidental that this case was my last. Had it been my first, I would probably have operated on a majority of all subsequent cases, and felt very little confidence in any other treatment.

In regard to Dr. Brewer's observation (page 124) upon an antagonism between vaccinia and phthisis, I think that fuller experience will show this to be a mistake. Small-pox itself proved to be a fruitful cause of tuberculosis; many of those recovering from severe attacks, doing so only to die in a short time of phthisis. Scrofula, whose relations with tuberculosis are so intimate, is much less frequent since small pox has become rare. This power to arouse to activity the latent tendency to scrofula or tuberculosis is shared by vaccinia, although I doubt the latter's power to create it, *de novo*. In children strongly predisposed to such disease I am very careful about vaccinating, putting it off till they are well grown, and in the best health (unless in a case of emergency) and then vaccinating in but one spot, with human virus. In fact, I try to minimize the danger, realizing that it is a choice of two evils. Vaccination with the strong bovine virus is dangerous in such cases, as I have learned by experience. I will add here that my service of five years as vaccine physician of Philadelphia, in which time I vaccinated over 10,000 persons, gave me an unusual opportunity to study this subject, and observe both the immediate and the ulterior effects of vaccination. With bovine virus there is a further

danger, in that the points are sometimes contaminated with tubercle bacilli. I have witnessed more than one case where localized tuberculosis, followed by general systemic infection and death, resulted from the use of this virus. In fact, one of the largest vaccine farms in this country was closed by the proprietors on account of this very fact, they being unable to rid the premises of the contaminating bacillus.

If the same inoculation transmits vaccinia and tuberculosis, how can there be an antagonism? That there is such an antagonism between vaccinia and whooping cough, I have proved repeatedly.

I feel confident that Dr. Allen, (page 124,) did not employ sufficient intestinal antiseptics in his case of typhoid fever with temperature over 110°. This was probably due, as he suggests, to meningeal rheumatism. In one such case I used the sulphocarbonate of zinc and salicylate of soda alternately, in full doses, with the best effects, the patient recovering. Ordinary doses are useless here. Give 20 grains of the salicylate every two hours, and keep the temperature down by the use of cold water. Is there a fever that cold will not control?

When such theories are propounded as that attributing cancer to tomatoes (page 125), or to cider, I always ask the question, Why? What is the connection between the alleged cause and the effect? Not that we can always give it; for I do not know why tomatoes sometimes cause eczema, although I know it is a fact. But here there is a plausible explanation: Persons who are liable to eczema, of the "dartrous diathesis," as the French say, will have the eruption when any food causes dyspepsia or acidity, and tomatoes may do this. So will beer, nuts, cheese, vinegar, pie and iced milk, lobsters and many other things. It is the digestive disturbance that really sends out the eruption, and not the food directly. But in cancer there is absolutely no comprehensible connection with tomatoes, and such a causation is opposed to the little we know of the pathology of cancer. The most persistent and enthusiastic bug hunters have failed totally to discover a germ causing cancer; while the instances of its development at the point of local injury are abundant. The best definition of cancer ever given is that it is a "rebellion of cells." The epithelium on the skin is constantly cast off and reproduced. Sometimes, instead of growing outwards it turns inwards, and grows down into the skin and the tissues underneath; and this constitutes cancer. The epithelial cells have somehow acquired a vigor disproportionate to the tissues in relation to them, and the latter give way before the encroachments of the epithelium.

As to why and how the latter becomes too strong for its neighbors, Broadbent says the cause is eating too much meat. My own observations favor this theory. But what are any one man's observations in such a case! Let the 30,000 WORLD children combine their experience and settle this matter forever. Let each one note the habits of any cancer cases he is treating, as to eating meat in excess of the actual needs, and combine the whole in one grand report. What a magnificent jury of investigation.

Dr. Brown (page 134) has recorded a very remarkable case of spontaneous lumbar colotomy. If he is sure the rectum is not obstructed, he would better allow the fistula to close spontaneously, unless the annoyance is so great as to justify operation.

For Dr. Few's case of somnolence (page 135) I would suggest an eliminant treatment, say, the iodide and bromide of potassium, with change to a mountainous climate, if possible.

For Dr. Moore's case (page 135) the treatment of gastric ulcer. Morphine to relieve pain, alkalis in hot water an hour before meals, silver and zinc oxide just before eating, and diet such as does not cause pain. Keep the bowels loose with salines.

"Practitioner" must examine his patient's heart and see if there is pericarditis. Otherwise I would attribute the symptoms to meningitis. In either case give iodide of potassium in full doses, with cathartics; keep him in a cool, dark room, and quiet, on low diet. For hemorrhoids with prolapsus, inject with 5 per cent. carbolic solution, dilating the sphincter if spasmodic, and performing linear cauterization if relaxed.

Dr. Mehring would better take that cancerous breast out at once, and give his patient a chance for her life.

Dark circles about the eyes are due to anemia, constipation, sitting up late reading or sewing, or to sexual excess. The cause will show the treatment required in any given case.

To detect adulterations in liquors, Dr. Morton must procure a work on the subject. It is too long for a journal article.

Dr. Usher (page 136) should pass a sound into his patient's urethra. If he encounters a painful spot in the prostatic region, inject there one-drop silver solution, one per cent., and use full sized metal sounds daily till the tenderness has disappeared.

Will Dr. Holcombe enrich medical literature by a description of the cyanide poisoning in miners? As it is a volatile poison, I know of no prophylactic but to keep out of the mines. Some years ago I investigated some cases of poisoning by cyanide fumes in a print works. Workmen who were exposed to the fumes be-

came insensible and were carried into the open air, where they soon recovered. They did not return to work till the next day, but this was shrewdly suspected to be a voluntary holiday. No ill effects were reported, even with those who had suffered repeatedly. The only treatment employed was a little stimulation with whiskey or ammonia.

The deluge of letters continues, and nearly all now contain postage; a number enclose fees. Many are of such interest that I shall send them to you for publication. I will omit the writer's name in all cases unless specially requested to leave it if the letter is published.

WILLIAM F. WAUGH, M.D.,

103 State St., Chicago, Ill.

[The letters referred to will be found in another part of this journal.—Ed.]

A Large Uterine Fibroid Removed Six Days After Labor.

Editor MEDICAL WORLD:—On the night of February 4th I was called to attend Mrs. H., an anemic and rather delicate woman of about 40, in her sixth confinement. I found the os widely dilated, the child's head presenting in the anterior part of the pelvic cavity, and a soft, fleshy body, which gave to the examining finger exactly the sensation produced by the placenta, presenting in the posterior part. As there was no hemorrhage—no placenta previa—this seemed a very peculiar condition of affairs. However, to be candid, I looked upon this as being the placenta, pushed it up and endeavored to get the head to take its place and fill the pelvic cavity. I succeeded. Labor progressed naturally, and the woman was delivered of a medium-sized female child in the morning. The placenta was delivered without much trouble. The uterus, however, presented a peculiar anteverted-like appearance and was very prominent, raising up the anterior wall of the abdomen. There were troublesome after-pains which failed to yield satisfactorily to remedies.

This trouble she had for three or four days during her previous confinement. Retention of urine required the use of the catheter. The patient complained sometimes that her womb was coming from her, and while catheterizing her (which I did by exposing her and endeavoring to cleanse the parts around the urethral orifice, to prevent the introduction of discharges into the bladder) I noticed a dark object in the vagina, and the last time it showed itself prominently. During the puerperal period it is not well to make any unnecessary vaginal examinations, but here was a case requiring investigation. Upon making a digital examina-

tion I found a body filling the vagina and extending into the uterus. Could it be an inverted uterus? Not likely, as the womb could be plainly felt in the abdomen. I inclined to the theory of an imperfectly formed child or mole-like condition. Two of my medical friends, Dr. L. A. Warren and Dr. S. T. Davis, were called in consultation. A more careful examination showed that about an inch and a half or two inches above the margin of the os the body was *firmly* united to the uterus, all around, except in front for perhaps an inch, where there was an opening from the vagina into the uterine cavity. We agreed upon the diagnosis of a uterine fibroid, though it was mostly a rather *soft* mass.

I introduced my hand into the vagina and endeavored to remove the mass. I succeeded in partly disintegrating and removing a small part, when the strength of my hand gave out; one of my consultants was then pressed into service, and after considerable pulling, succeeded in delivering the mass outside of the vagina. It was a huge mass and presented an appearance somewhat like a bunch of grapes. It was a nest of fibroids, varying in size from that of a hulled walnut or smaller to that of a hen's egg. They were innumerable, and imbedded in a dense, fibrous stroma. The other consultant now commenced work and literally "dissected" the mass with his fingers. Thus this peculiar "nest" of fibroids (which half filled a tin basin) was practically removed except a remaining stump, which was left to nature. No ligature or instrument whatever was used. Hemorrhage was considerable but not excessive. Ergot was prescribed in good doses, also vaginal injections of a teaspoonful of permanganate of potash to a pint of water. The operation was done in the evening, and the patient had a good night's rest. Moderate fever (now almost down to normal) and a frequent pulse were about the only symptoms which continued. The patient is now up part of the time.

105 South Queen St., DR. J. K. SHIRK,
Lancaster, Pa.

Uncertain Value of "Authority."

Editor MEDICAL WORLD:—Some years ago a shrewd attorney sought to embarrass a physician on the witness stand in a medico-legal case by first getting him to admit that the writings of certain other medical men, printed in book form, were "authority," and, later, by getting him to tell what his treatment had been in the case then before the jury, and proving that it was different from the "authorities," to show that the doctor had been guilty of mal-practice. But for once the doctor was equal to the occa-

sion. Foreseeing such a possible course by the attorney, he had at the first taken the broad ground that there was no absolute authority in medicine, and no authority of any kind superior to the observation and experience of the individual practitioner in any given case, surgical or otherwise, that came into his hands. This unexpected stand taken by the "medicine man" paralysed the little scheme of the man of law and saved the doctor from all embarrassment.

So much by way of preface.

A certain physician who confined his work to dermatology, is highly educated and equipped by long experience to successfully practice his calling, and who occupies a chair in a college with a large patronage, some years ago wrote a rather pretentious work on diseases of the skin. In the chapter on eczema he takes the ground—while admitting his ignorance of its etiology—that acute eczema will always be recovered from without treatment if the affected area is kept clean and free from irritation and left untouched. He ridicules the idea of any constitutional condition being a causative factor, and appears to have a great contempt for the ignorant practitioner who gives constitutional treatment.

So much for the dogmatic attitude of a "professor."

Now let me give you a case. Mrs. X was attacked in October last with an eczematous eruption about the ears, which gradually spread to the entire scalp.

Physicians were consulted and treatment given. She grew worse and, five months after the first attack, I was called to visit her, as she could not visit me and was, in fact, bed-ridden. I found her in a deplorable condition. The skin was thickened, inflamed and torn by the nails, and in the axillary spaces, under the mammæ, between the thighs, about the waist, in the flexures of the knees and elbows, was a free and never ceasing discharge of an acid excoriating juice which caused much annoyance and distress.

I have had much experience with eczema, acute and chronic, and at first did not know but I had now on my hands a very white elephant. I did not commit myself, however, but made a careful investigation. Her great dispendency, muddy complexion, flatulent dyspepsia and red tongue pointed to lithiasis. I called for the chamber vessel, and the brick stain, confirmed by a bit of litmus paper, proved it, at least to my satisfaction.

I spoke more hopefully to the down-hearted patient, saying not that she would "get along," or "everything would be right in time," but positively assuring her that she would soon be

cured, and at once put her upon antilithic treatment. Of course, I did not neglect the local condition, but at once removed her greasy ointments and directed cleansing and soothing applications.

Almost immediately improvement began in the general and local conditions. Her spirits rose and she speedily left her bed. Recovery from the eczema was rapid and uninterrupted, and now, April 4th, she is reported by her husband as doing finely. I did not see her more than the one time. This is not the only case of the kind I have had, even finding the lithiasis accompanied by eczema in nursing infants, where local treatment did no good till the faulty condition of the blood was corrected.

I have not written this article for the purpose of reporting cases, but to inculcate the idea that every physician should pursue his investigations wholly without prejudice and entirely unfettered by the dogmatic claim of anyone to be supreme authority, giving the views of any man only the weight that it can be proven by trial to possess.

Oxford, Kan. EDWARD SMITH, M.D.

Turkey Items.

EDITOR MEDICAL WORLD:—I was called yesterday to a lying-in patient. She had been in labor *seven* days. The woman had suffered a great deal during her pregnancy from remittent fever, albuminuria, etc. The whole body had been for a month or more excessively edematous—in fact, at one time I thought it would be impossible for her to recover, so, as a last resort, I put her on large doses of quinine, when she made rapid and good recovery. She was then in her sixth month, but went on to full term.

Pains came on and seemed to be regular and normal according to the report of the woman that was attending her. The uterus dilated properly, and in due time; but as the old woman said "the thing won't come down, where I can get hold of it." So, after seven days Turkish patience they sent for me. I armed myself with the obstetric case, a bottle of chloroform and some carbolic acid, went to the house, which was bed-room, sitting room, parlor, dining room and kitchen in one. There the expectant mother was sitting on her bed, on the floor, her mother sitting at her back supporting her. While waiting for hot water and things to be gotten ready—among other things a place to put her on for examination, and application of the forceps if necessary—I could watch her pains—she only had one or two and they were very light, not of the nature to produce rapid labor. In the meantime the mid-wife (?) was

sent for, and such a looking thing! I questioned her as to the cause of the protracted labor. She began to dilate on the case saying that she did not understand this one, the head would advance for a time and again recede, not coming down where she could get hold of it, how she had used her fingers as a lever, and had applied oil, etc., all to no purpose, whereas she had never been baffled before. She had removed many a child by piecemeal, while one she had cut up inside the womb with a jack-knife and delivered it. The woman was now ready—laid on a box in lieu of a proper table. I examined her, found the head presenting, but had not engaged the pelvis. It was still within the uterus, the fluids had all passed off the day before. I found the os well dilated and flaccid but not contraction enough to expel the contents. The presentation was occipito anterior. I at once applied forceps and began to make traction, the woman's mother giving the chloroform (!) The head was large, and required strong pulling before I was able to bring it through under the pubis, but after this was relieved it was easy sailing, as the child was very small. They had all given it as their opinion that the child was dead, but in coming in contact with the air life was evident. After a moment or two a feeble cry showed that the air had entered the lungs and the circulation was established.

My pocket case was not convenient, so I called for something to sever the cord. Away with your high toned antiseptic precaution in cases of labor! Now you should have seen the knife that was brought. (I propose securing it, and the bunch of thread that was used, for the Museum of Fine Arts!) It was fully six inches long, an inch and a half wide and rusted from handle to point. I protested, but while protesting she was sawing, and off it came, not a drop of blood following, as might be expected, but to make safety doubly safe, she called for a thread. A bunch was picked up from under foot, a piece broken off and applied. Then a candle was called for to scorch the end of the stump! But I objected so vigorously that they desisted, while I was there at least. Then the "old woman" insisted on at once introducing her hand, without the least antiseptic precautions and removing the placenta, declaring it would turn over on to her stomach and smother her! But I made her place one hand over the womb and the other grasp the cord and make light traction. A few seconds only had passed when she called out, "I've got it," and came across the room with it dangling by the cord.

D. M. B. THOM, M.D.,

Mardin, Turkey in Asia.

Consanguineous Marriages From a Turkish Point of View.

EDITOR MEDICAL WORLD:—Every time I receive your most instructive journal, which I call my consultant, I read it with great attention and pleasure. In many of its numbers I met with the consanguineous and intermarriage question and read it with great interest. Although being a foreigner and not able to write liberal articles concerning the question, yet I do not know why some of your disputants take the trouble of going to remote periods, to the families of Pharaoh and others for their help and do not apply to their contemporary Muslim brethren, the vast multitudes of so many millions of Mohamedan people, for the solution of this question. Their religion permits them to marry with their near relations—their cousins, cousin-german, generally in one family, often in the same house, and still their offspring are as healthy and, physically, as well-made, if not more, in comparison with us the Christians. My observation coincides with the opinion of Dr. Waugh, that is, it does not endanger the future generation while there is not a taint of disease in either or both parties. And we see by our daily experience that there is no more imbecile production in those people whose religion permits the marriage in relationship than in those among whom consanguineous marriage is prohibited or interdicted. And I am of opinion that the superstition, poverty and some other causes play a greater action in this question than any other mentioned in the articles published in your valuable paper.

O. M. DAMANION, M. D.,

Keghi, Turkey, Asia Minor.

Tubercular Testicle.—Answer to Interrogator.

EDITOR MEDICAL WORLD:—I have not sent you anything for publication for sometime, but a case of "swelled testicle" that has lately passed through my hands is interesting in several ways.

A healthy man, 38 years old, who lost his wife about three years ago of chronic consumption (phthisis pulmonalis, no doubt from the history, I never saw her) supposed that he contracted gonorrhoea in August, 1893, but the only symptom was a burning or smarting pain in the urethra. There was no discharge; no pain in urinating or any of the usual symptoms of clap. A regular physician of good reputation in Minneapolis diagnosed "gonorrhoea sicca"—dry clap—and treated it with injections. Shortly after an abscess formed in the right testicle and was lanced, but would not heal and the swelling remained uninfluenced by treatment. He came

west and fell into my hands the last of September, 1893. I was somewhat puzzled about the diagnosis, but after a few weeks treatment and a more careful inquiry into the history of the case I became convinced that he had a tubercular testis and had never had gonorrhoea at all. I then advised him to have the organ removed. He was loth to lose his dearest member, but after several weeks more treatment and getting the advice of another doctor, who also advised castration, he finally submitted to the inevitable. I sent him to the Fanny Paddock Hospital in Tacoma, and Dr. Yocum and myself removed the diseased testicle. It was found to be destroyed by tuberculous deposits and the vas deferens was enlarged, and probably the vesiculæ seminales are also filled with tubercular matter. The wound healed by first intention and he feels pretty well, but the prognosis is not good.

"Dry clap," to my mind, does not exist. The trouble so denominated is either a neurosis or a tuberculosis. The stinging, smarting pain in the urethra, that is relieved by passing water, will be found in cases of tubercular testis, although I have not found it mentioned in any of the books. If all the readers of this article will keep this symptom in mind for a year or two and report, we will find out whether this symptom is always present in tubercular testis and enable us to make a diagnosis earlier than is generally done now.

This patient says he has had this dry, smarting, not severe, painful sensation in the urethra and about the glans penis for three or four years. For three years it would come and go irregularly, but after having one illicit coitus, two years after the death of his wife, he was so frightened by the smarting which grew gradually worse, that he sought treatment, with the result stated. I hope to keep track of this case and will report the final outcome if I can.

Interrogator's dozen questions, on page 102 of the March number of the WORLD remind me of the query so often heard on the streets when somebody asks an unanswerable question, "Oh, ask something easy." For Interrogator has asked some of the most difficult questions in the whole range of medicine. They are all pertinent enough, but who is able to answer them all? I have wrestled with them for some days now and will give your readers what light I can on them, hoping others will supplement my remarks and by a united effort answer them all perfectly. I will reply by the number of each to save space, and the reader can turn to the March WORLD for the questions.

1. "Carron oil"—Linimentum calcis. There is nothing yet discovered any better. Use it

freely on surgeons' lint, so the air will be entirely excluded and the lint prevented from sticking. If the oil—linseed—be first brought to a boiling heat and the lime water freshly made it will be antiseptic. The prognosis, in the case mentioned, is grave, especially if the corium is reached by the burn.

2. Almost all ordinary drugs in moderate doses, for a short time, but all powerful medicines should be given in small doses and carefully watched. I am not aware of any conclusive experiments that have been made on the pregnant human female, to determine the ability of the placenta to prevent poisons circulating in the blood of the mother from passing into the blood of the fetus. The uterine milk so called, which is found in the cow and other animals, does not seem to have been demonstrated in the human placenta and there may not be as much protection for the human fetus from poison as in animals. It has been shown by Walter that pregnant animals poisoned by strychnine, morphine, veratrine, curara and ergotin had died before any of these drugs had passed into the fetal circulation. While Savory found that strychnine injected into the fetus of a bitch in utero produced tetanic convulsions in the mother. *Laudois*. It has been shown by various observers that many drugs, some forms of virus and miasms pass readily from the mother to the fetus. Phosphorus, lead and arsenic are dangerous to fetal life if taken in any way by the mother during pregnancy. *Charpentier*.

I have seen one case where a large dose of morphine taken by a pregnant woman near term caused the child to lie dormant several hours, but it began to kick vigorously again after the morphine had passed out of the mother's circulation. I have no doubt that many a child is injured by drugs given to the mother both during pregnancy and lactation.

All drugs that produce convulsions and depression of the heart should not be given to pregnant women in large doses or very frequently for a long time. Only harmless medicines should be administered during gestation. The same rule holds good in lactation.

3. It has been shown that many drugs are secreted with the milk if given to the nursing mother. As this is a very important matter and many physicians seem to have overlooked the danger of poisoning a nursing infant by giving the mother powerful medicines, I will go into some detail in this matter. From various sources and observation I find that morphine in large doses, salicylate of sodium, iodide of potassium, ferrocyanide of potassium, iodoform, atropine, chloral and mercurials are all more or less found in the milk when taken by the

mother. But only a few of them affected the nursing.

Atropine is very dangerous, all preparations of opium somewhat so, iodoform long continued becomes dangerous; from the rest there is no serious danger if not too long continued.

Aconite, strychnine, and digitalis in small doses have not done harm to nursing infants so far as I know, still I always give them cautiously. More experimentation is required before we can know about all drugs in this respect.

4. The best treatment is not to allow it to be suppressed. Most of such cases are caused by some form of puerperal fever, and prevention is vastly better than cure. In most such cases intra uterine douches of antiseptics and a combination of quinine ergotin and opium in moderate doses will work well. If the woman has had a chill, followed by sweating, headache and high temperature, be sure there is some form of blood poisoning that presages danger and requires immediate and very active treatment. Search for retained membranes, placental tissue, clots or tears in the uterus and remove them and disinfect the uterus thoroughly. A few cases may arise from cold, fright, etc., which will not need any special medication, beyond that required by the general condition.

5. I have done both, and like a combination best. All bulky medicines should be written for and those requiring but one or two doses and in emergencies should be dispensed by the physician from his satchel or pocket case.

8. Not necessarily. Quite often menstruation will be brought on a week or two in advance of the proper time by any acute disease, but I have not seen any serious results from it.

9. I have never observed any marked effect.

12. This question is a poser. What is the doctor driving at, anyway? Does he not know that a woman's abdomen has more possibilities of deceiving the average doctor than anything else that comes under his scrutiny? Indeed, have not the very elect of our profession been deceived over and over again by the strange freaks of this part of the anatomy of the fair sex. I think this question needs explaining. Does he mean the eighth week of the fever or the pregnancy? Anyway, anything imaginable may happen to a pregnant woman or one who supposes she is pregnant. Only by long and careful observation and repeated examinations can any one be sure of the exact condition of an abnormally enlarged abdomen in a woman.

I hope some one will answer the questions I have omitted and also report any case of poisoning of either the fetus or the nursing by drugs taken by the mother.

Puyallup, Wash. T. W. MUSGROVE, M.D.,

On the Action of Cabbage Leaves on Ulcers and Diseases of the Skin.

Editor MEDICAL WORLD:—Dr. Blanc has published in some numbers of *Revue de Therapeutique* a very long memoir on the above. I have not space to reproduce it, but I believe it would interest your readers if I introduced to them at least his conclusions. Moreover, he works with an external therapeutic agent so easy to obtain that its name alone is sufficient to arrest the attention of medical men. This memoir, Dr. Blanc says, in closing, establishes sufficiently how useful the cabbage-leaf is in many cutaneous diseases, by actions new in a practical as well as a theoretical point of view. These facts have their laws. I will formulate them as I understand it in the following propositions:

1. The cabbage-leaf excites and augments suppuration or the secretion of ulcers, ulcerations vesicles and pustules. It has the same action on the integuments affected by an erysipelatosus or furunculous inflammation, but favors the recovery of tissue in a morbid condition.

2. This augmentation of suppuration is constantly followed by an amelioration and often by a cure. It is the condition necessary to the result, and the property of the leaf which determines this result is an indirectly curative property.

3. This property does not consist in any principle which the leaf yields for absorption, but rather in an affinity which the leaf has for the secretions.

4. The leaf exercises this affinity on open ulcers covered by a thick or thin scab or crust, it exercises it on the thickened epidermis or where it is converted into thickened rind-like membranes; in simple or confluent variola, throughout mortified tissues, through the integuments either inflamed or non-inflamed, and favors the recovery of tumors capable of absorption.

5. When the integumentary affection is widespread or general, the action of the leaves on the parts where they are applied benefits the whole disease.

6. The matter in the parts not covered by leaves is absorbed, and at once directed under the leaves to be immediately excreted at that part.

7. Treatment by the leaves of a suppurative affection prevents re-absorption and consequent pyemia.

8. The cure obtained by this means is more complete and certain than by any other, because it is brought about only when the cause and products of disease are eliminated from the system.

9. This mode of treatment is in perfect harmony of action with the *vis medicatrix naturee*. This essays in skin diseases to eject from the system their cause and effects, whilst the leaves aid this action.

10. The cure of an ulcer by the leaves, however wide-spread and longstanding it may be, is without danger, and relapse is very rare.

11. The cicatrices obtained by the leaves are remarkable for their small degree of deformity.

12. Small pox, measles, and scarlatina treated by applications of the leaves have few or no sequelæ; e. g., phthisis is not to be feared.

13. The cabbage which is employed externally and in the natural condition cannot, at the time, yield to the organism any principle capable of neutralizing the cause of a malady and destroying its effects; and since the cure operates by suppuration and secretion, induced and stimulated by the leaves, we must conclude—

1st. That in case of a cure the cause of the disease has been excreted by secretion or suppuration.

2d. That some diseases have for their immediate cause a vitiation *sui generis* of the fluids.

3d. That the *vis medicatrix* proceeds to the cure of these diseases by driving the vitiated matters towards the integumentary covering where it spreads them, eliminating them afterwards by vesicles, pustules, or the excretory vessels on the inflamed or ulcerated surfaces.

14. These operations take place in a diseased body; they are then diseased functions, functions which have the integuments for organs—the integuments modified by the inflammation, either simple, vesicular, pustular, or serous.

15. The leaves are the auxiliaries of this function; they attract it out by their affinity for vitiated fluids.

16. This elimination accomplished, the means which have served for it, I should say the modifications of the integuments, being no longer required, disappear; they are cured.

17. This mode of cure, this treatment, I would call a cutaneous depuration.

DR. CARL BERCK,

52 Fourth St., German Physician,
Ft. Wayne, Ind.

Amputation (?) in Utero.

Editor MEDICAL WORLD:—As among the unusual experiences of the physician the following case is related:

Mrs. S., aged 42, was married about two years ago. I was called March 27th to attend her in her first confinement. When the baby, a girl, was delivered it was found that she was minus the left fore-arm to within about one and

a half inches of the elbow joint. Extension and flexion of the stump were perfect. The radius was about one-half inch longer than the ulna and the stump was conical and as well fashioned as though shaped by the most expert surgeon. The babe weighed nine pounds and was plump and well formed in every other respect.

A thorough examination of the secundines was made, but no trace of the severed arm was found, which would go to show that if the arm was amputated in utero it occurred during the earlier weeks of fetal life. It may be that a more plausible supposition would be that it was a case of arrested development.

These cases are of sufficient variety to make interesting the recording of all such occurrences.

Humboldt, Neb. L. B. ALLEN, M.D.,

Placenta Previa.—Hour Glass Contraction.

Editor MEDICAL WORLD:—I have two cases of obstetrics to report which may be of interest to your readers:

Mrs. H., aged 35, mother of 5 children. I was called at 6 a. m., Jan. 3d; found patient flowing rapidly and had been for over an hour. Had no pains; was much prostrated. On examination I found placenta previa and could just make out the head of the child presenting. I gave ergot by stomach and repeated in half an hour with result of causing vomiting, much debility and increasing flooding.

I then gave ergotine hypodermically and, after making careful examinations, introduced a finger within the os and broke loose the adhesions of the placenta as high up as I could reach with my fingers.

I then ruptured the membranes at a point that seemed thinner than others of the presenting parts, and pains came on, and as the child's head engaged within the os, hemorrhage ceased and labor finally terminated at 2 p. m.

The woman was delivered of a dead child, it having the appearance of being dead several hours.

At no time after being called did I consider the child could be turned without the loss of the mother, as she was so completely prostrated that fainting occurred several times. The mother has now completely recovered.

Question: Did the child die from the hemorrhage or had the ergot something to do with its death?

Is there any other plan that could have been adopted with prospects of better results?

Case 2d. Mrs. J., aged 30, first child, was under the care of two midwives, and had been in labor 36 hours when I was called. On examination I found the os dilating and dilatable,

and no cause for delay, only want of proper pains. I gave ergot, pains came on rapidly and in less than one hour the woman was delivered of a fine, live and healthy child.

But here is where my trouble began. After waiting a half hour I undertook to remove the placenta by expression and slight traction. I found that I could not succeed then. After waiting an hour longer I introduced my hand into the womb, tracing up the placenta, found a constriction of womb and fully half of the placenta above the constriction.

After a good deal of patience and hard work I succeeded in removing the entire placenta, which was not torn or showing any signs of adhesions. The mother and child are both doing well.

I suppose this was a genuine case of hour-glass contraction.

It is the first one I have found in a practice of thirty years. Again, had the ergot anything to do with it? Well, if we cannot use ergot, what can we use with any certainty to increase and maintain strong pains and hasten labor?

J. A. HUNTSMAN, M.D.,

Austin, Nevada.

[The Doctor very justly suspects that the modern practice will advise against the use of ergot to hasten the delivery of either child or placenta. The better drugs, if any are needed, are quinine, strychnine, as general tonics, and viburnum and other special uterine tonics. These drugs have been discussed considerably in this journal during the past year.—ED.]

**Action of Quinine and Ergot on the Uterus.—
Anti-Malarial Treatment.—Treatment
for Diphtheria and Croup.**

Editor MEDICAL WORLD:—I, too, with Dr. Gilliland, have long noted the fact that sulphate of quinine excites uterine action.

Having practiced medicine many years in malarious regions, I learned that it was unsafe to give curative doses of quinine to pregnant women—having seen two or three untimely births from its exhibition.

While in service as government physician at the Wichita Indian Agency, Indian Territory, our stock of quinine having become exhausted, I made use of the following formula in all malarial disorders, and found it very satisfactory as an antiperiodic:

I no longer use quinine for females *enceinte* but substitute this, which I recommend to Dr. Gilliland and all others—no need of running any risk with quinine:

R. Tinct. iodine..... dr. ii
Iodide potash..... dr. i
Syr. orange peel..... oz. ii
M. Take one teaspoonful in one-third glass of water 3 times daily.

I find quinine entirely safe and effective to use in obstetric practice, and employ it always in preference to ergot to excite uterine action.

If I now ever use ergot at all it is when necessary to hasten contraction after delivery of child.

In a 20 years' practice, 10 of which has been in a malarious region, where I have used quinine freely, with exceptions above noted, I have never seen hemorrhage in any form result from its use.

I like the following formula for interrenal treatment for diphtheria, membranous croup, etc. I know of nothing superior to it:

R. Hydrarg. bichloridi gr. i
Ammonii chloridi..... gr. lss
Alcohol..... oz. ii
Glycerini et aquae q. s. ut. ft. oz. iʒ

M. Sig. Give $\frac{1}{2}$ to one teaspoonful every 2, 3 or 4 hours, owing to the age of the child and urgency of the case.

I would precede this by a dose of the mild chloride of mercury to freely evacuate the bowels.

I believe more injury has been done by the internal use of chlorate of potash than all the good it has ever accomplished.

I wish all the cases where kidney complications directly due to its use could be faithfully reported. I think it would revolutionize our views in regard to it. I am satisfied I have seen two deaths directly due to its use. Suppression of urine and bloody urine may occur—even when what were considered medicinal doses were given.

FORDYCE GRINNELL, M. D.,
Pasadena, Cal.

The Chronic Cyanide Poisoning of Miners.

Editor MEDICAL WORLD:—In reply to Dr. Holcombe's query about chronic poisoning by cyanides, I reply as follows:

As to symptoms, they are, headache, giddiness, noises in the ears, pains in the region of the heart, difficult respiration, loss of appetite, nausea, obstinate constipation, full pulse, pallor and offensive breath.

Treatment—Cold douches, ammonia inhalations, chloride of lime alone or moistened with vinegar and held to the nose, friction, electricity, artificial respiration. The best antidote is a mixture of ferrous and ferric sulphates, with sodium or potassium hydroxide or carbonate.

For prophylaxis, perfect cleanliness and occasional use of the antidote in small doses. [See Bartley's Medical Chemistry.]

I would suggest to Dr. M. S. Moore to make a diagnosis first, and do so by exclusion. Diseases which may cause pain in the stomach are chronic gastric catarrh, gastric ulcer, gastralgia,

carcinoma, etc. Exclude each disease by absence of the characteristic symptoms peculiar to it. Consider age and appearance of patient, occupation and previous history. Location of patient must be considered. Is it a malarial district? Did the patient ever suffer with attacks of malaria? The history serves to show that there is a malarial element present. Do the attacks of pain come on periodically? I would suggest, therefore, to the Doctor to study the case carefully, and if none of the above enumerated diseases can be diagnosed, to treat it as one of the masked malarial cases, namely, open bowels by small repeated doses of calomel, follow by a saline, then give large doses of quinine, either hypodermatically or in solution by mouth. If large doses of quinine have been given to him and the system is perhaps saturated with this drug, I would try Warburg's tincture, arsenic, comp. tr. of iodine, iron, etc. Regulation of diet is of importance.

MAX FRIEDLANDER, M. D.,
126 Moore St., Brooklyn, N. Y.

**Cure for Incipient Consumption, Bronchitis,
Laryngitis and Other Respiratory In-
flammations.**

[We received, some time ago, the following letter from a gentleman who is not a physician.]

EDITOR MEDICAL WORLD:—Having a desire to benefit humanity, I hereby submit for your consideration the following statement.

The belief is entertained that a specific for the cure of consumption has been discovered and tried in several cases with the most gratifying results. The remedy is the fumes of acetic acid or of fruit or wine vinegar (which is really the best, and should be used whenever obtainable), care being taken that the fumes are used lightly until the patient has become used to them. The treatment is continued according to the condition of the patient and may extend over a period of several months or be found sufficient in a few weeks for effecting a cure. The last stage is not curable and yet relief may be secured to some extent without a doubt. Asthma, bronchitis and laryngitis alike readily yield to the remedy and no physician need fear a failure provided the remedy be faithfully administered.

E. J. MARSTERS,

Stockton, Cal.

[Upon receipt of the above letter we at once wrote for further particulars, in response to which we have just received the following:]

Your favor received and in answer will say that, the remedy being so simple that no one can go astray, there is no necessity of saying much more than what was written in former letter. The remedy being non-poisonous, all that is re-

quired is care in administering at the first so as not to smother the patient, and thus allow the lungs to become used to it. A tin half pint cup makes a good inhaler, the cup to be filled one third full and the temperature raised until the fumes rise freely and then taken into the lungs as often as considered necessary. Two or three times a day will suffice, but should a dozen applications in a day be made there would no harm be done—in fact, I say a patient could breathe the fumes for a long time without injurious effects being known.

The first case tried was a case of chronic bronchitis in connection with tuberculosis of a severe type, and was fully under control in eighteen days, the cough having ceased and the patient, who had been reduced in flesh, nearly restored to normal weight. The treatment was continued for thirty-five days and the patient completely cured. Two years have passed since treatment and no return of the disease whatever. The second case was acute bronchitis and was completely cured in seven days. The third case was a severe case of consumption and the patient given up by two physicians who had visited her. The treatment was continued for ninety days and then neglected for two or three months, while in the meantime, the patient gained about fourteen pounds and finally married and at this time is doing well. The fourth case was incipient consumption and was cured in thirty days, and the patient, a lady, has married. I have a case on hand similar to the first spoken of, and it is easily controlled; so you can see that the remedy is as first stated.

For sore throat and common colds it is all that is required and no one need be afraid to use it. Physicians trying the remedy will be kind enough to report not only to THE WORLD but also to myself.

E. J. MARSTERS,

Stockton, Cal.

[We should be pleased to have a thorough trial of this treatment, which is at once so simple and harmless. If it is as effective as supposed, Prof. Marsters has conferred a great benefit upon humanity. It can be very easily determined by trial.—Ed.]

Medical Law of South Carolina.

Editor MEDICAL WORLD:—I notice a mistake in April WORLD in regard to the present medical law of South Carolina. The county board system, which could only examine the diploma was abolished during the last Legislature and a State Board created. One member from each congressional district is appointed by the Governor. The Board has full authority to examine the applicant's fitness to practice medicine, regardless of diploma.

As the source of much valuable information I come to the WORLD again for help.

I am young in the profession, and want some general advice as to the following questions, viz.: Will it be detrimental to a physician's truest success if he should own a drug store and run it in connection with his profession, or if he should connect himself in any way with the business?

Granting that he is in so small a town that it is necessary to dispense his own prescriptions, can he attempt a general drug store under the best management and then be true to his profession and reap true success? Will such a course pay in the end, particularly in small towns? If so, please state in a general way how to manage the business. I have written to some excellent physicians who have had experience and they differ very much.

I would be glad to hear from the Editor, and feel grateful to any of the brethren who will write me.

EDGAR A. HINES, M.D.,

Fort Hill, S. C.

[We think that, in small towns, where there is not professional work enough to employ all of one's energies, it may be expedient for the physician to own and carry on the drug store. In large towns and cities, however, one will do better to concentrate his efforts upon the practice and continual preparation for it, excepting where there are special individual reasons for doing otherwise.--Ed.]

"Hot Flashes" of the Menopause.—For Nervous Disturbances and Convulsions in Pregnancy.

EDITOR MEDICAL WORLD:—In answer to Dr. G. E. Matthews, of Ringwood, N. C., page 101, I would advise giving such patients tincture of gelsemium in ten drop doses every three or four hours. This is probably the best possible medicament.

In answer to Dr. G. M. Morton, Toronto, S. D., page 99, I would say that if convulsions come on during labor do not wait one minute but introduce your forceps and terminate the labor as quickly as possible. In the meantime, if she shows a tendency towards convulsions or a considerable time before labor is normally due, I would give her the bromides with chloral. Bromidia (Battie) is one of the best possible agents in those cases either to prevent or to lessen the severity of a convulsive attack. If the patient should show signs indicative of albumen in the urine during the early months of pregnancy I should administer three or four times a day dram doses of cream of tartar, with bromide of potassium and closely watch results.

JOHN L. BROWN, M. D.,

Jeffersonville, Ky.

Editor MEDICAL WORLD:—I see in THE MEDICAL WORLD for March 1894, page 101, an inquiry from Dr. G. E. Matthews, of Ringwood, N. C., as to the best treatment for the hot flashes of the menopause. I would suggest that the doctor give his patient tincture tela aranea, (spider's web), five drops every three hours in a teaspoonful of water. I think if he will get a good tinct. of this remedy he will derive much good from its use. I would like to hear through THE MEDICAL WORLD from any doctor who may use it in such cases as the above.

Hickman, Ky. C. H. Hubbard, M.D.,

For Acne and Comedones.

Editor MEDICAL WORLD:—I have found by actual treatment in numerous instances of acne or comedones that an ointment of red iodide of mercury and vaseline, made up in the proportion of 2 to 10 grains to the ounce, has been a sure cure in all cases where used with perseverance in the following manner:

First wash the face thoroughly with some non-astringent soap, and warm water; after drying the flesh, apply, by thorough rubbing, to all diseased places, the ointment once a day. This treatment should be kept up for at least a month or until every remnant of the disease has disappeared. The ointment should be made very mild for delicate, thin skin, but hard, thick, dry flesh will often require the full strength of 10 grains to the ounce. If made too strong it will blister the surface.

JOSEPH SPAULDING, M.D.,

Woodstock, Conn.

Replies.

Editor MEDICAL WORLD:—Dr. J. H. Stanley, for his case of black-heads, will find either of the following receipts good:

R. Lanoline oz. }
 Ac. salycilic..... dr. }
 Zinc oxide dr. }
 M. Sig. Apply twice a day after thoroughly steaming the face.

Press out the sebaceous plugs often.

R. Oxide zinc..... dr. }
 Tr. benzoin..... f dr. }
 Tr. calendula..... f dr. }
 Vaseline oz. }
 M. Sig. Apply twice a day.

For the eczema, oxide of zinc ointment, lead lotions, ichthyol or the following, according to the indications:

R. Balsam Peru..... oz. ss
 Resorcine..... gr. 20
 Vaseline oz. j
 M. Sig. Apply to scalp two or three times a day.

Dr. A. E. Rhodes will find the following good treatment for goitre:

Apply an ointment of red iodide of mercury, (the official ointment.) Apply a small amount once a day, until the surface becomes tender,

then rest a few days and commence again. Give internally 3 to 5 drops of compound tincture of iodine, twice daily.

Dr. G. E. Mathews, for hot flashes of the menopause, should apply hot water, or the following :

Cherry-laurel water..... oz. j
Elder flower water oz. v
Often as necessary.

Give internally, sulphuric acid, dilute.

Dr. Mollyneaux, for enlarged glands, should give internally fluid extract of poke root and apply the same locally.

J. T. BARNETT, M.D.,

Hardinsburg, Ind.

Destruction of Diphtheria Bacilli by Heat.

Editor MEDICAL WORLD:—In the January number, page 20, Dr. Bardill propounds a query as to the degree of temperature required to destroy the diphtheria bacillus. Loeffler states its thermal death point to be, in a moist medium, 60° C. = 140° F. The period of exposure required, 30 minutes.

Other observers state that a few seconds' exposure will suffice for its destruction.

H. L. LOCKWOOD, M. D.,

96 Wayne St., Jersey City, N. J.

For Cystitis.

Editor MEDICAL WORLD:—Dr. J. C. Campbell's case of cystitis, page 12, January WORLD, is no doubt reflex, caused by some local irritation, such as a lacerated cervix, lacerated perineum, caruncle of the urethra, fragments of a torn hymen, (carunculæ myrtiformæ) or last, but not least, a diseased rectum, such as piles, fistula, fissure, pockets, pappillæ, &c. Any of these conditions may and do cause cystitis. Remove the cause, Doctor, and you will cure your case. If you cure it, please report in WORLD.

E. E. NIXON, M. D.,

Hot Springs, Ark.

For Tonsillitis.

Editor MEDICAL WORLD:—Say to Dr. Pineo, of Chester, Nova Scotia, that if he will, at the first intimation of an attack of tonsillitis apply a blister about the size of a silver dollar under the angle of the jaw, leaving it there till it draws thoroughly, and also take a full dose of sulphate of magnesia, he will abort the disease and, persevering in the use of the blister, he will surely break up the habit—at least I have been successful in not a few cases during the last thirty years. THOS. G. FARR, M. D.,

South Charleston, O.

For Spermatorrhea.

Editor MEDICAL WORLD:—I suggest the following to J. D. Usher, M. D., on page 136, vol. 12, No. 4:

Let him give his patient cold sitz baths once a day, and direct him to exercise in the open air, with directions to sleep on a hard bed and keep off of his back.

R. Tr. nux vomica.
Tr. belladonna.
Tr. physostigma. ss oz. ss.
M. Sig. 'Gtis 20, 5 times a day.

Watch his bowels and heart

Ophelia, W. Va. P. A. BROWN, M.D.,

Eczema.—Headachs.

Editor MEDICAL WORLD:—I have written direct to Dr. Pineo about his case of eczema, but since Dr. Hamilton and others are seeking aid for the same trouble, I will send you my plan of treatment.

The various replies published in your last issue are good so far as they go, but no one seems to lay any stress on the absolute necessity of preventing irritation of the diseased parts by clothing, discharges, applications and, chief of all, by the child's finger-nails. I always insist on having the child wear mittens, *day* and *night*, and protecting the inflamed surfaces by proper dressings. Equal parts of olive oil and lime water makes the best general application I know of—sometimes one-half to one per cent. carbolic acid added—or the following :

R. Acidl carbol..... dr. i
Glycerin.....
Alcohol..... ss
Ag. Ment. pip. q. s..... oz. viij
Mix. Mop on frequently with a wad of absorbent cotton.

Another favorite is :

R. Aristol..... dr. ss to dr. i ss
Vaseline..... oz. i

Internally I nearly always give cod-liver oil and arsenic. I used to be very much prejudiced against cod-liver oil, but have seen so many cases of long standing begin to improve as soon as the oil treatment was adopted that I now nearly always prescribe it—generally using a good emulsion, combined with glycerine, and extract of malt, in some of the aromatic waters. I think a good many fail in not sticking to one line of treatment long enough. Adopt a soothing, inoffensive application, prevent further irritation of the parts, give cod-liver oil and arsenic, or iron, if indicated, regulate the diet, habits, &c., and *stay with it*—don't change every two days.

The article on headache in your February number, taken from the *Jour. of the Am Med. Assn.*, was good, but I was surprised to see so little mention of the latest and most successful,

to my notion, class of remedies, the coal-tar series. Antipyrin is barely alluded to. I used to lose much valuable time "looking for causes" for headaches, and generally found that my patient did not care to completely change his manner of living—to give up his business for another—to change climate—to starve himself, etc., etc. Perhaps he knew from experience that a blue pill, a hot foot-bath and a dose of Epsom salts would cure an attack after twelve or fourteen hours; or, perhaps, a day's fasting or rest from business would prevent it; but this isn't what he wishes. He wishes to keep on with his work, and he doesn't care to stop eating, and he is looking for some remedy that will quickly cure an attack, or, better yet, when taken in time, abort it. And it is just here the coal-tar series comes in. In my judgment, acetanilide is best of all—cheap, easily administered, and nine times out of ten a dead shot. I have cause to feel confidence in this superb remedy, for I have found it a certain relief in my own individual case and also in my father's case. Both of us have been subject to headaches since childhood—my father's of a neuralgic type, mine of the "nervous, sick" kind. The attacks have been more or less frequent, and were severe enough to totally unfit us for business for a space of from 12 to 24 hours, or longer. Of course we tried everything. Morphine would relieve my father, but made me worse. Finally I experimented with antipyrin, phenacetine and acetanilide—that was five years ago—and I soon found the latter to be, in our own cases, a sure cure, and when taken soon enough, a certain preventative. Our plan is to take from 6 to 8 grains in syrup or capsule. We rarely have to repeat the dose. If I feel a headache coming on, I take my dose, sit or lie down if possible for half an hour, and am then ready for business. So now if a person comes to me with headache, I give him acetanilide, alone, or with caffeine in some cases. I have never seen any ill results from it, and have positively never failed except in one case since I've been using the remedy. Of course I get the general history, and try as far as possible to correct bad habits, to "remove causes," but I cure that attack as soon as possible, and provide him with the remedy to use at once whenever an attack threatens.

I see by THE WORLD that many of its readers appreciate this great chemical product in lagrippe, tonsillitis, &c. I have never been to bed with the grip yet—took 7 grains acetanilide night and morning, and kept up and going. By the way, tablets of this drug are very convenient and elegant, but I have found more than one case where they went through

the entire alimentary canal *undissolved*. So if I use them at all, I mash them up.

Nothing further this time save to reiterate my appreciation of THE WORLD. It comes nearer a good clinic than anything I know of.

Rivera, Cal. W. D. GROTON, M. D.

For Eczema.

EDITOR MEDICAL WORLD:—In your March, '94, number, Dr. Pineo, of Chester, Nova Scotia, asks for help on a case of vesicular eczema, in a child four years of age, at least I should judge it such from the description given. I have tried the following in many similar cases with brilliant results:

First bathe the parts at bed-time with warm water, containing either one teaspoonful of baking soda or sodium hyposulphite to the pint, then dry with a soft towel and apply the following:

R. Acidi phenol..... gr. xxx
Bismuthi sub-nit..... dr. iv
Ungt. zinci oxidii benzoatis..... oz. ij
Ft. ungt.....

S'g. Rub on well with the ends of fingers.

Should there be any induration, sponge the parts with:

R. Sapo viridis..... oz. iv
Spis. vini rec..... oz. ij

Or, in other words, spirits of green soap, before bathing with the warm water and soda. In the morning use very mild dusting powder, such as lycopodium or a mixture of pulverized starch and camphor gum, at the same time give internally ext. berberis aquifolium, oz. j.

S'g. Five drops in water three times a day. (For an adult 15 to 20 drops should be given.)

Also:

R. Sulphuris..... oz. ij
Pot. bi-tartratis..... oz. j

Mix with a little syrup and give ½ teaspoonful night and morning. The berberis should be continued for several weeks after all the eruption has disappeared.

I am confident if he will give the above a fair test he will be surprised at the favorable results.

I am inclined to think the same treatment will apply to the case of Dr. W. T. Hamilton in the same number, only the doses of the medicine should be reduced to correspond to the age of the child. H. S. ALEY, M.D.,
Lincoln, Neb.

EDITOR MEDICAL WORLD:—For the case of eczema in one of my own children, I must say the fraternity have very kindly come to my assistance and I sincerely thank Doctors Atkinson, Bangert, Cummins, Brodnax, Hightower, Craigen, Dean and Mantay, who so promptly answered my request privately.

The child, I am happy to say, has for the time completely recovered from the severe ordeal it has gone through by the persistent application of a fresh prepared ointment of hy-

drarg. oxid. rub. THE WORLD has become to me absolutely necessary in my daily work. If I am at a loss in any intricate case what to do, I at once refer to its pages, always stored with useful practical suggestions for the county practitioner, who is debarred from the very many privileges the city fraternity have. Long may it live to be the compass which steers us clear of the shoals.

Chester, Nova Scotia. J. FORMAN PINEO, M.D.,

Eclectic Remedies.

Editor MEDICAL WORLD:—I have read two articles by Dr. Wm. F. Waugh in THE MEDICAL WORLD in which he speaks of small doses, single remedies, and eclectic remedies. Has Dr. Waugh studied carefully and with an unprejudiced mind Specific Medication by Dr. John M. Scudder? Has he also studied Dr. Goss' work on the American Practice of Medicine? Has he used *those* remedies according to the indications given in those two works? If he has not done so, then he has no right to say, "I expected a good deal from them, but must confess my disappointment." I am very sure that he cannot to-day give the pathological indications of one single eclectic remedy. For had he prescribed these remedies he calls eclectic according to their pathological indications and used pure medicines he would never have been disappointed. He says again, "Many of the specific indications are taken bodily from homeopathy." How does he know that? Has he studied homeopathy? Has he ever used their remedies according to the laws of homeopathy? Can he give me the indications for the use of rhus tox, belladonna, bryonia and lachesis? Has he ever attended lectures at a homeopathic college? Did he ever study that system at the bedside of the sick with a physician of that school? If he has not done all this, then he has no right to condemn that school of medicine and say that "the indications of their remedies are worthless."

Let Dr. Waugh throw aside all prejudices against any school or law of cure. Let him be ready

"To seize on truth wherever found,
On Christian or on heathen ground,"

and never condemn a thing that he knows so little about as he knows about the remedies of the two schools of medicine he mentions in his articles. When he says the specific indications for remedies "mentioned in Scudder's work are mostly taken bodily from homeopathy," he shows his ignorance of both schools. I have had the honor of attending lectures at both schools of medicines as well as at the allopathic school. I have seen the eclectic and homeopa-

thic remedies administered at the bedside of the sick by the best teachers of both schools.

I have for 25 years used single remedies many times in my practice according to specific indications to meet certain pathological indications, and I never failed to get good results.

Paterson, N. J. E. G. JONES, M. D.,
Dartmouth Med. Coll., '71.

Editor MEDICAL WORLD:—In an article entitled "Dosimetry," in the January, '94, number of your valuable journal, the writer takes a pop at the eclectics—with whom, let me say, I am proud to be enrolled—that does not seem to me quite fair. Near the middle of his article he says, "Now for the other advocates of specific medication, the eclectics," and goes on to hit them hard—real hard from his point of view—with apparently a little venom in his sting.

He "expected a good deal and has been disappointed." I believe his disappointment results from want of knowledge and fair investigation of eclectic methods, and specific medication, as advocated by them.

Again—"Many of their specific indications are taken bodily from homeopathy and are worthless to those who do not care to pin their faith on such intangible potencies." Possibly some of their indications are taken from homeopathy. What of that? Whenever they are, they have given due credit for them, and also any remedies that may have come from the same source; which is more than the regulars do with eclectics—they not only appropriate indications and remedies, but try to steal what honor there may be in the discovery, by claiming them to be recent discoveries of their own at great expense—all original—when, in truth, they are taken wholly from eclectics, by whom they have been in successful use from twenty to forty years.

The doctor talks about intangible potencies. I confess that I do not know of any in eclecticism. If the doctor will put ten drops of Lloyd's specific tr. aconite in four ounces of water and take a teaspoonful every half hour, or hour, I think he will find something tangible to his senses after a few doses; or, say, one-tenth grain of Lloyd's podophyllin, repeated once in three hours, a few times, and see if it would be tangible.

Does the Doctor wish us to understand that his statements under "Properties," "Principal influence," "Employment," etc., in his article are from specific medication, or modern eclecticism?

That is the inference, and I deny it.

I ask the Doctor to make further and closer investigations, and without prejudice.

Harvey, Ill. A. P. WHITFORD, M.D.,

Our correspondent has asked some very pertinent questions; for when one undertakes to criticise, the qualifications of the critic must determine the value of his opinions. I will endeavor to reply to his questions:

1. I have studied carefully and impartially Dr. Scudder's specific medication. I have found him a genuine and capable worker, the best in his school, of any I have met. I have learned from him a number of valuable things in regard to the drugs he has studied. I find in his book many drugs, the lack of trustworthy details concerning which he regrets, as I do. He constantly urges his readers to supply this information. I have also read the *Eclectic Medical Journal* for years, and the absence of any jealousy or "hide bound" feeling may be seen in the numerous quotations from these sources in my journal and my books. Dr. Goss' book I have never seen. Other eclectic works I have also read, which I will not specify here, as they are open to the faults I have already mentioned—a weakness as to pathology and a lack of discrimination between results due to the excipient, or to natural causes, and those justly attributable to the drug. This fault is not peculiar to eclectics. Bartholow himself shows it in a marked degree, as all other writers on therapy do to some extent.

Do eclectics as a body pay as much attention to pathology as they do to bedside studies?

2. I have used the remedies according to the indications mentioned in these works, and have found some verified, some mistaken and some doubtful. The drugs used were obtained from eclectic sources—in some cases I prepared them myself from the fresh plants. The disappointment I expressed was, however, rather because so few of the eclectic remedies had been carefully studied by competent men in their ranks, rather than at the conclusions reached by them.

3. I know that some specific indications have been taken bodily from homeopathy; (a) because I find them there, and not in the older eclectic works; (b) because the eclectic writers say they have drawn on homeopathy for what they consider of value. Yes, I have studied homeopathy; have perused the Organon, the journals, and have had on my shelves standard works of that school, to which I have referred. I have used their remedies, in the cases specified, and according to the indications prescribed. I have found instances of the law of "similia similibus curantur;" and I have also found that this principle is applicable exceptionally only, not universally, and that it is not the one only law of cure. As to infinitesimala, I must echo the words of a professor in a homeopathic medical college, that: "Between

the effects of correct hygiene, and faith, *plus* the high potency, and correct hygiene and faith, *minus* the high potency, there is no appreciable difference."

I believe I can give with some accuracy the indications for rhus and the other remedies named. I have never attended lectures in a homeopathic college, and am quite willing to leave to my readers the question as to whether I need to do so. I have studied the effect of homeopathic remedies, at the bedside, as given by the most illustrious men in that school, whom I have known well; and on such observations my opinions are based. I have no prejudices to throw aside. I have but one wish—to find out all I can that will benefit my patients. To the eclectics I say: I have some good things for which I owe you thanks, and I would like to owe you a good deal more. Follow the path Scudder and King point out to you, and let us have a genuine pharmacopeia of American drugs, with specific indications for each. When you give a bowl of hot infusion or decoction and the patient sweats, it does not prove that the plant has diaphoretic properties. Almost any plant will do that under such circumstances, except belladonna. If you tell us the same drug will bring on the menstrual flow and also stop it, please explain this singular circumstance. I don't deny its truth, but I want to know when and why it does each. If you tell me elecampane cures consumption, I want to know what kind of consumption and at what stage, and whether it does so by poisoning the bacillus or by rendering the tissues too tough for him to penetrate them; also why elecampane will not cure consumption for me. You see, we are so used to having chronic bronchitis and pneumonia mistaken for tuberculosis that we want our friends to give us such details as will show us they have not fallen into such errors. I don't see why we cannot all work in our own way to the same end; but we must not get affronted at a little kindly-meant criticism or we will have no time left for work—we will spend it all in quarreling.

WILLIAM F. WAUGH, M.D.

[We do not believe in controversial journalism, and have always tried to avoid it. It rarely leads to any good, and frequently to harm. However, we wish to be just to all. So with this view we have admitted the above, but this must close the controversy, and we will try not to allow another to arise.

We regard the profession of medicine as a free and open field for word and investigation, and the physician as a free and untrammelled worker for the good of humanity and searcher

after truth. Our counsel has always been, let each proceed in the way that seems best to him—the way in which *he* can do the best—for we are not all cast in the same mold. Our objection to the sectarian schools is that they set limitations upon themselves; and that they do not consider “physician” a good enough name to work under, without modifying it in some way. We are what the sectarians call “regulars,” because non-sectarian medicine represents the greatest freedom. We do not accept the adjective “allopathic,” nor do we champion the title “regular,” except as it expresses non-sectarianism. To express it in another way, we do not belong to the homeopathic medical profession, nor to the eclectic medical profession, but simply to the medical profession. That is good enough for us; and it seems that it should satisfy every broad and free physician. There are wide differences between the views and practice of individual physicians; but that is all right. It is in this that our greatest hope for progress lies. Different individuals following out different lines, or using different methods, and then all coming together and comparing results, is a picture upon which we like to dwell. It is a picture presented by THE MEDICAL WORLD every month. Those using different methods need not call themselves by different names. The one banner, “Physician,” or “Medicine,” or “The Healing Art,” is sufficient. No word should be adopted or admitted that will curtail freedom. Under this banner every individual can claim the right of individual judgment—in fact every physician must practice according to his individual judgment; but he need not separate himself from the mass of the profession, nor from those with whom he does not happen to agree. The other man has an equal right to his views. Both may be right, in that each may be able to get the best results with the remedies or methods with which he is most familiar. We have nothing against our Eclectic and Homeopathic brethren except their self-limitation.

Let us have a united profession, without a creed, without limitations, without restrictions, with the greatest possible liberty to every individual to seek truth in the widest possible way, each contributing his results to the sum total of experience, and receiving the results of all the others in return.—Ed.]

Editor MEDICAL WORLD:—I take several other leading medical journals, but I find that I refer to the back numbers of THE WORLD more than I do to all the rest combined for practical, every-day work.

Bethel, N. Y.

R. C. PAINE, M.D.

Two Cesarean Sections and a Symphyseotomy Occurring in the Service of Prof. Barton Cooke Hirst, University of Pennsylvania.

Reported for THE MEDICAL WORLD by A. L. Russell.

CASE 1. The patient was a primipara, and had been in labor four days when she was brought to Dr. Hirst. The pelvis was completely filled by a fibroid tumor attached to the cervix. The woman, of course, was in the worst possible condition. She had a shock temperature and pulse (temperature 97°, pulse 140,) when the operation began. The child was dead. The incision was carried well up toward the sternum. The uterus was turned out and the intestines held in place by sterilized towels placed inside the abdominal cavity. The assistant then digitally compressed the arteries in the broad ligament. The uterine incision was quickly made and the child extracted. The assistant quickly relaxed his hold. When the child was lifted from the cavity the umbilical cord snapped like wet paper—showing that the babe had been dead for some time. The uterus could not be made to contract. Hence its removal was determined upon. The cervix was now transfixed with large pins and ligated immediately underneath by a round rubber ligature, tied in a sing'e knot and clamped with a hemostat. The uterus was now removed by a circular incision in the upper part of the lower uterine segment. The abdominal incision was sutured by interrupted silk-worm gut sutures. The stump was dressed antiseptically and allowed to remain undisturbed for seven days. The sloughing portion was then cut away and the patient made a good recovery. The operation lasted less than half an hour. Dr. Hirst uses the Porro operation, “not because it is an ideal one, but because the extra peritoneal treatment of the stump is quick and easy, and is therefore preferable when every moment is of importance to the woman.”

CASE 2. Unmarried primipara, aged 18. Pelvis generally contracted and flat.

External conjugate 17½ c.m., (6¾ inches.)

Iliac spines, 21 c.m., (8¼ inches.)

Iliac crests 23 c.m., (9 1-20 inches.)

Internal conjugate 8½ c.m., (3¼ inches.)

The patient was intelligent, and gave a good history of a ten months' pregnancy. Previous to the operation manual palpation showed that the head rested on the iliac bones, and could not be forced into the “false” pelvis. The child's head measurements were about 1 c. m., (.3937 inches,) in excess of the normal in all directions. Circumference 36½ c.m. (14¾ inches.)

The uterus, tubes, and ovaries were healthy, and Dr. Hirst intended using the Sanger opera-

tion, but an obstinate post partum hemorrhage compelled him to adopt the Porro. The technique of the operation was the same as described above. Mother made a good recovery and child is doing well.

Dr. Hirst advises that the operator wait until labor pains are well established, as he is convinced that failure so to do will often result in obstinate postpartum hemorrhage.

He also calls attention to the fact that the aortic pulse may be mistaken for fetal heart sounds, as, indeed, was done by one physician in Case 1. The pulse was 140, rendering the differentiation difficult.

In these operations Dr. Hirst does not use chemical disinfectants during the operation, but after its completion the abdominal cavity is well flushed with bichloride 1-1000, and over the abdominal sutures iodoform powder is dusted generously. The dressing is completed by iodoform gauze adhesive strips and cotton bandages.

Symphiseotomy.

A rachitic dwarf—primipara, 4 feet 1 inch high. diagonal conjugate, 9 c.m.; recovery.

At a glance her peculiar waddle and short stature indicated serious pelvic deformity. Her conjugate was measured several times by different physicians. All arrived at the same result. Consequently premature labor was induced—the cervical canal dilated with Barne's bags, the symphysis cut and forceps applied—but the head failed to engage. Version was resorted to and the child extracted, but the force required was sufficient to break the neck and one of the clavicles.

The measurements plainly indicated a symphiseotomy, while the case in reality was one for cesarian section. The pelvis was subsequently measured by Hirst's new pelvimeter and showed a true conjugate of but 6 c. m. scant, (2 1/2 inches)

[In connection with the above it will be remembered that the approximate measurements of the normal pelvis are as follows:

- External conjugate, 20 3/8 c. m. (7.9 inches).
- Iliac spines, 25 1/2 c. m. (10 inches).
- Iliac crests, 27 3/10 c. m (11 inches).
- Internal conjugate, 12 1/2 c. m. (4.8 inches).

University of Pennsylvania Notes

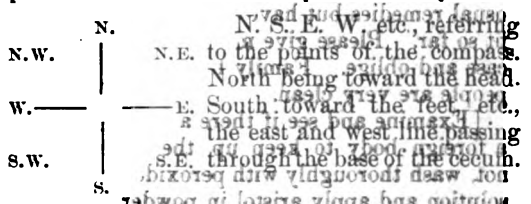
Specially Reported for THE MEDICAL WORLD.

Dr. Ott, of Easton, lectured recently to the combined classes on his recent investigations of the centers controlling respiration. He gave a practical demonstration of the existence of a polympneic center, so long sought by scientists.

Rabbits were heated in an oven until the rate of respiration could hardly be counted. Dr. Ott then touched the center and immediately the rate fell to normal. He was enthusiastically congratulated by his audience on his discovery.

Dr. DaCosta recently gave a series of lectures to the students on "Weak Heart" and "Lithemia." In lithemia the doctor absolutely interdicts all alcoholic beverages except claret. He required regular systemic exercise and deplores the practice of attempting a cure by the mere resolution of the acid. In acute attacks he says it is necessary to dissolve it, and during the temporary relief he seeks out and treats the cause of the diathesis by a rigid investigation of the patients beverages, diet and exercise. To dissolve the uric acid in acute attacks he gives citrate of lithium, gr. xx, or citrate of potassium, gr. xx, well diluted, two hours after meals. He directs the patient to take a glass of water just before retiring.

Dr. John B. Deaver calls attention to the fact that in operations for the surgical cure of appendicitis, the appendix is not found in the position described in the text books and often than in a half dozen other positions. He gives the following figure to illustrate these different positions:



The class of '99, U. of Pa. numbers, 325 men—the largest in American history.

Prof. Newbold gave a lecture on the "Use and Abuse of the Hypnotic Power" to the combined classes of the University a short time since. Placing several psychics under the influence, he conclusively proved their genuineness and usefulness in medical work.

Dr. Tyson will soon publish a work on "Practice of the Army and Navy."

Dr. Wood says the only one who used a the wrong stage of pusuria, is responsible for many failures to effect a cure. When a patient is telegraphed by the doctor, Dr. Wood always gives a note of his name in the federal.

Dr. Mitchell will soon publish a treatise on "Massage" which promises to overthrow all the theories in regard to the scarcity of red corpuscles in anemia. The doctor's ideas, if well founded, will render the various blood counting instruments worse than useless.

Dr. Wood, with the idea that the exaggerated voluntary movements in chorea are due to failure of the inhibitory centers to act properly, gives large doses of quinine in this disease with gratifying success.

Dr. Davis gives scale pepsin with quinine for uterine inertia in labor. He claims that the pepsin overcomes the tendency of the stomach to throw out all drugs during the throes of labor.

Drs. Daland and Wood are now experimenting in hypnotism with a view towards the treatment of hysterical cases by "suggestion" while in the mesmeric state. Each of the doctors has had excellent results.

[We give below some letters that were received by Dr. Waugh, together with his replies to them.]

Vulvitis in an Infant.

I am having some trouble with a case of vulvitis and vaginitis for which I ask your valuable assistance. Maggie S., age two years, has had a discharge from the vagina for a long time, but it has never caused any trouble till lately. The inflammation has extended to the vulva. Urine has always had a bad smell and makes her cry when she passes it. I have used the usual remedies but have not received any benefit so far. Please give me your opinion of the case and oblige. Family history good, and the people are very clean. J. D. B.

[Examine and see if there are seat worms or a foreign body to keep up the discharge. If not, wash thoroughly with peroxide of hydrogen solution and apply aristol in powder or petrolatum oil. Salol internally, gr. v. daily.

W. F. W.]

Locomotor Ataxy—Morphinism.

I have two cases; one that troubles more than the other. Could you suggest anything for a chronic case of locomotor ataxia of twelve years standing, that all the physicians have tried? The other is a case of morphine habit in a patient of 65 years taking one grain per diem. I shall not weary you with history of either. I have had a somewhat extended experience in hospitals and general practice in the country. I tried your treatment of neuralgia affecting the heart with arseniate of strychnine granules, and they work well. F. G. D.

[For chronic ataxy I would employ the French method, of training the affected muscles by exercising them in all difficult combinations of movements. Also give the iodides persistently for months. Treatment often fails because eliminants are not given long enough, or

when this is done the muscles are not restored to their functions by systematic drilling. Massage and electricity are of advantage in so far as they accomplish these indications.

Be very careful in taking morphine from a man 65 years old. The chances are very great that some underlying disease will show itself. During the withdrawal every symptom should be watched and weighed carefully. Take about ten days for the reduction. W. F. W.]

Scabies?

I have been annoyed lately by several cases of skin disease and would like help as to diagnosis and treatment. It resembles lichen, I think, but is undoubtedly communicable. It comes out on the breast, fore arms, flexures of the elbows and more rarely inside of the thighs. It comes as a small round pimple, very slight redness, not confluent and never becomes vesicular or pustular. In fact, if not scratched it sometimes disappears only to re-appear. If scratched, which it nearly always is, a small speck of blood will dry on the top.

I have got the best results from black or yellow wash externally, laxatives and arsenic internally. W. S. RAMSEY, M. D.

Corapolis, Pa.

[Is this not a form of scabies? It seems so from the fact of occurring at the flexures, and being communicable. I would apply biniodide of mercury ointment, ten to twenty grains to the ounce.—W. F. W.]

Injury to Hip Joint.

Will you kindly give me your opinion of the following case, as to diagnosis and treatment?

A maiden lady of about sixty-five years, something over a year ago fell upon her right hip, which caused much pain but which did not prevent her from walking about a mile home. The pain gradually grew worse until she had to use crutches. I should have added that her previous health had been very good; her family history is good, and she was always used to doing out-door work more suitable for a man than a woman. I first saw her about January 1st, although she had been unsuccessfully treated by two physicians previously. Upon examination I found some little atrophy of the muscles of the thigh, a little shortening of the limb and pain around the head of the femur and along the inguinal region. The pain is generally worse at night which, of course, is the case with all pain but at times there is considerable pain in the other thigh. The pain in the effected thigh extends down along the inside of the thigh as far as the knee. Her general health was im-

paired. I gave tonics—iron, Fowler's solutions, also several bottles of cod-liver oil. I enveloped the hip and thigh in cotton with sulphur and covered with flannel, which did not relieve the pain any. She is now taking Fowler's solution in increasing doses, and acetate of soda to neutralize the urine. Since I am attending her there is not, nor has there been, any heat above the normal about the joint nor any pain on passive motion. Although there is occasionally a little "snap" in the joint as though the tendons were relaxed; this, upon motion. From the above description if you can give me any light on the subject you will greatly oblige a constant reader of THE WORLD and one who appreciates your articles in the same.

C. B. McCCLURE, M. D.,

Berrysburg, Dauphin Co., Pa.

[Subacute inflammation of the hip joint. Put on a plaster-paris dressing to fix the joint, or a brace, and keep it fixed until the inflammation subsides. Give tonics, especially iodide of iron. If this does not relieve, you must open the joint, let out the pus, clear away dead tissues and disinfect with peroxide, or iodoform in ether; then treat on surgical principles, with strict antiseptis. —W. F. W.]

Inveterate Attack of Eozema of the Face and Hands with Conjunctivitis and Intense and Agonizing Pruritus.

About three weeks ago I noticed an inflammatory condition of the back of both my hands and face, ears and eyes being extremely itchy, painful, hot and tingling, with a constant desire to rub. Thinking that the system required medicines to operate, I took mag. sulph., pot. bitart. and sp. seth. nit., pulv. jalapæ co. and a mercurial purgative. I applied ung. hydrag ox. flav. to the eyes, oleate of zinc ointment, diachylon ointment and sp. sapoius kal. but no relief to the itching. Bathing in hot water with soda biborate used to give me immediate relief, but not lasting. I tried also, carbolic acid, but it did not relieve the itching, pain and heat. I finally took soda brom. grs. xv., and applied externally a powder composed of pulv. gum camph. and hydrate of chloral, of each dr. i, incorporated with one ounce of starch; dusting and rubbing with this gave me the most relief.

What do you suppose brought this attack on? Was it due to indigestion and irritation in the skin or caused by nervous irritation and worry? I have had considerable worry for the last six months—otherwise my health is good; but my bowels are inclined to be sluggish and costive. Can you suggest a remedy

for immediate local application that will relieve the distress of the pruritus, pain, heat and tingling in the hands, fingers and face? Were a patient to have consulted me formerly, I am sure I could not have realized his situation, but my experience of late makes me think its more intolerant than the plague of Job that we read of in the Bible. Awaiting your opinion and advice.

I remain yours truly,

R. MACNEILL, M. D.,

Stanley Bridge, P. E. I.

[Such eczematous attacks are often due to lithemia; and this may be attributed to excess in the use of nitrogenous food. Mental labor is exhausting, and the system naturally craves the food that supplies nutriment the most easily digested and assimilated. But as this requires exercise to utilize it properly, for want of muscle-work the blood becomes surcharged with the products of nitrogenous waste and imperfect assimilation. The remedy is obvious; less meat and more work. To relieve the itching, apply chloroform; or, if the pruritus cover very large areas and recur very often, use a liniment of aconite tinct., one drachm, and spirits of chloroform, four to eight ounces. The bowels should always be kept open by salines.

W. F. W.]

Stricture with Painful Left Leg.

A tall, slim man, aged 34, married, of good habits and of good stock, mechanic, was injured four years ago by the frame of a house falling when he was working on it, breaking his right femur, injuring his back quite severely and cutting his scalp in several places. He was well treated and made a good recovery. A year ago he began to urinate very often, and have pain in his back and down his left thigh and sometimes in his leg. About six months ago he began to have great difficulty to start the water, and the stream grew smaller and smaller until the beginning of January of this year, when it came in drops a good part of the time. On the 6th of January he came down with la grippe, but soon recovered under treatment, but his kidney and bladder trouble soon grew much worse and he had to take his bed about the 25th of February, when he sent for me again, and gave me a history of his urinary troubles, which he had never mentioned when I was attending him for the grip. I at once diagnosed stricture of the urethra and found it impossible to pass a No. 1 catheter. After preparing him for catheterization I managed to get a filiform bougie into his bladder and gradually dilated the stricture, which is in the membranous portion of the urethra or, perhaps, strictly speak-

ing, at the junction of the bulbous and membranous portions, until at three seances, I passed a No. 10 flexible catheter, but the stricture tends to contract very soon after withdrawing the catheter; and after the second sitting his right testicle swelled in the regulation way of such cases, but he did not have a chill or rise of temperature. But the pain in his left leg from the hip joint to the ankle is agonizing at times, requiring from a quarter to half a grain of morphine hypodermically to give him any relief. As a sample, yesterday he was easy. I passed several soft bougies and drew off his water. He had no pain all night; this morning at 11, I passed an olive pointed No. 10 catheter into his bladder easily; it gave him very little pain. He was perfectly easy till 2 p. m., when his leg began to pain him and grew worse and worse till seven, when a hypo of half a grain of morphine gave him partial relief. Could not start the water while the pain was so severe. Have not been able to pass a steel sound yet to find if he has a calculus. His urine was highly albuminous and scanty for two weeks, but has increased in quantity and decreased in albumen since the stricture has been dilated somewhat. I have given him a number of drugs, the principal being acetate of potash, buchu, saw palmetto, basham's mixture, spt. ether nitrosi, etc., as his condition seemed to require. What puzzles me most is the leg pain, and why it comes on so irregularly and leaves so completely after several hours of the most intense agony. The morphine does not remove it. It leaves in a few hours if an opiate is not given.

I am of the opinion that the stricture is traumatic and the six months straining every two to four hours for five to ten minutes has caused the trouble in the kidneys and bladder.

If you can make a satisfactory diagnosis from my account of the case and suggest some means of relief I will be greatly obliged.

T. W. M.

[I am not sure that we must associate the leg-pain and urinary affections. They may be independent. But in these days of reflexes it is good practice to cure anything you find out of order, if possible. Dilate the stricture up to the full extent, with Newman's electric sounds if you have them, with steel sounds otherwise. I have often found it useful to insert the largest soft catheter I could, and leave it in all night. Next morning an instrument two sizes can be introduced, and in this way a stricture may be readily and painlessly dilated. For the neuralgia, inject theine close down to the painful point, and put a little blister over the sacro-sciatic articulation.

W. F. W.]

Cause or Co-incidence?

EDITOR MEDICAL WORLD:—I have observed that of the fruitless marriages hereabouts the great majority of the men are *not* users of tobacco, whereas the great majority of the men of the community do use tobacco. Observations extending over a period of twenty years in a rural community of about 5 000 people shows that, of the unfruitful husbands, 84 per cent. do not use tobacco in any shape. My cases are selected from those who have married in the "spring time" of life and does not include those who have waited until the fount of life had dried up in them. In support of the theory of cause I may cite two cases that *were* on my list of temperate men for about two years, when they became users of the weed and afterwards became parents; but, I am not arguing the question—I simply wish to direct the attention of your many thinking children to the matter and hear from any who may have made observations in the line.

NICOTINUS,

E——, Pa.

Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

EDITOR MEDICAL WORLD:—In an experience of thirty years I never met with anything that in any way resembles the following:

At 3 a. m., February 12th, 1894, was called to see G. T. B., aged 40, formerly a blacksmith, but for the past four years has been working at carpentry. I never knew him to be sick before. Up to four weeks previous to this sickness he was in the habit of taking his dram three or four times a day. When I reached him he was lying on his back, eyes wide open and staring—pupils insensible to light, breathing very slow and labored, twelve to the minute, pulse sixty, and jerky, skin a natural color, but cool, extremities cold; body as rigid as if frozen stiff. As the family had no mustard in the house I applied chloroform locally to the spine, full length, around knees and ankles and wrists—and used friction, heavy as could be made. For an hour I could see that no impression was made for the better and at the end of an hour his eyelids began to twitch and jerk and in half hour more he began to groan and put his tongue out and in a few minutes more he showed that

he understood a question, when I gave him a teaspoonful every ten minutes, for three doses of the following :

R Chloroform
Spts. ammon. aromat. dram j
Ether sulph. aa dram j
Water sweetened ounce ss

After taking the second dose he was able to speak, when I found that he had no pain and had had none. He did not remember how he was first taken. His wife was awakened by his groans and he soon became insensible and rigid and after trying all she knew she sent for me. He was insensible two and a half hours. As soon as he could swallow well I gave him :

R Hydrarg. chlor. mit gr. vj
Ex. colonyu. co gr. ij
Leptandrin gr. ij
Ft. chart No. 3, sig. One every two hours.

From this the bowels moved at four p. m., when he left the house to go to the water closet through a rain, and at six p. m. I was sent for again and found him in the same condition as at three a. m. At this time I had plenty of assistance and with mustard, frictions and hot foot baths we brought him around in one and a half hours. From six a. m. till he was taken in the evening he had two grains of quinine every two hours. During the night he had quinine three grains and potass. bromid. five grains every three hours and continued till noon of second day when I put him upon a compound of iron, quinine and strychnine. Since he began to take the last preparation he has convalesced and is now able to work. Having lived in Texas some fifteen years, where all types of congestion are met with, I never met with a case with a single symptom compared with the above. At first I thought he had been poisoned, but by excluding all poison symptoms I was forced to a conclusion of a congestion of the nervous centres and treated him for that with a favorable result. As he recovered, I discovered by close questioning that he had strained his back in lifting, a week before he was taken sick. D. E. RUFF, M. D.,

Junction City, Lane Co., Oregon.

EDITOR MEDICAL WORLD:—In January, 1891, I was taken with nervous spasms and threatened heart failure. The spasms have continued at intervals of once a week and sometimes oftener. During the three years I have had seven attacks of the heart failure; one with the last spasm. The only medicine that relieves me is brandy, and a mixture of potass. brom. and sodæ brom. aa dr. j. aqua dr. xvj. (16), mix. Dose, teaspoonful three times a day. In my case, I take one tablespoonful, and repeat in from ten to fifteen minutes, which generally checks the spasms, and brandy with hot appli-

cations over the heart controls it. Doctors have timed the discontinuance of the pulsations and heart beats, which has lasted four minutes at one time; all medicines have failed to make a cure in my case. The trouble is attributed to malaria; but at no time did my system indicate fever. If any of the WORLD readers can assist me through it or by a private letter I will be very thankful. F. E. BROWER, M. D.,
313 Santa Rosa Ave., Santa Rosa Cal.

Resuscitation From Drowning.

EDITOR MEDICAL WORLD:—I will report a case that has just come under my observation which may be of interest to your many readers.

March 25th I was called to see a child two and a half years old, which had fallen into an open cistern and was apparently dead when taken out. It is not positively known just how long the child had been immersed in the water, but probably not longer than two minutes. When taken out lifeless it was held up by the feet, head downward and water ran out of its stomach.

The usual means for resuscitation, under the circumstances, were used with the result of bringing the child around all right, as I thought. Its respiration was normal and circulation was good, as was shown by the natural color coming back to its face and lips. It had taken about thirty minutes for these results to be accomplished, and I thought the child was out of danger and was about to give it to its mother when suddenly it became cyanose and all the symptoms of impending death arose. But by the use of whiskey and artificial respiration and hot blankets I was able to resuscitate the child again, but in about twenty-five minutes more the same condition arose, only with more violence, all the muscles of the body becoming rigid and every symptom of a violent convulsion coming on. But by repeating the same remedies the child was perfectly well and playing about the room in three hours. Why did these cyanotic conditions arise after the child first seemed out of danger?

Louisville, Ky.

J. A. PEAK, M. D.,

EDITOR MEDICAL WORLD:—My little boy, 20 months old, had whooping cough. It suddenly stopped for two weeks. While standing by the bed he fell over on the carpet, striking his head over the left eye. My wife picked him up. In a little while he seemed to be as well as usual. This happened about 4 p. m. At 6 p. m. he vomited, and again at about midnight. Next morning at 8:30 he was taken with convulsions, which lasted till 2:30 p. m.

Next morning he was a little better, but weak.

Tuesday morning he commenced to whoop violently, and kept it up and grew weaker and weaker after each paroxysm. The night before he died the cough stopped and he had another convulsion. He was an eight month's child, and was what is known as a "blue baby." His heart was weak and he had a large head. What do you think was the cause of the vomiting and convulsions? He did not have any fever, but was constipated. He emptied his bowels before the convulsions came on.

DR. DAVID COLEMAN,

Tottenville, N. Y.

Editor MEDICAL WORLD:—J. P., aged 23, height 6 feet 1 inch, weight 160 pounds, four years ago suffered from muscular rheumatism, which, after appropriate treatment, passed over.

Probably some two months after this a diffused swelling appeared on the upper surface of the thigh about 4 inches below the crest of the ilium. After several days, aspiration showed pus and, after lancing, there was quite a liberal discharge. This (No. 1) opening remained about one year, but in the course of about six months later another swelling, resulting in an open abscess (No. 2) after lancing, was established 4 inches below the tuberosity of the great trochanter. Since then abscess No. 3 has formed on the inner upper 3d of the thigh. All formations thus far described are on the right side.

By the time this third opening was established, openings No. 1 and No. 2 had closed. This was about two years after the commencement of the first abscess. Then abscess No. 4 presented itself half an inch to the right of the linea alba, and two inches above the pubic bone. This opening is discharging continually, but abscess No. 2 (below the tuberosity of the great trochanter) opens regularly every three months, discharging about one pint of pus in one week's time. At the formation of each abscess there was quite an amount of sloughing similar to that in carbuncle; this would, however, fill out with new granulations until a small opening to admit an ordinary probe would remain. During all this time the patient was kept on cod liver oil and hypophosphites, and increased in height and weight—in fact, was in excellent health excepting a day or two before abscess No. 2 would reopen. Of late he has complained of some pain in the prostatic region while urinating, but this has now disappeared. Careful examination thus far has failed to reveal any spinal tenderness or curvature. No possible indication of hip joint trouble. Probing

has failed to give any satisfactory results, as the abscesses seem to follow the muscular sheaths. He has always been able to pursue his usual labors upon the farm, such as plowing, etc., when he experiences no pain, but upon resting he says he experiences excruciating pain at the juncture of the sacrum and ilium, but upon digital pressure no pain is elicited.

Appetite always good. Bowels regular. No glandular swellings. No ancestral taint of any kind to be found. I should be very much pleased to have some of the profession locate the seat of the trouble.

CASE No. 2. Little girl, aged 6. A case of cerebro-spinal meningitis. Nothing out of the ordinary in the case and passing on to the sixth week. The peculiarity about this case is that for the last two weeks the urinometer test has always shown a sp. g. of 1.000 to 1.004 at most. No trace of albumen, microscopic examination shows a few crystals of uric acid. All other tests negative.

I have never in 15 years' practice met with so low a test. Have any of my brethren? How can it be explained?

St. John, Ohio. A. P. RENNEKER, M.D.,

Editor MEDICAL WORLD:—Will some one please tell me how to cure ulcerative stomatitis or "canker sore mouth?" My wife has had it all her life. Each menstrual period is sure to bring from two to six cankers. Our five-year-old boy has begun to have them. Local applications of peroxide of hydrogen has given better results than anything else so far tried.

Alba, Mich F. L. KELLEY, M.D.,

Editor MEDICAL WORLD:—I take the liberty of writing you about a man coming under my observation with an enlarged testicle. He did not come to me for treatment, however, but was brought to my notice by the kind suggestion of Mr. D., a druggist, as he had known the man for a long time, and as I have not been here long I had never had the opportunity of seeing him before. The patient is a married man, about fifty years old, in apparently good health, excepting the left enlarged testicle. He has not become the father of any children since the commencement of this trouble. Its commencement was about fifteen years ago, and it has been growing larger ever since. It will measure twelve inches in circumference. He does not give any information regarding the starting point of his disease, except the enlargement of the testicle. He stated to me that he had parotiditis (mumps) five years before his testicle began to enlarge and gave a history of

metastatic complication during or after his attack. He has not had any pain with this enlarged testicle during the fifteen years, except when he does not have coitus every two or three days, then he complains of its paining him. Why is it that it pains him then? Is it because the organ is diseased and has not the space for accumulation of semen?

His venereal desire is greater now than it was when he was a young man and did not have enlarged testicle. The enlarged testicle is indurated with uniform surface and has a soft like place on the lower extremity or caudal extremity of the epididym, as if it was suppurating, and causing a little pain on pressure at that point. My diagnosis is tubercular orchitis and my treatment is either to take the testicle out or open at the soft place or when suppuration takes place and place the patient on tonic treatment.

R. A. TOMS, M. D.,

Milton, N. C.

Epilepsy.

Editor MEDICAL WORLD:—Can anyone help me in this case? Girl thirteen years old, disease developed itself suddenly eight years ago. No history or cause can be found. She is the only member of a family of five children who suffers from it. Has been treated by many, including specialists; no benefits have resulted. She sometimes passes over eight days without an attack, and then has several in a day. Always puts her hands to the sides of her head during an attack. No history of blow, nor is there any external scar or anything to guide. Have tried bromide of strontium, atropine, Waugh's nervine granules and other remedies, but with no success. The clitoris seems normal. She appears older, say like fifteen years, but her muscular development only looks as if about eleven years. However, she has fairly good health when free from these attacks, but is much exhausted and eats freely on recovery. No history of worms. Many thanks in advance for suggestions.

ENQUIRER.

Editor MEDICAL WORLD:—By your permission, I am impelled to invade your "quiz" department in my desire to obtain further information concerning a recent case in my practice, as well as to show my readiness to report cases, that perchance, may, to some physician, afford a suggestion.

Mrs. W., on Sunday, March 18th, felt a sensation in the ball of her right thumb, apparently due to the lodgment of a small foreign body under the skin, and with a needle several attempts were made towards its discovery, but resulting negatively.

Next day her thumb began to swell and pain her, and to all seeming a felon was shaping itself. The husband called at my office on the evening of the 20th, when the above facts were obtained, the swelling in the meantime having extended so as to involve her wrist and hand. Notwithstanding the employment of the usual measures to combat the diseased process, she became worse, and on the morning of the 21st the husband asked me to see her, which I did at 10 a. m. I found her almost free from pain, with a little deep tenderness at the wrist, the hand and arm being swelled as far as the elbow, and pitted on pressure. Her pulse was 120, but I found her nervous over her arm. Her temperature was but little elevated.

Locally were employed hot fomentations, with astringent and antiseptic lotions, rest, etc. On seeing her again on the 22d. at 10 a. m., I found that the swelling had nearly reached her shoulder, with all sensation in her hand entirely gone. Black areas had formed on the dorsum of her fingers and thumb. We gave her small doses of quinine with a liberal allowance of whiskey and carbonate of ammonia to combat depression. Locally we used anesthetic and stimulating liniments. At 3 p. m. however, I was sent for in haste, to find her delirious, the swelling having spread to and involving her shoulder. Black areas had half covered her arm and shoulder, but she suffered but little pain.

Dr. G. C. Pease, of Fulton, saw her with me at 5 p. m., but the case was inevitably fatal. She died at 10 p. m. the same day.

History negative. She had always been well and strong, and until this sickness, had assumed all the work incidental to a farmer's wife. I did not have an opportunity to examine her urine, and, aside from her arm and blood, no disease was discoverable. Who can make a suggestion as to etiology, pathology and diagnosis?

W. C. HONTZ, M. D.,

Leonidas, Mich.

EDITOR MEDICAL WORLD:—I would like to have advice about the treatment of a case of albuminous nephritis with abundant flow of pale, light urine (1010) of 18 months duration. The person is 46 years old, a widow, has lost considerable flesh and is rather weak. She can not walk fast or work hard, she has a good appetite but is a little costive. The amount of albumen is considerable, with phosphates. The exciting cause has been cold and alcohol, but she has been sober over one year. I will be very thankful for good advice and help.

I S. ARCHAMBEAULT, M. D.,

Terrebonne, Quebec, Canada.

Current Medical Thought.

The Treatment of Uterine Inertia Without Drugs or Tonics.

Van Waters (*New York Medical Journal*, June 24, 1893) remarks that the beneficial action of a suppository in the rectum in constipation is widely known. He asks: Why should not the same good result follow the use of a suppository in uterine inertia, and what more ready and effective suppository could we have than the hand? Hence, when the case has so far progressed that we are satisfied it is time for delivery to take place and yet inertia has supervened, the hands should be rendered thoroughly aseptic by the use of water, soap and a brush, and afterward immersion in a creolin solution. Then, after the administration of a little chloroform, the hand, well anointed with vaseline, should be gradually and slowly introduced into the vagina. As soon as it has remained there a few minutes pains will commence and increase in severity, in some cases to such an extent that the hand has to be withdrawn. In those cases in which Van Waters has resorted to this procedure the results have been most gratifying.—*Univ. Med. Magazine.*

Oregon Needs No More Physicians.

For the benefit of such as may not know our standing as compared with other States in regard to the relative number of physicians, the *Sentinel* presents the following table as food for thought.

The states given are those upon our northern border line, beginning at that great Western medical educational center, Chicago, and continuing west to the coast:

State	Physicians.	Inshbitants.
Wisconsin	1	910
Minnesota	1	901
North Dakota	1	945
South Dakota	1	811
Montana	1	600
British Columbia	1	994
Idaho	1	610
Washington	1	472
Oregon	1	445

During the great boom which the State of Washington had in '88, '89 and '90, a large excess of doctors poured into that state. Since then the examining laws have been changed. The profession is much over-crowded in Washington, but under present medical laws there, it will take but a few years to give Washington but her normal proportion of physicians, especially if her present state examining board, or one equally rigid, remains in power.

Oregon has finally crowded Colorado, with its

population of invalids and doctors, from the first place, and now stands at the head, the state possessing the greatest number of doctors in proportion to its population of any state in the Union.—*Med. Sentinel.*

There is no Real Increase in the Prevalence of Cancer.

The increase in cancer is only apparent and not real, and is due to improvements in diagnosis and more careful certification of the causes of death. This is shown by the fact that the whole of the increase has taken place in inaccessible cancer, difficult of diagnosis, while accessible cancer, easily diagnosed, has remained practically stationary.—*N. Y. Med. Examiner.*

Treatment of Cauliflower Cancer.

Dr. C. R. Earley, of Ridgway, Pa., in a letter to the editor, gives some interesting facts in regard to the treatment of Cauliflower Cancer: "My first case was a lady 29 years old, a teacher in the Normal School. She was first sent to Erie for treatment, and from there she was sent to Buffalo, New York. The Buffalo Professor sent her to New York city for operation. They were all ready to use the knife and the lady protested, and was then sent to Philadelphia with like result. She was sent from her home to me. I at once placed her on the free use of arsenic:—

R. Liquor, potassii arsenitis,oz. j
Tinct. ferri chloridi,oz. ij
Syrup. simp., q. s. ad.....oz. xx M

Sig.—Take a dessertspoonful three times a day with meals.

I also ordered the free use of disinfectant washes, and every three to four days the following, carefully applied with a brush:—

R. Eucalin,dr. iv
Tinct. iodi comp,f oz. ss
Glycerini,f oz. iv M.

The lady was finally, after six months, well, and now, ten years later, is perfectly well. I have treated nine cases in the same way, and all are perfectly well. They were all sent to me after a full test by what are called experts."—*Coll. and Clin. Record.*

The Nuisance of Flies and How to Cure it.

Thousands of methods have from time to time been employed to rid us of one of the most fertile carriers of disease and infection the "house-fly," but he has defied us. Sweet peas have been suggested; but this creeper will not grow at all seasons, and refuses to thrive in those districts where flies are most abundant. Fly-papers are a boon, and yet a danger, as their poisonous nature precludes their being left lying about where there are young children. A

cold infusion of quassia-wood treated with a trifle of molasses or treacle is not only cheap, easily procurable and harmless to human life, but it will kill these marauders by the million. It has the disadvantage of strewing the floor with their carcases.

Take this advice: Expose a little *oil of bay* in a saucer on your window-sills, or coat your doors and windows with any color of paint you like, containing as little as four per cent. of *oil of bay*, which is far from expensive, and can be had anywhere, and not a single fly will enter your house.—*Indian Med. Record.*

The Hypodermic Treatment of Syphilis.

"Then he [Capt. Lambkin] obtained from Savory and Moore [London] a hypodermic mercurial cream which had lately been introduced in London by Drs. Althaus and Whitmore. Its composition is as follows :

R. Hydrargyri.....	dr. j
Lanolin, pur.....	dr. j
Ol. carbo. (2s).....	dr. j

It is injected with an ebonite syringe, made by Krohne & Sesemann, London, price 2s. 6d. graduated into minims. Spare needles cost 6d. each, and they are necessary, for if the needle is clean, bright and sharp, the injection causes no pain. Ten minims are injected deep into the gluteal tissues once a week, and the improvement in a patient is marked and rapid.

All kinds of symptoms diminish in severity, and when their first urgency is overcome, the soldiers are discharged from hospital, and return to duty, willingly attending as out-patients once a week for the injection.

The cure lasts from two to eight months, according to the severity of the attack, but the soldier is at duty most of the time, so his services are not lost to the state.

From September, 1891, to October, 1892, Captain Lambkin treated about a thousand cases in this way, all of whom made a good recovery, without any pain or local abscess, without salivation, or any other inconvenience.

Abscess sometimes follows if the cream is injected under the skin into the connective tissue, but if it is put in deep into the flesh, as far as the needle will go, no harm ensues.

Let them try it on their female patients, not forgetting to enjoin strict cleanliness, and if patients are obedient to instructions, we shall soon hear no more of the necessity for C. D. Acta.—*Indian Med. Record.*

Editor MEDICAL WORLD:—I have been an unimportant subscriber to THE WORLD ever since the first number was published, and cannot now do without it. Sharon, Ga. A. C. DAVIDSON.

Sulphate of Copper for the Treatment of Syphilis.

Dr. A. F. Price of the United States Navy (*Medical Record*, February 3, 1894,) gives his experience in the treatment of syphilis with sulphate of copper. He has employed the drug in various stages of the disease, and the results obtained lead the author to formulate the following conclusions: 1. Copper exercises a specific action in syphilis, which is especially directed toward the lymphatic system. It is, for this reason, more radically curative than mercury. 2. It is slow in removing the skin symptoms of the secondary stage. 3. It prevents the development of mucous patches and throat symptoms. 4. It is a very active drug, and it is wise to omit its use one day in a week, and sometimes more frequently. The signs of its excessive and injurious action are first a voracious appetite, and this is rapidly followed, if the dose is not reduced or the drug temporarily discontinued, by prostration, giddiness, pallor, and a rapid and weak pulse. 5. The average dose of sulphate of copper is $\frac{1}{8}$ of a grain thrice daily. It is better to give it with the sulphate of iron. It can be given either in pill or solution. 6. This dose is absolutely dangerous in cases of syphilitic cachexia. It produces at once excessive and alarming prostration. If a sufficiently small dose of the drug is given at first, a tolerance of it is gradually established, so that the average dose may in time be obtained. The author is inclined to think that in some cachectic cases as small a dose as the 1-1000 of a grain may be necessary, given once daily. The use of iron, arsenic, and iodide is also usually necessary in old syphilis.—*Tex. Med. Jour.*

Plan for the Eradication of Syphilis.

[We quote the following from Dr. Bulkley's excellent book, "Syphilis of the Innocent," which was reviewed in our last issue.—Ed.]

The amount of damage a single unrestricted syphilitic patient may do, can be judged from a recent statement by Tarnowsky,¹ of St Petersburg. He says that a syphilitic woman, who had come under his observation, had succeeded in contaminating with syphilis no less than 300 men, within a period of ten months. This represents merely the primary transmission of the disease; its later effects on others can hardly be computed. Imagine one small pox patient being allowed to give the disease freely to three hundred individuals!

The republican idea of this country would probably never endorse or submit to such sani-

¹Tarnowsky.—Cited in *N. Y. Med. Record*, Mar. 9, 1889, p. 279.

tary police inspection and restraint as is exercised in certain European cities; but the question naturally arises, if there is not some way in which the end can be reached, of arresting the spread of this dangerous disease? Can there be no safeguards thrown out which shall prevent its extension here, as it has spread in certain countries in Europe, notably Russia, where, as we have seen, whole communities have been syphilitized, and Portugal, where the disease is almost universal?

The first step towards accomplishing the legal control of syphilis would undoubtedly be found in placing it among other contagious diseases which come under the jurisdiction of the health officers; legitimate means could then be devised and executed to check its spread, as in the case of the contagious diseases ordinarily recognized. The late J. Marion Sims alluded to this subject, in his address before the American Medical Association,¹ some years ago, using these words: "There can be no difference of opinion among us, regarding the two following propositions. 1st. We want a system of sanitary inspection and control, which will enable us to prevent the importation of syphilis from abroad. 2d. We want a system of sanitary inspection and control, which will enable us to take charge of the subjects of syphilis at home, and prevent them from spreading it through the community."

The profession is undoubtedly unanimous, in regard to the desirability of having such a restraining influence exercised upon syphilis, as is here indicated. The only question is—what is the best method of carrying it into effect?

If syphilis were first recognized as one of the great contagious diseases, against which it is the duty of the government to protect the community, the details of that protection would follow with time; and as the public became aware of the dangers arising from the disease, and the benefits accruing from its restriction, there would be no difficulty in securing proper laws relating to the subject.

It would be out of place here to present any detailed plan of operation, for the subject is of such vast importance, that it could not be compressed within the limits of this essay, even if the writer were prepared to formulate such a scheme.

The suggestion, however, is most earnestly put forward, that the time has certainly come, when the dangers of syphilis, and especially the dangers to innocent persons, should be fully recognized. It is too late in the history of science and of humanity to stigmatize the disease as "venereal," and on that account to withhold

scientific protection from thousands of innocent sufferers. Among babies, nursing women, persons infected in dental or surgical operations, and in dozens of other manners, syphilis can no more be described as a "venereal" affection than any other contagious disease. The time has come to place it under the control of the proper health officers, and to make it quite as *criminal to transmit syphilis wittingly* as it is to communicate small-pox, scarlatina, or diphtheria.

It would then become the public duty of each one to guard against the disease, and, as now in the case of the other contagious diseases mentioned, those would be culpable who were the means of disseminating the same. The hotel proprietor who wittingly allows a small-pox patient to infect others, or who should not exercise due precautions after a patient with scarlet fever had occupied a bed or room, would receive punishment. The keeper of a brothel, as I understand the existing law, would be subject to like punishment, if his guest were allowed to sleep in a bed previously occupied by a patient afflicted with small-pox, scarlatina, or diphtheria, without subsequent sanitary precautions.

If, now, syphilis were included with these infections or contagious diseases, something would certainly be accomplished towards checking its extension; for such a person would then see that all the inmates of the house were free from syphilis, and would also be very careful that no one entering the place should introduce the disease. If the males did not carry syphilis into houses of ill-repute, the disease would not appear in them.

The plan of making it criminal, or a misdemeanor, to be instrumental in communicating syphilis, would operate favorably in many ways.

It would do away with the necessity of officially examining, inspecting, or licensing any one, for it would be for each one's interest to keep free from the disease, lest at any time legal action should be taken against them. Instead of examining the women publicly, those connected with the nefarious business would see that they were already in a healthy condition. They would then *examine the men*.

This again would operate advantageously. For many would hesitate against going to houses of ill fame, if they knew they were to be thus examined; and those that were syphilitic would exclude themselves.

Furthermore, this would operate more or less against clandestine prostitution. For not only would every one fear lest they should acquire the disease (because it would be known that outside women would be more likely to be

¹ Sims. Trans. Amer. Med. Assoc., 1876.

syphilitic,) but the men would fear that, if they infected others outside, they would be subject to legal penalties.

I believe, therefore, that such a law would not only greatly diminish the frequency of syphilis, but would also be in the direct line of breaking up licentiousness. When the step is once taken of placing syphilis among the contagious diseases, subject to law, the details necessary to enforce such a law will naturally follow. The force of the argument rests on the necessity of *examining the men instead of the women*; for any proposition looking to the latter has always met with resistance at the hands of many classes in every community, who urge the degrading character of police inspection.

That a person may legally be held liable for communicating syphilis is abundantly shown by the many cases occurring in the literature of foreign countries. The works of Tardieu,¹ Fournier,² and others are full of accounts of legal action taken, and fines and imprisonment imposed, for the wilful or careless transmission of syphilis; and in some instances the actions were against physicians who had exercised every possible precaution. In our own country syphilis has sometimes been the subject of judicial action; in a recent case before the Court of Appeals, of Kentucky,³ it was decided that syphilis pleaded in answer to an action to recover damages for breach of promise of marriage, is a complete defence; this followed the decision of the supreme court of North Carolina, in which the same defence was interposed and sustained in a similar action.

One of my own patients recently received five thousand dollars from the man who infected her with syphilis; in this instance the case did not come to court, though it was settled through legal counsel.

How far the matter can be carried in regard to the restraint of syphilitics from exposing others, cannot now be decided. Much enlightenment of the community is yet necessary in regard to this subject, and much thought will be requisite to determine exactly the best methods of checking the slow but steady extension of syphilis which is now taking place. These matters can safely be left to future consideration. The first step is now to be taken by the legal recognition of syphilis as one of the contagious diseases which are dangerous to the life and health of the nation—as a pest against which society has the same right as in the case of other contagious diseases namely, to protect itself by

scientific treatment and by legal penalties.

[This plan—making the communication of all such contagious diseases a criminal offense—has been advocated by us in our editorial columns.—Ed.]

How to Live Where There is Malaria.

In his recent work on "The Climate of Rome and the Roman Campagna," Professor Tommasi-Crudeli devotes a valuable chapter to the subject of the preservation of human life in malarious countries. Our readers will be glad to have in a compact form the views of so eminent an authority on this very important and interesting topic. We must be content to admit for the present we have no precise knowledge of the nature of the malarious poison, or of the means whereby it can be extirpated from the soil of an infected locality. That the poison inheres in the soil; that it is under the influence of season, temperature and rainfall; that it is excited to fresh activity by all measures involving the disturbance of earth long left quiescent; that its ravages have been much reduced by drainage, by the conversion of naked soil into meadow land, and by the erection of houses and laying down of paved streets—these facts are certain, and almost exhaust our knowledge on the subject.

Professor Tommasi-Crudeli points out that the traditional precautionary measures long adopted in malarious countries have had two ends in view, viz., to reduce as much as possible the quantity of the malaria ferment which enters into the system through the air breathed, and to prevent a lengthened abode of the same in the system. The first point is sought to be achieved by avoiding agricultural operations during those hours at which the malarious influence is most potent, viz., about sunrise and sunset; hence, according to the writer, is really explained the much misunderstood dictum of the ancient Sybarites: "If you wish to live long and well, do not ever see the rising or the setting sun." Another point of the greatest importance is to avoid breathing the air in close contact with the soil, as it can be shown that the malarious poison rises only a short distance in a vertical direction. Thus in the Pontine marshes, an intensely malarious region, platforms four or five meters high are erected, upon which the people sleep in the open air with comparative impunity. In Greece the jungles of the East Indies, and Central and Southern America, similar devices have been adopted with beneficial results. Another mode of eluding the malaria laden air in close contact with the ground is to construct the dwellings in such a way that when the door is shut the

¹ Tardieu. *Etude Medico-legale*, etc., Paris, 1879.

² Fournier. *Nourrices et nourrissons syphilitiques*, Paris, 1878.

³ *Jour. of the Amer. Med. Asso.*, Oct. 8, 1892, p. 445.

internal atmosphere is renewed only by the strata of the local atmosphere which are near the roofs of the houses. This is managed in some localities by so arranging that the only opening in the outer wall is the door, and all the windows open on an inner yard at a higher level than the ground floor of the house.

It is advisable also to keep the windows of the houses closed in the morning and during the early hours of the evening, especially if any excavations should be going on in the neighborhood. Care should be exercised regarding the effects of placing vases of flowers in occupied rooms; either these should be entirely excluded from houses when malaria is rife, or the utmost vigilance should be taken to secure thorough ventilation.—*Lancet, in American Analyst.*

Phenocoll Hydrochlorate in Malarial Fevers.

Professor Guido Ancona has employed this remedy in various forms of malarial fever, especially the typhoid and pneumonic varieties, with very high temperature. In regard to the dose, he states that adults require more than 1 gramme daily, since Allastoni and others have found this quantity produce no effect. Even in children of 5 and 7 years of age it was necessary to give a daily dose of 1 gramme. As a rule, 1½ grammes in the twenty-four hours sufficed for adults. In cases of mild recurrence the remedy should be given for two or three consecutive days or before the day on which a paroxysm should be expected. Subjective disturbances were never excited by the drug, but it should not be administered just before the hours of sleep. Of 30 cases in which phenocoll hydrochlorate was used only 2 experienced no benefit, while in 28 cases the febrile paroxysms were checked soon after the exhibition of the first dose. Swelling of the spleen, when present, was unaffected. The effect is more profound and more lasting than that produced by quinine, which must, moreover, be employed in larger doses. Phenocollum hydrochlorate succeeded in many cases where quinine had failed. *Deutsche Med. Zeitung.—Med. Bulletin.*

Treatment of Malaria by Means of Potassium or Sodium Nitrate.

Dr. Peter Buro, of Arva-Polhora, who lives in a malarial district, has had many opportunities of demonstrating the value of these salts in malaria, and has formed the following conclusions: 1. The nitrate of potassium and the nitrate of sodium are specific remedies in typical malarial intermittent, whether it assumes the quotidian, tertian, or quartan form. 2.

Both salts manifest an exact action, but the sodium salt has the advantage of being free from the slightly toxic effect of nitrate of potassium. It is likewise better adapted to subcutaneous administration, being three or four times more soluble in water than the salt of potassium. 3. The usual single dose for adults is from 15 to 24 grains, and it may be given in either the febrile or the afebrile stage. Larger or more frequently repeated doses are, however, often required. 4. Cases occur, though rarely, in which the saltpetre fails to prevent an attack. 5. A decided advantage of these salts is that they exert no ill effects upon the digestive organs or nervous system, nor do they produce any untoward results. They may also be easily exhibited in a palatable form, which recommends them to juvenile patients. — *Deutsche Med. Zeitung.—Ib.*

Solution of Epsom Salt for Burns.

Dr. N. F. Howard, of Dahlonaga, Ga., reports to the *Atlanta Med. and Surg. Jour.* an interesting case of very severe burns of both hands, in which the usual applications failed to relieve the pain. The hands were immersed in a solution of one pound of epsom salts to two quarts of water, when the pain ceased at once. After holding them in the solution one hour the redness, swelling, heat and pain were entirely gone, when they were given the usual dressings of oil and oxide of zinc and the burned surfaces proceeded to rapid healing. Let us bear this in mind and make use of it in the next case. It is well known that bicarbonate of sodium will give practically the same results.

Cheap Infant Foods.

There is no doubt that several of the infant foods now on the market, if properly administered, can be substituted efficiently for human milk. But among the poorer classes, the expense attending the use of these foods is a great tax. Dr. H. D. Chapin, and Dr. S. Eiloart have undertaken a series of experiments for the purpose of obtaining a cheap substitute for human milk, using cow's milk as a basis. Dr. Chapin advises against the complete sterilization of city milk, but thinks that its partial sterilization or pasteurization is necessary in order to kill the microbe of lactic acid fermentation. The milk used is the ordinary cow's milk of the city, which is twenty-four to thirty-six hours old. This is allowed to stand, and the upper half only used. This contains, according to Dr. Chapin and Eiloart, 4.9 per cent. fat, as against 3.03 per cent. in the lower half. The object sought for by the investigators was to secure some diluent for the milk which would properly

enrich it, and at the same time prevent its coagulation in large tough curds. For this purpose the milk is diluted with barley, oatmeal, or wheat flour gruel, and then diastase in the form of malt added. The results obtained from the use of this food on thirty-seven cases were good. The special directions for making the food are as follows:

RECIPE I.—Materials.—Wheat flour or barley meal, two ounces (two tablespoonfuls heaped as high as possible); water, fifty-six ounces (a quart and three-quarters); extract of malt, half a teaspoonful or a small teaspoonful.

Process.—With thirty ounces (a scant quart) of the water make the flour into a gruel, boiling ten minutes in a double boiler. Take out the inner vessel and add the rest of the water cold, the malt extract being dissolved in the last few ounces added. Let it stand fifteen minutes. Put back the inner vessel and heat again in the double boiler fifteen minutes. Strain through a coffee strainer of wire gauze.

If for any reason it is desirable, and in cases of diarrhea, to give a smaller proportion of maltose, the following recipe is used, and we get a food containing only one-fourth of the solid matter in the form of maltose:

RECIPE II.—Materials as in RECIPE I. Proceed as before, but reserve only one pint of the water for adding cold. After adding the cold water with the malt extract dissolved in the last few ounces of it, let it stand only three minutes instead of fifteen minutes. Then heat ten minutes in a double boiler and strain.

To make the gruel well and quickly, beat the flour with very little water. A little beating with little water is better than much beating with much water. Beat smooth, therefore, while the paste is still almost a dough; then add cold water to make a thin paste, and to this add the rest of the first part of the water boiling hot, with stirring. If these directions are followed, very few lumps will remain on the strainer; in fact, only about five per cent. of the meal need be lost in this way. The water in the outer vessel of the double boiler must be kept boiling throughout. Whichever recipe is followed, the food should be taken mixed with milk.—*Med. Record.*

Treatment of Diarrhea of Children.

In treating diarrhea of infants, children or adults, we should always remember that the secretions are defective, as indicated by a dry or coated tongue, unnatural color of stools, etc., and to attempt to arrest the watery discharges with such a pathological condition present by opiates and astringents will not last—will do injury, harm instead of good. Therefore first use:—

R. Hydrarg. chlorid. mitis.....gr. j
Sodii bicarb.....gr. v
Pulv. sacch. alb.....gr. xx M
Ft. chart. x.
S'g.—One every two or three hours until discharges are changed in color and consistency; or hydrarg. cum creta, one part, triturated with two or three parts of sacch. lacti. Of this powder give two grains every two or three hours.

These powders will often restore healthy secretory action, and cure the diarrhea alone. If not, follow with small doses of bismuth subcarb, nux vomica, and ipecac, or a few drops of the following:

R. McMun's elixir opii, }
Tinct. rhei, } aa f oz. ss. M.
Tinct. camphorae }
Sig.—From five to ten drops every hour or two, as needed and according to age of child.

Or, for very young children prescribe:—

R. Svr. rhei aromat.....oz. j
Tinct. opii camph.....oz. ss
Tinct. cardamom. comp.....dr. ii
Aqua calca.....oz. vj
Sig.—Teaspoonful every hour or two, as needed.
—Livezey.—*Matthew's Med. Quarterly.*

Remedy Against Epilepsy.

S. A. Siminoff *Med. Obozr.*, xxxix., 1893, No. 4, pp. 391-2) details three cases of epilepsy cured by him by the administration of an infusion of common tansy. He has also used this decoction with good effect in cases of neurasthenia, where valerian had ceased to be effective. A glassful of the infusion of the herb (either fresh or dried) is given to the patient at night and in the morning.—*Scientific American.*

The Modern Treatment of Typhoid Fever.

By J. T. WRIGHT, M. D., SALISBURY, N. C.

My method of treatment is somewhat as follows: If called in during the early stages of the disease, I generally prescribe a good mercurial purge, which usually cleanses the tongue very nicely, and at once institute the antiseptic treatment.

If there is much pyrexia, I use the following:

R. Phenacetin..... dr. j
Salol..... gr. xxiv
Creasote..... gtt. xij
Quinia sulph..... dr. ss—j
M. et ft. cap. No. xxiv.
S. Two every 4 or 5 hours.

However, if the fever is not very high, I content myself with the external application of cold, such as the wet pack, sponging with spt. myrcia, one ounce to a pint of water, and the ice-bag. I also use Yeo's chlorine water with moderately successful results. When there is much tympanitis, or a more marked tendency to delirium, or when the tongue is harsh and dry, I add from two to three drops of oil of turpentine per dose to the above prescription.

In conjunction with the above treatment I use some acidulous drink, as nitro-muriatic acid, which allays the intense thirst, though

water and ice are allowed. Alcoholic stimulants are rarely called for, milk and the concentrated foods being amply sufficient to nourish and maintain the patient's strength. * * *

In conclusion, I would say that the antiseptic plan of treatment is deserving of attention, for, while by the old, or expectant plan, the mortality is from 15 to 20 p. c., by the antiseptic the mortality is practically reduced to insignificance.—*N. C. Med. Jour.*

Thyroid Feeding in Exophthalmic Goitre.

BY DAVID OWEN, M.R.C.S., L.S.A., MANCHESTER, ENGLAND.

Now that the use of thyroid gland in the treatment of disease is receiving so much attention, the following case may be of interest:

W. U., aged 46, a laborer, came under observation last May on account of an attack of diarrhea, which had kept him awake the whole of the night before. He said that for twenty years he had had a swelling in the neck and a prominence of the eyeballs. Several doctors had noticed these peculiarities. During that time he had suffered much from palpitation and breathlessness, which rendered him unable to do a good day's work.

His face wore a very anxious expression, the eyeballs were very prominent, a wide ring of sclerotic being visible; the upper eyelids did not accompany the eyeballs in downward movement, and carrying the hand rapidly in front of his eyes did not cause blinking. There was visible arterial throbbing in the neck, and a fullness in the thyroid region protruding well in front of the anterior border of the sterno-mastoid muscles. Pulse 126. The apex beat was in the sixth intercostal space just outside the nipple line. The upper margin of the cardiac dulness was in the third intercostal space, the right margin at the left border of the sternum. No murmur was detected. There was no albumen in the urine.

The diarrhea was checked by opium. Then quinine, iron, digitalis, and arsenic were given for a fortnight without benefit. He was then put upon raw sheep's thyroid (a quarter lobe per diem,) minced and flavored with a little salt and vinegar. His wife gave him, through a misunderstanding, $\frac{1}{2}$ lb. daily for two days. This caused dyspeptic symptoms—nausea, eructations, vertigo, and insomnia. His face and legs swelled, in consequence, he thought, of the "neckbergs," by which name thyroids are known to butchers in this locality. The thyroid was discontinued for a week, and the unpleasant effects of the previous mistake having passed off, was resumed in the quantity origin-

ally prescribed. He steadily improved, and for the last three months has been able to do heavy work without the slightest discomfort—an experience unknown to him, he says for many years. The exophthalmos is now scarcely perceptible, and would not be suspected without close examination. There is now a depression in place of the previous fullness in the thyroid region. The pulse is 76. The area of cardiac dulness is unaltered. Arterial throbbing has disappeared. The patient is greatly surprised at the change which has come over him, and continues to take a quarter of a lobe twice a week. One cannot be sure there is a connection between the treatment and the improvement, though the patient has no doubt on the matter.—*Brit. Med. Jour.*

Injection Method of Treating Certain Classes of Hemorrhoids.

This method, though generally condemned, is sometimes very efficient in simple hemorrhoids without ulceration, and where the sphincter is relaxed. The bowels should be washed out with enemata, and antiseptic precautions carefully observed. The tumor is brought into view, without a speculum, if possible, the parts thoroughly cleansed, and a needle introduced from the base of the tumor to the center. The blood is then pressed out of the tumor with the finger, and great care taken to see that the needle is neither in the cellular tissue beneath the hemorrhoid, or immediately adjacent to the mucous membrane. The fluid is to be injected in very small quantities in different parts of the hemorrhoid through the one puncture; two are generally sufficient—never more than four minims. I prefer the following modified Shuford's solution:

Carbolic acid.....	dr. jss
Salicylic acid.....	dr. ss
Bicarbonate of soda.....	dr. i
Glycerin.....	q. s. ad oz. j

The fluid should always be perfectly clear, and should never be used when of a reddish or yellow color, for it is then likely to cause considerable irritation. The injection causes no pain, and does not interfere with the patient's occupation. It is sometimes necessary to repeat the operation on a large hemorrhoid, but this should not be done for three weeks. There is nothing in the fluid to produce suppuration, and when this occurs it is due to faulty technique. I have never had death, hemorrhage, fistula, stricture, or protracted ulceration produced by this method in nearly one thousand injections, and I believe this is due to antiseptic, and the injection of very small quantities of weak solutions. Some cases recur in from

two to four years, but the treatment can then be repeated satisfactorily; in the majority of cases there is no return.—*Am. M. S. Bulletin.*

Ammonium Embelate as a Tenifuge.

Dr. A. Durand (*Inaugural Thesis*; Bordeaux, 1893.)

The author has conducted a series of clinical experiments with AMMONIUM EMBELATE, which prove the reputed anthelmintic value of this remedy. Of eight cases the tenia were killed and completely expelled in seven, while in the eighth, in which pelletierine had proved of no avail, the parasite was only partially removed. The patients were subjected to the milk-diet for three days—ammonium embelate being given on the morning of the second day, on an empty stomach, in doses of 40 centigrammes (6 grn.), taken in wafers and followed by a purgative—preferably castor oil in 30 gramme (1 fl. oz.) doses—after 24 hours. The author considers ammonium embelate a reliable and harmless tenifuge.—*Amer. Med. Surg. Bulletin.*

A Good Recovery From a Bad Injury.

By T. J. NEWLAND, M.D., SURGEON, N.P.R.R., ELLENSBURG, WASH.

On January 16, 1893, Mr. B., aged about 30 years, while acting in the capacity of brakeman for the N. P. R. R., fell from the top of a box car of a moving train to the track, and a loaded car passed over his left foot diagonally from the heel forward across the arch, inflicting a severe compound-comminuted fracture of the tarsal bones, and a greatly lacerated condition of the soft tissues, almost severing the foot, with the complete destruction of all the principal nutrient blood vessels—a sickly sight of mangled tissue.

It was found necessary to remove many fragments of bone, and when the wound was properly cleansed and ready for the dressing, I write for description." Commence on this basis, and get the benefit of his enterprise.

SEND your name and address to the Angier Chemical Co., Boston, Mass., and mention this notice and they will send you free a card of excellent pens. They take this method of calling your attention to their emulsion of petroleum. Better also say that you are a subscriber for THE MEDICAL WORLD, and tell them what you think of it.

HAVE you made out your bills for services during last month? If not proceed to get in the books.

NEURASTHENIA.

- R. Tr. kola.
- Tr. coca.oz. jss
- Citric acid.....gr. xv
- Arsenate of sodium.....gr. ʒ4
- M. Sig. Teaspoonful three times daily.

—*El Siglo Medico.*

that was left of the patient's foot. A large piece of moist sterilized gauze was drawn through the foot, and all the openings well packed with the same sort of material. Circulation by the superficial vessels remaining was encouraged by artificial heat, which was found to be essential for about three weeks. It was dressed as often as deemed necessary.

The large cavities filled but slowly on account of the deficient circulation, by granulated tissue, without suppuration, the wound remaining aseptic throughout. The foot shortened some by contraction of the remaining tendons, and in a couple of months there was considerable strength in the foot, and the patient was going about comfortably on crutches.

On April 26th following he was transferred to the company's hospital at Missoula, where the remaining granulating surface was successfully covered by skin-grafts by Dr. J. J. Buckley, chief surgeon, and the patient soon discharged. To-day, and for several weeks past, only a little more than twelve months since the accident, the man walks as rapidly as the average individual. True, he limps some, but the foot has become quite strong. The new tissue formation has become dense and hard, forming a good false joint.

This case has been of great interest to me, and I believe it should be to every surgeon, on account of the anatomical arrangement of the bony structure of the foot being so extensively disorganized, and yet its functions so nearly restored. It should teach us that conservative surgery should never be lost sight of, and that it is very often rewarded by flattering results.—*Med. Sentinel.*

The Sulphites and Hyposulphites.

In an interesting and exhaustive article in the *Jour. A. M. A.*, Dr. Joseph Jones, of New Orleans, gives some important facts regarding this useful class of agents (the sulphite and the hypo-sulphite of sodium calcium potassium or magnesium). In the treatment of wounds they present the following advantages: 1, anesthesia of the wound; 2, prevention of nervous accidents; 3, excitation of granulation and acceleration of cicatrization; 4, diminution of the quantity of pus, which it renders viscid, sweet, inodorous and neutral.

Under the head of Physiologic Action the author concludes as follows: Giving credit to the conscientious experiments of Polli and of Burgreave upon animals, it becomes difficult to refuse to admit: 1, that these salts exercise upon the economy a very marked action, an action almost specific in certain cases; 2, that their

administration is able not only to retard death, but also to alleviate the symptoms of purulent infection, produced by the introduction into the circulatory system, in large doses, of pus, or of blood rendered putrid by divers poisons, and to effect a cure in a marked number of such cases. Purulent infection, purulent diathesis and metastasis, phlebitis, pyemia, putrid infection, puerperal fever, form a group of septic diseases presenting a special character of putridity and a mixed alteration of liquids and solids. It is well known how grave the prognosis is in all these affections, and how powerless and uncertain are all therapeutic means. The indications can be much better met, and success becomes much more certain with the sulphites.

Under Therapeutic action, they are recommended for use in blood poisoning from various sources, malarial fevers, typhoid fever, the eruptive fevers, diphtheria, and as a lotion in catarrhal states of the bladder and the genital and other mucous passages.

Formulas.

Therapeutic Hints.

(From *The Medical Record*)

BROMIDROSIS.

Internally give $\mathfrak{m}.$ viij. tinct. belladon. in \mathfrak{zss} . fluid extract ergot, three times a day; externally, use on the body the following powder several times daily:

R. Salicylic acid.....	dr. 3
Boric acid.....	oz. 3
Zinc oxide.....	oz. $\frac{1}{2}$
Powdered starch.....	oz. 5
Ottar of roses.....	ms 20

PLEURITIC EXUDATION.

To prevent extension of exudation: Absolute rest in the recumbent position, until temperature has been normal for eight days, the heart and respiration being the guides as to increase of fluid. No movement to be permitted for the purpose of examining the chest or for any other object. Striking results reported.

PURULENT OPHTHALMIA.

Carefully wash the eyes first; then:

R. Corrosive sublimate.....	grm. 0.02 (gr. $\frac{1}{2}$)
Sydenham's laudanum.....	" 0.05 (m. viij)
Distilled water.....	" 150.00 (oz. v)

A drop to be instilled every two hours, then every hour. No cauterization to be employed. Catarrhal symptoms soon begin to disappear. If slight conjunctivitis remain:

R. Sulphate of zinc.....	gram. 0.05 (gr. $\frac{1}{4}$)
Boric acid.....	" 0.04 (dr. j)
Distilled water.....	" 100.00 (oz. iijss)

To be used every two hours, in the same manner as the previous solution, and alternating with it.

CARDIAC WEAKNESS IN ARTERIO-SCLEROSIS.

The distressing palpitation to which this gives rise may be greatly relieved by the following:

R. Chloral hydrate.....	gram. 4.00 (dram 10)
Sodium bromide.....	aa.....cent'g. 0.10 (gr. $\frac{1}{2}$)
Codeine.....	cent'g. 0.10 (gr. $\frac{1}{2}$)
Water.....	
Syrup of orange peel.....	gram. 45 (dram 11 $\frac{1}{2}$)
M. Sig. Take a dessert-spoonful every two hours till the heart is quieted.	

SCIATICA.

R. Opii pulv.....	aa.....	gr. xij
Ipecac pulv.....	aa.....	gr. j
Sodii salicylat.....		dr. j
Ext. cascara fl.....		q. s.
M. Div. in pil No. xij		
S. One or two pills for a dose.		

—*Dr. Benjamin Ward Richardson.*

FERMENTATIVE DYSPEPSIA.

R. Olei crocoti.....	minims xij
Spts. tennoris.....	ounces ss
Ammon. benzoa.....	drams ij
Glycerin.....	drams vi
Infus. carophyl. q. s.....	ad. ounces vi
M. S. Tablespoonful in a glass of water.	

—*Dr. B. W. Richardson.*

ATROPHIC RHINITIS.

R. Thymol.....	0.05 ctgm. (gr. 1 $\frac{1}{4}$)
Alcohol.....	
Glycerine.....	aa..... 6 gram (dr. 1 $\frac{1}{2}$)
Distilled water.....	8 gram (dr. $\frac{3}{4}$)
M. Apply with atomizer	

NIGHT SWEATS OF PHTHISIS.

R. Sulphate of atropine.....	0.0005 gram (gr. 1-128)
Sulphate of zinc.....	0.12 gram (gr. 4-5)
Galic acid.....	0.12 gram (gr. 4-5)
Creote.....	10 gttis
M. Div. in pil. No. v.	
S. One pill thrice daily.	

HÆMOPTYSIS.

R. Gallic acid.....	
Ergotine.....	aa..... 1 gram (gr. 15)
Distilled water.....	
Syrup.....	aa..... 25 gram (dr. 6 $\frac{1}{4}$)
M. S. Teaspoonful every two hours, or, if the bleeding is severe, every hour. Better results follow the use of the ergotine in this mixture than when it is given alone hypodermatically.	

The fluid should always be perfectly clear, and should never be used when of a reddish or yellow color, for it is then likely to cause considerable irritation. The injection causes no pain, and does not interfere with the patient's occupation. It is sometimes necessary to repeat the operation on a large hemorrhoid, but this should not be done for three weeks. There is nothing in the fluid to produce suppuration, and when this occurs it is due to faulty technique. I have never had death, hemorrhage fistula, stricture, or protracted ulceration produced by this method in nearly one thousand injections, and I believe this is due to anti-sepsis, and the injection of very small quantities of weak solutions. Some cases recur in from

ESCHAROTIC PASTE FOR CANCER, LUPUS, ETC.

R. Wheat-flour..... 7 ounces
 Starch..... 2 ounces
 Corrosive sublimate..... 15 grains
 Pure iodol.
 Croton chloral.
 Bromide of champhor.
 Crystal carbol. acid..... 2 1/2 drams
 Oxide of zinc..... 7 ounces
 Water, enough to make a homogenous mass of the consistence of putty.

—*Felix.*

reference. We would recommend our readers to have this work at hand for the solution of many of their knotty problems in diagnosis, for which they might otherwise have to resort to the quiz column.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONERS INDEX, for 1894. Cloth, 704 pages, price only \$2.75. E. B. Treat, 5 Cooper Union, New York.

This work, very good at first, is yearly becoming better and more valuable. The number now just out is full of valuable and reliable abstracts of the latest that is known in regard to new remedies, treatment and diagnosis. It is full of illustrations, many of them full-page colored plates. The wonder is that it can be supplied at such a low price.

Important Patent Decision—The Allen Pump Patents Sustained.

FILARIA SANGUINIS.

In chyluria may be driven out of the system by thymol gr. j. every four hours, with subsequent doubling of the dose.—*Bul. gén de Thér.*

TONIC AND ALTERATIVE.

R. Liq. potassii arsenitis.....dr. ij
 Tinct. nucis vomice.....oz. ss
 Tinct. gentiane comp.....oz. ij
 Syr. acidi hydrochlorici (Hostally's) q. s.....oz. vj
 M. Sig. Teaspoonful ter in die. To be taken in wineglassful of water.

In our April issue the advertisement of Willis H. Davis, of Keokuk, Iowa, was slightly mixed; the \$6.00 in last line of his \$5.50 "Western Leader" advertisement did not belong to the "Western Leader" adv., but should have gone in a separate paragraph as follows: "Western saddle bags \$6.00; write for description." Communicate with him upon this basis, and get the benefit of his enterprise.

SEND your name and address to the Angier Chemical Co., Boston, Mass., and mention this notice and they will send you free a card of excellent pens. They take this method of calling your attention to their emulsion of petroleum. Better also say that you are a subscriber for THE MEDICAL WORLD, and tell them what you think of it.

HAVE you made out your bills for services during last month? If not proceed to act in the best manner.

NEURASTHENIA.

R. Tr. kola.....ss.....oz. jss
 Tr. opca.....gr. xv
 Citric acid.....gr. xv
 Arseniate of sodium.....gr. 1/4
 M. Sig. Teaspoonful three times daily.

—*El Siglo Medico.*

A CATARRH SNUFF.

The following is recommended by a writer in a French journal as a useful remedy for acute coryza:

R. Salol.....gr. xv
 Salicylic acid.....gr. ij
 Boric acid.....dr. j
 Tannin.....dr. jss
 Sig. To be used as a snuff in the early stage of an acute rhinitis.

FOR HEMOPTYSIS.

R. Gallotannic acid.....ss.....1 gm. (grs. xv)
 Ergotine.....
 Distilled water.....
 Syrup.....ss.....25 gms. (dr. vj)
 A teaspoonful every hour.

OINTMENT.

Applied to large joints in articular rheumatism. Anoint joints and cover with flannel.

R. Salicylic acid.....} aa gms. 10 (dr. jss)
 Lanoline.....} aa gms. 10 (dr. jss)
 Ess. of turpentine.....} aa gms. 10 (dr. jss)
 Benzoeated lard.....gms. 80 (oz. jss)

CORYZA.

In obstinate cold in the head the following is recommended:

Salicylate of soda }(dr. iv.).....gms. 15
 Syrup of orange peel, }(oz. ij).....gms. 90
 Peppermint water,(oz. ij).....gms. 90
 A dessert spoonful every three to four hours, until the ears ring.

Alcoholic solutions do not increase the absorbent power of the drug; on the contrary, they slow it. It is less rapid after eating. A little sea salt on the tongue, before taking, will mask the disagreeable taste.—*Lancet Clinic.*

CHRONIC GONORRHEA AND GLEET.

R. Eucalyptol (Sander & Son's).....dr. ij
 Spr. vin. rect.....oz. i
 Zinci sulph.....grs. xv
 Morphine sulph.....grs. iv
 Aquæ font. q. s. ad.....oz. iv
 M. Sig. Inject one to two oz. twice daily. Shake well before using.

Corrections.

It is very difficult, as prescriptions are ordinarily written, to have them all set up in type without some slight error. Hence, readers of medical journals should always be guided somewhat by their own judgement when the apparent dosage is very far from that ordinarily employed.

On page 146, April WORLD, prescription for gonorrhoea, the bromide of potassium should read dram iss and the last ingredient should read ounces viii instead of drams viii.

In the prescription for scarlatina, same column, the salicylate of soda should be grains xxx to drams ii,

and the last three ingredients should be, "of each q. s. ad ounces iv."

The annual meeting of the American Medical Association will be held in San Francisco, Cal., on June 5th, 6th, 7th, and 8th. For any desired information address the Permanent Secretary, Dr. W. B. Atkinson, cor. Broad and Pine Sts., Philadelphia.

Reviews.

In writing for any publication reviewed please mention THE MEDICAL WORLD.

MANUAL OF THERAPEUTICS. By A. A. Stevens, A. M., M.D., of Phila. Cloth, 485 pages, \$2.25. W. B. Saunders, 925 Walnut St., Phila.

A very useful manual, bringing the subject up to date. The newer drugs, introduced within the past few years, are duly recognized.

A TEXT-BOOK OF THE DISEASES OF WOMEN. By Henry J. Garrigues, A. M., M.D., of New York. Price, net, cloth, \$4.00, sheep, \$5.00. W. B. Saunders, 925 Walnut St., Phila.

It is with pleasure that we place before those of our readers who need a work on this subject, this excellent volume by Prof. Garrigues. The reputation of this distinguished author for thorough conscientious work is sufficient guarantee of its great value. The book is most magnificently illustrated with three hundred and ten engravings—many of them colored plates.

NURSING IN EYE DISEASES. By C. S. Jeaffreson, M. D., F. R. C. S. E., of Newcastle-on-Tyne. cloth, 90 pages, price two shillings six-pence. John Wright & Co., Stone Bridge, Bristol, England.

This will prove a most useful hand-book to physicians doing much work in diseases of the eye, both for the hints to themselves and as a book of instruction for their nurses. The author gives many illustrations showing methods of bandaging, dressing etc. He gives detailed nursing directions for cases after each one of the principal operations upon the eye.

LECTURES ON AUTO-INTOXICATION IN DISEASE, OR SELF-POISONING OF THE INDIVIDUAL. By Ch. Bouchard, of Paris. translated by Thomas Oliver, M.A., M.D., F. R. C. P., of Newcastle-upon Tyne, England. Cloth, 302 pages, octavo, \$1.75, net. The F. A. Davis Co., 1914 Cherry St., Philadelphia.

This is a scholarly and most important work. Too seldom does the physician sufficiently recognize the significance of self-intoxication. In the future it must be more generally recognized in estimating causes, diagnosis and prognosis and in determining treatment. The author treats of Production and Elimination of poison; Toxicity of the urine; Toxicity of the contents of the intestines; Chronic gastrointestinal intoxication; Dilatation of the stomach; Typhoid fever; Jaundice and bile-intoxication; Pycyanic disease; Diabetes; Cholera; General therapeutics of self-poisoning.

CLINICAL LECTURES ON PEDIATRICS. By A. Jacobi, M.D. Cloth, 195 pages. Published by Bailey & Fairchild, New York, N. Y.

This is a work of great interest to the physician especially desiring more light on the treatment of diseases of children. Prof. Jacobi is high authority on the subject.

ANOMALIES OF REFRACTION AND OF THE MUSCLES OF THE EYE. By Flavel B. Tiffany, M.D., Kansas City, Mo.

This book is profusely illustrated, and contains, in addition to what is found in the ordinary books on this

SCIATICA.

R. Opii pulv.aa..... gr. xij
 Ipecac pulv.aa..... gr. xij
 Sodii salicylat. dr. j
 Ext. cascara fl. q. s.
 M. Div. in pil No. xij
 S. One or two pills for a dose.

—Dr. Benjamin Ward Richardson.

FERMENTATIVE DYSPEPSIA.

R. Olei crocoti. minimis xij
 Spts. tennoris. ounces ss
 Ammon. benzoa. drams ij
 Glycerin. drams vi
 Infus. caryophyl. q. s. ad. ounces vi
 M. S. Tablespoonful in a glass of water.

—Dr. B. W. Richardson.

ATROPHIC RHINITIS.

This manuscript has slumbered in obscurity for over a hundred years, now to be published for the first time by this enterprising magazine.

THE NEW YORK STATE MEDICAL REPORTER. Monthly, \$1.00 per year; edited by H. Bronson Gee, M.D., published by George R. Fuller, Rochester, N. Y.

We wish the new journal a brilliant career in the field of medical literature.

WHAT an appropriate name has that matchless magazine—THE ARENA, of Boston, Mass. As in the physical Arena of old were fought many fierce con-

R. Gallic acid.aa..... 1 gram (gr. 15)
 Ergotine.aa..... 25 gram (dr. 6¼)
 Distilled water.
 Syrup.aa.....
 M. S. Teaspoonful every two hours, or, if the bleeding is severe, every hour. Better results follow the use of the ergotine in this mixture than when it is given alone hypodermatically.

The fluid should always be perfectly clear, and should never be used when of a reddish or yellow color, for it is then likely to cause considerable irritation. The injection causes no pain, and does not interfere with the patient's occupation. It is sometimes necessary to repeat the operation on a large hemorrhoid, but this should not be done for three weeks. There is nothing in the fluid to produce suppuration.

This paper is a curiosity in that it presents a list never before presented to the public that we have seen. It shows that no one condition of life, or one locality specially, favors the prologation of human life; that neither the rest of affluence, or the labor of the poor man conduce much to the attainment of very old age. The long list would serve to show the helplessness of old age and the great neces-

sity of laying up during the early half of life the necessary means for maintaining the latter half, which is for the most part one of debility and dependence.

CLINICAL DIAGNOSIS. By Albert Abrams, M. D., (Heidelberg, Germany). Cloth, 273 pages, price, \$1.75. E. B. Treat, No. 5 Cooper Union, New York.

This book is well worth the attention of the practitioner. The information is well classified and easy for reference. We would recommend our readers to have this work at hand for the solution of many of their knotty problems in diagnosis, for which they might otherwise have to resort to the quiz column.

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Important Patent Decision—The Allen Pump Patents Sustained.

Judge Crossup, of the United States Circuit Court in Chicago, has just rendered a lengthy decision sustaining the validity of the Allen Patents. The decision is the result of a suit brought by Mr. Charles Truax, Chicago, against W. C. Carroll, Burton F. Hales, et al. of the Physicians' National Supply Co., for manufacturing and selling surgical pumps resembling those manufactured under the Allen Patents.

This is an important decision and one of considerable interest to the medical profession.

Wit and Wisdom.

In our April issue the advertisement of Willis H. Davis, of Keokuk, Iowa, was slightly mixed; the \$6.00 in last line of his \$5.50 "Western Leader" advertisement did not belong to the "Western Leader" adv., but should have gone in a separate paragraph as follows: "Western saddle bags \$6.00; write for description." Communicate with him upon this basis, and get the benefit of his enterprise.

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HAVE you made out your bills for services during last month? If not proceed to get in the habit of doing this good turn to yourself with regularity. It won't offend your patrons who pay, and as for the others, it is a question of statesmanship as to whether you care to cater to their business or not.—*Lancet Clinic.*

HAVE you seen F. Stearns & Co's advertisement of a new form of iron? Send for samples and literature.

PORT GIBSON, N. Y., March 10th, 1893.

Having tried Freiligh's Tablets, Cough and Constituent, I find them, especially the Cough Tablets, to be the best of any I have ever used. A. E. Poer, M. D. Class of 1872.

AN EXCELLENT TONIC.—The following can be relied upon as a general tonic. In those cases where there is malnutrition, imperfect enervation, etc., it will be found of great value.

R. Strych. Sulph.....gr. j
Pepsin (P. D. & Co's.).....dr. jss
Tr. Gentian Comp.oz. ij
Syr. Acid Hydrodic (Hostelley's).....oz. ijss
M. Sig:—Teaspoonful immediately after each meal.

F. S. WORCESTER, M. D., WRITES:—Dr. J. A. McArthur, Dear Sir:—I have used McArthur's Syrup Hypophos: Com: quite extensively in the last few years, and from the satisfactory results obtained I shall use it more frequently. In the case of my servant girl, who, to all appearances, was strongly tending to consumption, with loss of appetite, loss of flesh, a short hacking cough, sharp pains through her lungs and a pallid complexion, the effort to perform any work was attended by almost complete exhaustion. I put her on your preparation of Hypophosphites and stopped all other medication, and after taking the second bottle she expressed herself all well, and a month after again took service in a large family and feels nicely. I have used it with gratifying results in cases of marasmus, and in the case of my own baby during the excitement incident upon teething, and in cases for which it is intended it has fully met my expectation. Peabody, Mass., Dec. 10.

MELLIN'S FOOD is recognized as a standard for infants and invalids.

EUBOPHEN is an excellent application to wounds, ulcers, sores, etc. It is especially valuable in cases of chancroid. Address W. H. Schieffelin & Co., New York.

HAVE you used Pineoline for skin affections? Address Walker Pharmacal Co., St. Louis, Mo.

FOR cut rates in surgical instruments (so very desirable in these hard times) address I. Phillips, Atlanta, Ga.

SEND to Micajah & Co., Warren, Pa., for sample of uterine wafers.

SEND to the Maltbie Chemical Co., Buffalo, N. Y., for samples of Nephri-line, Astmaticine and Dyspeptine.

SEND to Dr. J. W. Conner, Labette City, Kan., for a magnificent physician's cane, and then we would suggest that you fill it with granules from the Phila. Granule Co., No. 10 South 18th St., Phila.

HAVE you tried Syrup of Figs as a laxative?

SEND for a sample of Syr. Trifolium Comp. to Parke, Davis & Co., Detroit, Mich.

A POISONOUS LIQUID.—Brown-Sequard is reported to have informed the French Academy of Science that condensing the watery vapor coming from the human lungs, he obtained a poisonous liquid capable of producing almost immediate death. The poison is an organic alkali and not a microbe or series of microbes.

He says it is fully proven that expired air contains a volatile element far more dangerous than the carbonic acid which is one of its constituents.

SAMPLES of Syrupus Roborans and Peter's Peptic Essence (express charges at your expense) will be sent if you address Arthur Peter & Co., Louisville, Ky.

FOR the finest elastic trusses, supporters, etc., address G. W. Flavell & Bro., 1005 Spring Garden St., Philadelphia.

FREE samples (tablets or powder) of Salo-Sedatus, by addressing the Salo-Sedatus Co., St. Louis, Mo.

FOR improved treatment of gonorrhœa and gleet address Charles L. Mitchell, M. D., 1016 Cherry St., Philadelphia, Pa.

FOR sample of Perpœna address Perpœna Chemical Co., 37 College Place, New York.

DOCTORS ARE SOLDIERS.—A proper movement has been undertaken in France, where it is proposed to place the widows of medical men who die during an epidemic, while engaged in their professional duties, upon the same footing as widows of officers who die upon the battlefield, with the intention of obtaining for the one the same compensation as that provided for the other.—*Medical News*.

FOR sample of Sozoderma, a fine antiseptic soap, address Hall & Ruckel, 216 to 220 Greenwich St., New York.

FOR cure for the tobacco habit address F. H. Amlar, Jackson, Mich.

SEND for literature in regard to Tri-iodides and Three Chlorides, to Renz & Henry Pharmacal Co., Louisville, Ky.

FOR bilious conditions try Peacock's Chionia. Sample if you will pay express charges. Peacock Chemical Co., St. Louis, Mo.

WHEN a lawyer defends a man for his life and by some technicality or shrewdness he gains his case, that lawyer is often spoken of as "that man who saved my life." When a person is stricken down, we will say with strangled hernia, just as sure death as hanging unless relieved, he sends for the physician, who understands this technicality of nature, and relieves him, saves him from not the gallows, but death. He does not say "that physician saved my life," but "through the providence of God I escaped death."—*Charlotte Med. Journal*.

FOR Elixir Six Iodides address Walker Green Pharmacal Co., Kansas City, Mo.

FOR treatment for the morphine habit address B. Keith & Co., 75 William St., New York.

SEND for free prospectus for one of the grandest works in the English or any other language—Webster's Unabridged Dictionary—to G. & C. Merriam Co., Springfield, Mass.

SEND for samples of granules to the Detroit Metric Granule Co., 15 Rowland St., Detroit, Mich.

PLATINUM at a white heat will consume any quantity of tobacco smoke, and keep the atmosphere perfectly clear. Lamps with a little plate of platinum

over the flame are used for this purpose, but a platinum wire suspended over a gas-jet is much cheaper, and really does its work better.—*The Med. Gleaner*.

[This proves true if you can catch the smoke and bring it in contact with the wire.—ED.]

SEND for free sample of Hernosine, for the treatment of hernia, to Hernosine Chemical Co., Rochester, Mich.

SEND one dollar for one year's subscription to a bright journal—*The Alkaloidal Clinic*—to Dr. W. C. Abbott, Ravenswood, P. O., Chicago, Ill.

WM. R. WARNER & Co., Philadelphia, make a fine line of specialties as well as standard preparations.

CELERINA is one of the most prompt and efficient of remedies for devitalized or broken down constitutions.

VARIOUS forms of neurasthenia are frequently cured by the use of Celerina, after the usual treatment with nux vomica, damiana, phosphorus, quinine, arsenic, iron, etc., have failed.

ALL people have their trials, except, perhaps, the rich rascals who can suppress the indictments against them.

FROM PROF. A. C. BERNAYS, ST. LOUIS, Mo.—Sen-nine.—This preparation has been recently introduced to the profession by the Dios Chemical Co., put up in two oz. tin boxes with inner perforated lid, and is made by a German chemist whose qualifications I know, and I am glad to recommend the preparation, because it is a scientific one, and is put up in such a neat and practical manner, as to readily answer the requirements of the busy surgeon in private, as well as in hospital practice.

SANMETTO IN CYSTIC AND PROSTATIC TROUBLES and in diseases of the mucous membranes of a chronic character. I have not been in the habit of endorsing proprietary medicines, but *Sanmetto* is such an elegant pharmaceutical combination, that I must make an exception in its favor. I have used several bottles of it in my practice, and have obtained most gratifying, and I may say *surprising* results. In cystic and prostatic troubles it will not disappoint the practitioner. I have found it useful in all diseases of the mucous membranes of a chronic character. I could not get along without it.

IRA D. BROWN, M. D.,
Weedspport, N. Y.

THE FAITH CURE.—Make up your mind that you will be cured by making up your mind that you will be cured, and you certainly will be cured of whatever you can be cured of by making up your mind that you have been cured of it.—*London Hygiene*.

TWO OF the self-sacrificing members of the German nursing sisterhood at the Chicago small-pox hospital took small-pox. One had been vaccinated in infancy, but, because of prejudice, not since. The other, because of the same prejudice, had never been vaccinated. She died; the other sister recovered. A valuable life was sacrificed to an absurd prejudice.—*Med. Standard*.

THE CHANGE AFFECTED.—"What's the card in your pocket, John?" asked his wife.

"That? Oh, before I went to lunch that was a bill

(Continued on next leaf.)

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

PUBLISHED MONTHLY, by C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D., } EDITORS.
J. J. TAYLOR, M. D., }

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance.*

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ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1520 Chestnut Street,

PHILADELPHIA, PA.

Vol. XII. JUNE, 1894. No. 6.

The True Mission of the Profession.

The little outbreak of scarlet fever at Waco, Texas, was promptly suppressed. The State Health Officer visited Waco, and found the health officer there vigilant and efficient, and the few cases that had occurred were promptly isolated.—*Tex. Med. Jour.*

What an important bit of information is conveyed in these few lines. It is even greater than Cæsar's celebrated "Veni, vedi, vici." It tells of the many families who, by the unselfish skill and watchfulness of the faithful health officers, have been spared the anguish of seeing their darling little ones suffer from an unnecessary attack of this terrible disease. It tells of the many fond parents who have been spared the heart-rending grief of losing by death one or more of their beloved flock. It tells of the financial loss, invariably incidental to sickness

and death, saved to the community and to the heads of families in the city of Waco. It tells of the promising young lives saved from a premature close, which, if correctly trained and guarded, free from saloon contamination and other corrupting influences, may prove a blessing to society, state and nation.

But grander than all, it tells of the noble socialistic spirit of the medical profession—not shown so prominently by any other profession—in that they would rather serve humanity gratuitously by preventing illness than to enjoy the financial advantages to be gained by the opportunity of attending cases. This spirit of true socialism distinguishes professional medicine from quackery. The one seeks to serve mankind in a heroic manner; the other, by holding so-called secret formulas and by encouraging or scaring patients in their imaginary illness, seeks only its own selfish gain.

Finally, this brief paragraph teaches how economical and wise it is, in the true, higher sense, for communities to give able support and every encouragement to the authorities of preventive medicine. Dollars spent in that manner save thousands finally, besides saving that which can never be estimated in mere dollars. Since the development of health departments such occurrences are taking place almost daily in our country, but too little notice is taken of them.

A Cabinet Minister of Public Health.

We desire to express our earnest approval of the proposed measure of establishing a cabinet position for the protection of the health of our people. Such an important part of our public work should not be a subordinate bureau or branch of one of the existing departments. There should be a Secretary of Public Health, with full cabinet privileges. The amount of

good which such an officer, properly sustained and equipped, could do is beyond calculation.

Human Vivisection.

A measure of some importance to science has been proposed in a neighboring State, viz: to provide that criminals condemned to death shall be the subjects for physiologic experimentation under anesthetics, and finally put to death by the anesthetic rather than being executed in the ordinary way. There can be no argument against this measure other than those against capital punishment itself.

Medical History.

There should be in every medical college a course of lectures or study on the history of medical science. It is quite important to know what was the condition of medical science and the medical profession from time to time at different ages of the world. In taking up different diseases it is valuable to know something of their history—when and by whom first made known, various theories held from time to time regarding them and different methods of treatment in the past. Thus we could be better informed regarding our science, and be saved the trouble of experimenting to prove theories that have in the past been shown to be false.

An Important Statute.

The law "Against Trusts and Combinations in Restraint of Trade and Product," of the State of Kansas, forbids the adoption or use of physicians' fee bills as "Against public policy and unlawful," and all accounts based upon them are declared void. A physician bringing suit to collect pay for services, basing his rate of charges upon any such a fee-bill or agreement, loses the entire account and the legal costs in the case and, if prosecuted in turn, is liable to fine of from \$100 to \$1000, or one to six months imprisonment, or both fine and imprisonment. The contention of the law is that such fee bills prevent that free and fair competition in all trades, professions and callings which is for the best interest of society. The law applies to transportation companies, manufacturers, insurance companies, merchants and dealers, lawyers and all who might think it to their interest to form such a combination or agreement.

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Replies.

Editor MEDICAL WORLD:—Dr. Smith's case of eczema (page 156) reminds me how often we may find lithiasis underlying ailments, if we take the trouble to look for it. Many a man has writhed under the infliction of itching piles, mental despondency, insomnia, etc., because the doctor does not understand this subject.

Dr. Damanion (page 157) is right. Why need we go back to historical statements, for whose authenticity no man can now vouch, to decide questions of scientific interest: We do not know the conditions that may have influenced the production of idiots in Pharaonic times, but we do know something of those around us. The broad daylight of this nineteenth century is the light by which we should view facts. I will start the ball rolling. I have on my lists of patients and acquaintances one deaf mute, three color blind, two idiots, two neuropathic imbeciles, three insane narcomaniacs, three choreics (recurrent), and in not one of these cases is there any relationship between the parents. All the narcomaniacs are children of opium habitues; one was born of parents both addicted to this drug. If each of us report *all* the cases he *knows*, not those he has heard of, we can get at the truth of this matter. The deaf mutism came from scarlatina; the color-blind children inherited the defect from a grandfather, several of whose descendants became insane, one was an imbecile, another a drunkard. Unfortunately I have never been able to trace this interesting history far enough back to find the source of the neurotic taint.

What an opportunity Dr. Allen has lost! (page 160). Could not his patient have recollected breaking something, or seeing or hearing

of something being cut off during pregnancy, to account for that amputated arm? Did she not bite off a thread even, while sewing? Such an undoubted case of "maternal impression" ought not to be lost. Perhaps her husband cut her off abort when she wanted the moon or some similar trifle.

Dr. Ruff (page 172) might ask his patient if he ever had syphilis.

Dr. Brower (page 173) ought to take iodide of arsenic, and iron or potassium, for a long time; and carry a pearl of amyl nitrite or a little bromic ether in his pocket for the paroxysms.

In Dr. Peak's case I think there must have been a profound impression on the nervous system of the lungs, to account for the recurring cyanosis. How else could it be produced? If it were due to fluid in the lungs, would not the first cough have relieved it, by getting the fluid out?

It looks as if that "muscular rheumatism" of Dr. Reneker's case (page 174) were the starting point of the suppuration, but he does not tell us where it was located. Has he washed out the abscess cavities with peroxide of hydrogen? In his second case I would doubt the accuracy of the urinometer. They are gotten up so cheaply now that I would not pin my faith to them.

For ulcerative stomatitis (page 174): Let a dentist see to the teeth, filing off sharp edges, removing tartar, etc. Let her chew rhubarb root when dyspepsia or constipation occur. Wash out the mouth with peroxide freely, dry the surface of the ulcer, and cover it with iodoform, repeated every 4 hours till well.

"Enquirer" (page 175) would better take the treatment for epilepsy as given in my little manual, and follow it up. The causation of epilepsy is often obscure.

In Dr. Toms' case (page 174), whatever the cause of the testicular enlargement, it is quite natural that the accumulation of semen even for a few days should cause irritation. Fifteen years is a very long time for tuberculous disease to linger in the testicle. The history points rather to hydrocele. At any rate, why put off the operation so evidently needed. Cut in, and if it is a hernia, replace it; if a hydrocele, amputate a piece or all of the sac; if a solid tumor, remove the testicle.

Dr. Hotz' case presents the ordinary history of gangrene. Cause, an unknown microbe. The thumb should have been opened on the 20th, and all gangrenous tissue cut away, the wound dressed with antiseptics, and quinine, wine and tincture of iron given in the fullest doses she could take.

For albuminous nephritis (page 175), give a diet exclusively of milk, junket, buttermilk and grape juice, unfermented, with gallic acid and tincture of iron to restrain the loss of albumen, and acetate of potassium for dropsy, if there be any. WILLIAM F. WAUGH, M.D.,
103 State St., Chicago, Ill.

Further Details from Dr. Moor in Regard to the Use of Permanganate of Potassium in Morphine Poisoning.

EDITOR MEDICAL WORLD:—I have read with a great deal of interest and pleasure the reports of the successful use of permanganate of potassium in cases of opium poisoning, as published in the April number of your esteemed periodical. Permit me to add a few remarks regarding the mode of administration of the antidote in question. In the *Medical Record* of February 17, 1894, I have pointed out that one grain of morphine is decomposed by exactly one grain of permanganate of potassium. This should be the basis of the permanganate treatment of opium poisoning. No matter how much time has elapsed since the taking of the poison, a sufficient quantity of the antidote should be given per os (well diluted), or if the patient is unable to swallow, the permanganate solution can easily be administered through the nose by means of a catheter, piece of rubber tubing and a funnel. Hypodermatically, a 1:15 solution can be used. The modus operandi of hypodermatic injections of permanganate of potassium in cases of morphine poisoning is explained by the fact that the permanganate instantaneously selects morphine from amongst albuminous bodies.

WILLIAM MOOR, M.D.,
355 Boulevard,
New York, N. Y.

Potassium Permanganate as an Antidote for Snake Poison.

EDITOR MEDICAL WORLD:—On the 17th of April, a friend and myself were hunting snipe on a marshy prairie about six miles from town. My dog was running ahead of me some seventy-five yards or more when he came to a dead point directly in my path. I, thinking that game of some order must be near him, hastened to learn what it might be, with gun cocked and ready at once to be adjusted to the shoulder. To my surprise, when within a few paces of him, I heard a sound like that produced by a nest of bumble bees after being disturbed. Knowing that it was nothing I was hunting for, I stepped back a few steps and about the same time my dog moved, but, as he did so, a prairie rattle snake seized him in the inferior maxillary

region. I killed the snake, it wearing eight rattles and a button. Having no antidote for snake poison with us, not even "*Rubus Oculi*," which is generally considered a great necessity on such trips, we determined to return to town. Soon after reaching home I gave my dog, which is a Irish Setter, ten grains of potassium permanganate. He was very sick and very much swollen. I expected him to die that night, but, to my surprise, he was feeling much better next morning, though the swelling was as much as the night before. I made a sixteen grain to the ounce solution of the potassium permanganate and injected thirty-five minims into the wound produced by the snake. I was gratified in a few hours to see the swelling diminishing and next morning it was entirely gone. He is entirely well now and is as good as ever. Whether it was the permanganate or his constitution I cannot say, but am inclined to think it was the permanganate. R. SEVIER, M.D.,
Richmond, Mo.

Quadruple Birth.—Permanganate of Potassium as an Antidote to Cyanide of Potassium and other Poisonous Drugs.

Editor MEDICAL WORLD:—What do you think of the enclosed *quadruple birth*?

"A recent number of *La Ilustracion de Cuba* states that on the 27th of February last, Madam Buenviaje Carillo, wife of District Attorney Don Luciano Jimenez, of Remedios, gave birth to four robust children. All doing well at last accounts; the little ones soon to be baptised."

Some one asks for an antidote for cyanide of potassium. The permanganate of potassium is a good one.

The permanganate of potassium is an antidote also for strychnine, oxalic acid, colchicum and a good many other elements.

I have used the permanganate of potassium in the analysis of iron ore for years, and used it as an antidote for a good many chemical elements.

H. SCHAFER, M.D.,

San Diego, Cal.

The Only Child.—A Question of Heredity.

Editor MEDICAL WORLD:—Rev. James A. Miller, Ph. D., contributes to the columns of the *New York Evangelist*, of 12th inst., an interesting article under the caption "Does an only Child Often Achieve Greatness?" The author of the article was, no doubt, to great pains in his research and says that "out of two-hundred of the world's notables, I could find only six, of whom it would be safe to affirm that they had neither brother nor sister." Mr.

Miller is not alone in the impression that, as a rule, the "only child" is not the most likely to attain reputable distinction. He quotes Rev. Carlos Martyn, D. D., biographer of Wendell Phillips, as saying, "There is scarcely an instance of an only child's achieving greatness." It at first sight seems like a strange circumstance, but yet we are constrained to admit that it looks as if there were something in it. But what seems to us the most notable feature of Mr. Miller's article is the absence from his two and a half columns of any allusion to any other than educational mediation in bringing about this remarkable disparity. He would explain it by saying that the "only child" is too apt to be a sort of hot-house plant, still he refers to the efficacy of the discipline which is likely to follow the necessary or politic ejection of the one-too-many from the home nest. He says, "the chances are in favor of him who, from the beginning, is forced to help care for himself and others." He says further "there is something akin to university training in the friction of minds of various types against each other in large families." These agencies are well enough so far as they go, but are they sufficient to account for the fact?

Are there not other, even primary causes operating adversely to the "only child?" A plural progeny is the normal sequel to average marriages and *per contra*, is not the single birth to married parties continuing in wedlock for a term of years (barring always, in these evil days, the blighting influence of the anti-maternity heresy) valid evidence of conjugal inadequacy, deficient virility or lack of vitality, and is not the "only child" consequently deficient through inheritance?

How often do we see the "only child" feebly struggling through a period of months or years amid the most favorable outward conditions, to maintain a bare existence and finally fading out, and no successor comes to cheer the childless mourners. So far from the nursery solitaire achieving greatness, he should, in many cases, be content simply "to be." He is handicapped in the race of life by a degree of unsuspected invalidity. He is a congenital subnormal.

La Fayette, N. Y. J. A. MOWRIS, M.D.,

Small Pox.—Solution of Vaccine as a Cure of This Disease and of Pertussis.

Editor MEDICAL WORLD:—In Virchow's *Archiv*, vol. LL, No. 4 we read:

"It is one of the worst features of our present period of development in medicine that historical knowledge is decreasing. It may be taken as a rule that the historical knowledge of

things is limited—even with young physicians of more than ordinary knowledge and ability)—to the publications of the past three or five years. That which has been published prior to that time does not exist for them. This unhistorical knowing of things engenders a second deficiency, because many with but a limited scope of observation consider it nevertheless sufficient to the understanding of ALL arising questions. Thus arise disputes over many and certain things; the reality of one event is called in question because they only know the other, and the exclusiveness of their opinion is a mere consequence of their partiality of observation," etc., etc.

In these words of the widely known professor and celebrated medical teacher, we find an explanation of the wretched helplessness in the present state of medical science. Otherwise, it is not conceivable that a specific treatment of a disease which is the *horror* of the world should be wholly unknown on this continent, although the originator or inventor is an American.

Proceeding into *medias res*, I therefore call the attention of the medical fraternity to a treatment of the small pox, which, as an inductive discovery, has been found physiologically correct and its practical test proved entirely satisfactory.

In 1842 Dr. R. Landell, living at Porto Allegro, Brazil, communicated to the Consul of the United States at Rio Grande Sul his discovery of a new and successful treatment of small pox. This communication, being sent by the Consul to the Secretary of the United States, General Cass, was published, by order of the latter, in several medical journals so as to enable our medical authorities to pass upon the merits of the new discovery. The following is substantially Dr. R. Landell's treatment:

He took, of the common cow pox virus, which he had preserved in small glasses, from four to six drops in four to six ounces of distilled water, and gave of this solution, two to three hours apart, a tablespoonful. In 1837, for the first time, the Doctor saw from this treatment such good results that, in 1842, when a horrible small pox epidemic was raging he, without fear, treated in the above mentioned way, with remarkable success. He and his son, Dr. John Landell, had such success, that they concluded to communicate their experiences. The effect of this specific, as Dr. Landell states, is to promptly decrease the fever and all alarming symptoms—delirium, diarrhea, hoarseness, lung fever, all the consecutive symptoms of the disease soon disappear. The *variola vera* is by this treatment in two or three days so altered, that it ap-

pears in the mildest form of *varioid*, often only *varicella*. Although the epidermis has the appearance of being swollen and in a congestive state, yet in four or five days it becomes dry. Dr. Landell opened the pustules in some cases twice and sometimes three times. In 1842 he treated over eighty patients, fourteen with very dangerous and complicated symptoms, and did not lose a single one. By the way, I would remark that Dr. L. has often used with the greatest success this remedy in the above diluted form, against *pertussis* and *convulsions*.

To confirm Dr. Landell's assertion, I take the liberty to republish cases in which the treatment has been used. I take them just as they are in my mind, and feel only sorry, that my library is so limited.

Dr. Von Kacz Kororosky, of Lembery, Austria, relates two cases, which were treated and cured with this remedy. One of these cases is very instructive. The fever had reached an abnormal height; the inflamed epidermis, covered with lymph pustules, exhibited dangerous symptoms. He prescribed three drops of vaccine to three ounces of distilled water, and ordered a teaspoonful taken every two hours. In twenty-four hours the inflamed pustules began to wither, and in sixteen days the patient was discharged, without any marks.

Dr. Carl Mueller, City and District physician in Brunn, Austria, referring to the small pox epidemic of 1872, which was, as he says, the most violent and murderous one he had ever witnessed, says in the *Internationale Medicinische Presse*, Vol. III, page 592: "Having from 1830 till 1872 as a physician of a large district, witnessed a great number of small pox epidemics, I came to the conclusion and opinion that the small pox was not a dangerous disease, no matter whether the patients had been vaccinated or not, because, during that long period of time, not *one* fatal case happened in the whole district as the result of small pox.

But then came the murderous epidemic of 1872, attacking indiscriminately vaccinated, re-vaccinated and nonvaccinated. This eminent practitioner then was, of course, much surprised and embarrassed, especially when the disease communicated to members of his own family with fatal result. Feeling utterly powerless against this enemy, he commenced to use "vaccinum powder," as he termed it. I think Dr. Mueller must have been cognizant of the experience and publication of Dr. Landell, for vaccinum powder is nothing else than a modification of Dr. Landell's prescription or remedy.

From this time he became, by the use of

"vaccinum," master of the disease. Not only did he cure with it all his patients down with small pox, but he used it also as a preventive. Dr. Mueller comes to this resume:

1. Up to the present time, there is no better and more reliable remedy known to me than this.

2. It is not only the remedy *par excellence*, it is also the best preventive.

Dr. Dittrich, in Dresden, treated from Feb. 72 to Sept. 72, 209 small pox patients. Of these the greatest number were grave cases and had to be treated under circumstances which often precluded the possibility of recovery on account of the prejudices and bad habits prevailing among the people living in the country and with which the physician had to contend. During the severe winter when the windows in many dwellings were frozen tight and could not be opened, the absolutely necessary ventilation could not be had. Often, when this could be done, the position of the beds were such that the patients were there-by exposed to draughts. In many cases the whole family slept, cooked, etc., in only one room. Very often the bed stood right next to the great stove. Surely was the temperature and atmosphere in these rooms in no way advantageous. He lost eleven patients, three men, two over 60 years, two women, one over 70 years, and six children, all under one year. He says about vaccine: "Vaccine, if taken internally, protects against the infection of the small pox poison. I had given vaccine powders to 130 persons as a preventive. These persons came daily in contact with the infected, some of them even having members of their own families sick with small pox, but *only two* were taken with the disease. One, a gardener, had fever only one day, then eight pustules could be detected, and on the fourth day he was out in the garden at work again. The other man had only six pustules on his whole body." Dr. Dittrich further says: "In the time of a small pox epidemic I would never hesitate—nay, I would consider it as my solemn duty—to advise everybody to use vaccinum powder."

In reference to the "vaccinin" as a preventive, I would say that in 1872, at Leipzig, over 3000 persons had taken vaccin powder as a preventive and none of them were taken sick with the disease, although many of them by their vocation, as undertakers, nurses, etc., came in daily contact with the infected.

I could give more testimony about the *internal* use of "vaccin," but *sapientiasat*.

Now, is Professor Virchow's expostulation, which I used as an introduction to this essay, unjust or uncalled for?

As a practitioner of more than twenty years, I know very well how often the medical press is made unpalatable by doctors with the discovery fever on the brain, who fancy to benefit medical science if they discuss *per longum et latum* the reaction of this or that (chemical) stuff upon the living organism, with whom it will never come in any contact, as, for instance, that of "borate of magnesia upon the integument cells of the artificially inflamed web membrane of a frog," but who do not know "the next nearest and most important things in medical art, or what is still worse, do not care to know it."

Dr. SIGMUND LESSER,

Muscatine, Iowa.

A Medical Treatment for Diphtheria.

Editor MEDICAL WORLD:—I desire to present a trustworthy treatment for diphtheria. I have delayed recording it for a long time, owing to the fact that I desired to satisfy myself as to its utility and advantage and because I felt that I was alone in the use of one of the remedies—gunpowder. You will probably remark that such a remedy ought to give me courage, for in the army the soldiers took gunpowder in whiskey to keep their courage up. It is my success with the treatment that has encouraged me to send you this article. I apprehend I hear some one say they would not like to write a prescription for gunpowder and honey, so simple a remedy in so serious an illness. I used to feel that way myself, but have gotten bravely over it. If sulphur was worth fifty dollars per pound more of it would be used. If you stop for a moment, Doctor, and think what gunpowder is composed of, you may think, after all, that it is somewhat scientific, and conclude to try this treatment, and your success will settle the question and the druggist will be pleased to put up the powder and honey in large mouth (sulphate of quinine) bottles in an elegant way and the patient will take to it kindly, for it is pleasant and palatable.

Whether diphtheritic germs cause diphtheria by their presence, or whether they are carriers, or whether the poison passes through or from them, or any other theory, I will not attempt to discuss. All will admit that their presence quickly causes poisoning, increasing in extent and virulence every hour, and that a trustworthy treatment is the demand of the times. A few years ago I dreaded genuine diphtheria, but now with my powder, not dry but in honey, I do not hesitate an instant (for delay is most perilous in diphtheria) whether in the darkness of midnight or in the fury of a storm, to go at once and meet the enemy with the following treatment:

R. Gunpowder.....drams vi
Honey.....ounce iv
Mlx.

Signa. Teaspoonful every hour until bowels move freely, then every two hours throughout the case. The gunpowder should be reasonably fine, the honey best quality.

The *apis mellifica* will act well upon the kidneys, also being a vehicle for the remedy. Sulphur, one part, charcoal, one part, and nitrate of potash, six parts is the composition of gunpowder. If sulphur will destroy the insect *acarus scabiei* and its ova (and you all know it will), and if soap is to clean the skin for action, so a gargle will prepare the way for action in diphtheria and aid in killing the dangerous bacteria. The sulphur also acts as a laxative and by changes passes into the circulation of the blood and destroys the germs. I also think it increases the heart's action and force and also promotes perspiration. If the skin is not sufficiently active after twenty-four hours I add salicylate of soda as the case may require. There is in diphtheria a foul odor, and you will be pleased to find the disinfectant properties probably due to the charcoal, which overcomes the stench and also aids to keep the stomach in good active condition.

The nitre acts as an excellent antiseptic refrigerant and diuretic and puts an end to the aches and pains of the general system. It aids a free circulation and, if salt, chloride of sodium, "corns" micrococci, does not saltpetre "cure" them? This combination acts freely upon the bowels. By the way, use a bed pan and keep your patient confined to the bed throughout treatment, and for diet give pure milk. Disinfect all discharges with sulphate of iron, one pound to a gallon of water.

I call this, in general, a constitutional and local treatment and it must be a sly micrococcus that escapes when we use the following gargle of chlorine gas before each dose of medicine:

R. Potassium chloride.....drams iiss
Muriatic acid, U. S. P.....drams iiss
Mlx. and add.
Alcohol.....drams iv
Hot water, q. s.....ounce iv
Mlx.

Signa. Teaspoonful to $\frac{1}{2}$ glass of hot water; gargle every 1 or 2 hours, always just before giving the powder and honey.

It is necessary to instruct your druggist how to prepare the above, or the chlorine gas will all remain in the drug store. The chlorate of potash should be put into the four ounce bottle, the hydrochloric acid then added and cork the bottle; let stand several minutes, being careful that the cork is not blown out, then add slowly, ounce at a time, the hot water, shaking thoroughly with finger over mouth of bottle so as to wash up the gas, the alcohol being added last. When ready for dispensing it should be a beautiful clear yellow color. Much depends

upon a good chlorine gas gargle, for it will destroy bacteria quicker than any other known remedy. Bacteria will live and get fat in a two drachm solution containing twenty grains of quinine; in thirty grains of camphor and two drams of alcohol they will play tag for days and also increase in numbers. Ten drops of carbolic acid in two drams of fluid will not affect them; they love solutions of tar and will swim around (like fish among rocks) for six days between particles of ten grains of calomel in two teaspoonsful of fluid; one dram of laudanum in two teaspoonsful of fluid and supplied with bacteria will be a sight after five days; *tr. nux vomica* is an elegant tonic for them.

Tannic acid will destroy them after two hours. After being frozen stiff in ice they will come to life. They enjoy solutions of chloral hydrate.

Chloroform puts them to sleep from which they awake refreshed. But gunpowder and honey, with chlorine water solution, kills them instantly and is the best diphtheria microbe destroyer in existence. After using it for a short time the membrane will become yellow, when you may know that you are master of the case. The gunpowder will cut the defunct membrane loose and keep it down. In small children that cannot gargle I use the atomizer, and spray the throat with the chlorine gas solution full strength, and I also encourage them to swallow it, then follow with the medicine, the dose being graded to the age, of course.

And now in regard to the swab: it may be a good thing. I used it in my early practice, but I arrived at this conclusion: that there was danger in abrading the surface of the throat, thus enlarging the pasture for the microbes and plowing up a field for their cultivation. I learned that I was risking my life, for three times I was inoculated and was dreadfully sick, but recovered in spite of the treatment I had. To the swab, though, I owe my treatment now, for I was anxious to benefit my patients and exist at the same time, so I discarded it and chose the treatment I have presented to you.

H. JOHN TILLOTSON, M. D.,

1324 Ogden ave., Chicago, Ill.

Diphtheria a Local Disease.

EDITOR MEDICAL WORLD:—I agree fully with Dr. Waugh that diphtheria is a local disease, but cannot agree with him that it is safe to rely on local treatment alone, for the reason that I believe the disease cannot fasten on any case in sound health and unimpaired functional activity of the system. There must be some impairment of vital resistance to disease in the

system, and a derangement physiological action—in fact, a pathological of condition on which the disease can become engrafted. If this is not true every one who comes in range of the cause should contract the disease. But it may be said that some are more susceptible or less resistant than others. That is just what I say, and it is a pathological condition that makes them so.

Indeed, I think Dr. Waugh believes in something more than local treatment from the prescription he gives, which is a most excellent one, and almost identical with what I have used for twenty-five years myself with good success, but I have never relied on that alone. In that period I have lost but two cases; one an infant, moribund when I was called, the other a young lady smothered to death by her mother beneath quilts, blankets, wrappers, etc., in a close room with a fire in it, in July, in spite of the orders and remonstrances of myself and another physician whom I had called in to help me on that point. The mother insisted that she knew better than the doctors what was needed for "sore throats," and her daughter must be well wrapped, head and throat, and kept from all fresh air.

I have had diphtheria fasten itself on a case of pneumonia just at the close of the treatment, where the disease was, at the same time, passing through the family. In any such case, evidently, the local treatment is what demands the principal attention.

It would be a matter of interest to know what the constitutional treatment was, given to the cases in Paris, referred to by Dr. Waugh; some constitutional treatment of this disease, as well as others, would kill a healthy man. I generally find a condition which warrants me to begin with the following:

R. Hydrag. chlor. mite
Ext. colocynth comp
Ipecac. gr. j
Sodii bicarb. gr. ij
Fiat pulvis.

S. To be taken every hour till alvine action is produced. If the tongue is furred I repeat this dose nightly till it cleans.

I use strict and careful local treatment from the beginning, using swabs very carefully, give careful attention to nourishment, resort to stimulants only in exceptional cases, and then tentatively, sometimes use quinine for tonic effect, but my chief reliance after action of the first prescription is, as already said, very similar to Dr. Waugh's prescription.

I would say to Dr. Edson that charms will cure warts easier than anything else; acting, I suppose, through the imagination. Several years ago, in a spirit of play, I proposed to remove some unsightly warts from the hands of a young lady, who applied to me for their re-

moval, by a charm. She received the proposition seriously and I invented and applied the charm on the spot, and lo! the warts were soon gone. Through curiosity I have repeated the experiment, always inventing the charm at the moment, till I am convinced it is not mere coincidence. One case is now before me, a boy fifteen years old, who came into my own family a few months since, and from whose hands the warts are now disappearing under the influence of a charm invented for the purpose, and of which I thought so little that I have forgotten what it was.

DR. F. M. STRATTON,
Metropolis, Ill.

Forceps.—Diphtheria.

Editor MEDICAL WORLD:—I have been exceedingly interested in the discussions in THE WORLD on the use of forceps in delivery, and on the nature, cause and treatment of diphtheria.

In regard to the former I would say that, in my long experience as accoucheur, I have, perhaps, used the forceps in delivery a dozen times—not more; and in my practice I have not had a single case of lacerated perineum that required surgical interference, not a single case of erysipelas in puerperum, and but one case of puerperal peritonitis—this, however, the result of having a drunken man and woman having the care the second night after confinement. I have used the forceps when necessary. From the above it will readily be seen which side of the discussion on this subject I would take. Too many cases of ruptured perineum, too many of bruised vagina, followed by septicemia and death, have occurred all around me, from the injudicious and unnecessary use of the forceps in the hands of young and ambitious practitioners, for me to take any other side.

I wish to give my views of the nature, cause, and treatment of diphtheria, drawn from long experience. These views may seem quite antagonistic to the views expressed in the April WORLD by the distinguished and highly respected Professor Waugh. Just here I would say that Professor Waugh belongs to that class in whose favor I would distrust my own judgment when coming in contact with theirs; so I hope I shall not seem immodest or dogmatic.

In my preparation for the degree of M. D., most of the time from fifty to fifty-three, under the private tutelage of the scholar of New England, the late Professor E. R. Peaslee, the word "diphtheria" was not used. It was not in the medical literature of that day. The first cases I saw of this disease (they were not my patients) occurred the 1st of July, 1854, in Alton, N. H., my native town. Five children in one family

were sick. The father of these children was a well-to-do farmer, and the surroundings of the house, and the inside of the house, were pure and healthy. Immediately after these cases some two or three children died with it some half-dozen miles from this place, in the adjoining town of Gilmanton. The location of these cases was pure and healthy. In 1856, or thereabouts, another case showed itself in Alton, eight miles from the first cases. This location was on the southeastern shore of the beautiful and pure Lake Winnepisogee. I know the water was pure, the location healthy, and the farm-house in a cleanly condition. This patient, a boy of five years, died in a few days. He was the child of my elder brother, and the place where the family lived was my paternal home. Filth had nothing to do with these cases. Whence, then, the microbe? And why did he appear for the first time in A. D. 1854, in a region which had been inhabited for nearly a century? This case, like the others, happened in mid-summer. There was not yet any name for the disease. I located where I now am, and where I have been ever since, in November, 1854. My first case here occurred in August, 1860. The patient was a lad of 16, whose father, an extensive farmer, lived just over the border in Maine, on a high elevation of land, largely bounded by ponds. The next day after bathing in one of these ponds, largely made up of cool springs, he was attacked with violent chills, severe angina tonsillaris, and in a week's time was dead of malignant diphtheria. It had a name then. He was the oldest of several children. No measures of isolation or disinfection were taken, and this was the first and only case that ever occurred in that neighborhood. Did all the diphtherial microbes of that region light on the tonsils of this lad? and, as in the case of Sampson, did the tormentors die with the tormented?

Our first epidemic was in the last fourth of 1864 and the first fourth of 1865. As an epidemic it did not prevail very extensively, but it was very fatal. It was in a farming community, and a community that is more than ordinarily healthy. Singularly enough, the only really filthy family in this region, where the hog-pen, hen-pen, and privy and dwelling-house were all under one roof—where the water was bad, the cellar never cleansed, and the house rarely—was never touched by this disease. Perhaps the filth was so strong that the microbes died in the shell. In this epidemic several cases occurred, and I have seen some like them since, that I could not account for on Professor Waugh's theory of the nature and cause of the disease. I will give the history of one as a spe-

cimen. Horace W., a boy of ten years, when first seen by me had little or no swelling of tonsils, small patches of ashen appearance, fetid breath, furred tongue, anemic condition of skin and mucous membrane, normal or subnormal temperature, and acrid, burning and glairy discharge from both nostrils; bowels sluggish, pulse slow and feeble, strength and appetite partially reduced. After a week of what I considered appropriate treatment, all of which was constitutional, the boy seemed well, excepting a slight general weakness. Then he began to vomit undigested food. He continued to do this for a week or more, when, calling one evening to see him, and seeing no light in his room, I went to the sitting-room and inquired for him. Said his mother, "He went to bed a few minutes ago. He has been sitting up all day, trying to fit a rivet in his jack-knife." I went to his bed and found him dying. He lived but a few hours. Now, perhaps this would be called heart failure. But what made the failure? During this epidemic we had in the dead of winter two cases of dysentery, one of which proved fatal. We thought then, and we think now, that this was something of the nature of diphtheria. But very likely the microbes in these cases were a little crazy, and preferred the rectum to the mouth as an avenue to their feeding ground.

In regard to treatment, the Professor and myself should not disagree, for his remedies have been mine for years. But if I had his belief in the nature and cause of this disease, I should set the chlorine free outside of the mouth, for I should not for a certainty know that it was set free if taken into the stomach; and if so, I could not see how it was sure to search out the microbes. I had this disease myself in 1864, and what I took at the outset was an even teaspoonful of equal parts, in bulk, of calomel and pulv. rhei. But this double-barrel discharge killed the microbes, though the shot went into the stomach and acted as an emetic and cathartic.

SAML. W. ROBERTS, M. D.,
Wakefield, Carroll Co., N. H.

Interesting Case of Cranial Surgery.

Editor MEDICAL WORLD:—Willie, aged five and a-half years, son of Dr. J. J. McGahey, of Columbus City, Ala., was kicked by a mule on November 6th, 1892, the hoof of the mule striking the frontal bone just at the union of the frontal and left parietal, driving the bone into the brain substance, of which about one ounce escaped. The wound was about two inches long in the bone. I saw him about four hours after he received the kick. It being near night, and having to send seven miles for my partner, Dr.

L., to assist me, I made the wound aseptic, and let the child rest until the next morning, eighteen hours after the wound was received, when, under the influence of chloroform, assisted by Dr. L., the hair being well removed and the skin dissected back from the wound, the bone was elevated to its proper position with an elevator. I will state that the child rested well during the eighteen hours, under the influence of two small doses of morphine. The scalp wound was closed, and a small drainage tube placed in it, and it was dressed with bi-chloride gauze. He rallied nicely from the operation, was put to bed, with positive instructions for his head not to be raised above the level of his body; was given $\frac{1}{8}$ gr. morphine sulph., and instructed to have syrup of cascara as a laxative.

November 8th. Complains very much of pain in his stomach. Had a small action of hardened feces. Pulse, 120 to 130; temperature 99 $\frac{1}{2}$; one ounce of sweet milk every four hours. Vomits occasionally.

9th. Had small action from bowels, still very hard and dry. Rested fairly well, but complains some of his stomach. Passes his urine regularly. Gave half dram of pepsin every four to six hours. Pulse and temperature same. Vomits occasionally.

10th. Condition unchanged. Ordered enema and got two good actions from bowels.

11th. More restless, and complaining of back of head and neck. Still vomits occasionally. Gave larger doses of pepsin, with good results.

12th. Dressed the wound, which was beginning to suppurate. General condition unchanged.

13th. More restless. Complaining more of his head and stomach. Pulse, 130 to 140; temperature 101. Gave pepsin, with milk.

14th. Worse. Pulse 135 to 140; temperature 101 $\frac{1}{2}$. Tongue heavily coated.

15th. Very restless. Re-dressed the wound. Two stitches broken; suppurating profusely; cleansed wound thoroughly and dressed with iodoform gauze. Complaining very much of stomach. Stomach will not digest the milk. Temperature 101 $\frac{1}{2}$; pulse 140, and intermitting. Bowels constipated and distended with gas. Stopped milk and gave Wyeth's extract of beef, fifteen drops every two hours. Tr. digitalis, one drop every hour. No action from bowels, though three enemas had been given. Castor oil, half ounce every six hours, which acted well the morning of the 16th. after three doses were taken, working off the undigested milk.

17th. Rested better during the past twenty hours. Bowels acting. Head dressed. Pulse

better volume and not so rapid. Charcoal with pepsin after taking food.

19th. Resting fairly well; pulse 125; temperature 101. Does not complain so much of his stomach. Increased the beef juice to twenty drops every three hours. Three doses of syrup of cascara sagrada in twenty-four hours. Bowels acted well. Wound dressed every day, and twice some days.

From the 20th to 37th days improvement was gradual; temperature ranging from 97 to 99; 97 at 2 A. M.; 99 from 2 to 8 P. M.; pulse 100 to 120. Beef juice and egg-nog was the only diet from the 15th to 22d day, when he is allowed milk again in small quantities, which agrees nicely; from the 25th to 36th days was allowed a mixed diet of milk, raw beef, crackers, fruits and oysters.

The wound suppurated most profusely for twenty or more days, and slowly healed by granulation.

On the 38th day he was taken with *la grippe*, which lasted him fourteen days. During this whole time, up to the 62d day, he was never allowed to assume an upright position.

During the entire time he never had a single symptom of paralysis or tremor of a muscle, that was noticed. He made a perfect recovery, and is to-day well and hearty, and as bright a seven-year-old boy as you will find anywhere. At no time during his sickness did he seem to lose his mental faculties, but was bright and cheerful at all times.

W. L. THOMASON, M. D.,
Guntersville, Ala.

Eczema.

Editor MEDICAL WORLD—At times, when I have been in a quandary as to what should be done next in some complicated or obstinate case in practice, the pages of THE WORLD have been consulted, and there the new ideas suggested by some good brother have furnished the required information and brought relief to patient and myself. With the hope that the following suggestion may give relief to others in like manner they are submitted.

Eczema, the commonest of all skin diseases, *per se*, is purely a local disease. True, there are often connected with it various constitutional lesions which require special attention. It is usually found in patients who have debased constitutions; or an imperfect skin which does not properly perform its secretive functions and has not sufficient resistant power. The patient may also have a gouty or rheumatic diathesis, or the disease may be concomitant with syphilis—all, or either of which should receive appropriate attention. The disease is extremely

protean in its character. No other skin disease makes so many changes in appearance, depending on the length of time the disease has existed, the texture of the skin and general health of the patient. From these varying changes, and from location, has arisen a multiplicity of names calculated more to confuse than to enlighten the student.

Since adopting the course I now pursue, nearly every case has readily yielded to persistent treatment. I prescribe an ointment of quinine sulph. gr. x to gr. xv; ferri sulph. gr. x; lanoline \bar{z} i. Quinine is one of our best non-toxic microbicides. By its use we avoid the danger of toxic absorption, as is too often the case in using the various mercurial preparation so highly recommended by some writers. Lanoline, as a base, is preferable to any of the petroleum derivatives, because of its being more readily absorbed by the skin. Any special lesion will require appropriate treatment. If there is severe itching add carbolic acid to the unguent, if there are burning sensations, add camphor or hamamelis; if syphilitic conditions, add plumbi iodidi, etc. Occasionally a case with fermentative conditions may be found when the addition of salicylic acid may be of service. But the main dependence in all cases is the quinine and iron locally. Of course the general conditions want to be looked after. The diet should be bland and easy to digest, the bowels relaxed by some agreeable saline and a diuretic given if necessary.

The ointment should be spread thickly upon a soft cloth. The parts affected thoroughly bathed with some non-irritating soap and water as hot as the patient can comfortably bear, so as to thoroughly macerate and cleanse the surface of all inspissated exudations and scales. As soon as possible after bathing and drying the surface by patting with a soft cloth, the ointment should be applied and thoroughly pressed down to exclude all air. The dressing should not be done more frequently than once each day, and then the diseased surface exposed as little as possible.

I shall be pleased to hear from others who may try this method. D. D. ROSE, M.D.,
Davenport, Iowa.

Carbolic Acid in the Treatment of Carbuncles and Other Affections.

Editor MEDICAL WORLD:—In your January issue, I notice an article on "Carbuncles treated by Carbolic Acid Crystals." It reminds me of a case I treated successfully about twelve years ago. In the month of June, 1882, I was called to the house of G. R. B., a man about 50. He had eleven carbuncles on his neck and back, was suffering fearful agony and he

told me he had not slept for six nights and days. He was covered with poultices and he would not allow anybody to come near him or touch him. We were not acquainted with cocaine then and we were not using the sulphide of calcium very much either; but knowing the anesthetic property of carbolic acid, I persuaded him to let me try to relieve his sufferings.

I then injected 4 or 5 drops of pure carbolic acid into eight of the carbuncles (the 3 others had commenced to suppurate), with the happiest results. The pain subsided in a few minutes and the poor fellow went to sleep. I performed the "operation" at 8 P. M., and my patient slept soundly until 6 in the morning. He awoke greatly refreshed and the pain never returned. Of the 8 carbuncles injected, 7 aborted; the others went on to suppuration and complete cure followed in two or three weeks.

I have experienced, and I have heard many reports made by some other physicians, of the good effects obtained by the hypodermic injections of strong carbolic acid in the cure and removal of ulcers, carbuncles, poisonous bites and hemorrhoids.

I have been a subscriber to THE WORLD since 1886; this excellent paper is like the generous wine, it grows better with age and I enjoy its "bouquet" very much.

Dr. H. P. MONTBORNE,
Spokane, Wash.

Practical Points in the Use of Water.

Editor MEDICAL WORLD:—Water has a wide therapeutic range in its application to the human body. Its action is remarkably diverse according to its method of application. It is tonic, relaxant, detergent, stimulant, defervescent, aperient, diuretic, sudorific. One method of its application has been referred to in THE WORLD recently by Drs. Dawson and Bennett, (See page 133, April WORLD). This method is of great importance too, and it ought to come into more general practice. Dr. Bennet kindly comes to the assistance of Dr. Dawson, detailing his manner of treating the patient after coming out of the vapor bath. The plan is laborious, necessitating "going over" the patient's body half a dozen times. I submit a plan which is both simple and efficacious: Douche the entire body with cold water, the patient himself rubbing down his body and limbs briskly. Dry rapidly with large towels using all the friction that is comfortable. If the skin is healthy no lotion will be needed to keep him from "taking cold." The constringing effect of the cold exhilarates the body and increases its power of resistance. Not all cases are suited to the vapor

bath. I should not expect to meet with "that tired feeling" following the bath in well selected cases. Tried in a case of aching limbs, the pains will generally take their leave during the bath. Frequently an aching head will be relieved and a beginning cold aborted. Indeed, the vapor bath is a valuable aid in practice.

To reduce hyper-pyrexia the *cold* bath is unrivaled, but I think it probable that our continued fevers would neither reach so high a temperature, nor continue so long if the hot vapor bath were used from the beginning of the attack. I have tried this treatment in only two cases of continued fever. One patient was up in two weeks, the other not quite so early, as treatment was delayed a few days. The disease ran a mild course in both cases. Internal antiseptics was used, however. I also recommend the vapor bath as a prophylactic against disease. I like its effects myself, and frequently substitute this for the old fashioned tub bath and sleep well afterwards. But Dr. Dawson wishes a formula for a lotion to be used after the vapor bath. I offer the following:

R. Water of ammonia.....ounce ss
Chloride of soda.....dram ij
Soft water.....ounce xvi

Mix.

Those whose skins are harsh and dry may use with good effect a weak ammonia liniment with a base of some bland oil.

If the skin is diseased I would have the patient wash thoroughly in a tub of water as hot as could be borne, both before and after the vapor bath, when the ointment appropriate to the case should be immediately well rubbed in and the patient put to bed. In these cases it is undesirable to close the pores with cold applications.

JOHN F. NEAL, M.D.,

Coperas Cove, Tex.

[We are in hearty accord with the free and intelligent use of heat and of water both hot and cold to re-establish the equilibrium of the circulation and break up a beginning attack of inflammatory or febrile disease.—Ed.]

A Plea for Older Remedies.

Editor MEDICAL WORLD:—In the flood of the newer antipyretics, coal-tar derivatives, synthetically prepared remedies, it becomes us not to drop the study of the more ancient and, I dare say, more valuable remedies. The preparation I wish more particularly to call the attention of your readers to is aconite—the plain extract of aconite or its alkaloid aconitine. I prefer an accurately prepared fluid extract. As is well known, it is an arterial depressant, lowers the action of the heart and diminishes its beat, affects the sensory nerve strongly, followed by minor action on the motor nerves, in lethal

doses paralyzing the functions of the nervous system, and arrests the heart's action in diastole. It opens the pores of the skin by reducing arterial tension, quiets the lung movement to a marked degree, increases the various secretions of the human economy. As these forces are well marked, its applicability to febrile disease, respiratory affections, and all forms of inflammatory troubles, is self-evident. None of the newer remedies can replace aconite in its promptness of action its certitude of effect, reliability, safety of administration, and last, but not least, reliable preparations can be obtained at small cost, as compared with other febrifuges. In the intoxication of typhoid, coal-tar preparations are positively dangerous, and where large quantities of drugs are contra-indicated, aconite acts charmingly, and is the classical preparation to combat fever, keeping the skin moist, increasing buccal secretion, and insisting on prompt kidney action; quieting the usually rebellious heart and respiratory functions, and reducing or at least keeping the temperature *in statu quo*. In nasal and faucial catarrhs, tonsillitis, fibrinous pneumonia, ephemeral fevers, the disquamative diseases, febrile troubles of infants and children—in fact, in all febrile affections—it is pre-eminently adapted, and, if properly administered, will delight the user.

Now a caution in its use. Minute doses, frequently administered, is the classical method of using it; for adults, an eighth to one drop every half hour is proper dosage; children will usually require a one-sixteenth to one-quarter of a drop every half hour until effect is obtained, when the tonic may be lengthened. When the heart's action is very much excited, *veratrum viride* may be combined with it in $\frac{1}{2}$ to 1 drop doses, which beneficially heightens its effects. This remedy will bear careful usage and study by the profession, as it has not been having its due from practitioners these latter years. In my practice, after an extensive trial of antifebrine, antipyrine, and other coal-tar preparations, I have found them in sufficient doses to be dangerous, and in smaller doses inoperative, and in the diseases of children almost useless. Another remarkably prompt action for aconite is in the nervous prostration following drunkenness, where it gives brilliant results, quieting the nervous excitement, reducing the buccal dryness, and relieving the offensive headache. In maniacal delirium, as in mania-apotu, gelsemium is to be preferred.

Glandorf, Ohio.

DR. A. BORMAM,

Is Acetanilid So Dangerous?

Editor MEDICAL WORLD:—In reading the communications from many of your writers we

hear a good deal about the dangers of acetanilid, in causing heart-failure, collapse, etc., and do not recall but one writer coming to the defense of the drug. I have prescribed and dispensed pounds and pounds of it, and have failed to ever see any of the fearful effects we are told it produces; but, on the contrary, have never found anything its equal, in drugs, to quickly reduce fever. It is not only prompt, but in many cases seems curative as well, and will in many cases bring the temperature to normal in a few hours, and it will remain so. I give it in all pyrexias, let the patient be a month old or eighty years, and if the fever is above 104° F. in heavy doses, because it will reduce excessive body-heat more quickly than anything else, except the cold-bath, and I have never seen anything but the most benign effects in all the years I have used it. I sometimes think that surely those that declaim so loudly against it have never used it, or else they would not be so emphatic.

If any practitioner is being influenced by those pictures of its action, and is not using it, he is discarding one of the promptest remedial agents in the whole materia medica.

Imperial, Neb. D. BOSWELL, M.D.,

Medicinal Cure for Cancer:

EDITOR MEDICAL WORLD:—I have treated a melanotic cancer successfully. It is entirely cured, nothing remains but a withered scab, which could be easily removed now, but I set out not to touch the cancer, and have not. I deem it a duty to report the matter, particularly to you, hoping that it may be of benefit to the suffering, knowing that you can bring it to their notice in a few days, which I could not do in a lifetime. I am giving the same treatment to several others, in various stages of disease, two of whom have cancer, and all are improving rapidly. I will give the treatment, and you can make what use of it you think proper.

Last February I was treating a wart on my hand, by dieting, and $\frac{1}{2}$ gr. doses of calcium sulphide, which wart gradually disappeared; also a corn on my foot, which had been there for thirty years or more, the only one I was ever troubled with. I also took aconite and podophyllin granules, as I felt the need of them once in awhile during the time of treatment. Seeing the success on the wart, I asked one of my neighbors (Jno. L. Holder, now of Sherman Heights, Tenn.), who was suffering with a mulatto colored cancer, in the secondary stage, if he would let me try an experiment, and related to him my success with the wart. He agreed, and took at once $\frac{1}{2}$ gr. calcium sulphide, $\frac{1}{10}$ gr. aconite, $\frac{1}{2}$ gr. podophyllin, his bowels being costive. The dose of calcium sulphide was re-

peated 3 times a day; the aconite and podophyllin when needed. We took exact measurement of the cancer. It was about the size of a silver quarter, and looked angry and defiant. At the end of forty-eight hours the pain had subsided, at the end of fourteen days it was only half the former size, and appeared to be withered. At the end of three weeks it was still smaller, and seemed pinched and dry, and at the end of five weeks from the time of taking the first dose of calcium sulphide, nothing remained of it but a dry scab. The inflammation in the flesh around the cancer subsided within three days from the first, and the costiveness, which dated more than a year back, was greatly relieved, and my friend is delighted. Others being treated report the pain to be relieved, which indicates that the growth of the cancer is arrested. Mr. Holder's father died with the same species of cancer some years ago, and I have no doubt he was infected from his father. The matter of diet is, I think, very important. Alcoholic liquors, coffee, pork, onions, pepper, horse radish, turnips, radishes, pickles, vinegar, rich puddings, cake and mince pies are to be excluded from the bill of fare, and a light diet used. Eat beef, mutton, game, fresh fish sparingly but eat enough. Common vegetables may be used freely such as beans, peas, cabbage, lettuce, greens, bread and butter, or biscuits made with milk and baking powder, not shortened, fresh and canned fruits, dried fruits, sugar, butter milk, sweet milk, rice, hominy, corn meal mush, potatoes, cambric tea, or "store tea," etc. So far as my observation goes, cancer yields to treatment more readily than common warts. WM. H. BURGESS,

Chattanooga, Tenn.

Authority to Practice.

EDITOR MEDICAL WORLD:—Much is being written about the regulation of the practice of medicine in the different States, and there are many who advocate the examination of each applicant for practice before he is licensed. While it should ever be the aim of every medical man to lend a helping hand to the advancement of the medical profession, still I think the medical laws of some of our States are working a great injustice to those old war-horses who have graduated years ago, and have become gray in the profession. There are many physicians in country practice to-day who, when they graduated, could have passed the examinations of the State Boards, but years of hard, practical work has kept them from keeping up with all the new ideas that are being advanced. They learned theory at school; they have since learned the practical part, to the neglect of the

theoretical. A graduate of medicine who has been in continuous practice for ten years should be allowed to practice anywhere in this free country.

I believe that the best way to regulate the practice of medicine so that a physician who is qualified in one State will be in all, is for Congress to add another member to the cabinet—that of Secretary of Health. I would give the Secretary of Health power to appoint a United States Board of Health, and to this Board of Health I would give the power to regulate the practice of medicine in the United States. I would have this Board appoint non-interested examiners for all medical schools that required a four years' course of study, and to those who received the degree of M.D., and who passed the Board of Health examination, I would give a license to practice medicine in the United States, and that no State be allowed to admit any one to practice except licensed physicians and those already in practice. I would also authorize this Board to license all graduates who have taken a three years' course in medicine, and all those who have been in practice ten years since graduation. This license would be presented to the State Board in the State in which the physician desired to practice, and they, upon his proving his rightful ownership and paying required fees, would be granted a State certificate. I would revoke this license when the holder was convicted of unprofessional conduct, drunkenness and the like. In this way I believe the profession of medicine could be regulated satisfactorily to all—the old, because they would be recognized, and the new could be regulated to suit the profession, since all schools would be expected to comply with Board of Health rules or be shut out from examinations, and thus from practicing medicine.

Doniphan, Neb. T. H. LINE, M.D.,

Professor Hirst's Pelvimeter.

[Reported especially for THE MEDICAL WORLD.]

The new pelvimeter contrived by Professor Barton Cooke Hirst, of the Univ., of Pa., entirely does away with the possibility of error in pelvic measurement, due to variations in the conjugate, symphyseal angle, and the height of the symphysis.

The instrument measures accurately—

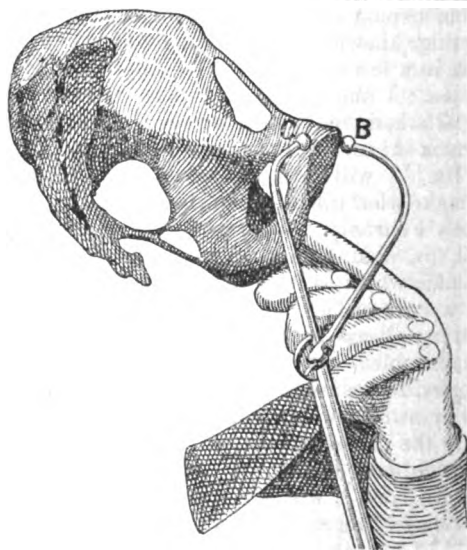
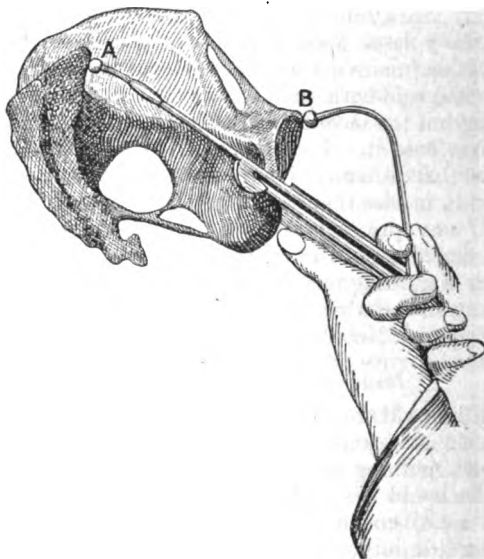
(1) The thickness of the symphysis.
 (2) The conjugate, plus the thickness of the symphysis.

(3) The distance between the outer edge of the symphysis and the promontory of the sacrum.

The fatal error of the old Bandelocque mea-

surements in the symphysectomy case referred to in last issue caused Dr. Hirst to construct this instrument.

The measurements are taken in the lithotomy position. Tip A is placed firmly against the middle line of the promontory of the sacrum. Tip B is brought to the proper position in the symphysis, and the arm secured fast. Measuring between the tips, we have the true conjugate plus the thickness of the symphysis. The latter is found as in Fig. 2. Deducting this thickness, we have an accurate conjugate measurement.



Arm A is removable, and is replaced by Arm C in measuring the thickness of the symphysis. (Fig. 2.)

Oxide of Zinc for the Morphine Habit.

Editor MEDICAL WORLD:—I had a patient whom I was treating for the morphine habit. So I went to Dr. Waugh's book on Dosimetric Treatment, and looked over his list of drugs used in the treatment of the morphine habit and selected oxide of zinc as being the most likely to be successful, and put my patient on it, but, as he knew something of drugs, I told him of my hopes in the matter, which may have had an influence in the way of suggestion, as the hypnotists would say. However that may be, it was successful, and if it is not the drug Dr. Waugh referred to in his recent letter in THE WORLD, then I have discovered another, which, if used in doses of from 2 to 6 grs. every 3 hours with some capsicum and a minute quantity, say from the $\frac{1}{50}$ to $\frac{1}{20}$ of a grain of ipecac to prevent nausea, will be found of wonderful benefit in quitting the use of morphine.

Spanish Camp, Tex. Dr. C. B. PALMER,

Treatment of the Opium Habit.

Editor MEDICAL WORLD:—I see that the formula of B. M. Woolley's cure for the opium habit is wanted.

I send you what I believe it is, and I think any doctor can cure the opium habit without much trouble. Several years ago I had a patient that took Woolley's treatment and was cured. The first thing that the doctor did was to get the exact dose of opium that the patient took, and how often during the twenty-four hours.

His direction to his patients was not to take opium or anything that contained opium while they took his medicine.

That convinced me that it was nothing but morphine in water colored with lavender.

Let each teaspoonful contain the exact dose the patient takes at a dose, and prescribe about four or six ounces at a time. Reduce the dose gradually, as a new bottle is prescribed, until the patient gets no morphine.

He makes his patients believe that they are not taking opium, and that is the secret in treating a case.

I saw another case where the remedy failed on account of the patient finding out the secret.

WM. C. STIRLING, M.D.,
Sulphur Springs, Tex.

The Opium Habit.

Editor MEDICAL WORLD:—I have written at the opium habit several times, but never a full account of this dreadful disease. I have concluded to do this now, partly on account of

hundreds of letters asking for it, partly because no book I have seen gives a satisfactory account of it, and finally because I learn that several physicians, themselves morphinomaniacs, are trying to convince people that the habit is harmless. The fable of the fox that had lost his tail is appropriate. I would no more take the word of a habitue than I would that of a sexual pervert or a maniac, that they were right and the world wrong. In this I will also announce the name of the new remedy, when I describe the treatment.

The opium habit, long prevalent in Asia, was rarely known in Christendom until within recent times. It is becoming of increasing frequency. The reasons for this are to be found in the conditions of modern life, and consist of the causative factors of suicide and insanity. As the demands on the human intellect increase, as the struggle for existence grows sterner, the minds that give way under the strain, or seek assistance from outside sources, must necessarily increase. It is the price we pay for our modern civilization—one example of the law of compensations.

An enormous impetus has been given to the use of morphine by the introduction of the hypodermic syringe. He has much to answer for who teaches his patient the use of this instrument. When the charms of morphine have been once experienced, it is easy to find an excuse for a repetition of the dose. A doctor who first took opium for diarrhea, used to take a cathartic at night to give him an excuse for a dose of opium in the morning. Behind such paltry refuges of lies will poor human nature seek to hide its weakness!

ETIOLOGY.

It is certain that all persons are not equally liable to become morphine habitues. To many the effects of the drug are disagreeable; to others, singularly attractive. Conditions predisposing to narcomania are: the nervous temperament, hysteria, neurasthenia, uterine pain, neuropathy, with pains, as in ataxia, neuralgia, etc. Above all, is the production of euphoria: when this has been experienced, morphine should never again be given that person. Narcotics are also taken to drown remorse or despair; to enable the user to accomplish tasks otherwise beyond his power; to banish care; from idleness, vice, morbid curiosity, bad example; to increase the sexual vigor or the conversational powers. The greatest number is said to be supplied by those who handle drugs—physicians, druggists, nurses, students and their relatives. This, however, may be due to the fact that these classes supply the larger part of

those who apply for cure, as the statistics are based on the reports of sanatoria. It may be that these classes, conscious of their danger, are more likely than others to seek to escape.

CLASSIFICATION.

The habitual takers of narcotics may be divided into several classes. Regnier classifies them as justifiable consumers and morphinomaniacs. The first group comprises those who are subject to incurable disease—cancer, tuberculosis, etc., who employ morphine solely to render conscious existence endurable. Morphinomaniacs are they who take the drug to secure the pleasurable sensation denominated euphoria. A large number in this class claim to be in the former, as they first took the drug to relieve the pangs of disease that has since passed off—as rheumatism, or that is not, as they claim, incurable. Sometimes narcotics are taken to ward off attacks of periodic dipsomania, or to replace the habitual use of alcohol.

All these are to be distinguished from those whose feebleness impels them to seek in morphine a shelter from all unpleasant sensations, and from the rude jars of a hurrying, struggling world; still more from those in whom morphinism is but one expression of a defective organization, inherited from a neurotic ancestry. This disease we should denominate the narcotic habit, rather than morphinomania, for chloral, cocaine, chloroform, and alcohol habitues interchange their drugs readily—representing simply varieties of a single neuro-psychic malady—Narcomania. The dipsomaniac, "cured" by some secret process, returns to his home quite comfortable with the morphine habit; while the morphinomaniac rids himself of this drug by substituting codeine, chloral, cocaine or cannabis indica. The real disease remains uncured—the dependence upon narcotics. Those who employ morphine from necessity may long continue to obtain relief from the ordinary medicinal dose, but morphinomaniacs push the doses up as rapidly as they are able, the tolerance increasing with the rise. Regnier believes that this is because larger doses are required for the production of euphoria, but I think this is a mistake. Every patient I have questioned has acknowledged that he increased the dose because he wanted *more* of the pleasure. Indeed, there is sometimes a remarkable sensitiveness to the action of morphine in habitues, and I have produced euphoria with $\frac{1}{8}$ grain, in a man who had been taking 15 grains daily only ten days before.

CLINICAL HISTORY.

Regnier pictures the genesis of morphinomania as follows: Take a hysteric, to whom

morphine has been given to arrest the paroxysm. The sense of calm is accompanied by a comfortable consciousness of well being, of peculiar super-activity. She is alert, her memory quick, her wit keen. Tasks previously fatiguing become easy. Good humor pervades her, the cares are forgotten, she is optimistic, her face is rosier, the eyes bright, the pulse and respiration stronger. But when the morphine is discontinued she finds herself possessed by a strange malaise, oppression, inquietude, even anguish. The mind is dull, sluggish, weighed down by a sense of powerlessness. Yawns, coughing fits, irritate her; icy sweats appear, with palpitations. The pulse may become very feeble, and she languishes, incapable of exertion, pale and meager, or red and cyanotic, assailed by pains over the whole body, chilled, trembling, knowing not to what to attribute her malady, and anxious as to its outcome. Let her then have an opiate, and like magic the symptoms disappear, and warmth and gayety pervade her being. Every pang is gone, and health, strength, imagination, power to work, return on the instant. But, sooner than at first, this magic state passes away, and the malaise returns more pronounced, more accentuated than before. But now she comprehends the true nature of the malady, she recognizes the imperious need for morphine, and after a brief resistance she demands the drug. This sense of need, intense, imperious, irresistible, constitutes morphinomania. From this day her life is divided into two periods, distinctly alternated—the state of euphoria from morphine, the state of need when the effects of the dose are spent, the former lessening its duration unless the doses are increased in size or in frequency. Insomnia furnishes another excuse for increasing the daily dose, and in time every excuse is seized upon for augmenting it. As this is done, the symptoms of intoxication ensue, and these may frighten the victim into moderation; but the reappearance of that dreadful *need* drives her back to it. If she be resolute enough to attempt a stoppage, the frightful suffering and the terrifying symptoms arising force the patient back to the drug, and only result in inspiring her with such a dread of discontinuing it that she can hardly be persuaded to resort to legitimate treatment.

Sometimes, if the habit has not had time to rivet its hold, the victim may break his bonds, but generally he fails. Some who succeed remain free for months, when some emergency arises for which opium is taken, and a single dose is enough for that dreadful *need* to reappear in all its force, and in a very short time the habit is re-established, and the second stage of

the malady opens. Euphoria cannot be maintained, even by thirty or more injections daily. The pupils are unequal, the pulse small, filiform, or tense and intermittent. Palpitations are common. Slight exertion causes panting and sweating. Cramps, pains, nocturnal gastric-crises appear and increase in severity. Profuse sweats occur without apparent cause. Terrors afflict the patient, quaking at the least noise or at hallucinations. Insomnia alternates with frightful nightmares, so that the invalid takes to late reading. When, worn out completely, she closes her eyes, clonic convulsions awaken the wretch. After several such shocks she falls asleep, but the slumber is unrefreshing, and in a few hours she awakes, wretched, incapable of exertion, until an injection has restored the power. She becomes indifferent to all but the satisfaction of the need for morphine, neglecting every duty. Extreme irresolution and cowardice characterize the habitue. Everything unpleasant is avoided, the least pain exaggerated. Emaciation becomes marked, the wrinkled skin hanging loosely over the projecting bones. The appetite is lost, though spells of ravenous hunger occur. Constipation alternates with diarrhea. The menses cease; in men, the sexual power is lost; the mind weakens, memory fails, judgment becomes imbecile, and a sluggish indifference comes on, resembling parietic dementia, though never so complete. The moral sense is weakened, and a tendency to lying arises. No credence whatever is to be given a confirmed morphinomaniac, especially as regards their habit, and the reduction they are making in the dose. Much ingenuity is manifested by them in secreting the drug and syringe. They have been found in the hollow leg of a chair, in the lining of clothes, and snugly hidden away in the hair, or in the vagina. No matter what has been the previous life, they will not hesitate to resort to robbery, prostitution or murder, to obtain the drug. Melancholy gradually settles down upon the victim, who bitterly regrets his infatuation, so that suicide is often the end. If he is to be cured, he must be placed beyond all possibility of obtaining the drug, and kept in restraint as long as the sense of *need* is felt. The tendon reflexes of the knee are abolished; the nutrition has experienced a profound impression; the teeth and hair fall, and he looks prematurely aged. Nevertheless, even yet he may be rescued, at the price of suffering, by skillful management. If not, or if he quickly relapses, we see the symptoms of the final stage. Here there is no more euphoria, no matter how large the dose taken. The cachexia advances, the emaciation reaching a point shown in no other malady. The skin and mucosa are cyan-

otic, dropy supervenes, with breathlessness on the least exertion; complete anorexia, fetid breath, hallucinations, delirium in the form of lypemania, and finally complete dementia or brutishness, ending in terminal marasmus. In this period there is an increase of cardiac dullness, weakness of the apex beat, with extreme smallness and irregularity of the pulse. The heart sounds are feeble, but usually normal. The urine is scanty, and often albuminous.

He is then hopelessly lost. The changes in the nervous system, heart and kidneys, are such that there is more danger for the patient in suppressing the morphine than in continuing it. We can only diminish it slightly, to prevent the intoxication making such rapid progress, and postpone as long as possible the fatal end. But death is inevitable, and not far off.

In my next letter I will discuss the prognosis and treatment.

WILLIAM F. WAUGH, M.D.,

103 State street, Chicago.

[It will be remembered that the new remedy referred to was spoken of on page 78, *MARCH WORLD*, and the plan of the French Academy of Medicine adopted, viz: The description of the remedy was deposited, in a sealed envelope, with the editors of this journal, to be opened and made public when the author's experiments have proceeded so far as to demonstrate the value of the treatment. It will be made public, probably, in July or August *WORLD*.—Ed.]

Children's Ailments.—Some of the Direct Causes, with Suggestions as to Treatment.

Editor *MEDICAL WORLD*:—Some of the causes of children's disorders are as follows:

1st. Feeding with flour pap, corn starch and other starchy foods, and with sour milk and other unsuitable articles. These all bring disorders of digestion, with attendant diseases.

2d. Children are neglected when they should have drink. They often cry for water, but they are given food instead. Some mothers have the idea that children should not have water to drink; they give anything for drink almost, except water. Consequently the child suffers, and all the functions are retarded thereby.

3d. Inexperienced persons are permitted to handle children, and thus they are tossed about, up and down, turned upon their heads, and, worse than all, they press their lips, often filthy, into the child's face, mouth and eyes, and so convey contagion to them; and, not the least of all, is the bumping of their tender heads till

their brains are literally shaken into diseased conditions.

4th. Drugging mothers fill the children with soothing syrups, lozenges, powders containing opium, lead, mercury, zinc, bismuth, exchanging prescriptions with others from other doctors, prescribed for other's children; often druggists' prescriptions are wormed out of them by the importunities of ignorant mothers. Is this not enough to cause wholesale sickness, with nothing else? It is bad enough when doctors prescribe these poisons.

5th. Accidental poisoning by cakes, candies, ice cream, bananas, strawberries, and other food stuffs, also the careless way some have of allowing children to eat paper, blue, green, and all poison colors, to say nothing of the dangers from the common toys.

6th. Exposures to sun's heat, heated rooms, exposing their heads to heated stoves, grates, etc.; their heads buried in hot pillows for hours at a time; trusting to stockings to warm the feet when hot baths and hot applications should be used. Many times I have instructed mothers and nurses to warm the child's feet with either a hot foot bath or jugs of hot water, when they neglected it, satisfying themselves with stockings, shawls or blankets.

7th. Diarrhea and teething. Diarrhea should not, in most cases, be checked suddenly by opium, lead, and other astringents, especially when there is trouble with the head, of a congestive character. Where anemia of the brain exists, of course the risk is not so great, but even here the secretions should not be suppressed, but corrected. In either of these cases the dosimetric seidlitz salts will be found useful and safe. They prepare the way for the dominant treatment, which will be mentioned presently. In these delicate cases the physician should always aim to combine potency with safety, and mildness with efficiency.

Having thus mentioned some of the proximate and direct causes of the various maladies of children, which are at work in producing among them suffering and death, we will next attempt to show how these causes produce disease, and what means should be used to restore health when deranged.

Before proceeding to give treatment, we will remark, that probably the most fertile cause of the summer diseases of children is *crude ingesta*.

The next has always been considered to be *dentition*.

However this may be, we know that they are both concerned, to an extent, in their causation. Teething being a natural or physiological process, it would be natural to expect no trouble

from that source. The great variety of circumstances, however, attending the eruption of the teeth in different climates and under different hygienic conditions, greatly change the natural conditions.

By some, reflex symptoms, especially in children, are ignored. By others the doctrine is strongly advocated. I am decidedly in favor of the theory of reflex action when the two nervous systems are taken into consideration—the *ganglionic* or sympathetic, and the *cerebro-spinal*. The first energizes the circular fibres of the tubes, and the second energizes the longitudinal fibres of the same. Through these, diseased action is manifested and produced, and through these, also, are cures wrought by a proper selection of remedies, and a proper administration of the same.

Case.—A little child, aged seventeen months, had been feeling cross and irritable for two or three days; appetite poor, coated tongue, slight feverish condition, all apparently from slight cold from being too long on the cold floor. Craving food from the table, she was given the "least little bit of sausage," a hard, indigestible substance, at breakfast. That afternoon she was taken, at about four o'clock, with a slight spasm. At seven o'clock she had another. I was sent for, but, being absent, I did not arrive there until eight o'clock. She was then in a sleep, but fever was raging. I ordered aconitine and hyoscyamine, two granules of each, to be dissolved in six teaspoonfuls of water, one teaspoonful to be given every half hour until defervescence. At nine and a half o'clock I left, with directions to continue the medicines from one-half to one hour apart, until fever had abated. I also left with them three powders, each containing $\frac{1}{2}$ gr. calomel and 1 gr. of soda bicarb., well triturated together, one of which was to be given every two hours, and to assist in the movement of the bowels an enema of warm water was ordered. When I arrived next morning instructions had all been followed out, and, with the exception of a slight tremor at midnight or near one o'clock, nothing untoward had happened. On my arrival there on the following morning convalescence had set in, fever greatly lessened, a brighter general appearance manifested. Bowels had moved from the calomel, aided by the warm water into the bowels.

Certain symptoms call for certain medicines, and this being understood, we make our selection accordingly. The original trouble with this child being anemia from faulty nutrition, we now directed our remedies to this condition. We have treated other children of this family. They all exhibit the same characteristics—large

bones, large eyes, pale skin, light hair, large belly. These are of a hydrocephalic nature or tendency, and they require carbonate of lime, carbonate of magnesia, and also the phosphates of the same, as the state of their secretions are generally acid, especially until the glandular system has become more fully developed. After two or three years of age the medicines oftener required are the potassium and sodium salts. For instance; the potassium sulphate stands in relation now to the epithelia and the epiderm is—eruptions with sticky exudations. Sodium sulphate is a remedy for the chronic state—the diseases of the lymphatic system; it acts on the renal and hepatic cells. Symptoms, tension in the right hypochondrium, diarrhea, thin, whitish, liquid stools, much flatulence, tongue coated yellow.

W. C. BUCKLEY, M.D.,

723 Berks street,
Philadelphia, Pa.

Alkaloidal Granules.—Sulpho-Carbolate of Zinc in Typhoid Fever.

Editor MEDICAL WORLD:—For some time I have kept a small supply of alkaloidal granules on my office shelves, waiting for a favorable opportunity to try them in some acute, painful case, but had used none except as tonics until a few days ago I was called to the country to see a lady who presented about the following train of symptoms: A multipara, in the seventh month of her twelfth pregnancy, was taken sick during the morning hours with a severe pain in the back, extending into the hypogastric and pelvic regions. She had no elevation of temperature, and from all I could learn about the case I readily pronounced it a case of threatened miscarriage. She told me that she had already taken two small doses of morphine before I arrived, and she was then suffering from nausea and vomiting, and also complained of smothering and palpitation of the heart. I concluded to give her, at one dose, two granules of digitalin, to correct the action of the heart and relieve the dyspnea, and two granules of atropine, gr. $\frac{1}{32}$, to antagonize the action of the morphine on the cerebrum, and two granules each of macrotin, $\frac{1}{8}$ gr., and cannabine tannate, $\frac{1}{8}$ gr., to relieve the lumbar and pelvic pain, making in all eight granules. I put them all in a teaspoon, with a little water, and gave them to her, which she readily swallowed without complaining of any disagreeable taste. I waited one hour, and at that time she said, that her head felt a great deal better, and the palpitation of the heart had disappeared, and that she was suffering very little pain. I then gave her one granule each of macrotin and cannabine tannate, and in ten

minutes she was asleep. I then left ten or twelve granules each of macrotin and cannabine tannate, and told her husband if she complained any more to give her one of each every half hour until easy, and then two of each every three hours. I saw her husband the next day, and he told me that she rested well all night, and had not required any more medicine, and felt as well as ever that day. I was never better pleased with the effect of any medicine—not even the hyperdomatic injection of morphine and atropine, for acute painful maladies. Since the above occurrence I have used them in many cases, and always with satisfactory results. It is certainly more scientific to use the alkaloids than the crude drugs, with all their component parts. But I believe they, as Professor Waugh says, require a more careful aim; but there is much more certainty of hitting the mark. I have just recently dismissed two cases of typhoid fever treated with zinc sulpho-carbolate throughout the course of the disease, and from its use in these two cases, and the use of other antizymotics in other cases of typhoid fever, I am prepared to say that I am more than pleased with their effects in this disease. They certainly mitigate the symptoms of the disease, and it runs a much milder course throughout than those cases in which they are not used.

I have used iodine and carbolic acid, giving two minims of tinc. iodine and one of carbolic acid, in a little water, immediately after taking some milk to protect the mucous membrane of the stomach. I gave it every two or three hours. I had the satisfaction of seeing a great reduction in the temperature and number of stools per diem; also an amelioration of all other symptoms present. But after using sulpho-carbolate of zinc and iodine and carbolic acid, I greatly prefer the former, as I have never had any bad results from the zinc preparation, which is more than I can say for the carbolic acid and iodine, as one patient I had vomited every time it was given him, and complained of a burning sensation in the stomach, and vomited some blood. It was discontinued, and the zinc sulpho-carbolate substituted without any further vomiting. I cannot say that I have ever seen any bad effects from the sulpho-carbolate of zinc, unless it is a factor in producing a subnormal temperature in the third stage of typhoid fever. I have had a subnormal temperature in three cases of late, but the most marked one was a case in which no antiseptic had been given. The temperature suddenly dropped from $102\frac{3}{4}$ ° F. to $93\frac{3}{4}$ ° on the evening of the twenty-first day. He had profuse sweats and coldness of extremities, with a weak, very compressible pulse of 40. Under the use of large amounts of whiskey

and external warmth, with the regular administration of liquid nourishment, his temperature reached the normal in six days. Then he had a slight elevation of temperature for a day or two, then became normal again, and remained so. The above symptoms occurred in a young man eighteen years of age. He took from two to three ounces of whisky every two hours during the subnormal temperature period, without ever feeling any symptoms of intoxication.

I knew of no other way of elevating the temperature of the body than careful stimulation, with plenty of nourishment of proper quantity and quality, and external warmth.

Dixon, Ky.

C. M. SMITH, M.D.,

Dosimetric Chips.

CLINICAL REPORTS.

Editor MEDICAL WORLD:—I have had a series of cases the past week that have been of great interest to me, accustomed as I am to such experiences, as illustrating the remarkable efficacy of the active principles in aborting or materially modifying disease.

1st. A lady of twenty-five with tonsillitis, had been sick twenty-four hours, is subject to such attacks which usually last one or two weeks, fever 104, throat badly swollen, deglutition very painful. Gave aconitine amor., gr. 1-134 and calcium sulphide gr. $\frac{1}{4}$ every half hour. This was kept up during the afternoon and when awake at night, gargling meanwhile with a solution made by dissolving three "Seiler's tablets" in a cup of hot water. The next morning she was better, had less fever and the swelling of the throat was materially modified. Treatment continued. The third day fever was nearly gone and a granule of the "dosimetric trinity" was given every two hours along with one of calcium sulphide. The following day, fever and swelling having entirely disappeared, a granule, gr. $\frac{1}{17}$, of potassium bichromate was ordered every two hours, with three of strychnine arseniate to be taken before meals and the case dismissed.

2d. A man in the same family, high fever with headache, temperature 103, bowels loose, tongue clean. Treatment, aconitine amor., gr. 1-134 every half hour when awake. Next day better, less fever and less pain; "dosimetric trinity" in hourly doses. The following day, temperature being normal, the case was dismissed. No diagnosis, as no organic lesion had taken place.

3d. Little girl aged 3 years, was brought to my office with spotted tongue, fever and malaise.

I gave a teaspoonful of seidlitz salt and one granule of aconitine amor. 1-134, to be dissolved, at home, in a glass half full of sweetened water, the whole to be taken at intervals during the afternoon. Visiting the child the next day, I found less fever and a better looking tongue. Four granules of aconitine and half a grain of calomel were now dissolved in twenty-four teaspoonfuls of sweetened water to be given in teaspoonful doses hourly, every half hour if fever should increase, with a teaspoonful of seidlitz salt for the following morning. The next day, I found my little patient broken out all over with a rash resembling measles. As I had already treated this child in measles and scarlet fever, I could assure the anxious parents that it was an eruption from stomach derangement which would likely disappear in twenty-four hours. No change was made in the treatment and the next day all signs of illness had passed away and my little patient was dismissed with a few granules of quinine arseniate, gr. $\frac{1}{17}$, one to be taken every four hours. I wish to emphasize the use of this drug as a tonic reconstructive, especially for our little friends.

4th. A boy of eight was seen at noon, delirious, a splitting headache and temperature 105. A large dose of castoria had been given shortly before I was called. I gave aconitine amor., gr. 1-500, one granule every fifteen minutes for six times and then every half hour. At my evening visit, his temperature was 101 and he announced that "he was well." The treatment was suspended at ten, and he slept well during the night but awoke with a high fever again in the morning. I now gave the "defervescent compound" No. 2 (aconitine amor., gr. 1-500, digitalin, gr. 1-250 and veratrine, gr. 1-500) with the same directions as given before and ordered a seidlitz powder. The family reported that he "threw up the seidlitz powder" so I gave him the seidlitz salt which he took nicely. At night his temperature was again down, even lower than before. The treatment was kept up until midnight, six granules of calomel, gr. $\frac{1}{4}$ each, being given with the evening medicine. The seidlitz salt was given the following morning and the defervescent granule continued in hourly doses. There being no fever during the day, the case was dismissed. No diagnosis was made as, thanks to prompt and efficient treatment, no organic lesion took place.

When physicians come to realize how much sickness can be saved by the abortive treatment of acute diseases, they will teach their patrons to call them early and then we will be ministers to nature indeed.

In cases like the above, never omit to impress

upon the family the fact that you have probably saved them from a long, serious and expensive illness, and that you could have done even better had they called you earlier. The public is not slow to see the point when bodily ease and dollars and cents are concerned.

W. C. ABBOTT, M.D.,
2666 Commercial St., Chicago, Ill.

On the Treatment of Cholera.

Editor MEDICAL WORLD:—There are three methods of treatment, all of which are partly successful:

- 1st. Antiseptic treatment.
- 2d. Sulphuric acid treatment.
- 3d. Rectal injection and peroxide-of-hydrogen internally.

The first treatment may be administered in the following manner:

- R. Phenacetine..... grs. xv
- Acid salicyl..... grs. xiv
- Acid carbol..... drs. ss
- Ess. menth. pip..... m. x
- Aquæ destil..... ozs. ij
- M. Teaspoonful in water until symptoms abate.

2d, or sulphuric acid treatment, is administered as a prophylaxis in an epidemic and at the first appearance of symptoms, alternately with antiseptic treatment.

- R. Dil. acid sulphuric..... gtt. xiv
- Aqua destil..... oz. vi
- Chloroform..... gtt. x
- Laudanum..... gtt. v

3d. The treatment of cholera by cleaning out the colon and lower intestines has met with great approval.

The method is to give the patient a rectal injection of luke-warm water and tannic acid. This injection must be given in a manner so that the intestines will be washed. Meanwhile, the patient is to take internally the following:

- R. Hydrogen peroxide..... oz. ij
- Soda bicarb..... gr. xxv
- Aquæ destil..... oz. iv.
- M. Teaspoonful every hour.

The author hopes we shall soon come to a time when, by public prophylaxis and energetic enforcement of medical law, cholera will be effaced.

FRED. M. WERNER, M.D.,
26 East 81st St., New York, N. Y.

Editor MEDICAL WORLD:—The MEDICAL WORLD binds to hand and volumes bound. Thanks. Besides making a handsome addition to the library, they make it so convenient when referring to the journals. I would not be without them now for many times their cost.

W. J. COOPER, M.D.
Crockett, Miss.

Inhaling Acetic Acid for Respiratory Inflammations.

Editor MEDICAL WORLD:—A patient took cold Saturday night, was badly stopped up, showing all kinds of rales and whistles. Bichromate of potash relieved finally causing vomiting at 2 a. m. After that the patient went to sleep and slept the balance of the night. Previous to this time he had been obliged to sit up in bed a part of the time in order to get breath. Sunday he commenced inhaling acetic acid. Dyspnea, whistling, etc, by night was relieved, so that he went to bed and slept well. He continues the inhalations. The patient will continue the use of it for some time, and I will report later. It certainly has accomplished wonderful results in the short time it has been used.

The patient has been subject to these spells after taking cold in warm weather for some years, and never found anything to give such quick and marked relief.

S. J. SMITH, M.D.,
Fillee, Neb.

Goitre and Calculi Prevalent in Alkaline Regions.

Editor MEDICAL WORLD:—I was peculiarly impressed with Dr. W. S. Newlon's article, on page 132, April WORLD, in reference the frequent "cases of goitre occurring on the white soils of Kansas." I find that this is my experience. Formerly, in Illinois, we would not have a case of goitre to treat, perhaps, in many years' practice. I have been in Western Kansas since 1885, and find these cases quite numerous, more especially among the older settlers, and more common among the middle-aged females. I am now treating four cases of goitre—two more than I had treated in ten years preceding the time I came to Kansas.

I also find more numerous cases of renal and biliary calculi. I never saw but one case of biliary calculi before I came to this country; but here it is quite common, and I notice a rapid increase in this class of cases.

The question is, what causes so many of this class of cases? I am unable to comprehend, unless it is the vast quantity of magnesia water consumed. There is scarcely any water in this country but that is more or less impregnated with magnesia. This country is well supplied with the finest quality of building-stone, principally magnesia. In many places the water flowing through this material is rendered unfit for use. I have seen it in many places so impregnated with magnesia that you could not drink it or wash your hands with it, even if you would use the best soap extant. I have long since

come to the conclusion that this condition of the water produces calcareous deposits in the system. And now I come to THE WORLD family for proper remedies to eradicate or prevent these deposits.

Brethren, do not advise us to migrate—we can't do this. What! leave this country! This fine climate, good roads, improved and improving country! Oh, no, Doctor! Please give us the therapeutical remedies, and let us remain here.

J. N. PAGE, M.D.,

Ellis, Kan.

Replies.

Editor MEDICAL WORLD:—To Dr. More, April No., page 135, I would suggest that the trouble with his patient may be due to chronic malaria, which impresses the nervous system profoundly, and induces periodical spells of neuralgia. This patient's condition may be aggravated by reflexes, from a constricted sphincter ani, an elongated, tight, or adherent prepuce. Examine for these, and remove any such condition if found. Examine urine also, for uric acid. If found in excess, treat accordingly, as recommended in former numbers of THE WORLD. If any such abnormal conditions are not found, then rely for treatment on alteratives containing iodine, such as iodide of potash, syrup of iodide of iron, or hydriodic acid. Granules containing strychnine arseniate, gr. $\frac{1}{14}$, two every three or four hours, are often useful in such cases, and don't interfere with iodine treatment. Examine for enlarged spleen, and a possible sensitive spot over the spine in the dorsal or lumbar region. If such spot is found, draw several minute blisters over its seat. Don't draw blisters larger than half an inch in diameter, and separate half an inch apart, in perpendicular relation along the spine.

I would say to "Practitioner," page 135:—For a case like his—of rectal prolapse—I have found nothing equal, as a palliative, to Prof. Waugh's treatment with dosimetric granules of strychnine, piperine and podophyllin, viz.: dissolve 20 granules of strychnine sulph, gr. $\frac{1}{14}$, 20 granules of piperine, gr. $\frac{1}{4}$, 3 granules of podophyllin, gr. $\frac{1}{4}$, in water 1 ounce. Dose, half teaspoonful before meals. This appears to be curative in prolapse of young children, and for adults, if persevered in, a great relief.

W. C. DERBY, M.D.,

White Cloud, Mich.

A PHYSICIAN writes: "Times have been hard with me, and I have tried to do without THE MEDICAL WORLD, but I find it a necessity."

Quinine and Hemorrhage.

Editor MEDICAL WORLD:—In response to the question, "Does Quinine Cause Hemorrhage?" I wish to state the following: In the Spring of 1892, suffering from slight disturbances of health, I took about 15 grs of quinine at bed-time. I was awakened in the night by agonizing pains in hypogastrium, which I at first mistook for disturbances of the bowels. However, the bowels did not move but there was a discharge of quite a quantity of blood from the vagina or uterus. The pain was finally controlled by $\frac{1}{2}$ gr. morphine. I was greatly prostrated for a couple of days afterwards. I was at a loss to account for it, as I had taken equally large doses of quinine the previous fall and as I had used some H_2O_2 as a nasal application I thought that might have been, by absorption, the cause of it, as I was also in some doubt then that the hemorrhage had proceeded solely from the womb. So I was beguiled into taking another like dose some weeks afterwards with similar results, this time leaving no doubt as to cause and effect even that the uterus was alone concerned in the hemorrhage. There were, though, loose bowels the next morning, and it and the prostration continued longer than the first time. We blamed now the special bottle of quinine for the effects, all the more as my husband, who took a small dose on trial, did not escape abdominal pains. Some months later, having tried in vain to break up an attack of malaria by quinine arseniate, I took 5 grs. of quinine from a different bottle with the effect of producing leucorrhœa without pains. In the summer of 1893, I had taken repeated doses of quinine of the same size (15 grs.) without any such result. So, if quinine does produce hemorrhage, what condition of the organism makes such action possible? Menstruation had nothing to do with these hemorrhages, it was not even interrupted in its regularity.

Emmett, Idaho. G. H. MCGAHEY, M.D.,

Quinine Versus Ergot in Obstetrics.

Editor MEDICAL WORLD:—I wish to make a few comments on the first case in the article in the May number of your journal written by Dr. J. A. Huntsman, of Austin, Nevada.

"Found patient flowing rapidly and had been for over an hour. Had no pains; was much prostrated." He gave ergot (doesn't say how much), and repeated in half hour, causing vomiting. Then gave ergotine hypodermically.

In eight hours after he was called the woman was delivered of a dead child.

"Question: Did the child die from the hemorrhage or had the ergot something to do with its death?"

Now in my mind, ergot is as potent a factor in producing still born babes as hemorrhage. Don't understand me to say, Dr. Huntsman, that the ergot killed this child, for it might have been still born had you used quinine instead of ergot, but I would have used the former instead of the latter—my preceptors advice to the contrary notwithstanding.

I will give my experience with my first still born babe. About eight years ago, shortly after I commenced practising, I was called to a primipara. I found a midwife in attendance. She told me the woman had been in hard labor for about forty-eight hours until about three hours previous to my arrival, when all pains ceased. I examined her and found considerable progress in labor, membranes ruptured, with complete uterine inertia from exhaustion, a result, I thought, of the forty-eight hours of hard pains, for she had previously been in robust health. As this was my first case of this character I thought I had a "white elephant" on my hands. I had had several obstetric cases before this, but none in which a special uterine tonic was indicated. I will say just here that I never use a uterine tonic unless I think it is needed.

I saw in this case that something had to be done and that at once. I proceeded to act upon the advice of my preceptor and contrary to that of Prof. Lewis, of Tulane, hence, I gave her about 40 minims fl. ext. ergot. It certainly had the desired effect, for in due time the pains commenced, feeble at first but continuing to increase in severity for about an hour, when a well developed, dead male child was delivered.

The patient and the other woman present seemed well satisfied with the result, but I was not. I decided then to abandon the use of ergot and try quinine in such cases. I did so and it rarely ever fails to have the desired effect. If I am called to a case and the pains are weak, the head pressing down and the os in a dilatable condition, I proceed at once to give 10 to 15 grains of quinine, regulating the size of the dose to suit the case, never giving less than 10 grains. I rarely ever have to repeat the dose, this one usually having the desired effect in twenty-five or thirty minutes. However, if the pains are not strong enough in fifty or sixty minutes I repeat with a smaller dose—about seven or eight grains.

Swan, Tex.

A. R. SWANN, M.D.,

The Uterine Safety Tube in One Hundred Obstetric Cases.

Editor MEDICAL WORLD:—During the past thirty months I have employed the uterine safety tube in one hundred cases of "labor."

As two of the pregnancies were twin pregnancies, there were 102 children born.

The average duration of "labor" after I ruptured the membranes and inserted the tube, which I always do as soon as the os is dilated to two inches, was an hour and a half. Several of the cases were completed within twenty minutes after the insertion of the tube, while one was prolonged for five hours. The latter was a fleshy primipara, and her child's head measured $14\frac{1}{2}$ inches in circumference when born.

There were three breech cases, two face cases, one occipito-sacral presentation, and ninety-six occipito-anterior presentations.

I employed the forceps in the occipito sacral case, and in one of the face cases and in three of the occipito-anterior cases. The atmospheric tractor was employed in fourteen cases.

The uterine safety tube, as previously stated was employed in all.

There were no still births, no maternal deaths, nor any accident in any of the "labors."

Six of the children died at various ages between three and six months from infantile complaints. The remaining ninety-six are alive, healthy and bright. There were no cases of ophthalmia, and the hearing of many of them is unusually acute. Three of them in particular noticed every loud sound before the third week of age.

There was no case of post-partum hemorrhage, sub-involution or convulsion among the mothers. The recovery of all was rapid and free from unpleasant complications, with the exception of one patient who manifested the usual symptoms of typhoid fever several days before delivery, and who subsequently developed a typical case of that disease, from which she, however, completely recovered.

Many of the mothers were up and around on the fourth day, and one went to the front door before the baby was twenty-four hours old to stop her husband from quarreling with a neighbor. No vaginal or uterine douches were used or needed at any time.

The residual liquor amnii withdrawn by the safety tube varied in quantity from half a cup to over two quarts.

P. McCAHEY, M.D.,
1413 South Tenth st., Philadelphia.

Abortion.—Replies.

Editor MEDICAL WORLD:—Please permit me a little space in your valuable journal for the purpose of asking the many brethren about a certain case. On March 1st I was summoned in haste to see Mrs. ———, of our city. On arriving the husband informed me that his wife was flooding profusely. Examination revealed that the os uteri was dilated to the size of a

silver quarter. I at once proceeded to tampon and gave the patient proper medications, such as was indicated in her case, but in spite of me labor proceeded and the fetus was expelled in two hours after my arrival. I questioned the patient and compelled her to tell me how she came to the accident, as she called it. I told her that I must know the truth, otherwise she would be liable to go overboard, and she came right out with the story and said:

"Doctor, I did not want any more children, and my neighbor lady told me that I should take three tablespoonsful of date seeds and make tea from them, about three cupsful, and drink one cupful every half hour, which I did, and in two hours after taking the first cup of tea the hemorrhage began." Now the question arises, did the date seeds produce the abortion or not? I would like to hear from the many readers.

In reply to Dr. Mehring's request I would say, please read *THE WORLD* of 1890, page 450 and you will be pleased to find a way in which to remove the carcinoma without the use of the knife. I have tried the treatment and found it successful.

If Dr. Usher, of Sicily Island, La., will give his patient 20 pieces of the following mixture about the size of No. 1 capsule, he will have his patient cured:

R. Oil copaiba..... ounce vj
 Pow'd magnesia carb. q. s. to make paste.
 Add Pow'd cubebs ounce j, (or more if desired).
 Pow'd opium.....gr. vii
 Dried sulph. iron.....gr. C.
 M. Sig. One piece as above described 3 times daily after meals and b. fore going to bed

The above was published by Dr. Hyatt in *THE MEDICAL WORLD* some time ago.
 La Crosse, Wis. I. W. COHEN, M.D.,

Hernia.—Remarks.

Editor *MEDICAL WORLD*:—Doctor, did you ever try to reduce a hernia that had suddenly stolen a march on the patient while he was not on the alert, and found it a tedious process? The next case you get try ether. Place the patient in a recumbent position and then allow the ether to trickle down over the hernia slowly, at the same time make gentle taxis, and you will find yourself and patient pleased. The ether acts by relaxing tension and the majority of cases will yield to this.

I am pleased to read Dr. Waugh's statement, that he believes in constant spraying with peroxide in diphtheria. I was attending two cases here, when another doctor was called in consultation and condemned the use of the atomizer, saying he did not care about the formation of the membrane, but that it was a constitutional disease, and that he could reach the germs by internal treatment. The parents were

ignorant enough to believe him, and took his treatment and he actually stole my patients without professional courtesy. The cases recovered, as they were not serious, and he got the credit.

Now, I think I am correct and justifiable when I refuse to consult with a doctor who acted as he did. I know my treatment was right.

I would like to ask Dr. Waugh through the columns of *THE WORLD* the best treatment for congenital hydrocele, whether to use local applications to cause absorption or to evacuate. Also, if he thinks chronic alcoholism can be cured by internal treatment without hypodermic injections. I have a patient under treatment who does not wish me to use the hypodermic medication if I cannot effect a cure otherwise. He seems to be doing well thus far.

I will give my way of removing wens. I make a free opening, evacuate the contents and then, with a cotton-covered probe, dipped in a solution of equal parts of camphor, carbolic acid, and chloral, I insert it into the sac and twirl it around in every part. Repeat several times and then insert a piece of antiseptic gauze to keep the sac open and for drainage. Treat this way daily for several weeks until exudate ceases or is healthy and then allow it to heal up. It must be kept open until the inside is healthy and the sac destroyed. **MEDICUS.**

Malarial Hematuria.

Editor *MEDICAL WORLD*:—I see in *THE WORLD* of April a request signed "Precio," for an article on malarial hematuria. Now, I don't think that a physician who is ashamed to sign his name to his request for assistance deserves to receive it. Besides if "Precio" had been a reader of *THE WORLD* some years back (as he should have been) it would have been unnecessary for him to ask this help, as the subject was fully discussed. But I have received so many good things from "the brethren" through *THE WORLD*, and having a kind feeling for his patients, I will try and help him if I can.

As to pathology, although I have treated thirty four cases, losing only two, I do not feel competent to write. Symptoms are, fever, soon followed by hemorrhage, and in the majority of cases with bronzed skin. Prognosis, if seen in time and treated properly, is no worse than in bilious or malarial fever; in fact, I consider it nothing more than an aggravated attack of malarial fever.

As for treatment, there is quite a difference of opinion as to the proper method. Some advocate quinine in large doses, alleging that, as quinine is the antidote above all others for malaria, it must be best. But my experience with

quinine has been bad—that is, with the sulphate of quinine. You will find almost always in these cases, sick stomach, the liver, spleen and bowels inactive—almost impossible to get an action from bowels. My plan has been to give calomel, grs. four (4) every four hours, until a bilious action was produced, or until twelve (12) grains were taken. If no action within two hours after last dose of calomel, I give Epsom salts, a teaspoonful every two hours, until bowels act freely. I give tincture of aconite, tincture of gelseminum, and tincture of digitalis, to reduce the fever, and continue while fever lasts. At the same time I give fluid extract of buchu, one dram and in two hours, spirits turpentine, ten (10) drops, with spirits nitre, twenty-five (25) drops, alternating these every two hours, until hemorrhage and fever cease, and then lengthening the intervals until only three doses are taken daily for several days. Also, I give Fowler's solution of arsenic every four hours for four or five doses (five (5) drops each dose), when I lengthen intervals to three doses each day. After the fever and hemorrhage have been stopped, a good iron-arsenic tonic will set the patient up again, and prevent a return. All my cases have been treated after this plan except one, which I treated on the Dosimetric method. This case I cured, but don't care to take space to describe it. The trouble is with the liver, spleen and bowels. The kidneys are doing their best to perform the duty of all, and if not assisted, and assisted properly and promptly, being overtaxed, they will break down. The plan or object is to restore the action of the liver, and at the same time sustain the kidneys, if you wish to save your patient.

J. D. USHER, M.D.,

Sicily Island, La.

For the Somnolent Disease.—For Hemorrhoids.

Editor MEDICAL WORLD:—I would recommend Dr. B. F. Few, page 135, April WORLD, to use ten drops tr. belladonna to half a glass of water, a teaspoonful every two hours; also salix nigra aments, a specific tincture put up by Lloyd's Bros., Cincinnati, O. Dose, ten drops every two hours, alternating with the belladonna.

If "Practitioner," page 136, will use the following prescription for piles, he will be pleased with the results:

Clean gun powder, two ounces; old rye whisky, one pint; work the powder into a paste with a little hot water, then mix with the whisky; shake it well, and give one teaspoonful before meals, gradually increasing the dose to two or three teaspoonfuls. This has cured many obstinate cases for me.

Lloyd Bros. specific tincture of collinsonia, gts x; water, ounces iv; mix, and give a teaspoonful of the dilution four times a day, is excellent where there is a sense of constriction in the anus.

J. G. WHEAT, M.D.,

Inwood, Iowa.

Fraternal Exchanges.—Quinine in Labor.—Replies.

Editor MEDICAL WORLD:—I was very much pleased with your able editorial, "As you freely receive, so freely give," in April WORLD. As yet I have done little, but from now on will do all I can to help out my brother practitioners.

I was recently called to attend a woman in her fifth confinement. She had been having labor pains for three days previously. I found the os dilated about the size of a fifty cent piece. She had been yawning all day, and was doing so when I arrived (6 p. m.) As she was quite weak, I gave her ten grains of quinine to hasten labor. The pains at once became strong and regular, and at 11 p. m. she was delivered of a fine baby girl. As she kept continually yawning, I feared hemorrhage; so, just as the second stage of labor was being completed, I gave her $\frac{1}{10}$ gr. sulph. atropine (hypodermatically) to prevent it. There was no hemorrhage to speak of, and she made a slow but good recovery.

For the "Sleeping Disease," Dr. Few will find this prescription of great value:

R. Strychnine nit.....gr. ss
Tr. capsic.....drams ij
Ac. phos. dil.....ounce ij
Vin. coca q. s.....ounce iv
M. Sig. Teaspoonful in water after meals, and brom. soda flj, fl. ext. gelsem. m v, to be taken at night.

In reply to Dr. Hammond, dark circles around the eyes are caused by nerve exhaustion or disease of the generative organs. Diagnose disease, then give proper treatment.

I would advise Dr. Usher to use deep urethral injections of nitrate of silver (10 to 20 grs. to 1 oz. water) every second or third day, as indicated. I have cured many cases this way that had gone the rounds of several doctors.

Dr. Cobb will find good results with P. D. & Co.'s Tablets (cystitis No. 2) for chronic inflammation of bladder, along with 10 to 15 gr. doses of muriate of ammonia three or four times a day.

H. C. NEFF, Ph.C., M.D.,

Hamden, N. Y.

Treatment of Whooping Cough.—Snuff Powder for Catarrh.

Editor MEDICAL WORLD:—Information is asked for the treatment of whooping cough. The best treatment I have found is vaccination, where the patient has never been vaccinated, and you are sure it is whooping cough.

I think that bismuth sub-nit. drams x; iodoform drams ij; boric acid drams ij; mix; used

with a glass tube makes a good powder for nasal catarrh.

H. K. TEFFT, M.D.,
212 West Eighth Avenue, Topeka, Kan.

**Vaccine vs. Phthisis and Respiratory Affections.—
Liberalism in Medical Science.**

Editor MEDICAL WORLD:—Dr. Waugh's contention that vaccine is not antagonistic to phthisis and scrofulous conditions, but rather induces them, does not hold good in my experience. Out of 190 cases which have been noted that had smallpox here in the West, over 90 per cent. made a good recovery and became in robust health. He agrees that vaccine is antagonistic to whooping cough, as he has witnessed the result.

Of course, I am not ready to maintain that vaccinating one with bovine virus will cure him of phthisis every time. I only claim that in every case but one it has proven a success, and that one was almost gone when the attempt was made. I have used it on fourteen. Dr. Waugh is a gentleman whose opinions I regard very highly. I do not think a more liberal and better informed physician writes for any of the journals. His way of getting down to business and plain facts indicates that there is no nonsense about Dr. Waugh.

I like your comments on the term "physician" very much. I have been a homeopathic physician and belong to the eclectic school. I find that there is good in all schools, but the necessity for sectarianism I fail to see. I wish that all medical men could work in harmony. And yet the Baptists, Methodists, and other religious sects fight and hardly ever agree. And medicine is largely a sentiment, as is religion; some men require a devil to keep them good; we of the sectarian schools require an allopath—we say old-school—bogey-man. Men are but children, after all. DR. H. S. BREWER,
1309 Chamberlain Building, Chicago, Ill.

[We admire Dr. Brewer's liberal spirit, but we differ from him on two points, viz:

1st. We do not regard medicine as a sentiment. In proportion as the study of its principles advances, it becomes more and more exact knowledge.

2d. We have never yet seen such a thing as an "allopath." In science it is not accurate or fair discussion to use nick names. Inasmuch as we have never yet found any two physicians—of the broad profession or of any sect—who practice alike, and as we have often found two of different sects to practice more nearly alike than two others professedly of the same sect, the self-assumed distinctions of sects might now be supposed to have entirely subserved its purpose—if it ever had any—and that all true, educa-

ted and progressive physicians might appropriately discard all distinctive titles (as they really do in the columns of THE MEDICAL WORLD), and come together for broad, universal, scientific study, consultation and practice.—Ed.]

[The following letters have been received by Dr. Waugh, and are submitted to us with appended replies.—Ed.]

Peculiar Epidemic in Texas.

Little children here are now having a very serious time with the following condition:

Trouble comes on as an ordinary cold, with or without fever, and a hoarse, croupy cough, fever comes on gradually, with perhaps, an intermission of a day or two. Pulse and respiration both very rapid from beginning, regardless of fever.

Tongue heavily coated, brown or white, broad, anemic. Stomach very irritable from beginning and in many cases there is incessant vomiting. Tenderness always present over stomach and along margin of ribs. Vomited matter is always large quantities of tenacious mucus with an occasional lot of green or yellow bile. Lungs are loaded with mucus, seemingly so tough that it can hardly be coughed up. If medicine fails to act promptly, as a rule pneumonia develops early. Respiration very rapid and of a snubbing character—short inspiration with long expiration—half way between a snub and a hiccup. Bowels obstinately constipated, but no soreness or tympanitis. Purgatives have little effect on the bowels and, when bowels do move, the discharges are loaded with mucus and particles of undigested food; color, green or black—usually green. Some discharges seem to be entirely of green ropy mucus. Kidneys are very sluggish and urine is highly colored. Perspiration usually free, regardless of fever. Earache, followed by discharge from ears, is very common. There is often catarrhal conjunctivitis. In short, the entire system seems to be suffering from a catarrhal condition.

Remember that one of the first symptoms of illness is the very rapid pulse and respiration and sick stomach; and perhaps the first indication of convalescence is the slowing of the pulse and respiration.

Treatment is usually very unsatisfactory. Perhaps salol, pepsin and colorless hydrastia have done as well as any other treatment. Give me a line of treatment that will give relief promptly and be satisfactory to all. TEXAS.

[This is a singular epidemic, undoubtedly due to some unknown microbic cause. As a preventive, I would wash out the nose and throat with peroxide of hydrogen solution, used with an atomizer, so as to reach as far as pos-

sible down the air-passages. This would be my suggestion for treatment at the beginning of the attack, also giving camphor and quinine in small doses. The hygiene of the house and premises should be looked to, as bad forms of all such diseases are associated with unhealthy surroundings. If the attack becomes confirmed, I would give $\frac{1}{2}$ grain of calomel every 2 hours, and small doses of zinc sulpho-carbolate every half hour to keep the stomach aseptic. The tough mucus would be improved by small doses of lobelia, if the state of the stomach and the general strength permitted. The vaporization of some volatile disinfectant, as sanitas oil, in the room, has seemed to be of value in the eruptive fevers, and I would add this to the other suggestions.—W. F. W.]

Case for Diagnosis:

EDITOR MEDICAL WORLD:—I have a case on hand for which I would like to have your advice in regard to the best manner of treatment. The history is as follows:

Mrs. M., age 50, married, mother of eight children; commenced menstruating at the age of 15; had itching of the vulva from the first time the menses made their appearance, but not bad enough to require her to consult a physician.

After the menses had been fully established five months, she caught cold, which caused her periods to be absent about five months. After their re-establishment she had pain in the stomach, headache, rush of blood to the head, flushed face, painful menstruation, especially before the menstrual discharge, which lasted 2 or 3 days, for about thirteen years. She has also had pain in her stomach, and eructation of odorless gas, with constipation for the last five years, all the symptoms of the stomach have been worse with pain and nearly constant belching and itching burning sensations of the vulva; so much so that it nearly deprives her of rest, and when the menses came on, it would nearly drive her mad. She has to take medicine to keep her bowels moving; has tenderness of the uterus, a muco-bloody discharge on using the sound, which is extremely painful. She has within the last few days developed boils, four or five, on the lúbia majora, which is swollen from irritation. There is no broken surface on the mucous membrane that I can find, but a slight redness, perhaps more than usual. She is a brunette, black hair, weight about 125; her urine is normal in color, she has to get up occasionally at night to make water, not so much since I have been treating her. Specific gravity of urine, 1020; slightly acid reaction, no albumen; on using Heller's cold test there is a

slight yellow zone where the urine comes in contact with the acid.

No albumen on using heat and nitric acid. On using Fehling's test, the urine throws down a dirty flocculent deposit, I judge about 10 per cent. of volume. She has been married twenty-nine years.

Restricted diet makes no difference in regard to the stomach trouble. Her tongue is smooth, as if it was stripped of its epithelma. She has what she calls nervous chills occasionally. She is still menstruating occasionally. About three months ago she came around after an absence of four months. The menopause is working on her. She is not very hysterical as one would imagine, but is a very sensible woman, though of course she has nervous spells and palpitation of the heart at times. She has been a very busy, industrious woman, in fact, too much so for her own good.

She has been treated by three or four different physicians, each one became disgusted and told her that they could not help her. She was treated by one for two years, steadily.

[There may be some uterine affection, probably stenosis of the internal os; else why the dark discharge after the sound? This should be remedied first; the os dilated, the uterus washed out and euophen-aristol in liquid petrolatum freely applied to the cavity. This, with the regulation of the bowels and the administration of macrotin, are the only indications I can see, without personal examination of the case.—W. F. W.]

A reader recommends the application of grated nutmeg as a successful remedy in cases of bleeding navel in infants.

Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

EDITOR MEDICAL WORLD:—I have recently had a case in practice which I wish to report, as I am not positive as to my diagnosis, and hope that it may prove of sufficient interest to some of the many readers of THE WORLD to call forth some response from which I may become better satisfied as to the exact trouble.

On the morning of Feb. 17th, my partner and I were called to see a Mrs. L., age 42, blonde, of slight build, mother of 9 children, the youngest two months old. Previous history

fair. Her husband stated that on the morning of the 16th she was taken with a very severe headache, lasting all day and till midnight. There was some vomiting and, as she had been subject to sick headache for years, it was thought to be one of her periodic attacks, though the pain was much more severe than at any previous time. About midnight the pain in her head became less severe and she went to sleep, but waked near morning and called for a drink of water. When the husband brought it she asked why he did not light a lamp, as she could not see him, and as he had a lighted lamp in his hand, the discovery was made that she was totally blind.

We found her with temperature at 100, respiration 30, pulse 120, moderately strong on the right side, but could detect no radial or temporal pulse on the left side, whatever. Pupils slightly dilated and symmetrical, responding sluggishly, but otherwise perfectly, to light. Pain in occipital region, but not nearly so severe as it was before she went to sleep. We had no ophthalmoscope, but by careful external examination of the eyes could detect no abnormal appearance whatever, though she could not distinguish even the bright light from a laryngoscopic mirror, except that, as she said, she could feel it. She complained of slight numbness and coldness of extremities. Urine scanty and rather highly colored. No albumen or sugar. In about twenty-four hours her sight gradually returned, the first change she noticed being a sensation of bright changing colors—"calico colors," as she described it—passing before her eyes. In two or three hours she could distinguish the bulk of a person's hand held between her eyes and the light, and at the time of our next visit, about 10 o'clock on the morning of the 18th, her sight had completely returned. From the 18th to the 22d, she had every twenty-four hours from one to two attacks of excruciating pain in the head, principally in the occipital region and ranging down the back of the neck, with stiffness and soreness of the muscles of the neck and marked tenderness on pressure as low as the vertebral prominences. The attacks lasted from 2 to 4 hours whether anything was given to relieve her or not, and in the intervals between the attacks she was very stupid, with a tendency to sleep all the time, and when aroused would be "flighty" for a short time. From the 22d to the 28th, the attacks of headache gradually became less frequent and severe and the stupor less pronounced. On March 1st, she was delirious for a short time and on the night of March 2d was wildly delirious nearly all night. All this time her temperature had ranged from 99½ to 101 and pulse 120 to

130. At times we could barely detect the radial pulse in the left side, but seldom. There was complete anorexia and marked emaciation, slight tendency to constipation, readily overcome by purgatives. From this time on (March 2d or 3d), she had very little headache but the circulation rapidly became weaker, and from the 5th to the 7th was very irregular, varying at times from 60 to 130 in the course of 2 or 3 minutes, with missed beats, etc. Then for the next week her circulation gradually became better and became perceptible with regularly increasing strength in the left side, her appetite began to return and she improved in every way. Since then there has been nothing of special interest connected with the case. She has been slowly convalescing and is now able to be up most of the time. Her circulation is as strong in the left as in the right side and she has had no further trouble with her vision.

Now, as to the treatment employed: On our first visit we gave her a brisk calomel purge and pustulated the back of the head and neck with croton oil and gave her:

R. Potass. bromide gr. xv
Fl. ext. ergot.....gtts. x
Fl. ext. digitalis.....gtts. v

every 3 hours. Next day we changed the interval to 4 hours and continued it for about a week, when we left off the digitalis and added potass. iodide gr. x to the above and also gave

R. Syr. hypophosphites co. (Fellows).....dram i
Liq. potass arsenitis.....gtt. i

every 4 hours. For the headache we tried antikamnia, chloral hydrate, morphia and large doses of potass. brom. without any appreciable effect and finally left them off, as the attacks seemed to be self limited. When the circulation became bad we gave digitalis and strophanthus.

We gave other remedies to meet different indications as they arose, but the above is the main line of treatment followed.

Now I have tried to give a tolerably full description of the case, but feel that in some way I have fallen short of it. However, as this is my first attempt at reporting a case, I will let that be my apology for my short comings.

In my case-book I have "labeled" this case congestion of brain with serous effusion, followed by meningitis. Now I want some of the rest of you to guess at it.

What caused the sudden and total blindness and its almost as sudden disappearance? What was the cause of the difference in strength of the pulse on the right and left side?

W. L. DUNKESON, M.D.,

Exeter, Mo.

[We referred the above very interesting

case to Dr. Fox, Professor of Ophthalmology in the Medico-Chirurgical College of Philadelphia, who has kindly given his opinion as follows:—Ed.]

Editor MEDICAL WORLD:—The absence of an ophthalmoscopic examination in the above case precludes us from venturing a diagnosis on the intra-ocular conditions which might possibly have existed and thrown much information on the condition of the brain. Assuming that the ophthalmoscope would show no change in the optic nerves or retina, then the lesion must have been around the sight centres of the brain. Meningitis over the cortical region, suddenly threw out serous effusion and, owing to the prompt and very excellent treatment, as rapidly preventing an excess of the effusion and as rapidly provoking absorption, thereby a restoration of vision was effected.

In like manner we can explain the disturbance in the vasomotor centres, causing the unilateral arterial tension.

A patient came under my care recently at the Medico-Chirurgical Hospital, who had nearly all the conditions described by Dr. Dunkeson. The blindness, however, was limited to the right eye, came on suddenly but did not return quite as rapidly. The ophthalmoscope revealed a general retinitis with minute hemorrhages limited to the macula region, pupils slightly myotic. The arterial tension was enormously increased throughout the right side of the body with an increase in temperature on this side.

The right sub clavian artery stood out like a whip-cord and throbbed with every beat of the heart.

The left eye ground was found normal and vision perfect. The urine was carefully examined from day to day and always found free from sugar or albumen. The pain in the head was very severe at times. The patient was promptly put to bed, and large doses of nitro glycerine given and simple diet. After the second day, in addition to the nitro-glycerine, potas. brom. and potas. iodide in ten grain doses four times daily. The conditions of the brain responded to the treatment. In three weeks the patient went home, practically well. The vision, however, did not gain more than two-thirds of the normal. For the general treatment I had the assistance of my colleague Prof. James M. Anders.

There was no doubt meningeal disturbance in this patient involving the deeper structures of the brain. I feel, therefore, that from the similarity of the symptoms in these two cases, Dr. Dunkeson is correct in his diagnosis.

L. WEBSTER FOX, M.D.,

1304 Walnut street, Philadelphia.

Editor MEDICAL WORLD:—Have just been perusing your April number and find it, as usual, filled to overflowing with many good articles, especially the one from our old contributor, Dr. Waugh, on diphtheria, which I *fully endorse*, as to the disease being local exclusively in its incipient stage, becoming constitutional as it advances, and why treat it locally, if it is not a local disease?

Let me again thank all those of my brethren, who so kindly came to my rescue in the case of eczema of my own child.

We are passing through a very severe epidemic of la grippe, many cases resulting in pneumonia, single and double, ending in the aged, fatally, in the greater number of cases. My treatment has mainly been, salol, grs. v., antifibrin, grs. x., every four hours until pain and soreness has subsided, and when the lungs become involved, quinine sulph. (Howard's), grs. iii, ammonia carb., grs. v, every three hours, hot poultices to chest, changed every two hours, plenty of beef-tea, the white of an egg beaten up with milk, with brandy added if necessary. Feed your patient; keep up his strength. Treat symptoms as they occur, watch the heart, and in the young, in 99 per cent., you will have the satisfaction to tide your patients safely through.

For the neuralgia, attending cases of La Grippe, I have found nothing to equal phenactine Bayer, in grs. v, repeated if necessary in four hours. I have also found this of great benefit, combined with salol and antikamnia in articular rheumatism.

The readers of our family journal came so promptly and so kindly to my rescue in the case of eczema, that I will again solicit their aid in the case of a patient now under treatment. The patient is a female, age, forty-six, (not passed the menopause), slight build, nervous temperament, the mother of five children, the oldest 21, the youngest three years of age, no trouble in confinements, excepting that they are tedious, is troubled very much after menstruating with leucorrhœa. About two years ago she commenced to complain of some difficulty of swallowing solid food, and at one time came near choking trying to get down a pill. This difficulty gradually increased, until about eight weeks ago, it became impossible to swallow any solid food. Since that time she has subsisted on soaked Christey's biscuits, beef-tea, Leibig's extract of beef, and beaten up egg and brandy. She has become emaciated, extremely nervous, melancholy, wishing often for death to terminate her existence. Her friends at first, importuned her to eat, saying that it was only nervousness caused by being afraid

that she would choke, but she would answer, "Would I not eat, if I could only swallow?" She does not regurgitate her food, but if she tries to swallow oat-meal or rice in broth, it goes so far and sticks there, then she is compelled to keep swallowing, and after some time the kernels of rice or oat meal pass down. If worried with the cares of the family, or tired, then it becomes more difficult to swallow.

With the eye I can discern nothing abnormal in the throat. She has not been examined with the laryng scope (being at present too nervous and excitable). The constitutional treatment has been nux vomica, tinct. iron, aloin, and fld. extract cascara sagrada. The bowels were constipated, but since taking the mixture have become more regular. She complains of being cold, feet always so, hands the same. She cannot sleep. The urine is clear, no albumen or casts, and normal in quantity. She is not thirsty and no dizziness or double vision.

Now, gentlemen, can you give me diagnosis, prognosis and treatment from the above symptoms? I am very anxious to make a cure or some change, for if there is not soon some amelioration in her condition, she will die from general debility. The result of treatment I will give in THE MEDICAL WORLD.

J. FORMAN PINEO, M.D.,

Chester, Nova Scotia, Can.

Editor MEDICAL WORLD:—A gentleman living near me gave me the history of his case when a young man. His case was diagnosed tubercular consumption. He applied to Prof. Paul F. Eve, of Nashville, Tenn., who treated him for awhile, but he was called to New York City, on business. While there, he met an old friend. This friend, learning of his condition recommended that he go to see a doctor there, by name, Howard Green, a specialist in lung diseases. Treatment began by inserting a rubber tube down the bronchial tubes, and injecting an ounce of water with twenty grains of nitrate of silver. After it remained in there 15 to 20 minutes, he began to expectorate and his double hand-full of mucus was thrown up. He says that was 5 o'clock in the evening. He went to bed, and the sweetest and best night's rest he ever had was that night. This happened in the year 1856. Did you ever hear of this doctor, or have you any knowledge of such treatment? I can't find any such treatment recommended in any of the text books.

Woodburn, Ky. J. R. THOMPSON, M.D.,

Editor MEDICAL WORLD:—The following history, and appeal for aid, is that of the writer's own case:

Eyesight of one eye totally destroyed when a child, through some unknown poison carried to the eye. Grew up to manhood, ball unsightly and enlarged, but only suffering once or twice with it (and severely), in exposure to cold and wet. Had Prof. Geo. Reuling remove it before our class, Sept., 1891. Cavity rapidly healed, and within three weeks inserted artificial eye. Since then have never been free from a discharge of matter, adhering to the glass, and necessitating frequent removal and cleansing. Cavity at times red and inflamed from use of the glass eye, always removed at night.

Dr. O. W. Sadler, of Pittsburgh, prescribed the following:

R. Zincolpho-carbolate.....gr. ℥i
Bichloride of mercurygr. ss
Rose water.....ounce i
M. Sig. Drop in eye night and morning.

This failed to check the morbid secretion. Began the use of hydrogen peroxide, of varied strength, followed immediately by small bit of absorbent cotton dipped in glycozone, and left in the cavity for some time. I thought this was doing the work effectually, but in seven or ten days time, matter again appeared, and here we have halted. What, if anything, can be done for such a case? I have never tried *exclusive* rest from glass eye, except during treatment as above.

DR. CHAS. GILBERT,

Glenelg, Md.

Editor MEDICAL WORLD:—It seems to me that the cause of vomiting of pregnancy is a sympathetic condition, or, in other words, a reflex effect upon the stomach, caused by the dilatation of uterus, by the growth and accommodation of the commencing fetus within the uterus, and nervous impression. I would like to ask your readers if they have noticed that idiopathic phlegmonous erysipelas of the face commences, or at least exerts first its violence, on the left side of the face? If so, why?

How soon after a physician has attended a case of erysipelas and discharged the case, would it be safe for him to attend an obstetrical case without danger of infecting the woman? What is the best means of disinfecting the person and clothing of the physician before going to an obstetrical case?

Speaking of the vomiting of pregnancy, I wish to add another very important question: After all treatment fails, how near death's door, by exhaustion and starvation, shall the physician allow the patient to go before he produces abortion? When abortion is necessary, what is the best means to produce it?

Please push the point of the eradication of syphilis. I approve of the article on that sub-

ject in the May number of *THE WORLD*, though I think, besides doing all therein mentioned, that we should also examine the women—cut the disease off at both ends.

QUERY.

[Doctor, why do you not authorize us to sign your name? There is nothing of a personal nature in your questions why you should not be known. By presenting your own name to the readers you establish an acquaintance and a fellowship with a large number of most excellent gentlemen. When you hide behind a pseudonym each physician who might wish to reply to it does not know whether he is replying to his near neighbor or to some one in foreign lands, or even to some arrant quack.—Ed.]

Editor *MEDICAL WORLD*:—I have an ugly case of noma, or malignant ulcer of a cancerous nature. It occupies the entire left cheek, from the corner of the mouth back to the throat and spreading on the upper roof of the mouth, and at the corner of the mouth it has grown out between the lips one-half inch or more. I first treated it with aveloz, painted over it every other day, and kept the mouth washed with a solution of four grains of permanganate of potassium to one ounce of water, for over one week, but did not see much improvement. I stopped that and used chloride of chromium twice a day, and washed with boro-glyceride, listerine, and pinus canadensis. It is sloughing nicely now, and getting thin to what it was. If you can instruct me in any way further I will be grateful to you.

WM. F. SMALL, M.D.,

Augusta, Ga.

Dr. Morgan, of Phenix City, Ala., wishes to know what will remove blue spots caused by the hypodermic syringe in the habitual use of morphine in a patient who is now cured of the habit.

Dr. Smith, of Filley, Neb., wishes for a good treatment for catarrh that does not require expensive apparatus, and also wishes to know of any climate which is beneficial or curative in catarrh.

As railway authorities seem to be supported by the courts in the stand they take that the companies are not legally responsible for the payment of bills for medical or surgical services rendered to employes or passengers injured by railroad accidents, unless authorized by a high official of the company, even though the physician be called by a person in the service of the road at the place where the occurrence takes place, we wish to call upon our readers for any

information they may have in regard to any cases involving this question.

Editor *MEDICAL WORLD*:—I have a patient, a little girl, eight years of age, who practices masturbation. She contracted the habit about three years ago. She accomplishes the act about once a day by rubbing her person against a chair, table or bedstead.

Her general health is good. Both parents are moral and in good health.

I would like to know what treatment would cure the patient.

R. T. STORY, M.D.,

[We suggest a fly blister on the mous veneris.—Ed.]

Editor *MEDICAL WORLD*:—I have a lady patient, Mrs. G., who has been afflicted with nervous trouble for, say, twenty years, and has been under treatment of several physicians but derives no benefit. I was called to see her about six months ago and found her very nervous, complaining of but little or no pain, and with a little tenderness in the right inguinal region. I have seen her several times since and find her sometimes almost wild, then again sometimes perfectly composed. Anything she happens to centre on seems to almost worry the life out of her. She talks the dark side of everything and will worry over it until she can scarcely stand, then the troubles will pass off and she will feel all right for from two to six days, then she will centre on something and it will worry her almost to death again. However, if something occurs to draw her mind for several days she is all right and able to do her house work. For instance, her husband had a lot of building carried on last Winter for twenty-five or thirty days; during that time the noise seemed to keep her perfectly quiet. But when the work was done she relapsed into the same condition. Now she has a daughter which has the (so-called) typhoid malarial fever, and she is all right and has been ever since her daughter has been sick. She is able to wait on her and do most of the nursing. What can I do to relieve my patient? Any assistance will be gladly received.

Gann, Tenn.

T. N. COCHRAN, M.D.,

Editor *MEDICAL WORLD*:—In the case of a patient, mother of two children, in fair health with the exception of the litherine diathesis and slight chronic bronchitis, a very annoying symptom is present, viz: whenever she coughs or sneezes violently the vesical sphincter proves to be insufficient, and an escape of urine occurs. What is the most ready method of relief?

INQUIRENDO.

Current Medical Thought.

Means of Preventing the Spread of Consumption.

[The following most excellent directions have been issued in pamphlet form by the Pennsylvania State Board of Health. We commend it to physicians, boards of health, and hygienists generally. The wholesale prevention of disease is our highest mission.—Ed.]

All cases of tuberculous disease of the lungs (consumption) take origin directly or indirectly from other cases. This is now an established fact. Infection, however, is easily provided against if certain simple precautions are taken.

The chief modes of infection are:

First, and foremost—*By inhaling dry and pulverized expectoration.*

This is apt to occur when an ordinary pocket handkerchief is used by a tuberculous person for expectoration. When such a handkerchief is opened the dried expectoration is likely to be pulverized and diffused through the air. Thus it may be inhaled by others as well as by the patient himself, who is likely to suffer from drawing disease germs into portions of lung previously unaffected.

Another, and the most common source of pulverized expectoration, is the habit of spitting carelessly and indiscriminately, as on the floor or ground. The expectoration becomes dried and mixed with dust, and then is easily carried into the air, and is breathed into the lungs or swallowed. The habit, therefore, is not merely offensive, but dangerous.

(2.) *By using spoons, cups, and other articles of the kind, which have not been properly washed after having been used by tuberculous persons.*

(3.) *By kissing.*

This source of infection is especially to be guarded against in the case of children.

Self infection may occur, in addition to the ways mentioned, *by swallowing the expectoration.* The habit is likely to lead, sooner or later, to infection of the intestines with tuberculous disease.

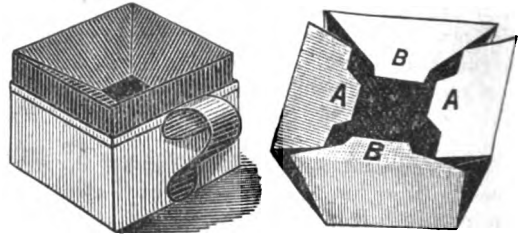
There are other modes of infection, as, for example, by consuming the flesh and milk of animals having the disease. But this source is less common, and, as prolonged high temperature destroys the germ, if we cook our food (including milk) thoroughly, there will be no risk of becoming infected in this way.

Knowing the channels of infection, we can easily take effective precautions.

(1.) *The sputum must be destroyed, and must not be allowed to become dry.* A spitting cup or

flask, containing just enough disinfectant solution to cover the bottom of the vessel, should always be used for the expectoration. Out of doors a pocket spitting-flask, such as Dettweiller's, should be employed.

In the house it would be well to use a paste-board or paper cup, which should set in a china or metallic * holder, as represented in the cut. This cup, with its contents, should be burned at least once a day, but if the expectoration is considerable, much oftener.



Pieces of linen or calico, about ten (10) inches square, may also be carried. These should be used in case of absolute necessity only, and should be burnt as soon as possible afterward. No piece should be used more than once.

(2.) Bed-rooms that have been occupied by tuberculous patients *should be thoroughly disinfected* before they are occupied by other persons, and a declaration or assurance on the point should always be demanded.

If the previous occupant of the room never allowed the furniture, hangings, or carpets of the room to be contaminated with the sputum, there would be little need of this precaution. But as people ordinarily of cleanly personal habits sometimes show a surprising amount of ignorance or carelessness in this respect, the following points should be insisted on:

(a.) Carpets, curtains and bed-coverings should have been exposed to superheated steam under high pressure.

(b.) The floor and walls of the room should have been properly disinfected. Rubbing with new bread, followed by the application of corrosive sublimate solution (a tablet of $7\frac{3}{4}$ grains, added to a pint of water), is probably the most effective practical method.

There is no danger of infection from the mere breath of a tuberculous patient. The risk is from the dried expectoration. Danger of social intercourse arises from the neglect of the precaution described.

Fresh air is of the highest importance for tuberculous persons. Hot and stuffy rooms have

* Cup and holder can be procured at the apothecaries. The paper cup can be easily made at home from the original sample.

an evil influence over the disease. Except in special circumstances, the bed-room window should be kept open by night, as well as by day.

NOTE.—The disinfection of rooms that have been occupied by the tuberculous patients, and of beds, bedding, curtains, carpets, etc., will be promptly attended to upon a notice sent to the Health Officer, City Hall. The Board of Health has erected a most extensive and complete disinfecting plant for the disinfecting of such articles as have been mentioned, and upon notification will send for them and return them after thorough disinfection, at a cost merely nominal.

By order of the Board of Health.

WILLIAM H. FORD, M.D.,
President.

A. A. HIRST, Secretary.

Successful Management of Inebriety.

The first essential to the cure of inebriety is the substitution of a less harmful support to the shattered brain, nerves, and damaged vital organs, than alcohol; and I name them in their order of preference: The morphias or opium, strychnia, the quinias and cinchonas, valerianates, cocas, the ammonium bromide, etc., etc.

The second and concomitant essential is water—plenty of water or its equivalent, milk. The tissues must have water, the blood must have it, emunctories and the skin must have it.

The third and concomitant essential is rest. Normal nature tired prescribes it for every bodily or mental overtax. Exhausted abnormal nature always needs it, and demands it often. The machinery of the human organism in all its parts—psychical or physical—must be put at rest for the best repair.

The chief essential for rest is a new and proper environment, and subsidiary to this are the chemical restraints therapeutics may place on over-acting cells: Chloral, sulphonal, the bromides, the vegetable narcotics, old and new, the valerianates, the opiates, cephalic galvanization, and soothing music and the bath.

The fourth essential is the removal of the débris of the last and previous drunks, and of the interim and organic torpidity and depressed vitality. The scavenger cells, diminished in number or absent as they are *in toto* from the blood, and the emunctories have failed in their physiologically appointed work; the congested brain, liver, stomach, intestinal tract, mucous membranes generally, torpid liver, bowels, and skin, are to be relieved and set at their proper work again.

Here water, saline laxative water without

stint, is the remedy *par excellence*. It flushes the intestinal tract and the excreting organs. Nature suggests it first of all after the rest she enforces after a prostrating spree.

I need not here dwell on the proper therapeutic blendings for this hydrotherapy to give more special direction to liver, kidney, skin, or bowels.

My preference is for an effervescent saline that clears out the alimentary tract and tranquillizes the brain and nerves at the same time (though mercurials are often not amiss), and then to properly start all the pumps of the system that may not be acting well, and maintain them in moderate activity till there remains no pathological clogging of the wheels of physiological activity; but I do not approve of over-active catharsis. Moderation and not violence in this regard is my motto.

The fifth and concomitant essential is reconstruction of the undoubtedly damaged cerebrospinal centres and the several affected organs of vegetable life. A drunkard is more or less damaged in many parts of his anatomy at the same time. He comes more nearly to being affected all over in spots than most patients we have to treat.

We begin reconstruction with the beginning of treatment. It begins with rest, and sleep, and food, and change surroundings, if necessary, special nutrition, phosphates, hypophosphites, reconstructive hæmatics and other rebuilders of the blood. Milk, beef-tea, and capsicum and other stomachics. Early in the treatment the wines of coca, the beef, wine, iron, and strychnine compounds, calisaya cordials, egg phosphates, and stimulant tonics are temporarily admissible.

When the patient is cured of his recent attack of delirium tremens, or recuperated from his last debauch, then the hypodermatic medication that is to hold him from further relapse, to retone his system, and break him of his taste, must be instituted, if we have not begun it sooner.

The sixth and final essential, to which all our previous efforts lead us, is destruction of the drink craving; and this is done on physiological principles. The drink craving is pathological perversion of physiological cell action, and lies in the realm of the cerebral cortex. This part of our subject belongs to psychiatry and psychical suggestion, the therapy of which directed to these morbidly acting centres of the brain, accomplishes our purpose. When the drink craving comes on, having in the meantime rebuilt the shattered brain and nervous system and restored the mental tone as much as possible, we do not absolutely inhibit the use

of the accustomed drink, but train the drink victim's own inhibitions, first, by suggestion, second, by moderate indulgence properly treated.

We do not say, "You shall not drink," but: "You would better not drink. You know it is poison to you and you are its slave. You should resist. Your treatment has made you strong. You *can* resist. Whiskey no longer tastes so good to you. You no longer need it. You have the power now and should assert your manhood." And with these suggestions, perhaps the victim will try the liquor; we give him *spiritus frumenti* f 3 ij, *cum vin antimonii* f 3 j, and repeat *ad libitum*, or we have previously given him apomorphia with aurum bichloride for psychical effect.—Dr. C. H. Hughes, in *Quar. Journal of Inebriety*.

Points on Etiology of Cancer.

Dr. Rubert Boyce (London *Lancet*) groups the questions for investigation concerning cancer thus:

Theory of Cohnheim.—Cohnheim took the broad view of growths in general; he watched the growth of the congenital tumor and observed that it frequently started from places where peculiarities of development were known to occur, and suggested that forces, some of which we may picture to ourselves as allied to those which occur at puberty and the menopause, acted upon these developmental freaks and started their growth. Examples may be seen in the branchiogenous epitheliomata, chondromata, dentigerous cysts and warts, the tumors derived from the accessory thyroids and suprarenal rests, and the numerous vestigial structures in the vicinity of the ovary. It is very difficult to persuade ourselves that these out-of-the-way "rests" or remnants would have been especially singled out by a locally acting irritant, be it parasitic or otherwise. The histological peculiarities of these congenital growths may be thus tabulated, and they are striking: (1) origin from a minute point; (2) architectural regularity; (3) encapsulation; (4) characteristic stroma; and (5) absence of leucocytic infiltration.

Significance of Metastasis.—The secondary growths are stamped to a great extent with the characters of the primary; in the case of the epithelioma of the skin there may be the typical horny nests in the nearest lymphatic glands. The same repetition of structure is brought out in the remarkable cases of multiple thyroid tumors. A great deal, however, still remains to be done in order to make sure that we are dealing with true dissemination of the original growth. The spreading tumor, or secondary growth, causes atrophy of the surrounding struc-

tures; it does not infect them or possess any "spermatic" influence over them so far as we are aware. The secondary growth is a graft of the primary; compared with the microbic granulomata, it is here a question of the living bacillus setting up new tissue reactions wherever it lodges. It is not the reaction of tissue or tumor produced by the bacillus which is comparable to the cancer graft; it is rather the living cancer cell itself which is locally multiplying that is comparable to the bacillus—indeed, the reaction produced in the tissues by the cancer cell is often quite similar to that produced by a bacillus or other foreign parasite. In the cancer cell, as in the bacillus the property of multiplication resides, only it is assumed by some that in the former a something foreign resides—a parasite—which stimulates it to growth.

Relationship of Irritation to Cancer.—This relationship is surely established, much being due to Thiersch, Suchard, Volkmann, Butlin, and others. Examples are: the skin cancers in the case of soot-sifting tar and paraffin working, in lupus and syphilis. Further, most important examples are furnished by the pre-cancerous conditions—psoriasis lingualis, psoriasis laryngis, seborrhœa senilis, etc.—and the cancers starting in the lung, stomach, liver, kidney, breast, etc., in chronic inflammatory conditions of those organs. Animal parasites may arouse by their long irritating presence pre-cancerous and even cancerous changes, just as in the case of the pipe and lip-carcinoma; examples may be seen in the case of coccidia, distoma, bilharzia, and even echinococcus. In none of these cases are we in a position to state how the long-standing irritation, producing at first a reactive hyperplasia, finally leads to malignant overgrowth. There is no evidence. The irritation tumors are thus characterized: (a) wide origin, (b) irregularity, and (c) production of considerable tissue reaction around them, such as the formation of granulation and scar tissue and leucocytic migration.

Significance of Primary Carcinomata.—The multiple primary carcinomata may be divided into two classes: (a) those of the same type, arising in the same organ, as in the breast, skin, stomach, etc.; and (b) those of different types, arising primarily in different organs. In the first class may be included the so-called "cancers by contact." There are very numerous examples of multiple primary cancers, and that this is so will be readily understood from the preceding paragraph on the relationship of irritation to neoplasm. Thus a wide area is affected by the pre-cancerous change, and from more than one point in that area a cancer pro-

ceeds. This explains a bilateral carcinoma of the tongue following psoriasis linguæ. Its significance is perhaps the most important of all from a surgical standpoint. It was long ago pointed out by Langhans that cancer of the breast may originate at many points; it may originate primarily in both breasts. The meaning of this is seen, for instance, where a tumor is completely removed, so called "recurrence" taking place months or years afterwards, not from cancer which was left behind, but from epithelium which was pre-cancerous (local predisposition of Thiersch). The tumor and the conditions around in which the *Krankheit-erreger* flourish must be removed. A large number of the "cancers by contact" are readily explained by the pre-cancerous change,* and the rest by complex metastasis.

Significance of Inoculation Experiments—The experiments of Novinsky, Wehr, Hanau, Klebs, and others only demonstrate that grafting may be performed. They are, however, exceedingly interesting and of wide-reaching importance. The graft of normal tissue, in the majority of cases, atrophies; the cancer graft may increase.

The Significance of Cultivating Experiments. The results of these experiments prove very little.

Nature and Significance of the Appearances Found in Cancer Cells.—This very interesting side of cancer has been taken up with much vigor, and both the nucleus and the cell contents have attracted much careful attention. Laveran's corpuscle and the coccidium of the rabbit have done much towards turning the attention of observers to the presence of animal parasites in cancers. Animal parasites are now coming to occupy their important place in pathology: we need only mention surrah, amœba, and plasmodium malarie. Very much has been written, the last set of observers very often contradicting the first set; it is thus in molluscum contagiosum and Paget's disease. More careful work has, however, demonstrated numerous irregularities in the cancer nucleus, increase and decrease of nuclear substance, fragmentation, etc. In the cancer cell itself numerous perinuclear bodies have been described, striking enough to be considered by some most careful workers as genuine parasites, and by others explained away as derivatives of the nucleus—endogenous cells. The photographs (exhibited) show that it is no easy question to solve; there is no reason why parasites like bacilli should not be present in cancer, and it will be a great gain for those who succeed in placing it beyond doubt that we are dealing with parasites—*Amer. Lancet*.

*Bucher, 1893.

Quinine as an Oxytocolo.

I. Quinine does not exert its influence directly upon the uterus, but does act indirectly. When inertia is due to depression of the vital forces, quinine, in small doses, becomes a valuable stimulant.

II. When given to promote uterine contraction it does not produce unnatural and persistent pains that are so often produced by ergot, which endanger both the life of mother and child.

III. The same effect can be obtained by administering it in much smaller doses than was formerly given, thereby not causing the patient any unpleasant symptoms.

IV. That patients who take quinine as an oxytocolo where it is needed, have but little trouble during its parturition. C. W. Canan, M.D.,—*Am. M-S. Bulletin*.

Therapeutic Hints.

(From *Gross Med. Coll. Bulletin*.)

Picrotoxine 1-40 gr., at bedtime, is sufficient, according to Dr. Cauldwell, to control the night sweats of consumptives.

My experience warrants this statement: Cannabis indica is often a safe and successful anodyne and hypnotic.—*Mattison*.

Balsam of Peru is frequently used by Dr. Nicholas Senn in the treatment of tuberculous affections of the bones and joints.

Ten to twenty drops of the fluid extract of hyoscyamus administered at bed-time, is an excellent remedy in cases of seminal loss, due to irritation or muscular atony.

Cocaine should not be applied to the mammary gland during lactation, as experience has proven it to have the power of arresting the secretion of milk.

Camphoric Acid in Nightsweats.—Dr. Howard, Jr., of Baltimore, Md., finds that ten to twenty grains of camphoric acid given at night, controls night sweats, when atropia, sulphuric acid, etc., fail.—*Kan. City Med. Record*.

Nitrate of silver stains are easily removed by painting the part with tincture of iodine and then washing in dilute aqua ammonia.—*Pacific Med. Jour*.

Atropine, says Dr. E. H. King, will as certainly dilate the os as it will the iris. He uses for this purpose hypodermic injections of 1-100 grain; a second injection is seldom needed.

Asthma.—A capsule containing two grains of phenacetine, one of quinine, three of muriate of ammonia, one-eighth of capsicum, and one twenty-fourth of strychnine, given four times daily, will often relieve an attack of this distressing malady.—*Mays in Med. Record*.

Meynier recommends hourly doses of salicy-

late of soda up to ten grammes (150 grains) daily for acute gonorrhoeal inflammation about the neck of the bladder.—*Brook. Med. Jour.*

Viburnum for Threatened Abortion.—Polak (*N. Y. Jour. of Gyn. and Obst.*) advises rest in bed, morphia or opium per rectum and dram doses of the fluid extract of viburnum; or four grain doses of the solid extract in pill. Of thirty-two cases treated in this way, none resulted in miscarriage.

Professor Da Costa does not believe that the true cause of the relapse in persons convalescing from an attack of typhoid fever has been discovered yet. He is of the opinion that it is due to a re-poisoning of the patient by the germs still contained in the intestines.

Hiccough.—This troublesome complaint is said to be relieved almost instantly by washing out the stomach with from two to four quarts of warm water.—*Jour. Mat. Med.*

Be cautious in giving atropia to flaxen haired, light complexioned, nervous women.

—Dr. Fitch, (*Charlotte Med. Jour.*), recommends the following in summer complaint:

R. Acid. hydrochloric. dilut..... m xvj
 Pepsin. pur..... drams s
 Bismuth. subnitrat..... drams ij
 Syrup..... f drams ij
 Aque destillat..... f ounces ij

M. Sig. Shake the bottle, and give a teaspoonful before each feeding or nursing to an infant one year old, half the dose to an infant of six months.

This mixture must be made fresh every second day and kept in a cool place, as it is prone to fermentation and would therefore be unfit to use.

As a spray to the membrane of *Diphtheria*, which will act as a solvent, Prof. Wilson recommends:—

R. Olet eucalypti..... f dr. ij
 Sodii benzoatis dr. j
 Sodii bicarbonatis..... dr. ij
 Glycerini..... f oz. ij
 Aque calcis, q. s. ad, Oj

Sig.—Apply as a spray to the membranes every half hour for from three to five minutes at a time.

Prof. Parvin says in doubtful cases where it is not positively known whether the membranes have ruptured or not, an examination should be made during the time of a pain, for no matter how closely the membranes are applied to the head when the uterus is at rest, during a pain if they be not ruptured some fluid will be found interposed, and the membranes will be projected but care must be exercised in making the examination that the membranes are not ruptured.

—Epilatory liquid:

R. Pure iodine gr. xij
 Essence of turpentine..... m. xx
 Castor oil..... f dr. ss
 Alcohol f dr. iiss
 Collodion f oz. j

M. Sig. Apply once daily for three or four days; when the collodion comes away, a clean surface will be left.

—In asthma, a capsule containing two grains of phenacetine, one of quinine, three of muriate of ammonia, one eighth of capsicum, and one twenty-fourth of strychnine, given four times daily, will often relieve an attack of this distressing malady.—Mays.

The Arkansas State Board of Health has been given power to revoke the license of any physician who is guilty of habitual drunkenness.

Formulas.

DRY, SCALY CONDITIONS OF THE EPIDERMIS.

Dr. Gordon Sharp (Leeds), for the prevention and treatment of chapped hands, and as an antiseptic and deodorizer for the hands advises:

R. Spirit of camphor,
 Spirit of nitrous ether,
 Strong acetic acid, of each..... 1 part
 Mix and add glycerine..... 18 parts

Wash the parts with warm water; dry, and rub in the liniment at bed-time. This application dries in a few minutes. It may be applied again in the morning, and washed off in a few minutes. Owing to the production of æsthetic ether, the application has an agreeable odor.

—*Brit. Med. Jour.*

FETID DIARRHEA IN CHILDREN.

Dr. E. Tompkin (*La Semaine Médicale*, No. 73, 1893) praises the following formula in the fetid diarrhea of children as an intestinal antiseptic:

R. Calomel..... grains jss
 Sulphocarbonate of zinc..... drams iijss
 Bismuth subnitrate ounces ij
 Pepsin..... grains xxx

Divide into twelve powders. Three powders daily in a child one year.

—Pritchard, in *Lancet-Clinic*.

SCABIES.

R. Glycerin..... ounces vi
 Gum tragacanth..... grains lxxxv
 Flowers of sulphur..... ounces ij
 Subcarbonate of potassium..... ounce i
 Essence of mint..... drams ss
 Essence of lavender drams ss
 Essence of cinnamon..... drams ss
 Essence of cloves..... drams ss

M.

—Prof. Fournier, in *La Tribune Médicale*.

CHRONIC MALARIAL POISONING.

R. Quinina sulph.....drams jss
 Tinct. capsicum.....ounces ij
 Ext. zinziberis fid.....ounces ii:s
 Syr. acid hydriodic (Hostelley's)
q. s. ad ounces vj
 M. Sig. Teaspoonful after each meal. To be taken in a
 wineglassful of water.

HEMATURIA.

R. Tinct. secal. cornut.,
 Tinct. digital.,
 Tinct. ferri chlorat.....aa.....ounces ss
 M.
 Sig. Twenty drops three times a day.

—*Med. Review.*

SEBORRHEA ECZEMA OF SCALP, PSORIASIS AND
 FAVUS.

R. Alummol.....0.5
 Aquae dest.....1.5
 Glycerin.....3
 Lanoline pomade.....15

—*Chotzen, Med. Record.*

ACNE ROSACEA.

R. Lac. sulphur.....ounces j
 Gum. arabic.....ounces ss
 Aq. rose.....fi ounces ij
 Tinct. benzoes.....fi drams ij
 Glycerin.....fi ounces j

M.
 Sig. Apply locally.

—*Ib.*

PRURITUS.

R. Acetate of lead.....grams 1
 Dilute hydrocyanic acid....." 5
 Rectified spirits....." 15
 Distilled water....." 250

Sig. Use as a lotion.

—*Med. Record.*

BRUISES.

R. Tinct. belladonna,
 Tinct. aconiti,
 Tinct. opii.....aa.....fi ounces ss
 Chloroform....." fi ounces j
 Spirit camphorat.....fi ounces j
 Menthol.....drams j

M.
 Sig. Use locally.

—*Ib.*

INJECTION IN GONORRHEA.

R. Permanganate of zinc.....grams 1
 Distilled water....." 700

—*Hertz, Med. Record.*

LUPUS.

Inject one or two drops of the following into
 each tubercle. Ten injections can be made at
 a sitting :

R. Acid cinnamylc,
 Cocaine muriat.....aa.....grams 1
 Spir t. vini....." 18

—*Landerer, Med. Record.*

[In all the above, it will be remembered that
 a gram is 15 grains.]

A CARBONATED LAXATIVE.

R. Sodii phosphat.....ounces j
 Aquae destil.....f ounces x
 Syrup simplici.....f ounces ij
 Tinct. limonis.....gtt. xxv
 Acid citric.....}aa.....ounces ss
 Sodii bicarbonate.....}

M.
 Sig. Two tablespoonfuls, or more, as required.

—*Paul, Les Nouv. Rem., Med. News.*

FOR PRURITUS.

R. Acid. carbolic.....dram j—drams ij
 Liq. potasse.....f dram j
 Olei linl.....ad founce j

M. Ft. linimentum.
 Sig. Apply with a soft cloth.

—*Practitioner; Med. News.*

CHRONIC CYSTITIS.

R. Tr. collinsonia.....drams vi
 Copalbes.....drams iij
 Liq. morphina.....drams ss
 Liq. potasse.....ounces ss
 Ol. menth. pip.....minims iij
 Aq. camphora.....q. s. ad ounces vi

M.
 Sig. A teaspoonful to be taken every four hours.

—*Dr. Chevers, in Med. Press and Cir.*

A ONCE FAMOUS "PATENT MEDICINE."

Dr. F. E. Stewart writes that before he
 graduated in medicine, he for a time superin-
 tended the laboratory of the Helmbold Buchu
 Company, and received from Mr. H. T. Helm-
 bold the formula for "Helmbold's Buchu," as
 follows :

Buchu 3 4-7 oza.
 Cubeba 3 4-7 oza.
 Digitalis 1 oz.
 Alcohol 1 1/2 pts.
 Water enough to make 1 gal.
 Licorice 1 oz.
 Caramel 1 1/2 oza.
 Essence of peppermint 320 drops
 Molasses 6 oza.

During the height of its popularity, says Dr.
 Stewart, the sales of the "buchu" were 30
 gross a day, at \$95 per gross, the cost being
 about \$12—a not inconsiderable margin of
 profit.
 —*Druggist's Circular.*

PASKOLA.

The manufacturers of this article state that
 it is an artificially digested starch food in which
 trypsin is exhibited. They do not claim that
 it will fatten naturally lean people, but it will

restore the flesh to those who have become thin through disease. The formula by which it is prepared has not been made public.

—*Druggist's Circular.*

FOR EPILEPSY.

R. Potass bromid.....	drams iv
Tinctura belladonna.....	f drams ij
Infusi gentiana compositus ad.....	f ounces viij
M. S. A tablespoonful thrice daily.	
R. Camphora monobromat.....	grains xlvij
Ext. gentiana.....	q. s.
Ft. Massæ et div; in. pil. no. xij.	
S. One at bedtime.	

—Black, in *Brit. Med. Jour.*

MIXTURE FOR INSTILLATION IN ACUTE OTITIS.
DR. SOLT.

R. Ichthyl.....	drams ss
Glycerine.....	aa.....ounces ss
Distilled water.....	aa.....ounces ss
Mix. A few drops of this mixture to be instilled into the ear three times a day.	

Dr. Solt (Mitau) was induced to try ichthyl in the treatment of acute otitis in view of the excellent results obtained with this substance in cases of peri- and parametritis. The favorable influence of ichthyl on the inflamed tissues of the ear is manifested by the rapid disappearance of the pain followed by the gradual subsidence of the inflammatory phenomena.

—*Columbus Med. Jour.*

Reviews.

AERO-THERAPEUTICS: OR THE TREATMENT OF LUNG DISEASES BY CLIMATE. By Charles Theodore Williams, of Brompton Hospital, London, England. Price \$2.00. Macmillan & Co., London and New York. For sale in this city by J. B. Lippincott Co., 715 Market street, Philadelphia.

This work is a series of lectures upon the various phases of the influence of climate in the treatment of disease of the respiratory passages. Its treats of "The Elements of Climate," "Temperature and Moisture," "Barometric Pressure," "High Altitudes of Colorado," and many minor topics connected with the main subject. The subject is treated in a masterly manner.

METHODS OF PATHOLOGICAL HISTOLOGY. By C. Von Kahlen, of Freiburg, Germany. Translated by H. Morley Fletcher, M.A., M.D., M.R.C.P., London. \$1.40. Macmillan & Co., London and New York. For sale in Philadelphia by J. B. Lippincott Co.

The science of medicine has been greatly advanced by the Microscope, and yet too few physicians take advantage of its assistance in their studies and practice. In this work the student or practicing physician can find complete and plain directions for procedure. Would it not be a good idea for some enterprising physician in each community to make a specialty of microscopical examinations, charging his professional confreres a moderate fee for the examination of specimens submitted for the purpose?

In 1776 the members of the medical profession were in the front ranks of humanity's progress. The lives of the signer, Dr. Benjamin Rush, and the early

martyr, Dr. Warren, the hero of Bunker Hill, gives illustrative testimony to this fact. In 1894 the members of the profession are equally patriotic and humanitarian. To keep constantly informed on the great issues of the present stirring times they should be regular readers of the TWENTIETH CENTURY, a weekly magazine, price \$2.00 per year, published by the Humboldt Publishing Company, 19 Astor Place, New York, N. Y. Send 10 cents for sample copy (mentioning this review), and judge for yourselves. For the same reasons they should also read THE ARENA (Magazine), Copley Square, Boston.

Wit and Wisdom.

SEND for samples of soluble elastic capsules to Parke, Davis & Co., Detroit, Mich., as per their adv.

FOR the new nerve sedative, *Passiflora Incarnata*, write to John B. Daniel, wholesale druggist, 34 Wall St., Atlanta, Ga.

THIS is the season when your debilitated patients cannot get along well without Horseford's Acid Phosphate.

FOR Colden's Liquid Beef Tonic or Svapnia (the purified opium), address the Charles N. Crittenton Co., 115 and 117 Fulton St., New York, N. Y.

FOR fine batteries, address the McIntosh Battery and Optical Co., 141-143 Wabash Ave., Chicago.

"THE homeopathic profession has some lessons to learn, and it needs to learn them quickly. In these latter days of grace the public is noting that in public affairs the homeopathic school is invisible or nearly so. It expresses no opinions on sanitary matters, it solves no hygienic problems, it gives no public instruction, it is interested in few public institutions, in short, it has little as a school to do with public medicine. Thirty years ago there was public spirit enough manifested; there were giants in those days. But now there is stagnation and there is scarcely a ripple to disturb the placid surface of affairs."—*North American Journal of Homeopathy.*

CHAS. Marchand, the enterprising manufacturer of Peroxide of Hydrogen, has now placed upon the market a new preparation—Hydrozone.

FOR Pills, Tablets, Triturates &c, address the P. J. Noyes Co., Lancaster, N. H.

FOR biliousness and allied disorders, use Peacock's Chionia.

BE sure to send for sample of Sozoderma, the anti-septic soap. Address Hall & Ruckel, 216 Greenwich St., New York.

GET your spring suit from E. O. Thompson, 1338 Chestnut St., Phila., Pa.

FOR the morphine habit try Keith's Avena Sativa.

WE have entire satisfaction in the use of the pile ointment made by Fred. W. Stewart, Oswego, N. Y.

FOR the "Common Sense" Medicine case, send to the Western Leather M'fg. Co., 125 Rees St., Chicago.

WE select the following verses from the very witty song brought out at a banquet of medical examiners for life insurance, by Col. George N. Carpenter,

and published in the *N. Y. Med. Examiner*. It was sung to the tune of The Prodigal Son.

Throughout the feast we'll sing this song!

All sing, all sing.

The Doctor's Night to help along;

By jing! by jing!

The very best medicine known on the earth

Is music for meals and a metre for mirth;

So join in the chorus for all you are worth!

Sing tra la, la, la, la, la, la;

Sing tra la, la, la, la, la, la.

There was once an examiner—I've heard tell—

There was! there was!

Who declined every case that to him fell—

But pause; O, pause.

They all had consumption—there was no hope

'Till they found a big fly in his stethoscope;

The company "fired" that doctor, I hope.

Chorus.

I once knew another—he made me laugh—

He could, he could;

Always took the pulse with a sphygmograph,

YOU should, YOU should;

Then from the "tracings" he'd lay down the law—

The least of his phrases would break your jaw—

The "tracings" they looked like an old hand saw.

Chorus.

Heredity is somewhat of a medical fad,

A fad, by gad,

A man gets lots that don't come from his dad;

So sad,—too bad.

A man was declined as a thief, I vow.

The doctor inquired and learned somehow

He was raised on the milk of a hooking cow.

Chorus.

When you examine a man, take off his vest—

Take off! take off!

He may have barnacles on his chest,

Or cough, or cough.

Men have been known to live a good while

With their biliary duct surcharged with bile,

Then suddenly die and leave a big pile.

Chorus.

ANY physician who needs on his desk a neat and attractive desk-tool, combining a ruler, measure and paper cutter should send to the Malted Milk Co., Racine, Wis., for one of their new metallic rulers, also for samples of Malted Milk as described in their advertisement on page opposite editorials.

TRY Syrup of Figs for a family laxative.

ELEGANCE in small as well as great things has to be considered now-a-days, and both patient and physician may profit by this condition, when the manufacturer of pharmaceutical preparations carries it out in his business; that is if he does not sacrifice quality to appearance. The H. K. Mufford Company, of Philadelphia, stand among the best with their tablets, tablet triturates and other convenient and reliable products of their laboratory. For the convenience of their western business a branch house has been established in Chicago, 112-114 Dearborn St., where a full and complete stock of goods is carried.

MELLIN'S Food carried off the honors at the Chicago World's Fair.

Use Arsenauro when you want a powerful tonic. Send for literature to E. M. Johnson & Co., 88 Platt St., New York, N. Y.

THE Marshmallow Cream made by the Diamond Laboratory Co., Naugatuck, Conn., is a fine tissue-builder. Send for sample.

THE Maltine M'fg. Co., 168 Duane St., New York, will send sample of Maltine if you will pay express charges.

FOR samples of fine hollow suppositories address Hall & Ruckel, 216 Greenwich St., New York.

YOUR old hernia cases can be cured by the process advertised in this journal by the Sthavara Co., 1338 Walnut St., Phila.

WE have entire confidence in the supporters and elastic goods made by G. W. Flavell & Bro., 1005 Spring Garden St., Phila.

THE horse that does not need feeding and is never sick or tired. (Sometimes gets pneumatic tired, though). For particulars, write to the Warwick Cycle M'fg. Co., Springfield, Mass.

For a coal-tar antipyretic use Labordine.

WILLIS H. Davis, Keokuk, Iowa, has been an advertiser in THE WORLD for several years. He is an enterprising dealer in surgical instruments, saddle-bags, medicine cases, druggists' sundries, trusses, etc. For example, you can purchase of him a Denison's Stethoscope (binaural) for \$4.00, all transportation expenses prepaid. Look over your stock and see what instrument or case you particularly need, and send to him for it. Perhaps his catalogue will help you to find out just what you want. See his adv. in this issue. Send a trial order, and if that convinces you that it pays you to patronize him, self interest will lead you to continue.

THE BETTER WAY.

Better than rising with the lark,

And sweeter than its aria,

Is to lie a-bed till eight o'clock

And thus escape malaria.—*Puck's Library.*

FERMENTATIVE DYSPEPSIA.

FOR this form of dyspepsia Professor Austin Flint prescribes bismuth subgallate, in ten grain doses, either in capsules or tablets, three times daily after eating.

SHORTEN THE NOMENCLATURE!

"Who says convolution,

When he might say gyre,

Would cry conflagration!

When he might shout fire!"

—*Medical News.*

DR. Granville L. Fox, Slate Springs, Miss., says: "I have used Papine in two cases of typhoid fever. In all my practice of four years I have never yet found any preparation or combination that acted so admirably as an anodyne. Sometimes I combine it with Bromidia and get the best of results. I expect to keep it on hand from now on as I do not know of anything that would exactly replace it in the experience I have had with it."

IN HIS NATIVE ELEMENT.

Attendant—Prof. Pithon, the naturalist, has got the d. t.'s to-night. Imagine he's surrounded by all sorts of queer snakes.
Head Physician—Is he greatly terrified?

Attendant—Not at all; he's setting there with a sweet smile on his face, classifying them.—*Puck*.

L. F. Warner, M.D., writes: "I wish to give my testimony to the value of Dr. McArthur's Syrup of Hypophosphites. I have used it and am now giving it in what I call a typical case of phthisis with a most excellent result. I believe the value of the syrup cannot be over-rated, as it supplies the elements of nerve nutrition in an easily assimilable form.

HOTEL PELHAM, BOSTON, MASS.

"DOC."

If it has been your misfortune to be called "doc," and if this recognition has become at all general among your friends you might as well move to some other place. A man may be called a thief, a liar and a dead beat, and yet he may prosper and live upon the fat of the land. But once let him be called "doc" and his professional success is at an end. We would prefer to spend a night in the station house, so far as its effect on our professional success is concerned rather than to have our friends notice our approach by saying, "There comes doc." If a man calls you "doc" you need never expect a penny from him for any professional services you could render. His answer is sure to be, "All right, doc, in a few days that will be all right." "Doc" means disaster. "Doc" is the culmination of all calamity. "Doc" is a catastrophe given at one stroke. "Doc" is the warning that we have reached the extreme limit of our usefulness. "Doc" is the hand which points us to the next town. Shun it, my young friend, as you would flee from a Kansas cyclone or a prairie-fire. Knock the man down who first dares speak it to you; and call upon the whole medical profession for vindication of your righteous deed.—*Nat. Med. Review*.

DIOS CHEMICAL CO., ST. LOUIS, MO.

Homestead, Pa., Feb. 24, 1894.

GENTLEMEN.—Have used Sennine in a variety of diseases, and find it particularly effective in Eczema, Croup, Diphtheria and Gonorrhoea. Its antiseptic qualities are unquestionable, and being odorless, it recommends itself to the profession. Very Truly,

N. J. BIGLEY, M.D.

FRANK A. RUF, of the Antikamnia Chemical Company, has recently been in New York and Chicago, and states that he has made arrangements for a thorough system of investigation throughout the country, and that counsel has been employed to prosecute, both civilly and criminally, all who persist in furnishing a substitute as and for antikamnia.

ONCE the man ate the cream; now they cremate the man.

It gives us pleasure to state that Wm. R. Warner & Co., of Philadelphia, have received a silver medal for fine pharmaceutical specialties, at the late International Medical Congress at Rome.

HABITUAL MISCARRIAGE.—R. Reece, M. R. C. S. Eng., 1851, L. S. A., 1882, Walton-on-Thames, England, says: "I used Aletris Cordial in a case of painful menstruation. It was most valuable. The wife of a minister suffered much, and had had three miscarriages. Prescribed Aletris Cordial. She has, for the first time, gone her full time, and was safely confined with a male child. I also prescribed it to a relative, suffering with leucorrhoea for years. Great relief from pain, and the discharge much less. In the first case related it was truly a God-send to her."

MYALGIA.

R. Salophen.....	1 dram
Liq. tong. sal.....	8 ounces
Glycerine.....	1 1/2 "
Spts. frament.....	1 1/2 "
M. Sig. Tablespoonful every four hours.	

TRY Phytoline for your corpulent patient. For skin diseases use Pineoline. Address Walker Pharmacal Co., St. Louis, Mo.

I. PHILLIPS, Atlanta, Ga., dealer in first-class surgical instruments, at cut-rate prices. Send for price-list.

THE old original house of Hastings—the Hastings Truss Company, 224 South Ninth Street, Philadelphia, will supply you with what you need in the line of trusses and supporters.

TRY Sanmetto in disorders of the genito-urinary system.

JULIUS FEHR's Baby-Powder is a thoroughly reliable article.

SEND to Micajah & Co., Warren, Pa., for sample of their uterine wafers.

WE use Weinhausen's thermometers with entire satisfaction.

MORTALITY OF BLACK DEATH.—During the year 1846 this dread and much mooted malady carried off 24,000,000 people in Europe, more than 30,000 towns and villages being entirely depopulated. Even as late as 1850, ships were encountered at sea with all the crew dead on board from this cause.—*Med. Age*.

AVA, N. Y., April 10th, 1893.

I used Frelich's Cough and Constituent Tablets in advanced phthisis (two cases), with very satisfactory results. I can confidently recommend them as worthy of trial by the profession. S. A. RUSSELL, M.D.

THAT seventeen hospitals in New York City and Brooklyn have adopted the use of Ungentine, a surgical dressing recently introduced by the Norwich Pharmacal Co., Norwich, N. Y., attests the efficacy of this remedy in the treatment of external inflammatory affections. It is composed of alum, which, by a chemical process, is made non-irritating, with carbolic acid and ichthyol added.

W. H. HOSTELLEY & Co.

Gentlemen:—Your preparation of the Compound Syrup Hypophosphites has given me most eminent satisfaction in every case in which I have used it. The results have been much better than I had hoped for.

C. H. GIBSON, M.D.,

Hagerstown, Md.

A DOCTOR'S TROUBLE.—"My dear fellow," said my doctor to me, "you have no idea what we have to put up with. If I call to see a patient frequently, I am 'trying to run up a bill;' if I don't, 'it is shameful neglect.' If I manage to get to church, and am called out, I hear afterward, 'Working the Bob Sawyer dodge on Sundays, eh, Doctor?' If I am so busy that I cannot go, I am sure to be asked, 'How is it that you doctors are all atheists?' If my wife calls on people, 'it is because she is trying to get patients for me,' but if she doesn't, it is because she is 'too stuck up.' If I cure a patient quickly—get credit, you say? Oh, dear, no!—the patient 'wasn't half as bad as the doctor tried to make out; why, he was quite well in a week;' but,

(Continued on next leaf.)

THE MEDICAL WORLD

The knowledge that a man can use, is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

PUBLISHED MONTHLY, by C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D.,
J. J. TAYLOR, M. D., } EDITORS.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance*.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Pay no money to agents for this journal unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"
1520 Chestnut Street,

PHILADELPHIA, PA.

Vol. XII. JULY, 1894. No. 7.

Danger of Loud Noises to the Very Sick.

Dr. C. B. Morriss, of Central Station Hospital, Trimulgherry, India, reports to the *Indian Med. Rec.* two cases of patients in a low state who expired immediately upon the occurrence of a sudden loud noise. We have no doubt that there are many patients whose cases are rendered distinctly worse by the various loud noises incident to city life, such as steam whistles, vehicles on rough streets, hucksters' cries, the ringing of bells, etc., most of which disturbance is unnecessary. We believe, also, that many well persons, especially women and children, are rendered very nervous by these causes.

On account of the unusually urgent importance of our original communications this month we are compelled to omit the usual extent of editorial articles. In this we believe that our readers, when they peruse the following pages, will find themselves distinct gainers.

Original Communications.

Short articles on the treatment of diseases, and experiences with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Varieties of Pain.—Replies and Comments.

EDITOR MEDICAL WORLD:—A young physician consulted me for an affection of the legs. It began with pain, worst in the front of the thighs, not severe, worse on rising, and getting better towards evening. This was followed by anesthesia, not complete, worst in the feet. The legs were weak, and this to such a degree as to interfere with his attending to practice. There was some pain in the hips, about the sacro-iliac articulation, but none along the course of the sciatic nerves. On stooping, the patient said he felt as if "chords of his legs were too short." The general condition good, digestion normal, reflexes perfect, no ataxic symptoms and no history of syphilis, alcoholic or other excesses. This case appeared to me to be one of a mild grade of peripheral neuritis, due to exposure to cold, while riding. The arms and upper part of the body get some exercise while riding, while the legs and feet get but little; hence the latter are likely to be chilled, and this is one result that may ensue. This case had been called "rheumatism," and as being due to exposure to cold. There is a certain appropriateness in the term, still it is wrong, for rheumatism is a disease of the fibrous structures of the joints, with local inflammation, fever, acid sweating and urine, and a tendency to shift from one joint to another. Nothing else is rheumatism; but with some persons "anything that hurts," receives this name, and we under it we find the following:

1. **Neuralgia:** Painful points where nerve passes through foramen, paroxysmal pains, confined to the course of one or more nerves, recurring in the same nerves and gradually implicating others, with anesthetics, trophic changes, attacks induced by depressing influences.

2. **Myalgia,** confined to muscles, in a state of degeneration from strain, overwork, disuse, or inflamed by "catching cold;" relieved by stretching.

3. **Spinal irritation,** diffuse tenderness, with pain on deep pressure over some vertebrae, in the epigastrium and in the left hypochondrium, arterial pulsations, reflex neuroses of the hysteric type.

4. **Hypochondria:** Pains periodic, affecting certain nerves but flying off to any point to which attention is directed, boring or burning pains, hyperesthesia to slight pressure, relieved by deep pressure

5. **Locomotor ataxia:** Lightning pains, with ocular palsies, altered gait, incoordination, crises of stomach, kidneys, bowels, heart, brain &c.

6. **Cerebral abscess:** Head pains; paroxysmal or a fixed burning, with convulsions, vertigo, paralysis, coma, cerebral vomiting.

7. **Alcoholism:** Pains not confined to same nerves, bilateral, not easily relieved by morphine, but speedily by alcohol, cord-like pains around ankles or wrists, a "shifty plausibility" of temper, and digestive troubles.

8. **Syphilis:** Bone-pains symmetrical, worse at night, pain on firmly pressing sternum, sensitive shins, painful points where nodes are forming.

9. **Morphine:** Abstention pains, attacking weak spots of superlative intensity, relieved by morphine in any dose, however small.

10. **Gout:** Pains in small joints, in meat-eaters of sedentary habits, with tophi and other gouty symptoms.

11. **Lead:** Colic, twinges of pain in fore-arms, lead-line on gums.

12. **Uricemia:** Frontal or occipital bilateral headaches, gastric catarrh, aching and drawing sensations in limbs, stiffness, despondency, malaise.

13. **Peripheral neuritis:** Severe pain in one or many nerve endings, paroxysms of needle-like stabs, tingling, formication, burning, trophic changes in region supplied by affected nerves.

When we call all these rheumatic or neuralgia, how much we lose of the nicety of medical practice. The treatment of these conditions is so various that they cannot be lumped together.

The neurotic condition underlying several requires nerve reconstructives, but these are worse than useless in uricemia or myalgia.

In the case of the young doctor, I attributed the symptoms to a mild peripheral neuritis, for which I recommended iodide of iron and arsenic, faradism and massage of the limbs with hot oil, hot bathing, moderate exercise and a good diet.

Dr. Tillotson's remedy (page 194), for diphtheria contains two useful ingredients—nitre and sulphur, but why not give these in the ordinary form? Sulphur blown into the mouth is highly valued by many authorities.

The condition described by Dr. Stratton (page 196) is not peculiar to diphtheria or a part of that disease. If any other infectious germs had come along, scarlatina, measles, or typhoid, the same depressed physiological condition would have proved the open door to them as well as to diphtheria. The iron-chochine mixture is indeed useful as a systemic stimulant tonic, and in so far Dr. Stratton is right. The point I wished to emphasize in my letter was the neglect of local treatment induced by the belief in the constitutional nature of the disease.

Dr. Roberts (page 166). raises some very interesting questions. I may say that a healthy location is not necessarily synonymous with good hygiene. Cyrus Edson says there is not a well or spring in the United States where water is fit to drink. A mountain town in Pennsylvania was attacked with malignant diphtheria. I was assured by the doctors that the hygiene was faultless, but the State Sanitary Inspector found the drinking water contaminated with sewage. However, I do not wish to intimate that the doctor was mistaken in his belief of the healthy nature of the place, for that is not necessary. Country children are far more liable to the poison of infectious diseases than those who are inured to the polluted air of cities. Causes that would produce a mild case in the city child would develop the malignant form in the country cousin. So that the hygiene of the house may have been fully as good as the doctor claims, and still we can understand why the people have died. As to the cause of the outbreak in these isolated localities, it is one of the inexplicable mysteries. In all my experience there was never a case of smallpox that I failed to trace to its source. Nor were there many cases of scarlatina whose origin we failed to discover, but with diphtheria there were many whose coming remained a mystery. We could see the causes of malignancy, but whence came the contagion we could rarely tell. I am forced to the conclusion that the germs of diphtheria are widely scattered and retain their vitality for an unusual period, reproducing outside the body wherever a favorable nidus is found, and per-

haps carried to a distance by the wind. In regard to Dr. Roberts' case, Horace W.: This was diphtheritic endocarditis. The bacilli penetrated to the blood-vessels, were carried away in the circulation, lodged on the valves of the heart, and there set up the pathological process that resulted in the boy's death. This, however, is totally different from the theory that looks on the disease as constitutional from the first, and the pharyngeal disease as only a local manifestation. The dysenteric cases may also have been diphtheritic. I think the chlorine acts locally on its way down the throat, and I use it thus instead of with a swab because it is a better way of reaching the whole pharyngeal tract, less unpleasant to the child, and the systemic effect is also secured.

Dr. Page asks a remedy for calculi and goiter (page 204), caused by the magnesio calcic water of Kansas. If people will drink this water they may expect to suffer. I would advise the use of distilled water, were I not afraid the Kansas farmer might utilize his still for the production of agents more dangerous than magnesia water.

On page 211 Medicus asks about the treatment of congenital hydrocele. I would let it alone until some time had elapsed, some years, in fact, unless there is some reason for immediate operation. For some years I have treated all hydroceles by drainage, tapping with a fine trocar and leaving the little silver canula in the wound until adhesive inflammation has obliterated the sac.

Today I received a letter from a patient in Pennsylvania who says the medicine I sent him for chronic alcoholism, works like magic; the craving has disappeared and he is sleeping and eating like a coal heaver.

Dr. Pinto's case (page 217) looks like one of bulbar, or as we used to call it, glosso-laryngo-pharyngeal, paralysis. If so, she will die, and no treatment will give relief.

Dr. Thompson (page 218) has resurrected that wonderful man, Howard Green, who had the misfortune of being born many years too soon. When he described his method of intralaryngeal applications, his competitors coolly concluded that he lied, as the laryngological specialty was not then born. In the old textbooks you will find mention of him.

As disinfectants before going to the obstetric room, I prefer sanitas for the clothes and peroxide for the hands. But the old fashioned chlorinated soda is excellent. In fact, it is not so much the choice of antiseptic as its perfect application and perfect cleanliness, that are essential. I have never yet known a case of vomiting of pregnancy that required abortion. I have known many women who would not have

got any relief from other treatment if they thought that they could have abortion performed as a last resort. Quite recently I dilated the sphincter ani and thus cured an obstinate case.

For lupus exedens, described by Dr. Small (page 219), I would apply trikresol locally and give theiosinanine by hypodermic injection, dressing with permanganate and earth or charcoal.

Dr. Smith will not find an albolene atomizer expensive, and if he uses it with Dobell's solution and then with compound albolene spray, he ought to cure his catarrhs quite nicely.

For such cases as Dr. Cochran's (page 219), there is but one remedy, the rest cure, with its accessories, as carried out in a well-conducted sanatorium. WILLIAM F. WAUGH, M.D.,
103 State St., Chicago.

Intestinal Obstruction.

Editor MEDICAL WORLD:—By this is meant a complete stoppage of the passage of the contents of the bowels, by tumors or other matters inside of the bowel or around it and inside of the cavity of the peritoneum. The books give many causes, but many of them have not been apparent to all practitioners, such as floating kidneys—a very rare occurrence—displaced spleen, mesenteric and ovarian tumors, cancers, but not entanglement in peritoneal openings as hernia, constricting bands of connective tissue, incarceration of bowel or by apertures in omentum mesentery or diaphragm, suspensory ligament of the liver, broad ligament of the uterus, &c. Many other causes, but these are enough. The balance can be referred to in the books on the subject.

Symptoms: The most prominent is *pan*, (though some times it is not very acute, thereby misleading the practitioner), colicky and increased by pressure; *vomiting*, first of the contents of the stomach—then of bile, some times very slight when the obstruction is in the rectum or colon, which allows the fecal matter to be thrown up by continued vomiting; *tympanites*—occurring as the disease progresses. Examinations ought to be made under anesthetics, either ether or chloroform. Owing to the rigidity of the muscles of the abdomen, anesthetics are absolutely necessary unless the other symptoms leave no mistake in making the diagnosis. Sometimes examination by the rectum is necessary. In case of intussusception it may happen that the discharge of blood may make it difficult to distinguish from dysentery. For more particular and extended symptoms I would refer to Dr. Ashurst's valuable report in the

Polyclinie and copied in the *Epitome to Braithwaite* of 1886.

The face is pale and has an anxious expression; features pinched as in violent diarrhea and cholera; eyes sunken in the sockets; pulse rapid and feeble; tongue dry; urine scanty and high colored. In chronic obstruction from impaction of feces these symptoms are milder and sometimes without any vomiting. When from tumors pressing on the bowel a change of position may temporarily relieve the obstruction, but it generally ends in debilitated health, anemia &c.

Diagnosis. This is sometimes difficult, from hernia—not very prominent—from stricture or a tumor or tube of the sigmoid flexure. A case of the latter was reported at the Johns Hopkin's Hospital. The operation revealed no obstruction of the bowel but a pancreatic tumor around the bowel. Bilroth reported a case of cancer of the bowel in which six inches of it was removed and the ends of the bowel stitched together, with recovery to the patient. The diagnosis is difficult as of the particular lesion, as the same symptoms generally are found in obstructions generally, but more certain in strictures and in invaginations of the bowel. If volvulus, it is considered impossible, but more probable in strangulation. I had a case in which one part of the bowel passed over another part, before the days of treatment by Laparotomy, and only revealed by a post mortem. A writer in the *Boston Medical and Surgical Journal* says that the diagnosis of the seat of the obstruction is rather less difficult than its nature. It is based on the determination of the capacity of the colon, which, under anesthesia, may be made to contain six quarts, a pressure of a column of water in adults of twenty feet, in children of twelve feet, being probably safe. It should be remembered that the rectum alone may contain one and a half quarts. If four to six quarts can be introduced, the obstruction is almost certainly at or above the cecum. The earlier the procedure is resorted to the less likely is gaseous extension to prevent its full application or injury to follow its employment. On the other hand, the more likely is it to be of therapeutic service, as in intussusception.

2. The situation of the tumor, if such be present, may throw lights on the seat of the obstruction.

3. But little reliance is placed on the symptoms. It may perhaps be stated that the higher the seat, other things being equal, the less the urine and the tympanitis. When tenderness first appears, its location may have some value as indicating the advent of peritonitis, which is apt to start at or about the lesion.

The presumable value of the obstruction has some bearing on the seat of the obstruction. *Intussusception* involves the large intestine in 90 per cent, of the cases. Strangulation of the small intestine in same proportion. Gall stones and foreign bodies obstruct the small intestines alone. All other kinds are much more common in the large intestines, and all, save fecal impaction, are more apt to involve one or the other end of that portion of the canal. Statistics show that four fifths of all acute obstructions are found in the lower abdomen.

First in importance is the diagnosis of the condition, that purgatives may be avoided and surgical interference (if necessary) may be resorted to before the patient's chances are imperiled by notable peritonitis or changes in the nutrition of the gut itself. Next in importance, though not in procedure from pain, is the nature of the obstruction. *Intussusception* alone offers much chance of medical or expectant treatment. A determination of the seat determines also the point of elimination, of comparatively subordinate importance.

1. Orter reports 84 out of 295 obstructions to be of *strangulation* as analyzed by Fitz. Of 101 cases—there were 63 adhesions—villette remained at 71. Seventy per cent. are in males; 30 per cent. in females, showing that muscular work produces most cases. Ninety per cent. are in the small bowel; 57 per cent. in the right iliac fossa and 83 per cent. in the lower abdomen.

2. *Intussusception* varies from half an inch to a foot or more. Ninety-three out of 295 cases of acute intestinal obstruction were due to this cause; 57 in males and 27 in females. Thirty-four per cent. were under one year of age and 55 per cent. under 10 years of age. Forty-two were uncertain as to causes.

3. Of *twists and knots* were there 42 out of 255 cases; 68 in males and generally between 30 and 40 years of age. Fifty cases were in the sigmoid flexure.

4. Of *strictures*, fifteen out of 295 were in the large intestine and four congenital stricture; two single stenosis, four ulceration &c.; three new growths, epithelioma &c.; four compression and traction of tumors of neighboring organs.

5. Abnormal contents, foreign bodies, fruit stems, coins, pins, needles, false teeth.

6. Round worms.

7. Accumulation of medicines, magnesia bismuth, feces, gall stones, enteroliths, 23 cases of gall stones in eight years, 18 in women and 5 in men and 17 after the fiftieth year of age.

The obstruction from worms may be difficult to detect from *intussusception*, as the symptoms

are similar. I had a case in which the knot was a large one. Several worms had passed before the obstruction took place. Gave all sorts of worm medicines—injections of hot water—without effect till the eighth day. When about to resort to laparotomy, worms commenced passing and in three days 160 passed, some of them very large tape worms. One death, reported by Dr. Leonard, occurred after the bowels were opened and obstruction removed, and the death was attributed to heart failure, caused by the patient getting up too soon. Had a similar death twenty four hours after the obstruction was removed without operation from the same cause, though strict orders were given to use the bed-pan for the first twenty-four hours. Another death from twisting of the bowel, occurred in my own practice which was alluded to before. An operation might possibly have saved the patient's life. Another death in my practice was from impaction of sand. The patient, a negro woman, fancied this sort of diet and came near dying from this cause the first time I attended her. Large quantities of sand were removed by continued injections of warm water, but at the last time the obstruction continued till death.

Another death occurred in a child from a large tumor in the rectum, coming on very gradually and only known from a post mortem. Another case was from a tumor an inch below the cardiac orifice of the stomach, filling the whole bowel. The patient was seventeen days without any thing passing the tumor. A case is reported by a German physician in 1888; the obstruction being produced by worms and producing death.

The post mortem indicated that the large ball of worms had been killed by worm medicine and sour krout, and had rolled down and filled the whole bowel, producing the obstruction in the ileo-cecal valve. This may be the case often times, which could be prevented by giving small doses of worm medicine and gradually removing the worms. As a rule, when death occurs a post mortem should be made.

Treatment. Formerly this affection was not so well understood as at present, and the treatment was limited to violent purging, which some times produces obstruction. At present it is pretty well agreed that mild aperients are the most successful, aided by large quantities of warm water. Also hot baths, hot cloths. Fountain syringes are better than bulb syringes as the flow is more uniform and the pain not so great. By putting several bricks under the feet of the bedstead, about ten or twelve inches in height, the injections are more easily made and the water passes higher up the bowel. The injections should contain flax seed emulsion.

Linseed oil is also a good remedy to be taken by the mouth if the vomiting is not violent. Impactions of the bowel by feces are very often relieved by continued injections of water without medicines.

Dr. Semola reports a case successfully treated by electricity, the obstruction being produced by intestinal paralysis; one pole of the battery being applied ten inches up the rectum and the other over the abdomen, the pole being covered by a cloth moistened by a solution of common salt.

In *Practice*, of Richmond, Va., are reported two successful cases of injection of bowels to remove the obstruction by sulphuric ether combined with a little alcohol and fennel water passed through a long tube. The relaxation of the bowel by the ether was doubtless the cause of success as by belladonna, opium and similar remedies. When obstruction is apparent from a protuberance a towel saturated with sulphuric ether and laid over it will often reduce the strangulation and, in cases of hernia, has become an efficient remedy.

Treatment by injections of air. Two successful cases are reported in the medical journals by the use of a common hand bellows after the failure of other means. Fitz reported 33 cases and 111 deaths from injections of air. Injections of soda water, which contains a large quantity of carbonic acid gas, have also been successful, and one case is reported in which the patient tasted the gas in her mouth, showing that the gas did pass entirely through the obstruction.

Treatment by kerosine oil. A successful case was reported happening Nov., 1889. The usual treatment by purgatives and injections having failed, four ounces of kerosine oil were injected through a long rectal tube—the oil being mixed with a little warm water.

Another case of a boy very ill after three days obstruction from swallowing a mixture of wheat, cabbage and fish, being forced in his mouth by several bad boys. The first injection of eight ounces of kerosine was followed in fifteen minutes by four ounces and diluted with six ounces of warm water. The results were speedy and copious discharges of what he had swallowed. Another case was, an old man who had eaten largely of opium and his bowels were locked up by accumulation in the lower bowel, resembling an ear of corn. An injection of a quart of kerosine resulted an hour afterwards in large discharges.

Cases are reported where simple inversion of the body and shaking briskly with three quarts of warm water injected into the rectum—which operated mechanically by its own weight in removing the obstruction.

Another case of obstruction of five days duration in a child, was treated successfully, by coal oil.

Belladonna treatment. One case, obstruction lasting seven days was treated without success by injections. Belladonna, in doses of three-fifths of a grain every hour until patient took five doses, resulted in removing the obstruction. Patient passed a gallon of impacted fecal and gaseous matter. Recovery followed without any signs of belladonna poisoning, although when this treatment was commenced patient was almost in a dying condition, with feeble pulse and cold skin. Three other cases treated with belladonna with one death are reported.

A diet of Irish potatoes has been recommended as successful in relieving obstructions—operating mechanically in expanding the bowel so as to allow the passage of the contents. It is questionable whether an irritable stomach could retain any solid food like Irish potatoes.

Aspiration. Dr. Giolio Davis in the *Venice Medical Journal* reports a case of obstruction from watermelon seeds in an old woman of seventy years of age. The tympanites was very great. After vainly trying injections and purgatives, he aspirated, making four punctures in different localities, from which issued a large quantity of gas. A dose of castor oil was given—resulting in copious discharges. Dr. Demores, of Bordeaux, France, reported six successful cases treated by punctures. "He believed the obstruction to be due to peritoneal bands of inflammation of the sub-peritoneal tissue."

The danger of extravasation of feces into the peritoneum appears to be small if a fine needle be used; but a case of Sir. William Jenner's shows that the operation has certain special dangers. In that case, which was an instance of malignant stricture, each point of puncture was found to have become the seat of a secondary cancerous deposit. Reported by a monograph of Dr. J. W. Vogle and copied in the *Medical Age*, of Detroit, Michigan.

Another successful report of a very unfavorable case was made by Dr. Wild, of Australia. He used a common hypodermic syringe, and as soon as the gas passed, the strangulation of the bowel terminated, and the patient in a week was walking about. Such cases are rare where the strangulation can be localized, but where it can be the hypodermic needle should be resorted to after the failure of injections.

Tobacco treatment. The old treatment of over 100 years ago by Dr. William Cullen, of Edinburg, Scotland, by the use of tobacco infusion by the mouth or bowel, seems to have been more successful than other modes of

treatment, but it has lost ground and is only used as a last resort. Owing to its relaxing properties it should be among the first used. The infusion is made by fifteen grains of tobacco to one pint of hot water. After steaming off the tobacco—the decoction should be given in ounce doses every half hour by the mouth and by enema till the whole system is relaxed—as indicated by sick stomach and free perspiration. Several successful cases are reported. One case was my wife, in which the obstruction had lasted over five days. After the surgeons arrived to perform laparotomy, I suggested one more trial by tobacco—which soon removed the obstruction. The relaxation and sick stomach was extreme.

Tobacco smoke has also been used successfully, chiefly by the old doctors, and in cases where every thing else had failed.

Laparotomy. Professor Leon reported a case originating in peritonitis, which continued more or less three years with abdominal pains and resulted in perfect obstruction of the bowel.

Patient was almost moribund when the operation was performed. Incision was made from umbilicus to pubis, and after considerable exploration a ring-like band was found, constricting the small intestine close to the cecum. The band was cut several times and the intestines released. Copious fetid excretions followed, and in spite of the unruliness of the patient he recovered. Dressings of camphorated alcohol were employed externally.

A case of obstruction of the bowels from stricture of the colon is reported by Dr. E. P. Hurd in the *Medical Age* of May 11th, 1891. The stricture originated from dysentery, and resulted in occlusion of the bowel, coming on gradually during two years, with great difficulty in having evacuations. Finally, no passage could be forced, and laparotomy in the median line was resorted to. The colon at the seat of obstruction was with-drawn, stitched together below the obstruction and to the walls of the abdomen just below the umbilicus. When the colon was opened a large discharge of feces came away. A rubber plug was introduced and patient is enjoying great relief since. The operation by laparotomy should be speedily done, as shock may be too great for recovery. Half an hour is sufficient for the length of an operation. An interesting discussion on this subject is reported in the sixth volume of the *Epitome* of Braithwaite, before the British Medical Association. Surgeon Treves' procedure is fully explained. A speedy operation, with only twenty-four hours' delay, is generally successful. When long delayed, septicemia has degenerated the blood so that death ensues. In

Dr. Ball's report from the New York Hospital, he says that over half the cases operated upon die. In Schramm's cases, one hundred and ninety in all, the mortality was sixty-four per cent. Dr. B. F. Cartes, England, reports three hundred and fifty cases operated on, with sixty-eight per cent. of mortality. He advocates that operations should not be deferred beyond forty-eight hours.

The conclusion reached is this: That violent drastic purgatives like croton oil, aloes, etc., are uncalled for, and do more harm than good.

Mild purgatives with large injections of hot water, inverting the body, and shaking a few minutes, is the best treatment. This should be continued, with the hips raised at least ten inches higher than the head. If these fail then tobacco injections. After that, rectal injections of kerosine oil, sulphuric ether, inflation with air, belladonna by the mouth, etc., may be successfully tried. If these fail, aspiration by hypodermic needle, and as the last resort, laparotomy, which should not be delayed over forty-eight hours.

DR. C. R. CULLEN,

Richmond, Va.

Treatment of Cobra Bite by Strychnia.

Editor MEDICAL WORLD:—A woman named Keonda Bai, aged twenty-two, was bitten by a cobra about four feet long and three inches thick, of brownish white color, on the 22d April, 1894 at 3 P. M. near the tomb of Ismail Khau, situated about three miles from Aurangabad, Deccan, India. The part injured by the bite was the dorsal surface of the first metatarsal bone of the great toe. Her companions saw the cobra when it crawled away after biting the woman. The patient was well for an hour but afterwards she felt giddy and became insensible, there being at the same time a profuse discharge of saliva from the mouth. In this state her relatives brought her to the city and put her under native treatment, as well as charms, without any effect. The case was reported to me at 10 P. M., nearly seven hours after the bite, and I immediately prescribed for her. Liq. strychnia (strength 4 gra. to 1 oz.) 1 drachm and water 4 ounces, to be divided into four doses, directing the first two doses to be given at the interval of fifteen minutes and the remaining two doses at the interval of thirty minutes. After administering the third two doses, she came gradually to her senses and, seeming to be perfectly restored, continued in her usual health that night and the whole of the next day. However, at 6 P. M. on the 23d of April, all the symptoms returned, the saliva running from the mouth as copiously as

before and she passed the whole night in a state of perfect unconsciousness. Her relatives attributing her temporary restoration to health to the charms and spells they had used and not to the mixture administered by me, resorted to the same superstitious remedy again, without, of course, any effect. So they called on me again on the 24th of April at 10 A. M. When I examined the patient I found her as bad as she had been, the copious discharge of saliva continuing all the while; her whole body was insensible except the cornea, pulse weak and thready, respiration slow—three times per minute—and every two or three minutes she was getting convulsions, the power of deglutition being lost. The injured part was little swollen, the marks of the teeth of the reptile were apparent. Then I gave her a tounce hypodermic injection of liq. strychnia, twenty drops in the epigastric region, waited for ten minutes, but the medicine did not seem to take effect; so again another injection of twenty drops of liq. strychnia was tried and afterward I prescribed forty minims of liq. strychnia in two doses, to be administered at the interval of half an hour. They tried the mixture, but she could not drink it.

At 4 30 P. M. I called again, but I found her in the same state; the pulse, however, was strong enough. I gave her hypodermic injection of liq. strychnia in twenty drops immediately. In ten minutes she was restored to her senses, but could not speak, only making signs with her hands when she was asked any questions. After fifteen minutes another twenty drops of liq. strychnia, given hypodermically. Three hours after I called again and found her perfectly conscious, but still unable to speak. Again I injected twenty drops of liq. strychnia and prescribed fifteen minims of the same solution to be given internally at 10 P. M. that very night. Next morning, that is, on the 25th of April, at 6 A. M., in the morning, I went there and saw the case. She was improving vastly but she could not speak. Then I prescribed four doses of liq. strychnia each containing twenty minims, to be given every third hour. At 2 P. M. the power of speech was restored. When I went to see her at 4 o'clock, all the symptoms had left her, but she complained of a dull pain all over the body. On the 26th of April I prescribed for her two doses of liq. strychnia containing twenty minims and I continued the same mixture for four days three times a day, each dose containing ten minims of liq. strychnia and now she is well, in her usual health.

MAZHAR HUSAIN, Civil Surgeon,
Aurangabad, Deccan, India.

A Plea for Acetanilid.

Editor **MEDICAL WORLD**:—As I have derived more benefit from **THE WORLD** and its family of contributors than from all other medical works and journals combined, it occurred to me that with my experience with acetanilid I could perhaps say a word to allay the fears of some of the fraternity; for from what some have said of it one would expect a patient who had been so unfortunate as to employ a doctor who would give him a dose to die without fail.

I have used this febrifuge for several years with the most happy results—and, although I am not prone to discard our old and tried remedies, I was so pleased with its action that, after a few trials with acetanilid in febrile affections, I was compelled, in justice to my patient, to continue its use, at least till I had seen cause for stopping, which I have failed to see yet.

I have in many cases brought a pulse of 130 and a temperature 104 to normal within from three to six hours, and, in my way of using it, have never yet seen one dangerous or bad symptom. I give small doses, say two to five grains, in solution, every hour, more or less, as the case requires. At this time I should hardly know how to do without it, for in my hands it has been as superior to the old remedies for all febrile conditions as mercury is to sulphate of magnesia for a sluggish liver. Why some of our fraternity have pictured its effect in such gloomy colors is to me quite hard to understand. My own experience is in direct opposition to what they claim, and I have certainly given this drug a thorough and extended trial, after which I can bear out the statement of Dr. D. Boswell in **JUNE WORLD**.

It occurs to me that, perhaps, those who speak so disparagingly of it have either given too large doses or have failed to extend its use long enough to be competent of judging, at least to the extent of condemning it in terms so strong as are used by some.

I want to give the brother M.D.'s a compound for asthma which to some may be of great benefit.

R.	Iod. potass.....	gr. ʒj
	Fowler's sol.....	gtt. ʒj
	Vin. ipecac.....	gtt. v
M.	Simple elix. q. s.....	dram ʒ

S. For one dose; repeat every 3, 4 or 5 hours till patient breathes easily then give three or four times daily.

I have found this a fine thing and in four out of five cases relief is sure.

Yours for **THE WORLD** everytime
Ashland, N. H. DR. A. R. GAREY,

A **PHYSICIAN** writes: "Times have been hard with me, and I have tried to do without **THE MEDICAL WORLD**, but I find it a necessity."

Notes and Comments.—State Medical Laws.—Goiter.—Hemorrhoids.—Ergot.

Editor **MEDICAL WORLD**:—In the May number of **THE WORLD** on page 152 on "Order Out of Chaos," also on page 201, June number, Dr. Line has an article on "Authority to Practice Medicine." Both these articles point out some of the defects of state examining boards. Both suggest a national law. This is what we ought to have by all means. I live near enough to state lines to practice in three states. I know something of the hardships of having to have license from three medical boards. There is one obstacle, I can see no way to remove at present, that is a constitutional one, the right of a state to regulate its own affairs. Should the national government pass such a law as **THE WORLD** suggests, the states would not be bound to abide by it. I am no lawyer, but merely suggest this as a matter to be investigated before we commit ourselves to such plan. I decidedly favor the idea and have no doubt all would sooner or later favor it. But there is one thing we can do, and ought to do: permit those residing outside the state, but practicing in the state, to do so without being examined, by having the license from the state of residence recorded in the state when the physician proposes to practice. There can be no reasonable objection to this plan. Mississippi, so far as I know, is the only state that has done this. She recognizes the license of the border states, though they have not yet recognized hers. A state can or not, as it pleases, recognize the license of a border state should the physician move into it. This law, it seems to me, ought to be adopted by all the states. It is reasonable and just, and in keeping with the liberality of our noble profession.

On page 209, Dr. J. V. Page writes of the frequency of goitre in Kansas. This is not often seen here, but proves to be a difficult disease, or symptom, to treat. Iodine locally and internally, and some of the preparations of mercury locally and internally, also tincture of phytolacca and arsenic, is the treatment usually followed. Some years ago this subject was briefly discussed in **THE WORLD**. If any one has a satisfactory treatment, a treatment which will make some impression in a short time, I would be glad to know it. I refer, of course, to simple forms of goitre.

Those who have to do manual labor for a living never are afflicted as is Dr. T. N. Cochran's patient (page 219). If she could be made to believe that some steady employment was necessary, not for health, but for meat and bread, she would soon be well.

I hope Prof. W. F. Waugh, (page 205) will withhold the publication of his remedy for opium habit until it is thoroughly tested. We are so prone to follow where our leaders mark out the way, that we are not always competent judges of a remedy that has the stamp of authority on it. This is why so many remedies are very popular for a time, then pass into forgetfulness.

Let any physician recommend any remedy for any disease, I do not care what it may be; and in a little while we will see it highly lauded all over the land. A little longer time passes, and it is forgotten. Let us "hasten slowly" to laud or condemn any new remedy.

Dr. Wheat's remedy for piles (page 213), gun powder and rye whisky, is certainly very simple. Why not the powder do as well by itself? It is a very effectual remedy in some forms of colic. Whether it is the nitrate of potash, the charcoal or the sulphur that gives relief, I do not know. Strange and ridiculous as it may seem, I have often thought the influence of the mind has something to do in relieving the pain in some cases of hemorrhoids. Of course it will not remove a long standing pile tumor, but it will frequently give relief.

Indeed, there are very few diseases or symptoms that are not influenced more than many of us think, by the thoughts and emotions of the mind. There are few things causing more excruciating pain than toothache, yet the magic relief given by a view of the dental forceps is known of all men. Like Dr. Swann, (page 211) I have never been a very strong believer in ergot as a poison. In fact, I have never had much faith in it as a medicine. Twenty years ago I used it frequently, but seldom use it now. If it ever did any good or harm in my hands I do not know it. When I was in the greatest need for something to contract the womb it usually failed, or was too slow in its action to be relied on. While I do not regard it as a very dangerous remedy, I think we may very easily dispense with it altogether. The same may be said of many other drugs in constant use.

C. KENDRICK, M.D.,

Kendrick, Miss.

Further Details of the Treatment of Typhoid Fever.

Editor MEDICAL WORLD:—In reply to Dr. J. G. Sterver, of Knoxdale, Pa., and others in regard to my article in the June WORLD, I will say that I have never succeeded in aborting typhoid fever with sulpho carbolate of zinc or any other remedy. But I am fully satisfied that cases under its use run a much milder course than those in which it is not used. I am as strongly

of the opinion that the antiseptic treatment of typhoid fever is the ideal treatment as I am that opium is our sheet anchor in peritonitis, or quine the *sine que non* for malaria. But I would not lead you to believe that asepsis alone is sufficient in all cases. My plan of treatment has been a combination of the symptomatic and antiseptic. As early in the case as the symptoms will justify a probable diagnosis of typhoid fever, I begin to give my patient, if an adult, 2½ gr. pills of sulpho-carbolate of zinc, one every two hours until the alimentary canal has been rendered aseptic, which is shown by the stools losing their characteristic, bad odor. It will generally take twenty-four to forty-eight hours, according to the condition of the bowels. When the stools no longer have the bad, offensive odor, I then give one pill every three or four hours, or enough, as my observation of the case may show, to keep the stools and bowels in a constant aseptic condition. It has been my practice to continue the zinc throughout the course of the disease, never missing a dose, but lengthening or shortening the intervals between the doses according to the condition of the bowels, always trying to give just enough and no more than was necessary. And here I will say that I have never once had any bad effects upon the stomach from the zinc salt.

In addition to the above antiseptic medication, my treatment has been purely symptomatic, ever bearing in mind a few cardinal points viz:

First. That we are dealing with a self-limiting disease and we should do nothing that would retard the recovery of the patient.

Second. That most patients die of asthenia or perforation of the bowel. Consequently we must maintain our patient's strength by the regular administration of liquid diet from the beginning, and the judicious administration of stimulants when there is any symptoms of heart failure, and continued as long as necessary and in quantities sufficient. The patient must never be allowed to get out of bed for any cause whatever, for fear of rupture of internal organs.

Third. That a continued high fever is of bad omen, which I combat most readily by a single dose of acetanilid given in whiskey, when the daily exacerbation of fever has about reached its height, five or six grains at a dose, to be repeated in two hours, if there has been little or no diminution of temperature. I always leave a thermometer and instruct the nurse in its use and never give antipyretics except when fever is above 103. I like the cold bath but find great difficulty in its enforcement in country practice.

Fourth. The diarrhea is very exhaustive, and when bowels move more than two or three times

in the course of twenty-four hours I give 1 gr. powd. opium with 10 grs. of bismuth subnitrate and 1 gr. lead acetate, after each evacuation of the bowels. But when using the sulpho-carbolate of zinc my patients are not troubled much with diarrhea. Of course I see that my patient has plenty of fresh air, pure cold water and various little details which may add to his immediate comfort, position changed frequently to prevent bed sores etc. There are many other things I might mention but I have already written more than I intended.

Dixon, Ky.

C. M. SMITE, M.D.,

The Danger of Unskillful Vaccination.

Editor MEDICAL WORLD:—The following case being, in my opinion, exceedingly interesting, on account of the possible effects of vaccination when the vaccine lymph may be contaminated with foreign bacteria, I subjoin a full history of the case, hoping that if any of your readers have had a similar case they will kindly publish the same:

C. W. S., a boy aged eleven years, and in previous good health, was vaccinated by one of the vaccinators appointed by our Board of Health, on March 10th. Soon, or immediately afterwards, the boy presented alarming symptoms, such as great pain along the arm, extensive inflammation reaching from the finger tips to shoulder, irritability, fever, and general malaise. The family applied home remedies, such as vaseline, etc., and the inflammation gradually subsided, but the pains, fever and restlessness increased, and on March 28th I was sent for, and found my little patient with pain in right knee, temperature 103, coated tongue, pale skin, and diagnosed acute articular rheumatism, following vaccination. I placed him under the salicylates, etc., Fuller's lotion, and within two weeks the symptoms abated, but only for a few hours, for, to the symptoms present throughout the disease, now there were added petechial hemorrhages under the skin, and profuse epistaxis and bloody oozing from the gums, which could not be checked by any known means. This continued for one week longer, and the boy died on April 19th, from exhaustion. An autopsy was ordered, and these were the anatomical characters found: Body emaciated, skin slightly yellow, petechial spots here and there, abdomen prominent. On opening the abdomen the liver was found greatly enlarged, extending almost to the descending colon, and infiltrated with fat. Intestines were shrivelled and yellowish (probably from action of embalming fluid injected into cavity by the undertaker). Kidneys enlarged and yellowish;

bladder full of clear urine and petechial spots on bladder; spleen small, dry, and very dark-red; lungs normal; heart normal in size, but full of petechial spots; valves normal. Brain not examined.

That there is danger in vaccination is a fact which cannot be disputed, for we can cite numerous instances in which it has caused death. The question is, Which is the best way to obviate the possible bad effects of a quite reliable preventive of small pox. Would it not be better to have the vaccine farms under competent medical and government control, so that we could rely on good, reliable lymph at any and all times? I do not believe in indiscriminate vaccination, and it should only be resorted to in case of direct exposure.

ALFRED COSTALES, M.D.,

439 Evergreen Ave., Brooklyn, N. Y.

The Protection Period of Vaccination.

Editor MEDICAL WORLD:—In these days of vaccination and small-pox scare the questions are often put to me: "Doctor, how often ought one to be vaccinated? Does vaccination fully protect? Do you believe it will run out every seven years?" &c., &c. Now, these questions are somewhat perplexing to me, as I cannot answer them satisfactorily, for opinions of physicians differ so much on these points and I can not answer from experience. Does vaccination fail to protect after a number of years? I have a few cases I would like to report in answer to this question. In the year 1860 small-pox broke out in my father's family, then residing in the city of Albany, N. Y. There were four children who had never been vaccinated; they all had the genuine small-pox, one having the confluent form. There were two children 18 and 21 years old, respectively, that had been vaccinated in infancy. My father was then 52 years of age. He was vaccinated when a lad of 8 or 10 years. My mother was then 45 years of age. She was vaccinated when a child of 4 years. The above four persons took care of the four children during the whole time they were sick and not one of them took the disease. Full forty years had elapsed since my father had been vaccinated, and yet he seemed to be fully protected.

My mother says she had some headache and her bones ached as if she had taken a severe cold; these symptoms, however, lasted only a couple of days, when she was as well as ever. The two, 18 and 21 years, had no symptoms whatever of the disease.

What shall we say to patients who ask us: "Does vaccination run out every seven or four-

teen years?" Can it be possible that every person is a law unto himself in this matter, or is there some general rule that we may go by?
Elroy, Wis. F. T. FIELD, M.D.,

Confirmation of the Antidotal Power of Potassium Permanganate Against Opium.

Editor MEDICAL WORLD:—I have a case which I wish to report, which may be both of interest and benefit to my brother physicians.

On May 18th, 1894, 8 p. m., I was hastily summoned to the home of Henry E., who made a desperate effort to commit suicide by taking laudanum. He purchased ten cents worth of the drug from a near-by grocery store, and drank it all. This was all done with suicidal intent. After some little time of excitement of the family, one of them summoned me, and produced the empty bottle. My first thought was, "I will now try the new chemical antidote, potassium permanganate." On my arrival at the bedside the patient appeared apparently lifeless, but upon examination, the skin, lips, mouth and tongue were as dry as parchment, pupils contracted to the size of a pin's head, and insensible to light; pulse imperceptible at the wrist; stertorous respiration, with mouth wide open; unconscious, and he could not be aroused at all. It seemed a hopeless case, but I employed the new antidote, potassium permanganate, and in one hour after I began the treatment I pronounced the case free from danger.

Dr. D. M. KOONTZ,

Poplar street, Johnstown, Pa.

Bare Feet in Asiatic Turkey.

Editor MEDICAL WORLD:—Your items under the heading, "Cruelty to Children," on page 50 of the February number, I have read with much interest. It is a subject I have given a good deal of thought to, but I have not been able to come to any satisfactory conclusion in regard to it, viz.: Why are barefooted children so free from throat affections?

In this country, where barefeet is the rule, and shoes and stockings the exception, "S" would be horror-stricken, and as there is no society in this country for the "prevention of cruelty to children," he would still be in a greater quandary. Children, for the first three or four months, are kept tied up in their swaddling clothes, neither hands nor feet exposed. After that, summer and winter, feet, hands and legs are exposed to all kinds of weather, although the head is wrapped up in a dozen of handkerchiefs. Sometimes their legs and feet are black and blue, and swollen from the cold. Like "S," I feel awfully over it, and scold

right and left, but they only laugh at me. You may think it is because they are poor that they do so. By no means; the richest are no better. And to pay for it, not a case of croup will you find. When I say I have not seen one first-class case of membranous croup in eighteen years' practice here, you will be surprised. Yet it is a fact. It may not all be from "barefeet," but I am sure I am not so much opposed to their being barefooted as I used to be, notwithstanding it makes the chills run over me sometimes to see them.
D. M. B. THOM, M.D.,
Mardin, Turkey-in-Asia.

Inflammation and Gangrene of Scrotum following La Grippe.

Editor MEDICAL WORLD:—While reading article of T. W. M. in THE MEDICAL WORLD for May, I thought perhaps I could add something to the interest of the family of readers by reporting a case treated by me this season.

K. W. W., a man about 60, was taken with *la grippe* on the 19th of March, 1894. He had quite a severe attack, and was making a good recovery when he went out and caught cold. He then had severe chills, with temperature 103, and complained of swelling and pain in the scrotum, with retention of urine. I used the catheter without any trouble. The urine was rather scanty and high colored. The scrotum continued to swell (it being in an edematous condition) until it was as large as his head, and gave him great pain, so that it took large quantities of morphine to keep him quiet. After about a week of swelling, with a high temperature and repeated chills, the scrotum commenced to gangrene in three places, a line of demarcation soon formed, and suppuration commenced, the largest place being about three inches in diameter, discharging from these holes about a teaspoonful of terribly smelling pus. One of the gangrene holes became so deep that it involved the urethra, so that the urine passed through the holes instead of the natural channel. About this time the fever went down, the swelling subsided somewhat, and morphine was taken away from the patient. He commenced to eat, and improved. The sore healed up, the urine commenced to flow naturally, and on the 25th of April I discharged the case.

Now he has gone to work again, cured, excepting that when he has an erection the penis points toward the right elbow, instead of in a vertical line, as before. He says that at his age he will try and put up with this inconvenience.

I have had this season two cases of senile gangrene following the grippe, and both died. The treatment in these cases was locally anti-

septic, besides treating constitutional symptoms and keeping the bowels loose with saline cathartics.

OLIN F. BUELL, M.D.,

Henderson, N. Y.

For the Expulsion of Tape Worm.

Editor MEDICAL WORLD:—For tenia (of any kind) I recommend the following treatment:

R. Chloroform (C. P.).....dram 1
Castor oil.....q. s. to fill a one ounce bottle.

Duplicate this. That is, you want two such bottles. Direct the patient to eat a light supper and take the contents of one of these bottles at daylight the next morning. If the entire worm is not expelled in two hours, take the contents of the other bottle. If that does not have the desired effect in two hours, or does not produce a copious action, administer a heaping table-spoonful of Epsom salts. I have never failed of complete success with this treatment, even in cases where all the leading remedies had failed, and that, in the hands of good physicians. I have, in a few cases that had baffled all skill and were almost given up as hopeless, given a moderate dose of calomel and Dover's powder at bedtime. My object in doing this, is to render the worm as uncomfortable as possible, by stimulating the liver to fill the intestines with billious matter, which is very offensive to his highness. This treatment is harmless, simple, prompt, and effectual. In fact, has never failed, in my hands. The last case I had was thought to be a hard one, occurring in a boy of 13 years. The worm came away at about 10 o'clock A. M. He ate a little dinner, and was out in the yard shooting marbles in less than one hour, with no visible effects of the treatment. I was asked to explain, the *modus operandi* of the remedy. It was done in a few words. "Make him drunk, and push him out."

I most frequently succeed with the first dose, (or bottle,) it doing the work before time to repeat. I do not claim originality excepting in the dosage and management, and only give publicity to it from a sense of duty and with the hope that it may be of advantage and interest, at least to my younger brethren of the profession. In the last case I had the worm was alive, after being washed in three waters, was still saturated with chloroform, as evidenced by the strong odor. The fact is, he was still drunk.

Prescott, Ark.

R. L. HINTON, M.D.,

Fruit Vinegar for Phthisis.

Editor MEDICAL WORLD:—The therapeutical effect of vinegar or acetic acid inhalations as recommended by E. J. Marsters, is no farce. I have a patient, Arthur L., who is afflicted with consumption. He became ill last May, one

year ago. He had traumatic pneumonia, caused by a fall while coasting upon roller skates (upon the hard floor); had very high fever for two weeks, but finally the fever subsided, but he never regained his former health, remaining in a feeble condition but was able to be around till in February, when he had several severe hemorrhages, but did not become confined to his bed. He had night sweats, frequently chilled, followed by very high fever. The first of May, while cutting sod, he was again attacked with a severe hemorrhage from the lung and has since had repeated attacks as often as every five to eight days.

He has tried the Amick cure, which helped his cough some but did not agree with his stomach; cod liver oil was of no avail, and other remedies have been tried, even the creosote treatment, which I give some credit. Upon reading the article in THE WORLD, I hastened to the bedside of my patient, who was then weak from loss of blood and from fever. I procured some grape vinegar and he was advised to use it by inhalation every three hours. It loosened the cough and promoted expectoration, relieved the hemorrhage and lessened the fever. I had used vinegar inhalations in croup and asthma, but never had I used them in consumption. The patient is using:

R. Sherry wine.....ounces vi.
Tr. Iodine.....96 grs.
Tannin.....48 gra.
A table-spoonful after mea. s.

And syrup of lactucarium for sleep and for cough, and vinegar inhalations every three hours. In the last seven days he has gained five pounds and has a good appetite.

Roachdale, Ind.

DR. N. S. WOOD.

Report Your Cases.

Editor MEDICAL WORLD:—It is not every country doctor who has a hundred authorities, to whom he can refer, on any one subject. Many of them have not that number on all subjects combined. This thought was brought out by an article by W. Thornton Parker, M.D., in the *N. Y. Med. Times*, on "Rectal Alimentation," the bibliographical references being sixty-eight, different authors. The article is well worth a good reading and hard study. I have also thought that perhaps, not having large libraries *et cetera* to refer to, and not being able to write in a very scientific style, is the reason why very many of the fifty thousand country doctors do not give their ideas and difficult cases to their brethren. Without a doubt, many of them have cases which, though of a common character, do, by some complication of constitution or heredity, present symptoms which "put them up a stump," yet a care-

ful report of these cases with the treatment, whether successful or not, would help them and their brethren. They think, "Well, every doctor has cases which puzzle him, and which he has to treat on general principles. What's the use?" Well the use is this; the fact that we all have such cases, and the knowledge of the difficulties and failures we have had, should lead to a feeling of sympathy and to a desire to help. Very few of us (I am speaking to the country doctor), know it all, and in spite of our wise looks, we have a "sense of emptiness" creep over us when we sit down beside a six or eight months old baby and can find but little to tell us the "as why" it is sick, except a little fever—a little grunt at expiration, some cough, does not nurse, bowels not loose but a little tympanic, fretful when awake, sleeps at times, rouses up with a little tremor. You give the usual remedies to quiet the cough, empty the bowels, allay the flatulency, give rest, bathe the body twice daily—poultices, or cloths in some stimulant, to abdomen and chest; then rack your brains for something else to do because baby is no better. Your heart is troubled because it is the only child, or only son, and because it is the first time you have been called in by the family. You have spent hours in the day and several nights watching it get no better. Well, it dies. A thousand times you ask yourself as you go your rounds: "Was there not something else I ought to have done?" Several such cases within a month or two and you would give your last summer's hat to have a quiet talk with some old doctor somewhere within ten or twelve miles—but he is not there. Now, would it not be almost as a light from Heaven if you could find just such a case detailed in your journal and a successful, though simple treatment laid down? I rather think so. I've been there. I am an old doctor myself—a country one too—don't think that I have yet "attained into perfection," and frequently just such cases come under my care. Some die, some get well, and in the medical journals, where the country doctors describe their cases, I have found good help and always just in time. One way to bring our cases before the brethren is at the County Medical Association; another is to write out your case and send it to your journal, THE WORLD, for instance, and ten to one, brother Waugh, or some other of his kind, will give you the wink. Or, having had one or more cases (common cases) and found a treatment that has succeeded, write it out carefully and send it. Don't put it all into your own pipe and smoke it. It is the common every day cases, complicated by idiosyncrasy or heredity, that we want—not

some rare incurable case which is seen, perhaps, once in a lifetime, or not at all by the county doctor. Give us the easiest and simplest modes of treatment by the common medicines found in every doctors pill bags, as very few of us can afford costly atomizers, inhalers &c. If you have tried any of the new remedies, give your experience, or any new use for the old ones.

To practice what I preach, here is a good treatment (I found the hint in THE WORLD) for most bronchial troubles as well as in pneumonia complicated with bronchitis.

Granulated pure chloride of calcium.....60 grains.
Dover's powder.....10 "
Water.....4 ounces.
Shake bottle before using.

Dose, $\frac{1}{2}$ to 1 teaspoonful every one, two, or three hours.

It will please you, while at the same time your patient will be quieted and sleep better. In whooping cough also it seems to do splendidly. Here is a plan I have pursued, for several years, in making my own Dover's powders:

Pow'd opium.....20 grains.
" ipecac.....100 "
Bromide of soda.....60 "
Mix. s 1 to 5 grains, according to requirements.

The bromide, not being an inert salt, adds to the efficacy of the mixture.

Here is a splendid nerve sedative and diaphoretic. This is an idea of my own.

Acetanilide.....80 grains.
Bromide of soda.....50 "
Rub well together in a mortar.

S. 3 to 5 grains every one, two, or three hours.

Try it when you are tired and have a slight headache, then give your patients the benefits of it.

DR. BEN. H. BRODNAX,

Brodnax, La.

Replies—Fecal Impaction as a Cause of Female Derangements.—Masturbation in Young Children.—Treatment of Endo-Meritris.—Obstetrical Practice.

Editor MEDICAL WORLD:—Dr. Cochran's case, (page 219) is probably one of fecal impaction, (may be due to habitual constipation or not) which is usually associated with melancholia, the degree differing in different individuals. I would, therefore, advise the doctor to pay attention to the bowels. Don't be misled by her statements, stating, perhaps, that her bowels move every day, but give her active purgatives for five or six days, changing preparations each successive day. You might be able to make out the impaction by physical examination.

Prof. Skene used to speak of a case under his observation, a lady belonging to a church and, in spite of her strict religious pursuits, no body could make her believe that she would be saved. The pastor of the church, thinking there was disturbance of mind, had her thoroughly

examined by an expert, who pretty soon found out the cause of her trouble. After the fourth dose of Epsom salts was taken that lady was confidently saved. There may possibly be chronic ovaritis, with a tendency to hysteria, but the history and symptoms, as dysmenorrhœa, dyspareunia, pains and exhaustion after defecation etc., make the diagnosis plain.

In regard to Dr. Story's case I would say that there is hardly any medical treatment for those little masturbators. When once they acquire the habit they keep it up secretly, if watched, until they get married, and a good many of them continue that immoral act even after that, not being satisfied by their husbands. Anything may be tried first, but you will hardly succeed in curing that by simple measures. A radical cure can only be accomplished by finding out the most sensitive spot, cut down and remove the nerve.—*Boston Medical Journal*.

"Case for Diagnosis," (page 215) is corporeal and cervical endo-metritis.

Treatment: General tonics and hygiene, especially regulation of the bowels, bladder and sexual relations. Remove the cause. Ergotine if uterus is large. Locally: Dilate fully and give intra-uterine injections (with a long syringe) of tincture of iodine, solutions of iron, copper etc.

I submit to the profession a formula which, if timely used, will break up colds and abort many diseases. I have found it to be excellent.

R. Phenacetine.
Salophen aa.....gr. iiss.
Quin. sulph.....gr. ii iv vi.
Kal. bromid.....gr. x.
Mix and make one powder.

Sig. One such powder every four or five hours for five or six doses.

[After detailing a very interesting obstetric case, in which, after the complete failure of another physician, he himself succeeded in bringing the case to a satisfactory termination, the doctor gives the following general views:]

I always think how many children are made still in the grasp of the steel bars (the forceps) by unexperienced hands. How many poor women go from doctor to doctor, from dispensary to dispensary, to cure their chronic uterine troubles induced by unskilled managers. The poor woman does not know what is the cause of the death of the child or who is the cause of her sufferings. All she knows is that the child was born without life—the doctor is not supposed to give life for the child; she knows she has pain, nervous, gastric and other constitutional disturbances, leucorrhœa etc.; she knows that she is perfectly miserable, the misery dating back to a confinement, but is perfectly ignorant as to the cause. I could bring up many instances for

illustration, but I think it would be wasting time, because every physician has more or less knowledge of cases of that kind.

From the above we may deduct the following:

1. Ascertain the date of labor as nearly as possible and prevent prematurity. I think that, in a great majority of cases, where everything else is normal, feeble pains and prolonged labor are due to prematurity, because the attachment of the ovum is not loosened, the movements of the fetus not vigorous enough, the contractile powers not developed.

2. Don't frighten people with your forceps; they are rarely needed. These are good instruments in skillful hands, needed under rare circumstances.

3. Use quinine and other drugs in proper time and the proper dose. They are also rarely needed. If used when not indicated they only disturb the normal powers.

4. Do not exhaust the patient. Use your own judgement.

5. Moderate *expressio fetus*, if needed, is beneficial.

6. The necessity of studying medicine four or five years. Three years—five or six months a year—is hardly sufficient to master even that branch of practice, obstetrics, alone.

7. A high grade of preliminary education is absolutely necessary for those entering upon the study of medicine. This will allow to study medicine only the developed, bright, thinking minds and will debar idiots.

8. A cabinet minister of public health is the thing our country needs.

MAX FRIEDLANDER, M.D.,

126 Moore St., Brooklyn N. Y.

For Canker Sore Mouth.—Introducing Remedies Into the Bladder by Hydrostatic Pressure.

Editor MEDICAL WORLD:—Dr. Kelly, of Alba, Michigan, asks for a remedy for canker sore mouth. The following prescription is always successful in my hands.

R. Acid carbolice.....gtt x.
Glycerini.....
Aque rose.....ounce i.

M. Sig. Take one teaspoonful into the mouth three or four times a day.

This ought to be held in the mouth for a few minutes, making it come in contact with all the mucous membrane.

Some of the deepest cankers may have to be touched lightly with *argenti nitras*.

In cases of cystitis and prostaticitis I have ceased for some time to give medicine internally or inject into the bladder through a catheter. I now use a strong, hard rubber syringe and introduce the medicine by hydrostatic pressure.

In this way you do not irritate the prostatic urethra, as when a catheter is passed. It prevents, also, the introduction of air and disease germs.

By filling your syringe with the remedy, (the basis of which is glycerine in certain quantities) and forcing all the air out, you can, so to speak, by steady gentle pressure and the co-operation of your patient in contracting and relaxing the compressor urethra muscle, enables him to drink it right into the bladder. You get immediate results and a sure cure in a short time, and thus save taking remedies that are uncertain at best and that many times injure the stomach and kidneys.

It is just as efficient in stricture and chronic urethritis and, in fact, is a revelation in the treatment of such diseases.

S. C. DUMM, M.D.,
1499 N. High St., Columbus, O.

Ergot and Quinine in Obstetric Practice.—Delivery of Placenta.—Canker Sore Mouth.—Query.

Editor **MEDICAL WORLD**:—When reading many of the very interesting articles contained in **THE WORLD**, I often feel inclined to take a part in the discussion. Perhaps the best means of obtaining knowledge would be to ask questions and express no views—allowing others to instruct.

However, to Dr. Huntsman's article of "Hour Glass Contraction," page 160, I would say that I was taught by Lusk that such results would at times be obtained by the use of ergot and that we would better rely on the use of quinine, which, in ten grain dose, causes uterine contractions, and also braces up the system for the occasion. If needed, friction over the fundus of the womb will often act nicely, and can be used after giving the medicine. There are some cases—and which are of the greatest importance—in which we do not get satisfactory results after giving medicines. They are not all primiparæ. Some slight malposition may exist—the head a little large, or the pelvis slightly contracted—but most usually there is uterine inertia—which cases are perhaps the only ones needing medicines—but not the only ones so treated. It is a very common thing in most communities for some physicians to give all cases medicine, whether needed or not, presuming that they have done their duty by giving the patient the benefit of the doubt, in their mind, whether medicine was needed—and in many instances they rush the case to save time—the drug most frequently used being ergot. Some of these cases we would better give a dose of Dover's powders, which will give the patient a rest for a few hours, and relax the resisting

parts, after which the case may proceed nicely. Should dilatation be about completed or you can not have full control of the patient but must complete the labor, then have patient to sit up—walk if she chooses, keep the feet and limbs warm by protecting them. Should patient complain and take to the bed and the pains again become indifferent, have her to kneel by the bed-side or in bed until the head advances well on the perineum, after which the patient can lie down without further trouble. Some patients almost refuse to comply with anything which disturbs the rest they obtain by not having strong pains. I then tell them, it may be necessary to deliver with instruments—which removes their objections. Gravity, obtained by the position, greatly aids to engage the head in the inlet, and the pains are made stronger by a change of position. When called to a case and on examination find but little dilatation, pains poor, patient's statement would indicate that she has gone her full time, we proceed to help—or, rather, might say, force the case—through a tedious labor—should we not think the fruit was not quite ripe enough to pluck?

Some cases do not take quinine well. For this reason I have given ergot, ten minims each hour if needed.

If dilatation is complete I give a large dose. I have had one hour-glass contraction, a part above and part below the contraction—which yielded readily to dilatation with the fingers, after which I have not trusted the use of ergot so much.

I was taught to tie the cord in two places and cut between and wait then for the after-birth. In doing so I always had trouble to remove it. I use one ligature, cut, and allow the placenta to drain off. It shrinks in size and may almost always be found ready to enter the vagina. I pass the index finger above one edge, bring it down, press over the womb with the disengaged hand, and I have no trouble.

Some say gently draw on the cord, which is most apt to bring it down as a parachute—acting like a valve to a force pump, that may favor inversion. Do not think you weaken the mother by loss of blood, as I have heard expressed, as there is no circulation between the mother and the placenta after the child is removed.

Should we give ergot after the birth of child or after the after-birth is removed? If so why and how?

To Dr. Kelley, page 174:—Aqueous ext. hydrastis I find to give good results for canker sores. Apply frequently.

I have a case, young man, age 20, right eye as prominent as in a bad case of exophthalmic goiter.

Seldom pains, and then only when used much. Left eye natural. Pulse 80; heart seldom palpitates and then under excitement only; is easily startled or frightened—a little nervous; has suffered some pain about the heart. No enlargement of thyroid. The trouble commenced some two or three years ago. What is it? Give best treatment. W. H. CLOUSE, M.D.,
Crestline, O.

About That Case.

Editor MEDICAL WORLD:—I wish to notice Dr. Waugh's comments (May No., page 154), on the case of typhoid fever which I reported in the April No., page 124. I have been waiting hoping that others might offer something in regard to it.

As Dr. Waugh, in reporting a cure of a case of typhoid fever complicated with rheumatism, does not say anything about excessively high temperature nor other malignant symptoms, we do not know as to the parallelism of his case and mine.

I reported my case as one of unusual malignancy and not to particularly call attention to therapeutic measures; but will say to Dr. Waugh, who supposes that the phenomena observed in my case was due to the lack of sufficient intestinal antiseptics, that that was one of the main lines of treatment followed, and was pushed to the extent of markedly deodorizing the feces. Anti-rheumatic treatment was also used.

The doctor's suggestion would mean that the lack of antiseptic treatment would account, in not only my case but others, for the hyperpyrexia and other malignant symptoms. I could hardly agree with him in this, for the majority of cases of typhoid fever would recover and be attended by no unusual symptoms if not a dose of any medicine were given, and the treatment consisted of nothing but good nursing and bathing. If this be true in the majority of cases there must be something else to account for anomalous ones.

In the case I reported tympanites would have been a more prominent symptom if great putrefactive changes were going on under insufficient antiseptics and to the extent of causing the train of symptoms observed.

If Dr. Waugh or some one else had suggested the idea of septicemia, secondarily, from the absorption of ulcerative products, as the cause of the chills and excessive fever, I would not have controverted the point, though I think the most plausible hypothesis to be that the fever was metastatic in tendency and involved the meninges.

The next highest temperature observed by me, 108° Fah., was in a clear case of cerebro-spinal meningitis. L. B. ALLEN, M.D.,
Humboldt, Neb.

Neuralgia:

Editor MEDICAL WORLD:—The following combination I have found to be very efficient for neuralgic conditions and, so far as I know, is original with myself, having hit upon it after trying almost everything else in an obstinate case.

- R. Croton Chloral.....gr. ʒij.
- Cocaine.....gr. ʒi.
- Ext. hyocysains pulv.....gr. ʒi.
- Caff. ine.....gr. ʒi.
- Codeine.....gr. ʒi.
- M. Ft. pill No. 1.
- Sig. One pill as required.

Rolesville, N. C. L. B. YOUNG, M.D.,

Chronic Inflammation of the Bladder.

Editor MEDICAL WORLD:—I would suggest to Dr. H. W. Cobb, of Perry, Mich., that he try iodoform in chronic inflammation of the bladder—I mean, of course, to wash out the bladder with an iodoform solution. I believe that if the Doctor will persist in this treatment he will succeed in curing his patient.

Girdler, Ky. G. E. CECIL, M.D.,

Replies.—For Suppuration of Stump Under an Artificial Eye.—Masturbation in Female Children.—Rectal Pathology Affecting the General System.

Editor MEDICAL WORLD:—In answer to Dr. Chas. Gilbert, page 218, June, I would say that astringents, as a rule, will not correct the muco-purulent discharge. The peroxide of hydrogen, as a cleansing solution, is excellent, and should be used before using the following:

- R. Iodide of potash.....
- Bromine.....ss
- Water.....ad.....ounces viij
- Sig. Stock solution.

Add one dram of this solution to six ounces of clear, warm, distilled water, and thoroughly cleanse the cavity as needed.

This, however, would not avail of much if the lachrymo-nasal duct is affected with a chronic catarrhal inflammation. The lachrymal sac is a reservoir of the fluid secreted by the conjunctiva, and if this fluid is infected with the streptococcus pyogenes, as we have good reason to believe in this case, I would advise you, firstly, to slit the canaliculus and pass the indicated probes, cleanse the nasal duct, and thus restore the normal calibre of the lachrymo-nasal duct. If pus is present, it is well to remember that a solution of 1-1000 of pyoktanin is a very successful remedy to use. Then follow with the compound bromine solution mentioned above,

of proper dilution, and you will certainly cure your case.

To Dr. Wm. F. Small, page 219, I would say, apply locally in full strength the bōmine comp. sol. to the malignant ulcer of mouth.

To Dr. R. T. Story, page 219: It is well to remember that the clitoris is the most sensitive spot in the growing female organism, and is one of the frequent causes of masturbation. Carefully examine if the hood of the clitoris is adherent; if so, free it, and do not forget that rectal trouble is frequently found in the young—even in the babe. Doctor, if you have not already read Dr. Robert T. Morris' "Is evolution trying to do away with the clitoris?" send for it.

Would also say to Dr. J. Forman Pineo, page 218, that if he will carefully examine the nervous patient's rectum, and correct the probable rectal pathology, the general nervous enemia and laryngeal manifestations will speedily correct themselves. For years I have been highly interested and instructed in the clinical experience meetings as presented to us monthly in THE MEDICAL WORLD, and may give further evidence of my high appreciation of your journal and its management in the future.

Marion, Ohio.

Dr. A. RHU,

Dry Cough.—Diphtheria.—Sanmetto.—Gastritis.—Chlorate of Potassium in Anemia.

Editor MEDICAL WORLD:—I have received more than the value of your subscription price from the following treatment for dry cough, which appeared in the April number:

- R. Syr. picis.....ounces iiii
- Syr. pin. virg.....ounces i
- Syr. acid hydriodic.....ounces ii
- Tr. opalcum.....ounces ss
- Mucilage acacia.....ounces i

M. Sig.—Teaspoonful 4 times daily.

Every number also contains editorial and original articles of merit.

I notice an article in your last issue claiming extraordinary results in the treatment of diphtheria with gunpowder. I have to remark that there seems to be as many different treatments of this terrible malady as there are varieties and modifications of the disease. I have had considerable experience with diphtheria, and I firmly believe that cases do occur in which all treatment is powerless. I have seen cases so rapid in their march that death has occurred within the first twenty-four hours. I have seen a case under the best modern treatment in which the membrane persisted in remaining in the throat for twenty-eight days, followed by paralysis and loss of vision, ending afterwards in perfect recovery, and I have seen several patients, under the same judicious treatment,

die within fourteen days of the onset. I have used neither charcoal nor saltpetre in the disease. For constitutional treatment, I pin my faith on tincture of iron, sulphurous acid, chlorate of potash, poke root, turpentine, quinine, brandy, carbonate of ammonia and the solution of acetate of ammonia, compatibly combined in different mixtures according to indications; for local treatment, I rely on potassium bromide, potassium chlorate and tincture of iron, and on salicylic acid, borax and glycerine gargles. Tincture of iodine and salicylic acid crystals are good applications locally to the membrane. Sprays of peroxide of hydrogen are excellent; so, also, is carbolic acid solution. Baker's yeast, as a gargle, has done me good service. The atmosphere of the room should be moist and antiseptic, made so by steam from lime water and the evolution of chlorine and sulphurous acid gases. But with all these and other excellent means, too numerous to mention, intelligently used, we must be prepared to lose cases.

In catarrhal diseases of the urinary organs with difficult micturition, no matter what the cause, I have had excellent results from the use of sanmetto in teaspoonful doses four times daily, alternated with a teaspoonful of acetate of ammonia solution in plenty of water, into which ten drops of tincture of iron are dropped just before taking.

In a recent case of inflammation of the stomach with obstinate vomiting, I succeeded in turning it to a favorable issue by applying a large fly blister over the stomach, injecting per rectum eighty drops tincture of opium in starch water, directing the patient to swallow small pieces of ice every few moments, and by the administration of the following:

- R. Acid hydrocyan, dil. (P. B.).....drum i
- Bismuth subnit.....drum ii
- Tr. calumbe.....o. nc s i
- Aquas q. s. ad.....ounce iv

M. Sig.—Teaspoonful every 4 hours, well shaken before taken.

In your May number Dr. Grinnell says, "I believe more injury has been done by the internal use of chlorate of potash, than all the good it has ever accomplished." Now, I must add my opinion from a long experience. In the treatment of anemia I have found, that a solution of five grains of chlorate of potash in plenty of water, into which ten drops of tincture of iron have been dropped, and taken immediately after meals has done me more service than any other remedies whatever. The proper use of this drug in suitable cases is commendable.

I notice a reported cure of a case of genuine phthisis, as a result of treatment with codliver oil, iron, beechwood creosote, and atropine pills,

in one of our Canadian medical journals. I can endorse the treatment, but can only hope as yet that it may be successful hereafter.

The use of sulphurous acid internally is more potent than sulphites.

J. G. ATKINSON, M.D.,
St. James, N. B., Canada.

Replies.—The Treatment of Bronchial Diseases by Dr. Green.—Esophageal Stricture.

Editor MEDICAL WORLD: The treatment of which Dr. R. J. Thompson, Ky., June WORLD page 218 writes making inquiry, was first practiced by Dr. Horace Green, of N. Y.

It consisted in injecting into the lungs or bronchi, (as the case demanded) through a rubber tube, one dram of a solution of argent. nit., forty grains to the ounce of water. I have in my possession the article written by Dr. Green in 1855, giving illustrative cases. I wonder why a treatment which promised so much, and is the most rational of any, has fallen into disuse.

The doctor claimed that it was absolutely safe, although such men as Erichsen, Trouseau, Hall and others claimed that it was impossible to pass a sponge probang wet with the caustic solution, beyond the vocal cords. However, Dr. Green passed it many times without harm. The operation was performed several times in the presence of Sims, Parker, Bowditch, Sayre and Minor. The doctor will find the article in *Trans. of State Med. Soc., of N. Y., 1855, p. 244.* Also in *Braithwaite's Retrospect*, Vol. xxxii p. 60.

The case of Dr. Pineo, Chester, Nova Scotia, Can., in my opinion is stricture of esophagus—but whether spasmodic or organic, of course, I cannot say positively. However, I would pass a bougie occasionally, feed through the stomach tube, apply belladonna ointment to the neck, and give anti-hysterical treatment, keep bowels open, give asafetida, valerian, etc., etc. If organic, or from pressure on esophagus from some growth or aneurism, any late work on surgery will inform you of the best course to pursue.

J. T. BARNETT, M.D.,

Hardinsburg, Ind.

Editor MEDICAL WORLD:—Dr. Thompson, (page 218) wishes to know something of Dr. Howard Green, who was professor in Thirteenth Street Medical College, New York. In 1855 I saw him operate before a committee to prove his claim to *entering bronchial tubes*, which was doubted by the profession; nor did he convince them, for a lighted taper at external end of tube was *not* blown out when tube was introduced. Yet he seemed to have wonder-

ful success. He and Dr. Cornoehen—daring surgeon—were the very life of the Thirteenth Street School.

Your journal is my choice of all others.
Milburn, La. F. H. MADDOX, M.D.,

Editor MEDICAL WORLD:—Dr. Pineo's case of difficult swallowing, detailed on page 217, is undoubtedly a case of stricture of the esophagus. The positive diagnosis and treatment is the passage of an esophageal bougie by a specialist prepared for such work.

C. E. MARLETTE, M.D.,
Brandenburg, Ky.

A Secret Cure for Cancer.

Editor MEDICAL WORLD:—I enclose a letter for you to dispose of as you see fit. It is being advertised very heavily in California by Dr. Chamlee, formerly of Lone Oak, Texas. I am personally acquainted with one man who had a cancer taken off him several years ago by this method, he says. Now it is returning, and he wants me to treat him in the near future. I wish the remedy tried, and the results, pro or con., published in THE MEDICAL WORLD.

I send this, believing that everything that is of benefit to humanity should be published.

M. D. M.

[We give below an exact reproduction of the method of treatment, as it appears on an old and worn copy enclosed with the doctor's letter. In the first formula, galangal and sanguinaria are doubtless intended. Practically the same treatment has previously appeared in THE WORLD.—ED.]

R for Cancer.

1st. Take strong hop tea, use corn meal and make a poultice, and apply over night, which is merely to cleanse the part.

2d. Make a plaster as follows:

Gallenger pulv.
Sanguinary " red, aa . i ounce
Chloride zinc, . . . iij drams xl grs.

Pulverize thoroughly, add water to make a thick paste, spread on a linen cloth, apply; let it remain 24 hours, remove, and apply 2, 3 or 4 times, according to size and nature of cancer. You must be governed by the appearance of cancer. Now the cancer is killed, and will drop out from 4 to 6 or 8 days, and needs no assistance, and will drop out itself.

You then make a salve as follows:

Mutton suet,
Beeswax,
Eng. Resin, aa, † lb. or less if you wish.

Melt them together; while cooling add oil spike. 1 ounce. Spread on a linen cloth, apply

every 12 hours, cleansing the cancer each time with castile soap; continue until healed.

Make a bitters as follows:

Blue cohosh,
Black "
Sarsaparilla,
Burdock,
Yellow Dock, aa, 2 oz.

Put the ingredients in 3 qts. water; simmer down to 1 qt., strain and bottle. Then add leptandrin and gamboge aa L (50) grs., cassia $\frac{1}{2}$ oz., licorice $\frac{1}{2}$ oz. Dose, tablespoonful 3 times a day.

Also take some purgative to keep bowels active.

After you apply plaster there will be an uneasy, heavy, nervous feeling. You can use some anodyne to procure rest.

Large baby.

Editor MEDICAL WORLD:—Permit me to report the following case of "heavy weight."

Mrs. Harris E. Mason, age 35, No. 85 Literary St., this City, whom it has been my pleasure to attend since marriage, was on May 12th, delivered of a fine boy, weighing 18 lbs., being her seventh. Mrs. M. weighs but 100 lbs. at her best, is of Scotch parents, herself a native of Canada. Mr. M. is a native of this city, an ordinary sized man.

Child and mother at this date well.

C. M. CHALFANT, M.D.,

414 Pearl St., Cleveland, O.

The Attitude of Railroad Authorities Toward the Medical Profession.

Editor MEDICAL WORLD:—You ask for information in regard to the payment of physicians by railroad companies in case of accidents. I live on the line of the Boston and Maine Railroad, and have been called in cases of accidents. Sometimes I have been paid by the party injured; at other times by the road. The last case of accident I attended was in the night, and though the passenger was at fault, yet I sent my bill to the railroad authorities, at the suggestion of the station agent, and it was paid at once, without question.

Wakefield, Mass. D. S. COLES, M.D.,

The Morphine Disease.

Second Paper.

Editor MEDICAL WORLD:—In the earlier stages few and trifling lesions of the nervous system have been found. It is at all times difficult to tell what is due to the morphine and what to intercurrent or pre-existent disease. Hyperemia of the brain, lungs, liver, kidneys and bowels have been described; with apoplexies, ecchymoses, etc. Cerebral

anemia is usually present. The lymphatic glands have been found inflamed, or suppurating; the heart muscle pale and sclerosed (Lewinstein), or hypertrophied; twice it was fatty (Hirschfeld). The cells of the spinal cord present tissue faction, vacuolation and granular degeneration.

When the drug has been discontinued the tissues gradually resume their normal function; rapidly and fully if the habit be of short duration, slowly and imperfectly as it has continued longer. The nerves resume their functions almost violently, and when relieved of the long-continued benumbing influence of the drug, they become hyperesthetic, their abnormal sensitiveness causing acute distress. The same reaction is often noted in relation to other vital functions. As the symptoms of dementia supervene, with obliteration of the moral sense, the chances of complete recovery are lessened. Patients who have been treated by the Keeley people are especially difficult to handle, as they seem to be often devoid of shame, and to look on themselves as irresponsible freaks of the most interesting description. Prolonged restraint, for at least a year after the cure, is frequently required to render it permanent in such cases. But even if the case be far advanced, a permanent cure may be obtained, provided the patient's means permit him a period of rest, or light occupation, and a sufficient motive exists to keep him from falling back. The possessor of a wife and children is a more hopeful case than the bachelor, especially if the latter be supported by a mother, and not trained to support himself. It is astonishing that men of brains, of talent, or even genius, so frequently fall under the morphine thralldom. In the majority of cases, some true chord will be found to vibrate in harmony with duty. Depravity is rarely so complete, self-indulgent imbecility so deeply seated, but that motives may be found that will arouse the latent spark of manhood and induce the patient to make an effort to break his chains, if properly helped.

The efforts at cure and other incidents may delay the course of the disease; but apart from these its duration is variable. Some run quickly through the stages, while in others the progress is slow. Death is often due to intercurrent disease; the opium habitue being peculiarly liable to die of epidemics, cholera, typhoid, etc. Surgical operations result badly with them, and tuberculosis is especially frequent. Death is frequently due to an over-dose, taken from chagrin or with suicidal intent.

A frequent cause of relapse into the habit is the recurrence of that imperative sense of need, of which we have spoken. During the first year

after the cure, this may appear at any time, when the patient suffers from any cause of depression. The larger the amount consumed and the longer the habit has lasted, the more likely is the patient to relapse. Neuropathics and those who handle drugs are also most likely to relapse. The prognosis is always best when the cure has endured a year or more; worse when there have been relapses previously, and bad with old men, alcoholics and the tuberculous. There is scarcely a hope of cure if the patient continues to use alcohol, ether or naphthol as intoxicants, or cocaine. Even when a cure has been effected in cases far advanced, the patient is not necessarily free from danger.

Some remain well for months, and are then seized with palpitations, syncope, anguishes, sadness and nervous accidents; they fall into a cachexia that soon proves fatal if morphine be not given. The system is no longer able to do without the drug; which, however, must be controlled by the physician.

SYMPTOMS OF WITHDRAWAL.

When the morphine is suddenly cut off, then occur certain symptoms to which Lewinstein has given the name of abstinence phenomena. First of these is that described as the sense of need. It is rather due to the fear of suffering than the wish for euphoria. It is never wanting; showing itself more and more tenacious, imperious, irresistible, until the victim throws off all pretense and boldly affirms the impossibility of enduring life without morphine. If deprived of morphine, the malaise and agitation increase, the patient becomes irritable, quarrelsome, critical, injures his surroundings, breaks objects within his reach. By turns he rages and begs with tears for an injection. Later, his agitation becomes extreme; he cannot be kept quiet, but deafens his neighbors by his groans and cries. There may be even furious delirium, clonic convulsions or ataxic tremblings. Hallucinations of sight and hearing may occur. Following this comes a stage of depression; they remain gloomy, taciturn, plunged in despair, often of suicidal character. Reflex excitability is exalted; as shown by yawning, sneezing, little fits of coughing, spasm or trembling of the legs. The pupils are often unequal between the second and eighth days; the dilatation sometimes alternating, and the retina is photophobic. Besides these we have the pain phenomena—neuralgias, migraine oppressions, palpitations, pain on swallowing. Two important phenomena now present are the impulses to suicide and to theft or murder.

When the patient wants morphine there is no crime from which he will hesitate to procure it.

If the drug be abruptly stopped, the symptoms last three or four days; but if the method of very gradual reduction be pursued, they last so much the longer. If a dose, however small, of morphine be given, the abstinence symptoms disappear promptly; but recur in time corresponding to the size of the dose. Choleraic diarrhea, collapse, with great vital depression, somnolence, coldness, difficulty of speech, convulsions or tremors, may occur repeatedly, ending in death or recovery. If the latter the symptoms gradually subside, the mind resumes its sway, and the appetite returns. As the patient begins to put on fat, the sexual organs resume their vigor, often in an abnormal degree. Men may suffer from priapism and testicular neuralgia, relieved by emissions, and women may display erotomania. These soon subside; and in from two to six weeks the patient is free from all unpleasant sensations. At various periods, however, according to the conditions of life, the sense of need may recur. The critical time is the seventh month, when a melancholic period often occurs, and the danger of relapse is great.

If a year has elapsed without recurrence, the prognosis is good, but the drug must never be tasted again.

TREATMENT.

The treatment has for its objects the discontinuance of the habit and the prevention of its resumption. Lewinstein stops the drug abruptly, confines his patient to a padded room with a sufficient force of nurses to prevent self injury. This is only suited to those who have used the drug a short time and in small doses, when the strength is not seriously impaired. The suffering is extreme, delirium often supervening, with acute symptoms of withdrawal. But for this very reason the chances of permanent cure are better, as the suffering makes a lasting impression on the patient, who thus realizes the prowess of the deadly enemy from whose hands he has escaped. The greater the suffering, the less likely is the sufferer to again put himself in the clutches of this demon.

The second method may be termed the amateur's; that of imperceptible reduction. This is objectionable from many points. When the reduction has proceeded to a certain point the suffering begins and continues until it has been completed. If a half-grain be necessary to relieve, this dose cannot be reduced with the patient's consent; and no more suffering will follow the total discontinuance than if the dose be reduced; so that the slow reduction only prolongs the agony. In advanced cases, however, the reduction can only be made in this way; and if the strength be seriously impaired it is necessary to reduce the dose as much as

possible and then wait till the strength has been restored by suitable means before total withdrawal is effected.

In most cases, Erlenmeyer's method of rapid reduction is best. The dose is reduced one-half each day, so that it is totally withdrawn in from four to ten days. The suffering is not so severe as in Lewinstein's cases, and may be graduated to the patient's powers of endurance.

The substitution methods are only to be condemned. Alcohol, chloral, codeine, cocaine and canuabis are alike objectionable in themselves, and they leave the disease uncured. After using them a variable time the patient invariably returns to morphine. While any of these drugs will lessen the pain of abstinence, they give no real relief, as the pains recur with the same intensity when the effect of the dose wears off. They simply postpone the inevitable conflict, when the patient must assert his manhood, meet and conquer his enemy, or the cure will be transient and illusory.

Whatever plan be adopted, the essential part of the treatment consists in obtaining perfect control over the patient. Many men think they want to be cured, but they don't. Unless they show the sincerity of their desire for escape, by leaving their homes and devoting themselves exclusively to the work of a cure, it is not worth while to attempt it. They will reduce the dose till real suffering begins, and then they will find some excuse for discontinuing treatment, or else they will lie about it. Besides this, the patient should pay enough for treatment to make him feel that he ought to get the value of his money, and thus his cooperation is secured.

DIET.

During the reduction period the patient should be fed well, on easily digested and nutritious food. During the period of suffering but little will be taken and I rely then upon the raw white of egg in water, junket, hot soup, and especially bovine. Most of my cases live on bovine, a teaspoonful or more every hour. During this time, I am sure that it not only keeps up the strength, but shortens the suffering. I give all of it the patient can be induced to take, and if the stomach rebels, it is given by the rectum.

REGIME.

Until the crisis is past, the patient is encouraged to keep to his bed; only rising when the nervousness is relieved by walking about the room, or to take a bath. Not for a moment is he left alone; a competent nurse being in the room constantly, and the doctor within call. (Concluded in August WORLD).

W. F. WAUGH, M.D.,

103 State St., Chicago.

Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Life is Full of Queries.

Editor MEDICAL WORLD:—A woman, age 29 years, married eight years, two children and five miscarriages; one girl 6 years old and one 1 year old, both children healthy. Woman in comparatively good health, excepting double inguinal hernia. Uterus almost in normal position—just the slightest ante-flexed, but not enough to give any trouble—or it has proved so any way. Bowels regular and normal. I attended her with her last child. The labor was slow but natural. She got up very easily without any trouble. Here comes the peculiarity. She will go from one to six days and not pass a single drop of urine. She has not passed any urine at all excepting as it is drawn off. She will draw off two to four pints at the end of two or four days. She says she has no pain or trouble any more at the end of four days than she has at the end of twenty-four hours. She says she only feels full a little. I let urine stay in the bladder seven days once just to see the effects; none any way only she said she felt full. Not the slightest symptom of urine poisoning; urine was almost normal when taken off. She had some trouble when carrying the child, before she gave birth to her last child, and sent for a doctor, and he came and never examined her, she says, but thrust in placenta forceps and took a four and a half or five months fetus away. Her bladder has been this way ever since. She has given birth to one child since that at which I attended her. The hernia came on after she was cut up, as she states, on right side, and the left followed soon and the bladder has been growing worse all the time. I have exhausted all drugs used for bladder troubles and many others without any benefit, have used lithiates with no benefit; I have washed out the bladder, have used sounds and, in fact, every conceivable method I ever heard of and yet I have urine to draw off. Urethra normal. Nothing strange or abnormal only double hernia and bladder will not empty itself and she will not become intoxicated from continence of urine. She states that she feels better when hernia is out on the right side. She can keep hernia in but she says she does not feel so badly when it is out. She does not have any sweating to carry off urine or any

unusual discharge through the bowel. I can not account for her condition unless it be from the treatment of the doctor who took the child from her at four or five months and caused paralysis of the bladder and double hernia. I have had Dr. Brown of Ft. Worth, Tex., to see the lady with me.

DR. W. S. WALKER,
Granbury, Texas.

Editor MEDICAL WORLD:—Will some of the brotherhood suggest efficient treatment for an obstinate case of acne or gutta serena?

Patient is in the prime of life, a man of (so he claims) temperate habits, medium weight and figure, of rather nervous temperament. Family history gives no clue as to the etiology of the trouble, which has existed for several years now, and affects chiefly the nose, cheeks and forehead. I have tried in turn all remedies, old and modern, which are recommended for this ailment, viz: vegetable alteratives, iodides, mercurials, calcium sulphide and arsenic—all with little benefit only. I am now giving as a last trial ichthyol, as advocated by Unna and others, and feel almost tempted to try the friction power of a grindstone on my patient's blotched face at the risk even of making matters worse.

If any one of the brethren has a more reliable treatment to offer I would be very thankful for it, as my patient wants to get rid of his "copper" at any sacrifice.

Such blemishes seem to be painfully frequent in this section, and a few other sufferers wait only for the final result in the above mentioned case—to undergo treatment. The organ of smell in one of these cases—iridescent from the richest purple to a saturated plum color, is so hypertrophied that it has assumed the proportions of a fair-sized cucumber—thus rendering that otherwise so useful organ a genuine burden to its unfortunate owner. Is there a non-surgical cure at all for such deformity? Perhaps try the absorbing effect of galvanism? Brethren, let us hear from you through the medium of our excellent standard exchange, THE MEDICAL WORLD. A. C. Ziegler, M.D., Allegheny, Pa.

Editor MEDICAL WORLD:—The following may be of interest to the many readers of THE WORLD. I trust that some who read this article will take the trouble to reply in the next issue and give us their views on the cause of the trouble.

Girl, 8 years old, good family history, no syphilitic or tubercular trace. Weight of mother and father about 175 pounds each, weight of girl about 65 pounds; has one brother

and sister, both healthy and strong. Her mother states that the patient was very small when born, and has had poor health all her life. When she was 18 months old her mother first noticed a small red spot on the little toe of the *right* foot, which steadily grew larger and more angry looking, and in the course of 12 or 15 months the toe came off. Then the second toe passed through the same stages, and the third, fourth and fifth. I examined her first on May 14th, and found, by probing, all the bones of the foot necrosed and several large openings in the foot. No sensation below the ankle. The foot was offensive to both smell and sight. I advised immediate amputation. On Wednesday, two days later, an amputation was performed at the lower third of the leg. The tibia was found diseased—the marrow had a dirty brownish appearance and was of the consistency of creamy pus—resulting, as I thought, from medullitis. The periosteum on the posterior side was diseased and not attached to bone. It was thought best to remove the entire tibia. So I performed the Stephen Smith amputation at the knee joint. The operation was successful, good union secured.

To continue with this case. About three years ago the little toe of the *left* foot, passed through the same stages as that of the foot amputated, and came off. Now the second toe appears to be almost ready to come off. The remainder of the foot has a good, healthy appearance. There is, however, but little sensation in the foot below the ankle. I do not think any of the bones beyond the second toe are diseased. I have advised an amputation of a portion of the left foot, and will doubtless perform it in a short time. I call this a case of Raynaud's disease or symmetrical gangrene.

I would be very glad, indeed, to hear from others on this case.

G. A. McBRIDE, M.D.,

Fort Gibson, I. T.

[This seems to be a very interesting case of a slow form of symmetrical gangrene. We should like to have the case widely discussed.—Ed.]

Editor MEDICAL WORLD:—I am at sea in regard to a case now on my hands, that of an old lady, about 70 years of age. Three years ago a painful spot came on top of the left foot, about half an inch to an inch back of the metatarsophalangeal joint of the little toe. Burning pain. No other trouble apparent, under the care of physician in neighboring town, who, according to her account, used about everything on it. No help until she tried a patent application, when pain disappeared for about a year. A year ago she came under my care with re-

newal of the old trouble. Had tried the same patent application without relief this time. I have treated her more or less constantly for a year without cure. Have succeeded in making life somewhat more endurable but that is about all. Pain has now moved to the proximal end of the third toe. She is usually well every other way, but this pain is so severe that her friends think the wear upon her will be the cause of her not distant death. Will some one reach out a helping hand?

Tacoma, Wash. C. S. TEEL, M.D.,

Editor MEDICAL WORLD:—I would like to ask the opinion of THE WORLD'S many readers on the following case: I was called May 23d, to see Mrs. E., aged 21, married and mother of two children, the youngest of which is 16 months old, and nursing. I found her with the following symptoms:—very much debilitated, anemic, complaining of aching and nervousness, hepatic torpor, indigestion, bowels constipated, weak heart with rapid pulsations, a little pain over sternal region, with a sense of weight or depressed feeling with slight dyspnea. Examination failed to elicit any abnormal condition of the lungs.

Family history good, and patient had never been confined to bed entirely.

Diagnosis:—Anemia, with the heart trouble as functional and sympathetic.

Treatment:—I prescribed hydrarg. chlor. mita. and soda bicarb, aa gra. ii which moved the bowels nicely.

Quinia sulph, gra. 60. Ft. caps. No. 6. Sig:—One three times daily.

And for the heart trouble. I gave one tablet every three hours containing the following:

Nitro-glycerine.....	1-100 gr
Tr. dig.....	2 m
Tr. strophanthus.....	2 m
Tr. belladonna.....	¼ m

The husband reported at the office Saturday morning, May 26, and said she was some better, when I prescribed, iron, quinine, strychnine, and magnesia comp. (Merrell's) as a general tonic. Sig.—Teaspoonful three times a day.

At ten o'clock P. M. of same day I was called, the messenger saying she was worse.

I went and found her in a cyanotic condition, and extremities cold, and the surface of the body bathed in a clammy sweat, rapid and weak heart, with no radial pulse and marked dyspnea.

I at once gave a teaspoonful of arom. spts. ammonia, and hypodermic injection of atropia 1/10 gr. and sent for counsel about a mile distant, and in the meantime I had hot applications with friction used on surface and extremities.

But she never rallied and died in about twenty minutes after my arrival.

I attributed the sudden death to paralysis of heart.

Now, what I want to know is, was my diagnosis and treatment correct? I have been practicing only a year and any suggestions as to diagnosis and treatment will be thankfully received.

W. H. SMITH, M.D.,

Glezen, Ind.

Editor MEDICAL WORLD:—I am puzzled with a very difficult case and appeal to the WORLD readers for aid. A lady of 40 came to me about eight years ago suffering from a chronic pruritus vulvæ in the most aggravated form seemingly possible. She had suffered for three years and could not get help from over a dozen physicians to whom she applied.

After a fortnight's treatment she was pronounced cured, and so continued for over two years. About six months ago she came again, saying that over a score had given her treatment without relief, although all imaginable treatments had been resorted to without one particle of relief from the intollerable itchings, day and night, without a moments ease.

Having resorted to everything usually tried for such cases, I this time most signally fail to relieve the poor creature in the least bit, and come to the WORLD for advice. There appears to be no uterine trouble and otherwise the lady is in good health, except that she is a little subject to neuralgic troubles at times, and slightly rheumatic and an occasional tonsillitis.

The readers of THE WORLD all enjoy a hard one occasionally; now I give it to them. What would you do, dear Doctors, if you had this one?

A. C. MATCHETTE, M.D.,

Bourbon, Ind.

Editor MEDICAL WORLD:—Will some of the readers give me aid in the following case: Mrs. A., age 23, delicate, has been married about nine months; menstruates regularly. She suffers with periodical nervous attacks, generally about the time of menstruation. When these attacks come on she feels like fainting and says if she did not lie down she would fall. When she tries to say anything about this time she says something altogether different from what she wants to say. When these attacks come on nothing will relieve her but morphine. They last for an hour or more then she has an intolerable headache for several days. I have given her tonics and have about exhausted all the sedatives at my command. She did not suffer in this way until after marriage.

She also suffers with a very sore tongue, for which I have used chlorate of potash, nitrate of silver, listerine, without giving any relief. Help from any of your readers will be very kindly appreciated.

GEO. C. BROOKS, M. D.,

Sunbury, N. C.

Editor MEDICAL WORLD:—Will some good brother reader of THE WORLD help me out on my case?

Boy, ten years old, has convulsions, and has had them since eighteen months old; has been to various places for treatment—to St. Louis and to fifty different doctors, or more. He came under my observation about two months ago. He is a stout, hearty looking boy; family history good. I find, on examination, nothing wrong with spine; head in good condition; no history of blows or anything of the kind; has two or three small papillæ in the rectum; has been circumcised.

When he has convulsions the muscles of the left side and limbs contract, while those on the right side do not. The convulsions don't last more than ten minutes; he sometimes vomits, and that relieves him. He only vomits mucus. He has a wonderful appetite; eats more than a man. He has no tenderness over the stomach or bowels, no headache, or any pains at all, and in ten minutes after having a convulsion he gets up and runs around, as well as he ever was.

I gave him treatment for worms, and he passed over one hundred of *ascaris lumbricoides*, but he still has the convulsions. Sometimes he will go three weeks without having any, and then he will have five or six every day. Will some good brother reader of THE WORLD tell me the cause, and also the treatment?

I like THE MEDICAL WORLD, and would not do without it. It is a present help in time of trouble.

Dr. S. B. MORRIS,

Washington, Kan.

Editor MEDICAL WORLD:—Will you please publish formula of Dewee's Carminative and oblige. I think it is composed of asafoetida and carb. magnesia.

JOHN G. HOLLAND,

Holland, Va.

[As found in the standard text books on materia medica, it is as follows:—Carbonate of magnesia, 5 parts; Tincture of asafoetida, 7; Tincture of opium, 1; Sugar, 10; Distilled water, enough to make 100 parts. Dose one-half to four teaspoonsful.—Ed.]

Editor MEDICAL WORLD:—I shall be very grateful to any of your numerous readers for

suggestions as to treatment of the following case:—A hale, hearty, robust lady, single, 25 years of age, is afflicted, and has been for two years and more, with spasmodic contraction of the middle toe of the left foot, accompanied by severe pain. So frequent are the attacks and so annoying, that much of the time, while indoors she sits with her shoe off.

Various means have been used to relieve and cure the affliction, but without avail.

A few antispasmodics have been given internally. Locally, sprays of chloroform and ether have been used. The toe has been encircled with a fillet. A splint has been applied to the flexor surface—but all to no effect.

Any suggestions will be thankfully received.

J. D. NICODEMUS, M.D.,

Walkersville, Md.

Editor MEDICAL WORLD:—Will you kindly ask your readers if there is any idiosyncrasy for the coal tar derivatives? I was called May 2d, to see C. H., age thirteen, who was taken eight hours previously with a severe attack of gastro-duodenitis. I found him vomiting every few minutes; stomach swollen and very tender; temperature 103.2°. I immediately gave him four grains of acetanilid in four drams of sweet milk. In less than half an hour he was cramping severely, hands so badly drawn they could hardly be opened. I gave one-sixth grain of morphine hypodermically and chloroform by inhalation till cramps were relieved.

Gave F. E. aconite through out the case and had no more such results. Was it the acetanilid that cramped him?

He said he had never taken a dose that did not cramp him more or less, but never so badly as this time.

DR. W. H. SMITH,

Alba, Texas.

Editor MEDICAL WORLD:—C. G., male, age 50, good family and personal history, was attacked four years ago with acute rheumatism of left ankle lasting one week; recovered; had a second attack eight or ten months after the first, lasting three or four days; recovered with the exception of a weak, tired feeling in the left leg. His expression is, "it (the left leg) has a dead, tired, tingling pin-sticking sensation, like creeping paralysis."

This state of affairs has been going on ever since, gradually growing worse, until, at present, both legs, hips thighs and body up to the waist are affected. He has but little use of left leg, which is partly wasted away; no trouble above waist. General health, except as above stated, good. Any light as to cause and treatment,

either by private letter or through THE WORLD, will be gratefully received.

J. F. McMath, M.D.,
Andersonville, Ga.

Editor MEDICAL WORLD:—I would like very much to get a few suggestions from members of THE WORLD family on the treatment of a certain diseased condition, which is not given sufficient notice in many of our text-books on Practice of Medicine. The disease to which I refer is chronic nasal catarrh.

The treatment of acute nasal catarrh is a simple thing, and I have never failed to effect a cure in a short time; but with chronic catarrh it is different. In some cases we know that the catarrh is only a symptom of some constitutional disease, such as scrofula, syphilis, etc. In such cases the only rational treatment is to treat the constitutional disease. But I believe there is a large class of patients in whom no such constitutional trouble exists. It is for the benefit of this latter class that I ask assistance. I hope to get many valuable suggestions from members of THE WORLD family, and especially from Dr. Waugh.

THE WORLD is an invaluable aid to the busy practitioner.
G. W. JOBE, M.D.,
Eros, Ark.

Editor MEDICAL WORLD:—Will some of your readers be kind enough to give me information on the following cases? I am young both in years and experience, and so I appeal to older heads.

Case 1. Mrs. M., 35 years old, mother of six children, has attacks of icterus from time to time, which generally last from a week to ten days regardless of treatment, though her symptoms are somewhat ameliorated by calomel, which she takes of her own accord. With these attacks she has colicky pains over the liver and often complains of a lump just over the location of the gall bladder. I am inclined to attribute her symptoms to gall stones, which from time to time obstruct the gall duct. Now, if such be the case, will chloroform in 3i does every 4 hours dissolve the stone? Or if not, what will?

Case 2. The above lady has a son about 12 years old, who has no real sickness, but is always puny, his skin presents an icteritious appearance, appearing almost the color of a mulatto. He has been in that condition for several years. Has had intermittent fever and I have given him quinine, iron, arsenic and strychnine with the hope of breaking the fever and building up his system, as he was anemic.

His fever is broken and general health much improved, but his skin remains yellow. Can

some older head give me the cause of his yellow skin and the best treatment for him?

Case 3. Mrs. S., age 50, had menopause five years ago, suffers at times with piles but complains of hot flushes which only remain on her for about five minutes and leave her in a perspiration. The least exposure or dietetic error is sure to bring on an attack. She has been given quinine, supposing it to be malarial, but the trouble continues. Give treatment.

Case 4. Miss H., single, but the mother of several children, has a sore on her hand which is caused from milking cows and is rebellious to all treatment so long as milking is continued, but gets well as soon as she stops, to reappear as soon as milking is resumed.

She has had it at intervals for the past three years. What is it and what shall I do for it? I have prohibited milking, but she cannot well obey.

W. WALTER TISON, M.D.,
Sneads, Fla.

Editor MEDICAL WORLD:—In reply to my request as to the best method of testing alcohol, a gentleman from one of the Southern States sent me direct by letter a method through the process of burning the alcohol. I lost his letter. Will this gentleman or someone else send the test through THE WORLD or by letter or some other method.
G. M. MORTON, M.D.,
Toronto, South Dakota.

Editor MEDICAL WORLD:—Will some one of THE WORLD family please tell me what will remove soot from an old scar? The wound has been healed several months, but the disfigurement caused by the use of the soot still remains.

W. B. PULLEN,
Chireno, Texas.

Editor MEDICAL WORLD:—Wish to have suggestions upon following questions:

1. What will remove the stain of brass upon the skin?
2. What is the best treatment for corns?
3. What is best way to get rid of warts—these little seed warts that sprout up on hand and especially upon to the palmar surface?
4. Best method of removing a wen upon the head just above the ear, of several years growth, about size of hen egg?

Stroud's, Ga. J. G. COLWELL, M.D.,

Editor MEDICAL WORLD:—I received the book, "The Physician as a Business Man," all O. K. I find it invaluable to a young physician starting out in life. What we need is a "business physician," and your little volume points the way clearly. It only remains for us to "Apply as directed"

Mora, Minn. Dr. J. ARTHUR LEWIS.

Current Medical Thought.

Potassium Permanganate in Morphia Poisoning.

[We quote the following interesting correspondence from the *Univ. Med. Mag.* The claims of Dr. Moor seem to have been established beyond any doubt.—Ed.]

Extract from *Scientific American* of February 3, 1894. "Doctor Wm. Moor, New York City, experimented upon himself, before twelve other physicians, by swallowing three grains of morphine, followed immediately by the drinking of four grains of potassium permanganate dissolved in four ounces of water. The physicians had Dr. Moor under close surveillance for five hours after the experiment, but no ill results were made manifest. Dr. Moor's discovery is, that the permanganate will select a soluble salt of morphine from the albumen, peptone, and other contents of the stomach, with astonishing rapidity." A short time after reading the above, I saw in the *Press* a paragraph headed Pittsburg, which stated, "that a man had been taken to a Hospital in a moribund state, having drunk—some two or three hours previously—three ounces of laudanum. The physicians finally, as a last resort, employed the hypodermic use of potassium permanganate, resulting in the saving of the man's life." Having naturally inferred, from the account in the *Scientific American*, that the antidotal property of the permanganate was a chemical not a physiological one, I was rather incredulous regarding the newspaper account, and, therefore, wrote the superintendent of the hospital in Pittsburg, receiving in reply the following, which is the gist of two letters received from Dr. E. R. Grigg, the house physician.

"MARCH 20, 1894.

"DEAR DOCTOR: The clipping you sent is perfectly correct. The patient's respirations were four per minute, pulse not extremely weak, face cyanosed, and every reflex absent; pupils, of course, extremely small and inactive. In short, the man was dead. In four hours he was perfectly conscious, complaining only of sleepiness. The permanganate was injected hypodermically, and worked beautifully; the principal and primary effect seemed to be an increase in depth and number of respirations. His pupils were contracted and inactive for nearly twenty-four hours after he regained consciousness. From above history and description you will see that the permanganate is a physiological antidote. The permanganate solution used was very hurriedly made, so that the exact strength of the solution is not known, but I estimated it to be about one-half of a sat-

urated solution. Each injection was two drachms of this solution. The second injection was given about forty minutes after the first. The third and fourth were given one-half hour apart, and the third one-half hour after the second. The last three were at fifteen minute intervals; seven injections in all."

I sincerely hope the foregoing is not all we are to hear of the action of the new antidote.
Altoona, Pa. ROBERT P. FINLEY.

The Radical Cure of Hydrocele.

By M. F. Gavin, M.D. (*Boston Medical and Surgical Journal*, March 1, 1894.)

This author considers that no simple, uncomplicated case of hydrocele ought to be treated other than by injection. The use of tincture of iodine, the simple as well as the compound, is too often followed by failure to urge its use, which is often attended by a scene,—patients often fainting and suffering from griping pains, retraction of the testicle, nausea, and even vomiting; unpleasant things to have happen in one's office. For about six years he has treated all suitable cases of hydrocele by injecting half an ounce of a solution composed of equal parts of carbolic acid, alcohol, and glycerin; a small bulb syringe answers very well. A little care is necessary in the use of the solution. Protect the skin surrounding the canula with a little gauze or absorbent cotton, so as to avoid the burning sensation so easily produced on the tender skin covering the scrotum; allow the fluid to remain. The injection is practically painless, and no unpleasant effects follow its use. Patients are allowed to attend to their ordinary business, and in from two to four weeks the acute hydrocele disappears.—*Univ. Med. Mag.*

Emergency Splints.

The railway surgeon can make good use of his worn-out trousers during these hard times if he will go to the pains to have them washed and sterilized, and then use the following preparation, which should be painted with a brush over the one side (of course always put the best side out): Alcohol, 1½ pints; gum shellac, 1 pound; borax, 1 drachm.

Place the vessel containing this in a kettle of hot water and let it remain until thoroughly dissolved, then apply with a paint brush to the one side of any woolen goods. Place in apposition the two wet or painted sides and dry the solution into the goods by a hot fire. Additional layers of goods can be used if desired, but for the ordinary case two plies of woolen goods or of half woolen and cotton is sufficient. The drying process can be assisted very

greatly by laying the goods on a table after having placed the two painted sides together, leaving the outside dry and running over that with a hot iron. After you have done this print the one side with the above preparation and get any ordinary light "fleece goods," which can be procured at almost any dry goods store, paint the plain side of the fleece goods and glue that on to the painted side of the woolen goods already prepared. This can be soon completed by running a hot iron over, the same as before. Now you have a woolen board, so to speak, of two ply of woolen or cotton and woolen goods and a ply of fleece goods, which is ready to hang up in your office for use.

When you have a fracture of any kind needing a splint all you have to do is to take the size of the limb and the shape of the parts to be covered with the splint, and by running a hot iron over this splint it is immediately softened and can be cut and applied to any part of the body very accurately and with the fleece side in. It makes a very comfortable, durable and practical splint, which only needs to be held in place by a roller bandage and in a few minutes dries and holds the parts in complete apposition, without weight or becoming irritated to the parts and, above all, is cheap, easily made, readily applied and can always be had at hand ready for any case of emergency.—*Railway Age*.

Antitoxic Function of the Liver.

Those acquainted with the views propounded by Professor Bouchard will be conversant with his ideas concerning the poison-destroying properties of the liver; he and his followers attach great importance to the power of the liver-cells to nullify the effects of the toxins manufactured in the intestines. The correctness of this is apparently corroborated by Schiff, Heger, Roger, and others, who found that alkaloids injected into the branches of the portal vein were much less toxic than when introduced into the general venous circulation. M. Pavlow, by means of a ligature placed on the portal vein, found the blood was compelled to deviate from the liver and pass directly into the general circulation, when poisonous symptoms appeared—fever and nephritis with albuminuria. That this nephritis is not due to hypertension of the blood in the renal vessels was evidenced by the fact that no such kidney trouble is caused by ligature of the inferior vena cava, although this manoeuvre is productive of a greater tension in the renal vessels than the operation in question. A wound artificially produced in an animal whose portal vein has been tied heals very slowly, whereas a similar wound in an animal where the inferior vena cava has been

ligated cicatrizes without difficulty. The conclusion is that, if the blood is prevented from passing through the liver, toxæmia occurs, due to the fact that the liver no longer plays a protective role against toxins, which are being continually fabricated in the intestinal canal.—*The Lancet* (London).

Bloodvessel-Pain.

Many pains that are otherwise unexplainable must be attributed to changes in the walls of bloodvessels. While sensible nerve fibres have not been demonstrated in the tissues of bloodvessels, Thoma has found Pacini's corpuscles in the adventitia of the larger vessels. In cases where after a continued headache apoplexy takes place and in which upon autopsy a thrombus is found in a dilated artery the pain cannot be explained by the local anemia caused by the obstruction, as the brain-substance is insensible; nor can the pain be explained by a pressure upon the membranes, in consequence of a disturbed circulation, since the circle of Willis furnishes an abundant collateral circulation and outlet for any locally increased blood supply. The pain must therefore be looked for in the bloodvessels. These pains according to Nothnagel, serve to differentiate between hemorrhage and thrombotic softening. Severe headaches without any signs of intense arterial congestion being a sign of thrombotic softening in consequence of a diseased artery. Severe pain also takes place in embolism where the embolus becomes organized and grows together with the wall of the bloodvessel. Vague pains in the back and belly, which are often diagnosed as rheumatism or neuralgia may be due to arteriosclerosis of the aorta or iliac arteries. The fixed pain of aneurisms long before these can be diagnosed by physical signs are not due to pressure upon surrounding nerves but must be attributed to the bloodvessel itself and therefore serves as a sign for the diagnosis of aneurism. Great stress is to be laid upon fixed pain by the side of the sternum in the early diagnosis of aneurism of the thoracic aorta.—*Med. Review*.

Hiccough and Hereditary Syphilia.

According to Carine (*Internation, Klin-Rundschau, Union Medicale*) hiccough in the newborn is to be regarded as a symptom of hereditary syphilia. It is of rather common occurrence, and is one of the earliest signs of the disease, coming on during the first few hours or days after birth, sometimes before the coryza. It lasts two or three weeks. The author's views are supported by numerous cases and by the effect of anti-syphilitic treatment on the hiccough.—*Clinique*.

Treatment of Rheumatism.

At night, before retiring, I order a hot mustard foot bath and the following prescription :

R. Pulv. Dov.....gr. xv.
Hyd. chlor. mitgr. x.
M. et. ft. capsul. No. ij.
S. Take both before retiring.

I always direct these capsules to be taken with a solution of bicarbonate of soda \mathfrak{zj} , to water $\mathfrak{z}\mathfrak{v}$.

Go at once to bed and stay there. In the morning, if there is no action on the bowels, give a bottle of solution of citrate magnesia freshly prepared. I then order the following :

R. Potass. iodid.....oz. ss.
Vin. colch. rad.....} aa
Fl. ext. sarss.....} aa
Tinct. cinchon comp.....} oz. ij.

Mix.
S. Desertspsoonful in half a glass of water one hour after each meal.

Sometimes this dose must be varied on account of idiosyncrasy—this the physician must decide in each case.

This treatment usually gives relief and is founded upon a true and solid pathology.—Dr. Thomas O. Summers, of Waukesha, Wis., in *Jour. Amer. Med. Assn*

The Vertigo of Drugs.

Some drugs in common use have the property of producing vertigo when employed in usual or long-continued doses. Belladonna, salicylate of soda, nitrate of silver and cocculus indicus are all capable of inducing revolving sensation of vertigo like Meniere's disease, with a peculiar reeling gait, and sometimes a falling to the left or right side, or twirling around in a circle.

Conium, lobelia, physostigma, gelsemium and camphor, in similar doses, will cause vertigo, but without these strange vagaries of motion. Tobacco, tea, coffee and absinthe, used to excess, frequently induce it, through their influence on the nervous system. And it follows such trivial causes as prolonged sneezing or lusty "blowing" of the nose, or may be due to gastric disturbance or disordered vision.

But drug-vertigo is significant, and should be carefully watched, as some persons are more susceptible to the action of these remedies than others, and it may be a premonitory symptom of possible poisoning.

LOUIS LEWIS, M. D., in *Times and Register*.

Treatment of Alcoholism.

McConnel (*Quarterly Jour. of Inebriety*) reports 25 cases treated by nitrate of strychnia, given subcutaneously in doses of a thirtieth to a sixth of a grain, twice daily for ten days, then once daily for ten days, the highest dose being

reached about the third or fourth day, and continued to the close of the treatment. The border-line of toleration was reached in most cases with a dose of two-fifteenths of a grain. Internally, cinchona, peroxide of hydrogen, and capsicum were frequently prescribed in combination. When bromide of sodium failed to procure sleep, paraldehyde always succeeded. In the latter cases, strychnine in doses of one-twentieth of a grain, with elixir of phosphates and calisaya, was ordered to be taken once or twice daily for four or five weeks after ceasing the injections.

From the results obtained in these 25 cases, we can learn that, simultaneously with the use of strychnine, the crave for alcohol in inebriates diminishes, and in a few days is completely gone, and through the withdrawal of the poisonous beverages and the tonic effects of the strychnine there is a more or less rapid restoration to sound physical health, and of the mental powers; but as most of those treated have relapsed within from one to eleven months, the inhibiting power of the remedy is not permanent.

While we have in strychnine a true antagonist to the action of alcohol, and one that will counteract its effects, the inebriate still requires aid which can scarcely be expected of drugs; he needs the mental and will power to overcome his acquired or inherited tendency to resort to narcotics. This must come from treatment which seeks first to restore all the abnormal conditions of the patient, whether due to alcohol or otherwise; then strict abstinence must be maintained, the patient being aided by moral suasion, the diversion of continual employment, and the education of the mental and moral faculties to a high status, even the influence of hypnotic suggestion may be applied in suitable cases, as has been done recently with a fair measure of success. And where these means fail, institutions where voluntary or forced detention can be secured, and where all the present known means can be most successfully applied, must be the only hope of restoring the unfortunate subjects of narcomania.—*Phila. Polyclinic*.

The Cold Bath in Asthenic Diseases.

Baruch (*Therap. Gaz.*) urges the value of this measure, and thus describes its effect. A patient suffering from an infectious disease, lies prostrate, with thready pulse, shallow breathing, dull eye, picking at the bed clothes, subsultus, involuntary defecation. All these remind us that we have the very climax of asthenia. Seat such a patient in a shallow warm bath, and pour with some force one or two basins at

75° F. or less, over his head and shoulders; rub him gently; repeat if indicated.

The result will astonish those who have not tried it. There is a gasp for breath, the dull eye resumes its luster, the facial cyanosis yields to a better hue, the pulse becomes slower and less compressible. The wheels of life are again set in motion, not as in the case of syncope, to remain so; but to again be over-balanced by the toxic blood which supplies the nerve centres. Again and again this affusion must be repeated. Fear not the so called shock, for this is just what you want to evoke; it is, when judiciously administered, followed by reaction, and reaction is the great stimulus, greater than all medicinal agents or alcoholic stimulants.—Simon Baruch, M.D., in *Therapeutic Gazette*.

Chest Pains.

These may be due to—

1. Intercostal neuralgia; tenderness at points only.

For neuralgia strap the chest and give arsenic, with an occasional mercurial purge. Quinine acts best after mercury.

2. Rheumatism of the fascia, the whole region being tender. Chest rheumatism is connected with beer drinking. The salicylates are useless; alkalies of doubtful utility. The best remedy is water, drank in enormous quantities.

3. Neuritis; circumscribed linear tenderness.

4. Acute pleurisy; chill, fever, friction sound.

5. Dry pleurisy; very common, relieved so surely by adhesive straps that this belief confirms the diagnosis.

6. Neuroma.

7. Aneurism; may not cause pain, even if large.

8. Cancer.

9. Ataxia.

10. Spinal disease.

11. Bronchitic pain; calls for strapping and opium.

12. Myalgia; relieved by straps.

13. Mitral disease; rarely painful.

14. Aortic disease; generally painful.

15. Dyspepsia; diffusible, radiating pains.

16. Diabetes mellitus, in later stages; pain at the centre of sternum. A bad omen.

17. Zoster; pain may precede eruption for days.

18. Angina pectoris.

19. A pseudo angina, occurring in women; not relieved by nitrites, but instantly by chloroform.

20. Phthisis.

21. Syphilis.

22. Gout. *H. M. Brown, in Cin. Med. Jour.*

Calculus and Syphilis.

Syphilis is very prevalent in China, and many cases in all stages of the disease are treated in the Medical Missionary Society's Hospital, but it is very rare to meet with calculus in a syphilitic patient. So few have been the cases that the question has arisen whether or not the two diseases were antagonistic. Calculus is not uncommon in men who have had gonorrhœa, since it is often lodged in the urethra behind stricture, and the contraction of the canal is sometimes an obstacle to litholapaxy.

It may be an interesting question in pathology to investigate the influence of the syphilitic poison on the formation of the accretion of uric acid and its compounds; and this study may lead to far-reaching results on the subject of prophylaxis, which is now receiving so much attention.—*Phila. Polyclinic*.

Ipecac as a Hemostatic.

From India comes a report that ipecac in dose of twenty grains, taken as a bolus before food, and if practicable early in the morning, is superior to all other hæmostatics. It is especially available in hemorrhage from bleeding surfaces, epistaxis, hæmoptysis, and the various uterine fluxes. If the recumbent position is enforced, it is claimed no remedy is necessary to avert emesis.—*Med. Age*.

Elimination and Antiseptic Treatment of Typhoid Fever.

Dr. W. B. Thistle, in *The Medical Record*, gives his method of treating this disease as that of free purgation with any good purgative—compound cathartic pills, calomel, salines, castor, etc. The symptoms begin to abate as soon as free purgation is established—four to six daily movements. Salol is also given, and large draughts of water. His success is remarkable, as he reports forty cases treated without accident or death, and gives as the average time for the return to normal temperature as about eleven days. We quote the following from his article as an excellent description of the process of typhoid intoxication:

It is now well established that typhoid fever is the condition which follows infection of the organism by a specific form of bacillus. What concerns us more particularly is the manner in which the bacillus brings about the changes which we attribute to it, for it is only from a knowledge of that kind that we can work out a successful treatment. The bacillus entering the body would, under ordinary circumstances, be carried quickly through the stomach and upper bowel until its onward course becomes somewhat retarded by the ileo-cæcal valve. In

this situation the intestinal contents are perhaps most alkaline. This region, is therefore most favorable to bacterial growth. Multiplication occurs with extreme rapidity, so that the intestinal contents in a few days teem with countless numbers of fungi. They are, however, by no means confined to the intestine, but are conveyed by the absorbents into the follicles in the intestinal wall, and through the radicals of the portal veins to the liver, and so on through the system generally. They may be found in the solid viscera, tissues, and fluids throughout the entire body. That the main culture is, however, in the intestine is borne out by the fact that immense numbers are in the evacuations, and that infection is universally attributed to unsterilized fecal matter. Keeping pace exactly with this process in the bacillus, is the production and accumulation of a chemical substance—a byproduct, which is a necessary element in the vital activity of the bacillus. By separating this substance from cultures, and experimenting with it, many of its properties have been determined by Brieger, Novy, Sims-Woodhead, and others. It was found to produce local as well as what may be called constitutional effects. Sims-Woodhead likens it, acting locally, to a "caustic." Its first and mildest effect is to stimulate the cells of the part, causing them to become swollen, and to increase in their rate of multiplication. If, however, the toxine is allowed to remain long in contact with the cells, or if it is in sufficiently concentrated form, instead of irritation and increased activity the cells lose their vitality and necrosis takes place. As examples of its constitutional effect we may instance fever, delirium, tremor, lethargy, or its mydriatic action on the pupil. If a large dose be given to an animal, it speedily dies narcotized; if a somewhat smaller dose be given, and repeated for a time, the animal gradually merges into coma, and shortly dies. The toxine, is, in fact, the weapon of the bacillus, without which it would be a harmless particle of vegetable protoplasm.

The symptoms generally are determined by the amount of poison in the body, and, in the case of different individuals, by a varying degree of susceptibility, or a varying degree of virulence in the poison itself. The local disturbance is determined by the quantity of the poison in contact with the tissues, to its degree of concentration, and to the length of time it remains in contact. It is by noting these facts regarding the toxine that one gets the key to the situation. Look, for example, at the case of the intestinal follicles; why is it that the tissues here suffer to such an extreme degree? Surely not from any selective action of the bac-

teria, but rather from the fact that the follicles are in close proximity to the main culture, and are surrounded by lymph sinuses into which empty the lacteal ducts of the surrounding villi. Each follicle is, in fact, the reservoir, to which is conveyed both poison and bacteria absorbed from the intestine. The bacteria and poison carried to other parts of the body produce in a minor degree the same results. Molecular death is much increased wherever this poison is present, but as a rule ulceration takes place only in the intestinal nodes. The reason seems clear; the bacilli invading the follicle are at first precisely in the same position as a similar colony in like tissue in any other part of the body, and after having given rise to a certain degree of disturbance, would, as in other situations, be overcome by the tissues, seldom giving rise to necrosis *en masse*. But the anatomical conditions being different, the lymph tissue in the intestinal follicles wages unequal war, since reinforcement both in the way of fresh bacilli and of poison absorbed from the intestine is constantly arriving, carried by the lacteals of the surrounding villi, until, eventually, the poison becomes so concentrated that all resistance is overcome, and the follicle undergoes necrosis. The slow percolation of fluid through the follicles aids in their destruction, as it favors concentration and prolongs the period of contact.

As a corollary to this it appears that ulceration of Peyer's patches is by no means an essential or necessary result of typhoid infection. For, if the base of supplies should be cut off, the bacteria already in the follicles might reasonably be expected to produce the same results, and disappear in the same manner as a like number of bacilli located in similar tissue in any other part of the body.

There are many ways to serve one's country other than fighting in the field. For example, Dr. D. H. Oliver, of Indianapolis, Ind., did not make a bill against a soldier or his family during the war, and those owing him anything who wished to enlist, were invited to call at his office and get a receipt for the same without pay.

Important Point In Cataract Operations.

Dr. L. Webster Fox, the eminent ophthalmic surgeon, 1304 Walnut street, Philadelphia, read before the recent meeting of the Pennsylvania State Medical Society, a paper advocating capsulotomy at the close of an operation for the removal of cataract. We quote the following from this interesting paper:

"The opaque lens cataract with its capsule, obstructs the vision, causing blindness. . . .

The most disheartening factor in a cataract operation is that, sooner or later, the posterior capsule itself thickens, and again dimness of vision follows; the lessening of the sight is not so great as it was before the removal of the lens, but still the patient is debarred the comfort of reading, writing, or attending to business matters in which it is necessary to have perfect vision. It is to prevent the latter change that I advocate the splitting or parting of the posterior capsule at the time of the primary operation."

The Doctor then describes minutely the technique of this delicate operation, which is of more special interest to the operating specialist. What is of special interest to the general practitioner is to know the importance of this detail in the operation itself.

Gonorrhœa.

A new specific for gonorrhœa is a 1 per cent. solution of creasote in decoction of Hamamelis combined with boric acid. It is claimed that this will destroy the gonococci in two hours.—*Pacific Medical Journal*.

Abortive Treatment of Gonorrhœa by Permanganate of Potash.

Large injections of permanganate of potash methodically used is the best method of treatment yet introduced. Its advantages are, being absolutely painless in cases of anterior urethritis and scarcely painful in cases of inflammation of the whole tract; it can be commenced or left off without inconvenience; it has no detrimental action on the mucus membrane, but suppresses every trace of discharge from the first lavage, and is successful in 11 times out of 14—about.

The size of the injection, and its frequency and strength, must be adapted to individual cases. With reference to their reaction, generally strengths of 1 to 4000 or 1 to 2000, or even 1 to 1000 are tolerated.—*Revue de Therap. Med. Chir., Times and Reg.*

Venereal Warts.

Apply at the base of each tumor a 10 per cent. solution of cocaine, then, with a sharp curette, scrape off the vegetations. Check the slight bleeding by pressure with a pad of gauze or lint, then dust freely with boracic acid. Jno. M. Foster, M.D., in *Int. Jour Surg.*

Treatment of Tuberculous Bones and Joints.

We quote the following from Dr. Eagleson's (Seattle, Wash.) report on Surgery, Washington State Medical Society, reported in the *Med. Sentinel*.

Dr. N. Senn, in his work on "Tuberculosis of Bones and Joints," published a few months ago, says emphatically that "the successful treatment in some cases of bone and joint tuberculosis, by parenchymatous and intra-articular injections, is one of the most important achievements in modern surgery." The splendid results obtained by this method, in his hands, in the treatment of this very common and obstinate disease, should induce every surgeon to give it thoughtful consideration. His method is to carefully aspirate the tubercular joint or abscess cavity, and then thoroughly irrigate it with a 3 per cent. solution of boracic acid, until the solution returns perfectly clear. He then injects through the canula into the cavity from one half an ounce to two ounces of 10 per cent. emulsion of iodoform in glycerine. He takes great care to have the trocar and syringe thoroughly sterilized before using them. He usually finds beneficial symptoms after the second injection, which should be made in from one to two weeks. The symptoms are a decline in the temperature, lessening of pain and the amount of pus in the cavity.

Dr. Senn claims that he has never seen a case of iodoform poisoning result from the injections when glycerine was used for the emulsion.

I have recently had a case of very marked intoxication after the injection of an emulsion containing 37½ grains into a large psoas abscess cavity. I reported this case to Doctor Senn and he replied that "such an accident was very rare." He objects to the use of the ethereal solution for injections on account of the pain attending its use, and the much greater liability to constitutional poisoning, and also the danger of sloughing from the great pressure caused from the rapid vaporization of the ether at the body temperature.

Next to iodoform he considers balsam of peru of the greatest benefit in injections.

The Infinity of Scientific Research.

In his address on "The Leaven of Science," at the opening of the Wistar Institute of Anatomy and Biology, Philadelphia, Prof. Wm. Osler, of Baltimore, gave utterance to the following passage:

"Turning from the men to the subject in which they worked, from the past to the present, let us take a hasty glance at some of the developments of human anatomy and biology. Truth has been well called the daughter of Time, and even in anatomy, which is a science in a state of fact, the point of view changes with successive generations. The following story, told by Sir Robert Christian, of Barclay, one of the leading anatomists of the early part

of this century, illustrates the old attitude of mind still met with among "bread and butter" teachers of the subject. Barclay spoke to his class as follows: "Gentlemen, while carrying on your work in the dissecting room, beware of making anatomical discoveries; and above all beware of rushing with them into print. Our precursors have left us little to discover. You may, perhaps, fall in with a supernumerary muscle or tendon, a slight deviation or extra branchlet of an artery, or, perhaps, a minute stray twig of a nerve—that will be all. But beware! Publish the fact, and ten chances to one you will have it shown that you have been forestalled long ago. Anatomy may be likened to a harvest field. First come the reapers, who, entering upon untrodden ground, cut down great store of corn from all sides of them. These are the early anatomists of modern Europe, such as Vesalius, Fallopius, Malpighi and Harvey. Then come the gleaners, who gather up ears enough from the bare ridges to make a few loaves of bread. Such were the anatomists of last century—Valsalva, Cotunnus, Haller, Winslow, Vicq d'Azyr, Camper, Hunter, and the two Monros. Last of all come the geese, who still contrive to pick up a few grains scattered here and there among the stubble, and waddle home in the evening, poor things, cackling with joy because of their success. Gentlemen, we are the geese." Yes, geese they were, gleaning amid the stubble of a restricted field, when the broad acres of biology were open before them. Those were the days when anatomy meant a knowledge of the human frame alone; and yet the way had been opened to the larger view by the work of John Hunter, whose comprehensive mind grasped as proper subjects of study for the anatomist all the manifestations of life in order and disorder.

The Conservative Value of Inflammation.—Philosophy of Peritonitis.

Treves, in the Lettsoman lectures on peritonitis, reported in the *British Medical Journal*, and abstracted in the *Univ. Med. Mag.*, gives expression to the following views:

The inflammatory process is an absolute necessity in the majority of surgical cases, because under its action the cells of the body rise in their millions against the invasion of microorganisms. It is by the inflammatory process that the poison is destroyed, and the growth of the organisms arrested. In cases of tuberculosis of the lungs it is generally assumed that a destructive inflammation is the chief cause of death. It is not the inflammation which is at fault, but this process attempts to arrest the further progress of the bacillus.

Inflammation is distinctly not a malignant energy, working only for evil; it is a process with a purpose, and that a beneficial one.

The Relation of Peritonitis to the Inflammatory Process.—In a large proportion of examples of fatal peritonitis, the leading symptoms are those of poisoning, and not of inflammation, and death is due rather to toxemia than to inflammation of the serous membrane.

When the patient dies and the abdomen is opened, the amount of inflammation discovered is out of all proportion to the phenomena which preceded death. In one case there may be merely some injection of the peritoneum, with loss of its polished surface. In another there may be an ounce or so of thin greenish pus around the cecum, and not the kind of formidable effusion which would be expected in a case of death from inflammation.

In some of the most rapid cases of death after a lesion, which is known to be capable of causing peritonitis, no inflammatory changes are found within the abdomen.

It is noteworthy that the cases in which suppuration is most pronounced are among the most favorable examples of peritonitis, and that, on the other hand, the acute and most unfavorable cases are found in those which show the least inflammatory changes.

Of 100 cases of peritonitis collected from the record of the London Hospital, 70 died; if there be excluded from these 13 cases, in which the cause of peritonitis was either not discovered or was due to cancer or tuberculosis, there remain 57 fatal cases. In 15 of these the exudation was found to be purulent; in 11 it was described as sero-purulent; in the remaining 31 examples there was no suggestion of pus.

In not a few instances of puerperal peritonitis, the cases, if regarded pathologically, are merely examples of septicemia in the ordinary sense.

The surgical treatment of the acute diffuse inflammatory peritonitis as a purely inflammatory affection has not been very successful. This treatment consists in incision and evacuation of the fluid. It answers admirably in suppurative inflammation of the pleura, and in cases of localized purulent peritonitis as met with in the pelvis and around the cecum, and in the tuberculous variety, but in the general form of peritonitis is comparatively useless. The mortality attending the operation of strangulated hernia, except in connection with umbilical hernia, does not appear to have been greatly improved by the introduction of antiseptics in surgery.

The Peculiarities of the Peritoneum.—Both pleurae may be very much inflamed, and even

go on to suppuration, and still not be so severe as a like inflammation of the peritoneum. It will therefore be said that the gravity of the two cases depends not upon a damage to the serous membranes, but upon a resulting disturbance of function in the viscera they cover. From this point of view peritonitis may be more aptly compared with meningitis.

A patient may have all the functional disturbances dependent upon peritonitis without having peritonitis, and yet live. Again, septic matter may find its way into the pleura, serious symptoms may follow, yet they are by no means fatal, and certainly not to be compared in gravity and deadliness with those which characterize introduction of septic matter into the peritoneal cavity.

The surface of the peritoneum is very considerable, probably as great as that represented by the entire integument of the body.

The membrane possesses remarkable powers of absorption, as shown by the manner in which milk, blood, and peptones are taken up. It is said to be capable of absorbing an amount equal to from 3 to 8 per cent. of the body weight.

The peritoneum offers a limited resistance to septic organisms and their products. The resistance varies within wide limits.

No tissue in the body provides more favorable conditions of healing than does the peritoneum.

The peritoneum does not show the same degree of vulnerability in all parts, nor are all portions of it alike in the manner in which certain lesions are responded to. The part which is apparently most sensitive to infection, and which is most prone to rapidly spreading and diffuse inflammation, is that which covers the small intestine.

The parietal peritoneum has certainly not so high a degree of susceptibility, and is not apt to assume the diffuse and low forms of inflammation.

Localized peritonitis is met with in those regions which are more or less unoccupied by the coils of the small bowels—namely, in the subphrenic district, in the region of the cecum, and especially in the outer side of that region, and, lastly, in the pelvis.

It is remarkable what extensive progress a peritoneal inflammation may make in the region of the liver or within the pelvis without inducing very alarming symptoms.

Mikulicz speaks of the transverse colon as if it were a barrier to prevent the spread of peritonitis downward, and suggests that the comparatively simple character of pelvic peritonitis may be due to the dependent position of the pelvic basin.

The peritoneum appears possessed of great sensitiveness, a matter of moment in the production of shock. Other things being equal, an operation carried out within the abdomen of a person who has had chronic peritonitis, or who has exhibited repeated subacute attacks, and whose peritoneum presents adhesions, is likely to be attended with better results than when the peritoneum has been found wholly undisturbed.

Early Treatment of Carcinoma Uteri.

Dr. Howard A. Kelly says: The end in view is twofold—first, by treating cervixes liable to become cancerous, and thus prevent the formation of this neoplasm; and secondly, to detect cancer of the cervix at a sufficiently early date to successfully eradicate the disease.

1. It is the duty of the obstetrician to see each patient at his office from two to three months after her confinement, and there to examine and make a careful record of the condition of the pelvic structures, stating accurately what lesions have been produced by the confinement.

2. Cervical lacerations should be carefully described, noting the position and the depth of the tear and the appearance of the lips. Lacerations require no treatment when the lips are thin, uninfiltated, and lie together. Thick, infiltrated, and everted lips associated with cervical catarrh call for depletory treatment followed by repair of the laceration.

3. Every woman who has passed thirty-five years of age and has borne a child should have this examination made without delay by a competent physician, and if the cervical lips do not appear perfectly sound she should be kept under observation and examined at intervals of from six to eight months.

4. Every woman over thirty-five with cervical tear should be examined at least once a year for ten years, or longer, if the appearance of the lacerated area is not perfectly healthy.

5. These rules apply with special force to patients whose family history shows a marked inclination to cancerous diseases.

If these rules are conscientiously observed there is not a shadow of doubt but that thousands of lives would be saved yearly in this country alone by timely interference with a disease so markedly local and accessible in its origin.—*Arch. of Gyn.*

Diagnosis of Cancer of Uterus.

The American *Gynecological Journal* gives a number of pointers regarding the early diagnosis of carcinoma uteri as follows: The classical symptoms of cancer of the uterus are hemorrhage, offensive discharge and pain. When

these are all present the disease has usually spread beyond the uterus.

A sign of great value in early diagnosis of cancer of the cervix is hemorrhage following sexual intercourse. Whenever this occurs the case should be thoroughly investigated.

When women have ceased to menstruate, and again have a metrostaxis, the case should be carefully studied.

Leucorrhœa is common in the early stage of cancer.

Pain is present in almost all cancers late in their course. *It is seldom an early symptom.*

Epithelioma may or may not be difficult of diagnosis at an early stage. When a definite area in the cervix is hard, infiltrated and constitutes a distinct mass or tumor in the cervix, it is probably cancer and should be examined microscopically. When the mass begins to ulcerate the diagnosis is plain. Cancer of the body of the uterus is almost always the malignant adenoma.—*Med. Progress.*

Freckles and Warts.

At the last meeting of the American Dermatological Association, Doctor Morrison, of Baltimore, recommended for the removal of freckles a solution of seven grains corrosive sublimate in six ounces distilled water, to which are added four and five drachms respectively of tincture of camphor and rose water; three or four thicknesses of linen, cut to cover the seat of freckles, are moistened with the foregoing solution and placed upon the face at night until they are dry, whatever remains on the skin is left till morning and then washed off. Dr. Morrison declares that after a few nightly applications the face will be red, and the epidermis peels off in fine scales, when any soothing ointment may be employed.

For the removal of warts he prescribes five grains of corrosive sublimate and a drachm of salicylic acid in one ounce collodion—he often increases the amount of mercuric chloride to thirty grains, if the milder application does not answer. If applied every day, the upper crust being removed before each succeeding application, four days will usually soften the growth to such a degree that gentle traction removes the wart.

In this connection it might be added that Doctor Sympton, in the *Quarterly Medical Journal*, warmly recommends that any treatment of freckles and warts should be accompanied by the internal administration of small doses of arsenic. He declares that the desired result is thus more speedily brought forward.

Our own experience is that any mild solution of corrosive sublimate penciled daily and faith-

fully upon freckles will usually remove them; but we can see no object in substituting a solution of bichloride in collodion for glacial acetic acid, or the even more potent acid chromic, for removal of warts.—*Med. Age.*

Items from the Chicago "Medical Times."

The knee chest position for the restoration of an arm or cord in tedious labors now so commonly used, was suggested less than ten years ago.

The persistent use of phosphorized cod liver oil will in some cases restore gray hair to its original color and will prevent it from turning gray.

Baudy claims that neurasthenia is due to deficient supply of lymph from lymph stasis. An increase of leucocytes retard osmosis thus retarding nutrition.

The oldest anatomical specimen in existence is a skeleton in the University of Basle, prepared by Vesalius, in 1543.

There are 300 cases of small-pox in Chicago, and New York and other eastern cities are suffering to a similar extent.

It is known that the milk of the sow is the richest of all lacteal secretions. It contains almost 50 per cent. more of the butter, sugar and cheesy matter than cows milk.

A writer poured the bi-sulphide of carbon on cotton in an open-mouthed bottle and held it against the forehead of several patients with nervous headache, relieving every case.

It is reported that in Dutch Guiana for centuries preventive inoculation has been performed for immunity from the poison of snake bite. The gland from the snake dried and pulverized is used.

The irrigation of fistulæ in ano with turpentine in full strength has cured a number of cases.

More than 5,000 people are reported to have died from typhoid fever in Chicago within five years.

Causes of Sexual Debility.

Dr. F. R. Sturgis, in *Gaillard's Med. Monthly*, gives the following summary of his views:

1. That the cases of sexual debility which are marked by imperfect erections and by premature emissions, are usually, if not entirely, due to hyperæsthesia of some portion of the urethra.

2. That masturbation has very little, if anything, to do with it, beyond the fact that if indulged in to excess it may induce a tendency

towards this hyperæsthetic condition, but this is more marked in masturbators than it is in those persons who indulge to excess in the venereal act.

3. That organic stricture has little, if anything, to do with it; but that, associated with this hyperæsthetic condition, there is an irritable condition of the canal which produces spasmodic contractions of the urethra upon attempts to pass instruments, oftentimes during the first act of micturition and at the time of connection.

4. That varicocele plays no unimportant part in these cases.

5. That neuralgia of the testis, if a cause of this disease, induces it merely as a secondary consequence to the pain which is one of the distinguishing features of this disease.

6. That tuberculosis, syphilis and gonorrhœa may also play their part, and should all be reckoned with in summing up the causes which may induce this peculiar and depressing condition of affairs.

Phimosi.

A practical hint with regard to the treatment of phimosi, never known to fail: Use thin strips of gentian-root as wedges, inserting some six or eight between the glans and prepuce. The gentian probably acts in a twofold manner—as an expanding wedge, deriving its moisture from the secretion, and also, perhaps, doing good as an astringent.—*EAST, Med. Record.*

To Abort Gonorrhœa.

Wash out anterior urethra for four days with 1 to 4000 permanganate of potassium.—*JAMIN, Med. Record.*

Earaehe.

If without indications for operative treatment, drop into the ear several times daily a little of the following: Menthol and camphor, of each twenty grains, in one ounce of albolene.—*Med. Record.*

Immunity Against Disease.

The study of infectious diseases, their specific origin from the toxins of micro-organisms, and the possibility of rendering the human system immune against certain diseases by the introduction into the blood of those susceptible of certain antitoxines, has opened a wide field for study and experiment. Recognizing the fact that toxins are destroyed by heat at a much lower temperature than antitoxines, Bonaduce has made the following experiments (Foster in *N. W. Lancet*):

"Blood was drawn from three children born with all the characteristics of hereditary syphi-

lis. After standing on ice for a day, thirty-five c. c. of serum were obtained, to which 100 c. c. of sterilized water was added; the mixture heated for ten minutes at 100° C., and filtered. A patient was selected with a characteristic chancre and enlarged inguinal glands, and was given twelve injections during twenty-four days, of about twelve minims each, of the prepared serum. The injections were made with all suitable precautions into the subcutaneous cellular tissue. The chancre and the adenopathy completely disappeared; there were no further symptoms, and eight months later the patient remained well, and showed absolutely no signs of syphilis. Further experiments are now in progress."—*Memphis Med. Monthly.*

Cocaine in Small-Pox.

Dr. Samayoa, after using this alkaloid in several cases of small-pox, states his results as follows:

1. Cocaine, given continuously from the beginning, can completely abort the disease.

2. If given after the eruption has appeared, it will transform confluent or hemorrhagic forms into the discrete.

3. Sometimes, when the cocaine is given from the beginning of the disease, the eruption assumes a *corneal aspect*, and the pustules collapse before the usual time.

4. Cocaine prevents suppuration, hence there is no secondary fever, and no pitting.

5. To obtain these results it is necessary to give cocaine as soon as the initial symptoms appear and must be continued without interruption.

The best preparation is the hydrochlorate, and should be continued five or six days, or even nine if necessary.—*N. Y. Therap. Review.*

Pilocarpine Incompatible With Calomel.

It has frequently been observed that mixtures of pilocarpine salts and calomel turn black when moistened with water. According to A. Schneider (*Chem. Zeit.*) this discoloration is produced by the formation of a double salt of the alkaloid with mercuric chloride, metallic mercury being separated. When the mixture is treated with water the double salt passes into the filtrate, and is precipitated by potassium iodide, which salt does not ordinarily throw down pilocarpine salts.—*Druggists' Circular.*

Simple Cure for Delirium Tremens.

Burson reports that he has treated a number of cases of delirium tremens which had failed to be helped by hypnotics, with great success by means of liberal draughts of hot water, a cupful

every half hour or hour, according to the urgency of the case. He believes it is the most rapid eliminator of the alcohol from the system.—*Druggists' Circular.*

Formulas for Injecting Hemorrhoids.

There are many formulas for employment in injection. Those which have given me most satisfactory results are:—carbolic acid in glycerine and water of a strength of 12, 15, 33, 50, 95 per cent.

R. Fid. ext. ergot.
Sol. acid carbolic, 95 per cent.....aa drams j

A solution of carbolic acid in sperm oil, 1 to 2 or 1 to 4.

R. Tannic acid.....1 part
Carbolic acid.....2 parts
Alcohol.....4 parts
Glycerine opt.....8 parts

Mix.

This solution used in the Brinkerhoff treatment, I am informed, has the following formula:

R. Carbolic acid.....ounces j
Olive oil.....ounces v
Chloride of zinc.....gr. viij

Mix.

The Hoyt formula, so I have been told by one of the parties who was cured by Hoyt, is, carbolic acid and glycerine, equal parts, diluted with six times its volume of water, a few drops being used. Hoyt claims there is not a hæmorrhoidal case possible but what can be obliterated by this means: that he has used it for fifteen years in about five thousand cases, and he does not believe a more simple or satisfactory means of cure could be devised.—Llewellyn Eliot, M. D., Washington, D. C., in *Va. Med. Monthly.*

Explosive and Inflammable Compounds.

Whenever substances rich in oxygen, or easily deoxidized, are ordered to be mixed with other ingredients, the dispenser should always carefully consider the order of mixing. Such substances should never be rubbed with easily oxidizable bodies.

Substances which easily part with their oxygen are picric acid, and chlorates, iodates, bichromates, permanganates, nitrates, and picrate of potash, nitrate and oxide of silver, chlorate of calcium, etc. Such substances should first be rubbed to a powder in a mortar, then mixed with the safe ingredients, and lightly mixed with the easily oxidizable substances by means of a wooden rod. Of the latter may be named charcoal, organic powders, iodine, sulphur, sulphides, ethereal oils, and ammonia salts.

Oxide of silver if to be combined with any organic substance, should first be dampened with water; if creosote is ordered with oxide of silver in a pill, it will explode. Pills contain-

ing oxide of silver are liable to inflame if they become warm. They have been known to take fire in the pocket, causing severe burns.—*Indiana Pharmacist.*

The Smallest on Record.

A baby was recently born in a small Connecticut town, which, if reports be true, rivals anything of the kind yet reported from Chicago: "The parents are Swedes. The father is employed by a farmer cutting the timber, and weighs about 190 pounds. The mother is a stout, healthy woman, weighing, perhaps, 160 pounds. The child is a male, as perfectly formed as a babe can be, and on its birth weighed only eight ounces. Its face is about the size of a horse-chestnut. A ring worn on the little finger of its mother was easily slipped over his foot nearly up to the knee. It is the opinion of the attending physician that the child will live. The child is so small that three of its like could play hide and seek in a cigar box."—*Medical Fortnightly.*

Medical Examining Boards as Viewed by the Intelligent Laity.

We quote the following from the *Philadelphia Record*:

"Out of the forty-four States in the Union there are only sixteen in which a medical diploma of itself is no license to practice, and in which a State examination is required before legal permission to practice may be obtained. These sixteen States are Alabama, Arkansas, Florida, Maryland, Minnesota, Mississippi, New Jersey, New York, North Carolina, North Dakota, Pennsylvania, South Dakota, Texas, Utah, Virginia and Washington. The ease with which bogus diplomas may be obtained in this and other countries, and the alarming prevalence and persistency of quackery, should awaken the Legislatures of all the derelict Commonwealths to the necessity for State supervision. Life ought not to be put in jeopardy through the ignorance of practitioners who are paid to cure, but who often blindly assist in swelling the death-rate.

Ingrowing Toe-Nail.

Veeder has made use of a method for treating this ailment during the past ten years, which answers very well. It consists simply in cutting a piece of ordinary felt plaster, sold for use in cases of corns or bunions, so as to be the exact size and shape of the nail about which the ulceration is located. The bit of plaster thus shaped and fitted to the nail is to be firmly attached thereto, so as to press aside the overlapping granulations from off the nail. By bold-

ing it in this position a minute or two, until it dries and adheres firmly to the nail, it becomes strongly fastened, and will stand considerable rough usage, but as an additional security, a strip of isinglass plaster is wrapped three or four times around the toe and plaster. If properly applied, the relief is said to be immediate, and the cure is complete as soon as the thinned and jagged edge of the nail underlying the granulation has grown out to its normal size.—*Druggists' Circular*.

Ichthyol for Piles.

Ichthyol is said to make a good application for itching piles. It should be mixed with petrolatum in the proportion of one dram to the ounce, and applied as often as desired.—*Druggists' Circular*.

Influence of Alcohol, Glycerin and Oil on Disinfectants.

Koch demonstrated experimentally, in 1881, that carbolic acid, dissolved in alcohol or oil, parts with almost all its disinfecting power. Shortly after, by means of careful experiments, Wolffugl confirmed the assertions of Koch with respect to solutions of carbolic acid in oil. Lenti (*Journ. de Pharm.*) has continued these researches, including corrosive sublimate, and using various vehicles. His conclusions are as follows :

1. Absolute alcohol in the absence of water completely annihilates the bactericidal power of sublimate and carbolic acid over the spores of malignant carbuncles. This power is re-manifested only when the proportion of water added to the alcohol is 2 per cent. in 1 to 1000 solution of sublimate, and 70 per cent. in solutions of carbolic acid. Further, the duration of the action must not be less than twenty-four hours for sublimate, or less than forty-eight hours for carbolic acid.

2. The same is true of glycerin, which inhibits the action of sublimate solutions (2 to 1000) when the proportion of water which they contain is less than 40 per cent. As for carbolic acid, here the inhibitory action of the glycerin is still more marked, for with solutions containing 10 per cent. of carbolic acid, complete destruction of the spores takes place only when the proportion of water is 80 per cent. and more.

3. Carbolic acid and lysol dissolved in olive oil lose entirely their disinfecting power. These results are of great value in their bearing on the practice of hygiene and prophylaxis, from a surgical point of view.—*Druggists' Circular*.

Treatment of Alopec

Ferraton some time ago (Lyons Societe des' Scienc *Med.*, No. 15, 1893,) a so treated for parasitic alopec lodion and who was completely cured in three months. The method consists in applying the substance to the patches after the hair has been cut very close. After three or four applications, made at intervals of four or five days, it is observed that when the collodion is stripped off, some lanugo hairs are brought away with it. The patient need be seen only once in four or five days. According to the author the collodion imprisons the parasite and prevents the contamination of neighboring parts and the transmission of the disease to other persons. It excludes the air, and possibly the iodine acts as a parasiticide and as a stimulant of the scalp. Moreover, the collodion acts as an epilatoy.—*Brit. Med. Jour.*

Therapeutic Briefs.

—In the *Berliner klinische Wochenschrift* (cited in the *Centralblatt fur Klinische Medicin*) Dr. P. Furbinger treats of the peanut as an article of food rich in albumin, of which it contains forty-seven per cent., together with nineteen per cent. of fat and non-nitrogenous extractive matters. He recommends the use of roasted peanuts in the form of soup or mush. On account of their cheapness, peanuts are recommended as a popular article of food, especially in poorhouses and the like ; moreover, they are recommended as an article of food for the corpulent, for diabetes, and for the subjects of kidney disease, in the last mentioned of which foods rich in animal albumin are to be avoided.

—A mixture of chloroform (ten parts) ether (fifteen parts) and menthol (one part,) used as a spray, is recommended as an excellent and prompt means for obtaining LOCAL ANESTHESIA, lasting for about five minutes.—*Boston Med. and Surg. Jour.*

Wayne's Diuretic Elixir.

I used it ten years, but found the price too high. I now manufacture it myself for half the price, and find it identical, producing the same results. I have put it up for sixteen years, and know it to be a good diuretic.

Take of :

- R. Potass. acetate.....3 ounces
 - Fl. ext. buchu.....3 ounces
 - Fl. ext. juniper.....1½ ounces
 - Simple syrup sufficient to make.....1 pint
- Mix. One dessert spoonful three or four times daily.

—Dr. Crider, in a previous number of this journal.

A Useful Salve.

The prescription given below is from Dr. H. Kylberg. It was obtained from him during his travels in Sweden by an influential friend, upon condition that he should not open it till he had left the country. The properties ascribed are to extract pus, if any be present, and to heal any wound by promoting healthy granulations. The doctor states that in the cases in which he has used it, it has acted like magic:

R. Lapis calaminaris prep.
Venice turpentine
Yellow wax
Goat's tallow.....aa.....ounce ii
Cotton seed oil.....ounce i.
Boll up last four parts in clay pot, then add the calaminaris and stir until hardening.

—*Cal. Medical Journal.*

[Lapis calaminaris, or calamine, is, properly speaking, acetate of zinc. The old calamine (carbonate of zinc) is now called smithsonite. The prepared calamine is finely pulverized by a special process, described in the U. S. D.—Ed.]

—The heart cannot be weakened under chloroform except by interference with the breathing. It is useless and dangerous to take the pulse as a guide. Watch the respiration. Safety is insured only by regular natural breathing.—*Lawrie, in Med. Record.*

—Lotion for pruritus vulvæ (*Practitioner*):

R. Hydrargyri perchlorid..... grain j
Alumina..... grain xx
Pulv amyli..... dram jss
Aque menthæ ptp. q. s. ad..... ounce ij
M. et fiat lotio.
Sig. Apply externally to the affected parts.

—Dr. Carasso Michele, Director of the Military Hospital at Genoa, has used since 1888, in the treatment of pulmonary tuberculosis constant inhalations of oil of peppermint. (*Boston Med. and Surg. Jour.*, Jan. 11, 1894.) He combines the inhalation with the internal administration of an alcoholic solution of creosote, glycerine and chloroform, to which is added oleum menthæ pipertæ, 1:100. His results are reported as remarkable. Not only were incipient cases cured, but advanced cases also, some thirty-nine in all, with cavity-formation and abundant bacilli in the sputum. All the cases treated were of pulmonary diseases only, without tubercular affection elsewhere.

—Epihelioma of superficial variety may be treated with alternate applications of ten per cent. methyl-lue and twenty per cent. chromic acid.—*Darier, in Med. Record.*

Formulas.

Correction.

In the formula for "Fetid Diarrhea in Children," page 224, June WORLD, the quantities are wrong. The sulpho-carbolate of zinc should be grains, instead of drams, and the subnitrate of bismuth should be drams instead of ounces.

FOR DIPHTHERIA.

Editor MEDICAL WORLD:—I have found the following yield excellent results in diphtheria:

R. Papoid.....drams i
Hydrag bichlor.....grs 1-5
Tr. ferri. chlor.....drams ii
Glycerini or syrupi.....q. s. ounces iis
M. S. Apply to tonsils and fauces with mop (rubbing the membrane off if possible and applying direct to diseased surface). For Nares, use glycerole, papoid and bichlor. hydrag. in same proportion, per atomiser; quin. sulph. and tonics as indicated.

For pernicious type of anemia with malarial origin I have found nothing superior or equal to liq. sod. arseni. E. A. Schutz, M.D.,
1502 N. Bond Street, Baltimore, Md.

TREATMENT OF PLEURISY:

R. Gualiacol pure.....dram j
Tincture of iodine.....dram vij
Paint the whole of this liquid each evening on the affected side. The temperature quickly falls, an abundant perspiration takes place, and the effusion becomes soon absorbed.

DIARRHEA INCIDENT UPON TEETHING:

R. Acidi sulphurici dil.....gtt xij
Morphinis sulph.....gr. ʒ
Spt. vini galici
Syr. singib.....aa ounces ss
Aque.....q. s. ad. ounces iij
M. Sig.—dram j. every three hours.

IRRITABLE HEART.

R. Chloralamid.....dram iv
Tinct belladonnæ.....dram ij
Elizir simplic.....q. s. ad. dram iv
M. Sig.—caspo nful three times daily, between meals and at bedtime.

AN ANTI-EPILEPTIC MIXTURE.

Prof. Brown-Séguard (*La Revue Médicale*, March 18, 1894) praises the following formula in epilepsy:

Bromide potash, } aa.....2.0
Iodide potash, }
(grs xxx)
Bromide ammoniac.....2.0
(grs xxx)
Bicarb potash.....2.50
(grs. xxxviij).
Infusion columbo.....180.0
(ounce s vj).

Three table-spoonfuls a day, of which two are to be taken in the evening towards bed time.

(This is the prescription which the great Napoleon the First formerly employed.—PRITCHARD.)—*Lancet Clinica.*

TO PREVENT PITTING IN SMALL-POX.

Corrosive sublimate } of each 1 gme. [15 grs.]
 Opium extract..... }
 Alcohol.....5 gme [1½ fl. drs.]
 Glycerin.....60 gme [1¼ fl. oz.]
 Paint frequently on the face and neck, so as to keep the parts constantly moist.
 (The itching of the skin will disappear, and the pustules usually abort, it is claimed, on or about the fifth day.)

—A. M. S. Bulletin.

LEUCOCYTHEMIA.

R. Acid. arsenicos.....gr. j
 Ferri. reduct.....drams j
 Quinis sulphat.....ss drams j
 Ext. gentian.....q. s.
 M. P. phal. No. 40.
 Sig. Two pills three times a day.

—Review.

MORNING SICKNESS.

R. Cerri oxalate.....gr. xxiv
 Bismuth. subnit.....drams j
 Pepsin.....gr. xj
 M. P. pulv. Divide in dos. No. 12.
 Sig. One powder three times a day before meals.

—I b.

APOPLEXY.

R. Ether. sulf.....ounces ss
 Camphor pulv.....drams j
 M.
 Sig. For subcutaneous injection.

ALOPECIA.

R. Extr. laborandi fluid.....fl ounces j
 Tinct. cantharid.....fl drams ij
 Bay rum.....fl ounces iv
 M.
 Sig. Rub in the scalp twice a week.
 R. Bals. Peruv.....fl drams ij
 Ol. ricini.....fl ounces i
 Alcohol.....fl ounces iij
 Tinct. canth.....fl ounces ss
 M.
 Sig. Rub well into roots of hair night and morning.

STRANGURY.

R. Decoct. uvae ursi.....fl ounces v
 Potassii acetat.....drams j
 Tinct. opii.....drams j
 Syr. scillae.....ounces j
 M.
 Sig. Teaspoonful three times a day.

HEREDITARY SYPHILIS.

This formula will be found excellent in hereditary syphilis. The particular feature of elegance about it being the syrup of hydriodic acid which, by double decomposition, forms with the bichloride of mercury, the biniodide, with excess of iodine. The stomach will tolerate this perfectly and it is more pleasant to the taste than the old potassium iodide and mercury combination, while quite as active :

R. Syr. Acid Hydriodic (Hosteley's).....ounces iiss
 Hydrarg. bichlorid.....gr. i
 Vinum sericum.....ounces iiss
 Aqua.....ounces ii

M. Dissolve the mercury in the water and add the solution to the syrup. Let stand for ten minutes, stirring frequently, then add the wine.
 Sig.—Teaspoonful three times daily in a wineglassful of water.

Eucalyptol (Sander & Sons) in all eruptive diseases, as measles, scarlatina, small-pox, etc.

R. Eucalyptol (Sander & Sons).....ounces ss
 Acid carbolic.....grs. v
 Lanoline.....ounces ij

M. Sig.—Apply over eruptive surface.
 The above will increase the activity of the skin and besides prove an excellent antiseptic.

HYDROCEPHALUS.

R. Potass. iodide.....drams ss
 Aq. destill.....fl ounces iij
 Syrup. menth pip.....grs. v
 Tinct. digital.....scruples j

M.
 Sig. Half a tablespoonful three times a day.

“CHELSEA PENSIONER” RHEUMATIC MIXTURE.

R. Guaiac resin pulv.....1 ounce
 Rhubarb, pulv.....2 drachms
 Cream of tartar.....1 drachm
 Sulphur sublimed.....1 drachm
 Nutmeg, pulv.....2 ounces
 Honey or glycerin.....16 ounces

Mix the powders thoroughly and rub with the honey to a uniform paste. Dose: two tablespoonfuls night and morning.

—The Formulary.

LALLEMAND'S GOUT MIXTURE.

R. Ext. colchicum acetic B. P.....30 grs
 Ext. opium aqueous.....30 grs
 Potass. iodide.....1 ounce
 Potass. acetate.....½ ounce
 Distilled water.....5 ounces
 White wine.....1 ounce

Rub the extracts with the water until dissolved, add the salts and then the wine. Dose: 20 drops 3 times a day.

—I b.

Wit and Wisdom.

THE BIGGEST CASE ON RECORD.

Have you heard of the recent diabetic attack in Congress? The whole Senate passed sugar on June 5th, and the House is expected to do so soon.

MELLIN'S FOOD was used exclusively at the Day Nursery, World's Fair, Chicago.

FOR elegant products of the German scientific laboratories, address W. H. Schieffelin & Co., New York.

SEND for reports in regard to Phytoline and Pineoline to Walker Pharmacal Co., St. Louis, Mo.

A Grim View of It.

The death of an ossified man in Tennessee is reported. He died hard.—Chicago Tribune. This is as bad as the man who swallowed a thermometer and died by degrees; it suggests also the case of the consumptive undertaker who died of a coffin.—Medical Record. These remind us of the man who choked while eating an apple and died of apoplexy.—National Medical Review. It was in a St. Louis hotel that a Pike county farmer blew out the gas and died from gastritis.—Meyer Brothers Druggist.—Not any worse than the man struck by an engine; verdict, died from locomotor attacks.—Montreal Pharm. Jour. Still worse the case of that pie-eating dyspeptic of Tiffin, for he died of pieæmia, superinduced by typhilitis.—Western Druggist.

Before this dismal contest is finished we may expect some remarks about the case of the defunct side show glass-eater whose clearest symptom was a pane in the stomach, although his lights were found to be not badly out of order. “Yes sir, fact, sir” And then they will all solemnly proceed to take a smile.

FOR cut rates in instruments and cases, address I. Phillips, Atlanta, Ga.

AN EXPLOSIVE MIXTURE.

A mixture of barium hyposulphate and potassium chlorate detonates upon the slightest shock, the explosion being very powerful if there be any hindrance to the free escape of the gases generated.

Syrup of sodium hypophosphite with sodium chlorate are as dangerous as nitroglycerine.

A STORY is going the rounds to the effect that a married lady had a birthday anniversary a short time ago, upon which her husband presented her with a pretty piano lamp. He was much flattered when she told him she intended to give it his name, until he asked her reason for such a proceeding. "Well," said she, "you know, dear, it has a good deal of brass about it, it is handsome to look at, it is not remarkably brilliant, requires a good deal of attention, is sometimes unsteady on its legs, liable to explode when half full, flares up occasionally, is always out at bedtime, and is bound to smoke."

HAVE you seen the new aluminum instruments? Have you heard of them? If not, write immediately to Wm. H. Armstrong & Co., Indianapolis, Ind., for information, circulars and illustrations, and mention this paper. Surgery should have the advantages of this wonderful metal, and the above mentioned firm offers the same.

DIURETIC ACTION OF CASCARA SAGRADA.

Mr. Milnes Hey (Hornsey Lane, N.) writes to the *British Medical Journal*: "Some little time ago I noticed after taking some cascara sagrada increased frequency of micturition. I could then find no cause for this. Shortly after I again took this drug, and again noticed the same effect. As I could find no reference to its action as a diuretic, I began to watch its actions on any of my patients who might be taking it, and in the majority of cases I found it to act as a diuretic, a few only not noticing any difference. In one case, a Mr. D. H.—, the effect was marked, as the patient himself complained of the number of times a day he was obliged to urinate. I analyzed his urine, and found it to be quite healthy. On stopping the cascara he ceased to be troubled. One of my medical brethren told me that he had also noticed this same effect of this drug upon himself. The cascara sagrada that I use, and have always used, is the liquid extract of Parke, Davis & Co. I should be interested to hear if this diuretic action has been observed by others."

FOR SUPERFLUOUS HAIRS.

Equal parts of yellow sulphate of arsenic and quicklime, made into a paste with hot water, is said, by Dr. R. Morrison of Baltimore, to remove superfluous hairs. The paste is applied to the parts and allowed to dry. This removes the hair in from ten to twenty days, and sometimes permanently.—*Ex.*

A lotion of alcohol, three ounces, salicylic acid, one drachm, will cause a prompt disappearance of pimples and comedones.

ANTI-MALARIAL.

R. Syr. acid hydriodic, (Hostelley's).....oz. ʒj
Liq. potassii arsenit.....f dr. ij
Tinct. capsicum.....f dr. iv
M. Sig. Teaspoonful three times daily, in water.

The above is a good alterative tonic and seldom fails to prevent recurring attacks of malaria.

The man who is in proverbs versed
Can often, often save his jaw
By cutting off all dry debate
With an old and rusty saw.

IN just appreciation of the therapeutical virtues of *Sannetto*, I have to state that in several cases of prostatitis, atony of the urinary bladder, loss of semen and sexual capacity, I have tried the preparation, and in every instance my patients have derived some benefit from its use. I shall continue to commend *Sannetto* to my patients in the like afflictions, with perfect confidence.

LOUIS BAUER, M.D., M. R. C. S., Eng.,
Prof. of Surgery, etc., St. Louis College of Physicians and Surgeons, St. Louis, Mo.

"FOR tabes-mesenteric, sickness in gestation, cholera infantum, etc., Inguilin has been pronounced almost a specific. Samples will be sent by W. R. Warner & Co., Philadelphia, to any physician requesting the same for use."

GEMS OF THOUGHT.

Responsibility educates.—Wendell Phillips.

To a mule's ears a mule's voice is always music.

If thou desire to be wise, be so wise as to hold thy tongue.—Lavater.

Much bending breaks the bow; much unbending, the mind.—Bacon.

Good manners and good morals are sworn friends and fast allies.—Bartol.

Living without a plan is as foolish as going to sea without a compass in the ship.

The father who is not willing to be bothered by his boy's questions, will not be likely to be bothered by his confidences after a while.

FOR samples of Uterine Wafers, send to Micajah & Co., Warren, Pa.

DYSMENORRHEA.

C. F. Baker, M.D., Decatur, Mich., says: "I have prescribed Aletris Cordial in two cases with very favorable results. The first a case of suppressed menses of short duration. Her age was about fifteen years. Had been regular for over a year; missed her catamenia for the first time, and suffered from headache and general malaise. The Aletris Cordial in teaspoonful doses three times a day, set her all right in a few days. The second was a case of dysmenorrhoea. Age of patient about twenty-eight or thirty years. Had always suffered extremely at her menstrual periods, unless under the influence of some narcotic, and almost always was obliged to take her bed for two or three days at each period. She used a half pound bottle of the Aletris Cordial, in teaspoonful doses three times a day, with perfect relief from pain while under the influence of the Cordial, or to use her own words, she would not have known by her feelings that she was unwell, and did not feel different in any respect than when in her usual health."

THE dangerous communion cup meets increasing opposition. Doctors should agitate the subject, like Dr. A. J. Longfellow of the M. E. Church in Fostoria, Ohio, who moved the following resolution: "Resolved, That the church purchase four hundred little wine glasses and each communicant receive the wine out of a glass that no other person has used, and the bread passed on baskets or plates, and that it be not handled or broken by the preacher." This is a good second movement against the still more dangerous incident of alcohol in the communion cup.

I AM pleased with the results obtained from the use of Frelich's Tablets and Tonic. A. T. Speer, M.D., Newark, O.

PASSIFLORA INCARNATA (passion flower) is a well
(Continued on next leaf.)

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

PUBLISHED MONTHLY, by C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D., } EDITORS.
J. J. TAYLOR, M. D., }

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid invariably in advance.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Pay no money to agents for this journal unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1530 Chestnut Street,

PHILADELPHIA, PA.

Vol. XII AUGUST, 1894. No. 8.

Some Thoughts Upon Self-Poisoning.

One of the most important principles to be kept in mind by the physician in treating his patients is to estimate the extent to which diseases and their complications are due to the absorption of poison arising within the body of the patient. This subject forms a very interesting and a most profitable subject for study. These poisons tax the system to accomplish their elimination, and often cause the principal phenomena of the disease. How to prevent their further formation, to promote the speedy elimination of those that are generated and to neutralize within the system those that cannot be eliminated, should be the constant inquiry and aim of the physician in each individual case.

Considering the alimentary canal, we are well aware of the disturbances caused by neglected constipation and the consequent ab-

sorption of poisonous products. But not all realize the far graver danger from the absorption of toxines from an inflamed or ulcerated colon, or from the stomach duodenum and other portions of the tract in a state of acute or chronic catarrh, or of ulceration, as in typhoid fever and gastric or duodenal ulcer. In any unhealthy condition the tract should be kept clean and pure, by enemas of sterilized water, hot or cool, by the administration of saline and antiseptics or by other means specially suitable to the case. A catarrhal mouth and throat should be frequently cleansed and put in a condition to heal as quickly as possible, and carious teeth should be closely looked after. The nasal mucous membrane is often a source of mild systemic infection. The antiseptic toilet or treatment of the nose should not be forgotten. Diseased conditions of the kidneys and bladder are fruitful sources of grave infection and the problem of free elimination must be constantly in the mind of the medical attendant until the cause can be corrected.

The catarrhal condition of the female genital tract is also a frequent source of poisoning, causing many functional disturbances, as headache, malaise, back ache, etc. This is especially likely to be the case towards the close of the menstrual period. Antiseptic irrigation here is very useful, but we have found packing the vagina with boracic acid singularly beneficial. Toxic principles arising from imperfect action of the liver are not so definitely understood as they should be. These continually tax the ingenuity of the physician to promote their perfect elimination until the condition giving rise to their formation can be corrected.

Besides the direct antiseptic flushing, irrigating and cleansing of surfaces that can be reached in that manner, the physiological organs of elimination should be kept in a state of

perfect activity—the skin, the bowels, kidneys and lungs. In the state of primitive nature, the skin is a perfect eliminating organ. In the civilized state, however, we envelope it closely with clothing, and thus interfere with the proper performance of its function. This must be counteracted by bathing or dry rubbing and by frequent air baths and occasional vapor baths. It is well recognized that a Turkish bath will take the place of several hours extra sleep in resting and refreshing one who is very tired from protracted exertion. This simply means that it aids the system in more rapidly eliminating the extra physiological toxins arising from excessive muscular action. The soles of the feet present an eliminating surface which is effective far out of proportion to its area. However, they must be kept in perfect condition—always clean and dry. In mild weather going bare-footed awhile each day is beneficial, and in winter, toasting them before a hot fire a half hour in the evening will be of great service.

So far as possible, then, the physician should constantly look to the elimination of all toxic products and by suitable treatment prevent their further formation. This may seem like a homely article, but its object is to bring together and systematize ideas that generally exist in the mind of the physician only as isolated facts, and also to point out and emphasize a most important factor in the preservation of health, and the treatment of disease. Far from being exhaustive, it is merely suggestive, presenting only the simplest principles of one of the most profound problems in pathology, which involves fully one half of the entire treatment of disease. Each practitioner must work out the problem to the achievement of practical results mainly himself, by years of daily study, observation and investigation.

Dr. George B. Gray, of Grace Hospital, Toronto, Canada, writes us that he cannot speak too highly of Dr. W. B. Thistle's treatment of typhoid fever, as found in July WORLD, pages 257 and 258. He has witnessed its brilliant results in the General Hospital in Toronto, and has successfully used it in private practice. He thinks that this treatment will require a new history of the disease to be written, so completely does it change every feature of it.

It is stated in the lay press of Southern California that the jicama root, of that locality, is a cure for typhus fever and for small-pox.

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal only. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUBIN.

READ. REFLECT. COMPARE. RECORD.

Replies.

Editor MEDICAL WORLD:—I am reminded that I omitted to give the prescription for alcoholism in my last letter (page 231). It is that given in a WORLD of recent date, I think, by Dr. Chapman, as the Keeley "dope;" excepting that for the chloride of gold and sodium, I substituted bichloride of mercury.

[For the benefit of those who may not have the April, 1893, WORLD, we reproduce the formula here:

R. Auri et sodii chloridi.....	gr. xii
Strychnine nitratls.....	gr. ʒ
Atropine sulph.....	gr. ʒ
Ammonii muriat.....	gr. ʒ
Alolin.....	gr. ʒ
Hydrastin.....	gr. ʒ
Glycerin.....	f. oz. ʒ
Flid. ext. cinchona comp.....	f. oz. ʒ
Flid. ext. erythrox. coca.....	f. oz. ʒ
Aqua dest.....	f. oz. ʒ

M. S. One dram at 7, 9, 11 a. m.; and at 1, 3, 5, 7, 9 p. m.
—Ed.]

I am glad to see vaccination discussed. Much harm has been done this most useful procedure by extravagant claims as to its harmlessness and efficiency—claims not borne out by experience. Vaccination may transmit syphilis, tuberculosis, infectious fevers, varicella or impetigo contagiosa; it may arouse a disposition to eczema, scrofula or struma; it may be followed by tetanus, erysipelas, adenitis, abscess, pneumonia, ophthalmia, or other diseases. If done scientifically, antiseptically, with pure and fresh virus, on a proper case, by an experienced vaccinator, it is remarkably free from these injurious sequences. And here is where I object to the practice of putting this work in the hands of all sorts and conditions of men—students, policemen, druggists, etc. The Lord is good to Chicago, or the results of such methods would be disastrous to the people, and vaccination would receive unmerited obloquy. The truth

as to the protective power is that it varies with different individuals and with the virus employed. Some persons are forever protected by a single vaccination. Others require revaccination, even yearly. We are not all built alike, though on the same general plan. The only way to find out if the old vaccination is still in force is to try a new one.

Dr. Clouse's patient with one prominent eyeball (page 244), probably is developing a tumor that pushes the eye forward.

I quite agree with Dr. Allen as to the recovery of a majority of typhoid cases under the bath treatment, or with no treatment at all; but nowadays we are not satisfied unless *all* recover. Rheumatism is a rare complication of typhoid fever, and the occurrence of the two at once is probably accidental. In my case the temperature ran very high, the cerebral symptoms were marked, but the man recovered with out permanent injury, except a total loss of memory as regarded the payment of my bill. In typhoid we may have the symptoms resulting from the work of several different microbes, and this, I believe, best accounts for the varieties and anomalous cases.

Dr. Walker's case (page 249) has a very large bladder, paralyzed. She should take strychnine and duboisine, or cantharidine; use galvanism to the bladder, applied by an intravesical electrode, and never let the bladder go over eight hours without emptying. The most likely cause of the paralysis is over-distension.

For acne rosacea (page 250) try puncturing with an acne lancet, arseniate of strychnine in full doses internally, chromic acid solution locally, as strong as the skin will bear without irritation, and see if there is not a urethral inflammation to be cured. Forbid all malt liquors.

Dr. McBride's case is probable Raynaud's disease, if not one of ergotism. It is a case for "iron, wine, quinine and codliver oil," rich food and sea air. The second foot will have to come off at the ankle, anyway.

The possibilities in Dr. Teel's case (page 250) range from corns to senile gangrene. Before deciding on the latter, let a chiropodist look the foot over. These gentlemen find corns on the sole of the foot, under the nails, and in many unexpected locations.

Dr. Smith's patient (page 251) died of heart-clot, due to some sudden strain on an organ weakened by prolonged nursing and consequent anemia. Why will women persist in nursing children so long, when statistics show that pregnancy is more likely to occur during lactation than at other times? The best treatment of such a case is to wean the baby, give a rich

diet and tonics, especially iron, lime and cod-liver oil. Still I do not want to be understood as criticising Dr. Smith, who was right in his diagnosis (heart-clot and heart paralysis are two names for one condition) and treatment, everything he mentions being useful.

Dr. Matchette must not overlook the tonsillar and rheumatic attacks in his pruritic patient, but should take that as an indication and give sodium salicylate internally. Locally, apply an ointment of trikresol and salicylic acid, a dram of each to the ounce of simple cerate. If trikresol be not attainable, use carbolic acid or creosote. Do not overlook the slightest endometritis, as this often keeps up the disease.

I would be willing to assert, without seeing her, that Dr. Brooks' case (page 251) has endometritis. A course of local treatment, with iron, quinine and cod-liver oil internally, and anti-nervine at the paroxysms, ought to cure her.

Dr. Morris (page 252) should not let his epileptic boy eat as much as a man. It is a common trick of epileptics, and a fruitful, exciting cause of convulsions. I would give boy *mucuna pruriens* (cowhage), as this is about the only thing that absolutely clears out worms. Then give the bromides, as suggested in my little manual, and keep the disease under control until the boy outgrows it.

Dr. Nicodemus (page 252) has a case of paroxysmal contraction of one toe. Give sumbul or valerian internally, in full doses; let her have a bottle of bromic ether or some pearls of amyl nitrite to inhale when the spasm occurs; and if these do not cure, cut the flexor tendon. I take it for granted that the doctor has examined the foot and found no troublesome corn, callosity or ingrowing nail to cause the trouble.

As Dr. Smith's case had gastro duodenitis, I do not see why the cramps should be attributed to the acetanilid given him. If the drug had previously been followed by cramps with him, in other affections, it is an idiosyncrasy.

Dr. McMath's case (page 252) is one of ascending paralysis, due to a lesion of the spinal cord, beginning in the posterior columns. It is possible that the first rheumatic attack was really a neuritis, and myelitis followed. The treatment of such a case consists of electricity, massage, mercury, counter irritation to the spine and nutrition.

Chronic nasal catarrh is a condition that requires chronic treatment. Wash out the nostrils well by spraying with Dobell's solution; then apply compound albolene spray with an atomizer. Do this three times a day, for months, varying the applications to secure better results.

Dr. Tison's first case may have gall-stones or malaria. Chloroform will not dissolve stones in the biliary passages. If anything will, it is the succinate of soda, five grains, thrice daily, for a year. In the second case, the jaundice is the evidence of permanent obstruction of a bile-duct, or it is malarial. Give a full dose of pilocarpine and it will relieve the skin of its load of bile. Besides this, I would advise the doctor to continue his excellent tonic treatment. If not relieved, the boy must remove to another climate. The third case would be benefited by macrotin. The fourth case has a sore that I would suspect to be syphilitic, from the history. It would be well to give her mercury, and treat her hands and the cows teats with antiseptic lotions. Thorough washing with chlorinated soda solution should do good, with compound tincture of benzoin applied to all sores on the teats or hands. This should be repeated before each milking until the sores are healed.

Dr. Pullen may remove soot from a scar by cutting it out; not by any other way, as carbon is insoluble.

In Dr. Colwell's cases: 1. I do not know. 2. To remove corns, cut them out carefully, without bleeding the patient, then cover with a corn-felt and arnicated plaster, and have the shoe overhauled by an intelligent shoemaker, if you can find one. 3. Warts may be touched every day by a drop of pure formalin, or by a saturated solution of chromic acid. 4. Doctor, cut the wen open and pull it out of its socket, removing every particle.

WILLIAM F. WAUGH, M.D.,

103 State St., Chicago.

[The following letter will also be of interest.—ED.]

PROF. W. F. WAUGH, M.D., 103 State Street, Chicago, Ill.

Dear Sir:—You are perfectly right when you write to me that in cases of neurasthenia I should examine the neck of the bladder and the kidneys. Both of them are at fault in the case in which I asked your advice.

I have a case of epilepsy of three years standing, produced, according to my judgment, by reflex irritation from the neck of the bladder, and I will induce the patient, who has been treated on both sides of the Atlantic, to see you and be treated by you with electricity.

Yours,

J. A. MUENICH, M.D.,

Madison, Wis.

EDITOR MEDICAL WORLD:—I like the new summer dress of THE WORLD better than any in which it has yet appeared—and inside it is a marvel of interest, value and excellence.

H. A. ROBINSON, D.D.S.

Foxcroft, Maine.

Tropa-Cocaine in Painless Extraction of Teeth.

EDITOR MEDICAL WORLD:—Tropa-cocaine, or benzoyl-pseudo-tropeine, as it is scientifically termed, is an alkaloid, first taken from the leaves of the Javanese Coca plant by Giesel, of Berlin, through suggestions from Liebermann, who subsequently prepared the same substance synthetically. We owe the credit of its development as a practical and useful therapeutic agent, however, to an American physician, Dr. A. P. Chadbourne, of New York city. My investigations of its usefulness have been confined to the art of painless extraction of teeth. Tropa-cocaine is of a somewhat similar nature to cocaine, excepting that it is almost free from the toxic and other deleterious effects of that otherwise wonderful drug. It is preeminently a local anesthetic, and as such, it possesses advantages over cocaine that make it incomparable. These advantages may be even greater than at present demonstrated. They consist in greater power; quicker action; freedom from systemic disturbances to a great extent; is not depressing to the cardiac motor ganglia; does not produce ischemia nor hyperemia; is a moderate antiseptic, rendering subcutaneous injections free from danger of sloughing or abscesses; retains its activity for months in solution, and is free from the danger of cocaineism, because of its very slight systemic effects.

The principal drawback to its use lies in its present great expense, which is unnecessary, as it is not difficult to obtain, nor expensive in manipulation. It is best used in four per cent solution, using a weak solution of pure sodium chloride as a menstruum. Its permanency in solution is probably due to lack of fungoid degeneration, as a result of a natural antiseptic quality which cocaine does not possess. In the painless extraction of teeth I have been charmed by its use. The many concurrent and subsequent ill effects of cocaine have driven it almost completely from the hands of conscientious physicians and dentists. Tropa-cocaine now is offered as a more worthy and reliable substitute. By its use we may assure the possessor of unwanted teeth that extraction of offending molars may be compared to clipping of the finger nails—nothing more. We may coolly secure a firm base hold of a decayed crown and successfully remove what would otherwise more than likely be broken, bungled, and botched. We may even crush through the edge of the alveolar process, grasp an ugly root, and smile as it quickly and without pain emerges in to the light of day. My experience has taught me that details must not be neglected, however, in its use, if we would have the best results. The gums near the teeth to be extracted should be first

wet with the solution, and after a delay of about one minute, two minims should be injected with a hypodermic syringe, in two places about one half inch apart, and not less than one fourth inch from the margin of the gums, both inside and outside of the teeth, making four injections of two minims each. This amount is sufficient for the extraction of from one to six teeth in in that vicinity. The effect of the drug will continue about twenty minutes. Minims should be gauged by the small thumb screw on the piston of the syringe. The injections should be deep, and in the direction of the roots.

A. D. HARD, M.D.,

317 South St., La Fayette, Ind.

Dislocated and Fractured Humerus.

Editor MEDICAL WORLD:—I was called January 14th, 1894, to see Miss Eva K., age 12. She had had a fall twelve hours before and the family, supposing she had just bruised and sprained her shoulder, had been applying liniments, thinking it would be all right, but it grew worse.

I found it very much swollen and painful. She could not bear for it to be touched or manipulated.

I placed her under complete anesthesia. On examination found the head of the humerus in the axillary region, also complete fracture of upper third of the humerus.

I reduced the dislocated head by using my thumbs as a fulcrum, placing my left hand over the acromian process and grasping the lower part of the upper third of the humerus with my right hand and using this as a leverage, with my assistant holding the lower part of the arm in line with the upper. In this way the head was very easily reduced in the way it came out. I then made a fulcrum out of absorbent cotton, and one assistant held this in place, while the other made traction on the arm from the wrist. I placed some layers of absorbent cotton along the full length of the humerus and the upper part of the forearm. I then applied very thick paste-board dampened with hot water so as be pliant, anterior and posterior, so as to cover or encase the arm, and the upper half of the forearm. I then bandaged it smoothly. I brought the arm at a right angle with the body and bandaged it there. I brought the elbow well up with it and made the shoulder look like it was one and a half or two inches higher. By this mode I got union by first intention of the shaft, and the head remained in its proper place. She didn't suffer any pain to speak of during her convalescence, excepting when I commenced to manipulate her arm so she would have proper use of it.

I am happy to say that to-day she has the same use of it that she has with the other.

Rhea Mill., Tex. J. W. FRANCE, M.D.,

Whiskey in Systemic Poisoning.

Editor MEDICAL WORLD:—Dr. Kohler, in THE WORLD for March, on page 84, in criticising Dr. Parkinson's treatment of diphtheria, gives a plan of treatment of his own and recommends the free use of whiskey, without stating at what stage, or condition, or why he would give it, only use it "freely" "given in large doses without fear of intoxication, as the virulence of the disease counteracts the effects of the remedy."

The doctor undoubtedly has gotten hold of an important fact, well understood and comprehended by many of the experienced practitioners; but without further explanation his suggestions are very misleading to the inexperienced, for the reason that the "free use of whiskey" is certainly not adapted to all cases, or in all stages of the disease, and may do much harm if employed indiscriminately, but that there are cases and conditions in which we can accomplish with whiskey what we cannot with any other remedy, can scarcely be questioned; but it is important that we clearly understand those conditions, and the object for which we are giving it.

I think it will be admitted without debate that, aside from laryngeal croup, the chief danger in diphtheria is the paralyzing and depressing effect of the poison in the blood, a condition by no means peculiar to diphtheria, but is observed in the poison of dissecting wounds, some forms of erysipelas, gangrene, etc., etc.

Its profound impression upon the nervous system is unmistakable, and when any case, be it diphtheria or whatever the cause of the toxic or animal poison, has reached this stage, whiskey will not intoxicate, but its effect is salutary, and it should be given freely.

Whiskey being an anti-ferment, and at the same time anesthetic, its action is twofold when administered in this condition. It at least retards, if it does not arrest, the process by which this toxic material is formed, and at the same time so obtunds the nervous sensibility as to render the nervous system more tolerant of the poison, thus holding matters in abeyance until the eliminating organs will have had time to get rid of the offending material.

Also, there is probably no other known remedy with which we can so completely saturate every tissue of the body, and which we can bring in contact with every atom of the poison, without injury.

But valuable as this remedy is in certain con-

ditions, it should never be used, without having clearly in mind the object to be accomplished.

Imperfectly as we understand what we call toxic, septic, or animal poison, whiskey seems to act alike in all cases of rapid development, that is, it does not intoxicate, it retards the process, and renders the nervous system more tolerant to the toxic influence. This is equally true of venomous poisons as well as those under discussion.

J. C. SPOHN, M.D.,

Fort Scott, Kan.

The Lowest Death Rate Yet Reported.

Editor MEDICAL WORLD:—Your letter of the 22d is at hand and contents noted. I am glad of the opportunity of contributing the following:

The human family is composed of two classes—those who are afflicted with disease, and those who are not. The former are ever searching for remedial agents and health resorts, that they may be restored to health. And all are anxious to prolong their lives to the extreme limit. The germ theory of disease which has claimed the attention of the best medical minds in the world, has at last, under the searching light of the microscope, passed from theory to established fact, and the medical mind is now turned to combatting the conditions by which disease is produced. The germs or microbes exist in the water we drink and in the air we breathe, and through these two sources they find an entrance into the human system and contaminate the blood.

There was a time in the history of this State when the mention of its name was suggestive of ague, bilious fever, neuralgias, sallow complexion, enlarged spleens and diseased livers. But, thanks to the intelligence, energy and industry of our people, the low lands and swamps have been drained and brought into a high state of cultivation, and, as a result, the germ-producing cause of disease is gone, and malarial disease in this portion of Indiana is a thing of the past.

Now, as to this locality: I have practiced medicine and surgery here since 1867. When I came, the Wabash and Erie Canal was here, but navigation on it was almost abandoned. Its surface was covered with a vegetable growth, its banks produced luxuriantly the largest specimens of weeds of almost every variety, and adjacent to and near the city were low tracts of land covered with vegetable matter; the streets were not improved; no gutters carried off the accumulated filth; no system of water works; and, in addition to all this, the prairie lands east and southeast of the city abounded in ponds

and low places, where large quantities of vegetation grew, fell down and decayed. The consequence was that all the conditions were favorable to the development of malarial diseases. For the first ten years after I came, that is, from 1867 to 1877, about one fourth of the population of the city and surrounding country were prostrated with ague, bilious fever, and, in short, with all the diseases produced by malarial poison.

What has occurred since? The canal has been abandoned and drained, and in many places its former bed is under a state of good cultivation; and under the direction of a wise and intelligent city government our streets have been graded, graveled and guttered, and the sidewalks are composed of concrete. The water supply is now obtained from flowing springs within the corporate limits of the city. The water is pure, cold and healthful. In addition to this, there are two flowing artesian wells on the city plat, one of which contains the valuable mineral, lithium.

I have been secretary of the city Board of Health for the past two years, and, under the State law regulating such matters, all deaths and contagious diseases were reported to me. There was in that time but one epidemic of scarlet fever and diphtheria. The city and township together have a population of upwards of 4,000 people. In 1892 the death rate per thousand was a fraction less than five; in 1893 just five; up to this date, June 29, 1894, eight deaths are reported.

During the past ten years no case of malarial fever has occurred in my practice, and from what I learn from the other physicians here, my experience has been theirs.

The city is situated on the east bank of the Wabash river; the soil is sandy, and the ground rises gradually from the river to a height of over 100 feet.

Situated in Warren County, four miles from this city, is the "Indiana Mineral Springs," famous for its Magnet Mineral Mud Baths and Lithia Water which cannot be surpassed for the relief of all functional diseases. Other springs of value have recently been discovered in the immediate vicinity, and all indications point to this locality as a great health resort in the near future.

The climate for the greater part of the year is delightful, the surrounding country is rich, productive and picturesque, and the landscape, as viewed from the elevation east of the city, is unsurpassed in beauty.

I have avoided any statement that exaggerates in the least the healthfulness of this locality. If there is any place that can truthfully be called a health resort, it is this. No locality in Cali-

fornia, New or Old Mexico, can furnish a smaller annual death rate per thousand, so far as I know.

J. T. RICE,

Attica, Fountain Co., Ind.

The Injection Treatment of Hernia.

Editor MEDICAL WORLD :—There is a very profitable branch of minor surgery that has been almost entirely lost to the medical profession, viz : the non-surgical treatment of reducible hernia.

Carefully prepared estimates show that nearly if not quite one-tenth of the entire population—old and young, male and female—suffer from some form of rupture.

Physicians have allowed nearly all of this valuable clinical material to go directly to the truss makers, because they could do no more than the truss maker—simply fit a truss.

These cases may now be reclaimed to the profession by adopting the non-surgical deep hypodermic method of treatment. This method of operating was, it seems, first experimented with by the elder Pancoast in 1836. He used the tincture of iodine, and the reaction was so great that the practice was condemned. Later on, Heaton, of Boston, reported numerous cures, but his injections also set up violent inflammation, the patients being confined to their beds for some time. Then, too, the fluid used, not being aseptic, the results in many cases were serious, and the profession once more condemned the procedure.

Latterly the method has been again revived, but along strictly scientific lines, and is now receiving the attention of, and being adopted by, advanced surgeons all over the country.

In many cases of hernia in children that have been brought to me for treatment, I found that the parents had been told by the attending physician to pay no attention to the rupture—that the child would outgrow it. This is a great mistake. The earlier a rupture is properly treated after its discovery, the better, whether in young or old. The first thing to be done is to reduce the hernia, and then to apply a well-fitting truss of some kind—one that will hold the hernia in place. In some very young children I use a home made truss. This is made of canton flannel, of three or four thicknesses, two and one-half inches wide, well quilted, and long enough to go around the body and lap well. Upon one edge, where it will fit over the seat of the rupture, a well-stuffed pad of cotton should be stitched, so placed as to make firm pressure when applied. Fasten the belt in place by means of safety pins. Have a perineal strap of the same material, to hold the band down. If properly made and put on, this bandage will

be all that will be needed in the way of treatment at first. Have several of them, so they may be kept clean.

In some large scrotal hernias, in adults, I have found it better to use at first a so called scrotal truss, with a soft pad and a perineal band. After a few injections have been made, and the hernia is more easily retained, a different truss should be used, as firm and even pressure must be brought to bear upon the canal and over the inner ring, to keep the parts well coaptated until firm adhesion takes place.

The technique of treatment is as follows : Place the patient on the table, replace the protrusion, if out, and wash the parts with some antiseptic solution. I nearly always use lysol, and find it very effective. Next locate the external ring by invaginating the scrotum with the index finger, and inject into the skin, immediately over it, a few minims of a five per cent. solution of cocaine. It may be well, in some cases, to add to each cocaine injection one drop of a one per cent. solution of nitro-glycerine, to prevent any possible unpleasant reaction from the cocaine, but I have not yet found this necessary. If a very small needle is used for the fluid the cocaine may be omitted.

Having allowed two or three minutes for the cocaine to take effect, proceed to inject the hernial fluid. There are several minor details in this procedure that must be observed. See that you have sufficient fluid in the syringe, and that the air is excluded. Free the tip of the needle of the drop of fluid naturally gathering there, oil it, and, having punctured the skin at the seat of the cocaine injection, carry the needle through the outer ring, dipping it down and into the canal, and follow this up to the inner ring, carefully avoiding the cord, and guiding the needle at first by means of the finger pushed up to the outer ring.

Having reached the internal ring, or as nearly as possible, slowly inject from three to five, or even more, minims of the fluid, as may be deemed best, and withdraw the syringe. Sometimes I insert the needle a little below the location of the inner ring in an oblique direction, passing it in until, from experience, I judge it to have reached the proper point, and then make the injection. A little practice will soon enable any one to operate successfully. Gently massage the seat of injection with the fingers, so as to evenly distribute the fluid in the tissues. Repeat the operation every five to seven days, according to the reaction. There will be more or less of a burning or smarting sensation, lasting for two to five minutes, when it will pass off.

The truss must be adjusted before the patient

gets up, and he must be instructed to take it off only after laying down at night, and to replace it before arising in the morning. There will be some soreness of the region following the injection, lasting for a day or two. This must be explained to the patient, that he may expect it. A healthy adhesive inflammation must be set up, or the rupture will not be cured. From six to twelve injections are generally required to effect a cure. The older the subject the longer the time required.

The fee for the treatment of hernia is graded to the ability to pay, and to the degree, as well as the nature of the case. A double rupture will require double work. In such cases I generally alternate the treatment on the two sides, so as to not subject the patient to too much discomfort. The charge for fitting a truss should be not less than ten dollars, except to poor patients, to be paid at once. For the subsequent treatment, from twenty-five to one hundred dollars or more, according to circumstances, may be charged, one-half to be in advance, and the balance when a cure is effected, or as may be agreed. It is always better to get some advance payment. The patient is far more likely to follow up the treatment and pay the balance than if such payment is not made.

In all my cases I have not had a single dangerous symptom, or one bordering on that line. The patient loses no time from work or business, except the fifteen to twenty minutes required in the office once a week, and in a comparatively short time walks out a well man.

The only point to be emphasized is, that just enough inflammation must be kept up for a sufficient length of time to effectually seal up the canals. A little experience will soon determine this. Commence with a minimum dose and increase to the tolerant point, and keep it there. The truss must be worn for some time after the patient is pronounced well, to afford protection to the parts until the adhesions are quite firm.

Of course, in operating by the injection method, only a thoroughly tested, safe and reliable fluid should be used. Furthermore, the doctor should know just what he is using, and thus be free from the feeling of prescribing or using a secret preparation.

WM. H. WALLING, M.D.,
1606 Green street, Phila.

**Was it the Effect of Quinine?—Cholera Infantum.—
Forceps.**

Editor MEDICAL WORLD:—Last summer I attended G. B., age 19, weight 127 pounds, height 5 feet 7 inches. He had pneumonia at the age of 11, being under treatment at that time for six months. Father died of phthisis

tuberculosis, also one uncle. When called, I found a well-developed malaria, tongue heavily coated, pulse 98, temperature 99½, enlargement of liver and spleen, slight tympanites, bowels constipated. Gave calomel and podophyllin in broken doses every hour, until bowels moved. Then two grains of quinine every two hours, until symptoms of cinchonism made their appearance; afterward two grains of quinine four times a day, also calomel and podophyllin sufficient to keep bowels in condition.

After four days the pyrexia ceased, and he improved fast. The quinine ordered only twice a day. On the tenth day, contrary to my advice, he attended a wedding, drank cold beer, and took part in a barn dance. Four days afterwards I was called in haste, and learned from his mother that he had two passages of pure blood, also bad cough, expectoration, tinged heavily with blood; not much pain, only while coughing; pulse 80, and hardly perceptible; skin clammy and cold.

Gave fl. extr. ergot, turpentine, aromatic sulphuric acid, and tinct. opii., aa gtt. v. in mucilage accaciæ, every half hour, applied hot. Whisky, with aromatics, to chest, abdomen and legs. No more bloody stools after four doses. Then I put him on anodyne pine expectorant and syrup hydriodic acid, a teaspoonful alternately every two hours, and ½ gr. of calomel three times per day. Five months continued treatment made him well and strong. Was it quinine?

As the time for cholera infantum 'is here again, let me give you my treatment: Tinct. opii camph., listerine, elixir lactopeptine, glycerine, equal parts. Give small doses at first. Lemonade—sour, not sweet—and when occiput is hot lay the little sufferer on cold compresses; he will be thankful for it. Aromatic whisky or mustard plaster on abdomen, also on legs.

This reminds me of a very able article from the pen of Professor Larabee, in the *Cholera Infantum*, No. 4, 1892. He calls the mustard plaster an old chestnut. I was sorry to see the baby thrown out with the bath. That chestnut is easy to crack. Professor, you surely do not deny that capillary action in cholera infantum is a fundamental necessity; and how can we obtain it more quickly? It is a well-known fact that a mustard plaster on the abdomen and epigastrium often is sufficient to quiet gastric disturbances, opening the road for other remedies. When discharges are very fetid, flushing of the colon with 3 to 5 per cent. solution of creolin, or, better, listerine, 10 to 20 per cent. solution. Diet, exclusively predigested food, until all gastric disturbance has disappeared.

The question when to use the forceps seems still to trouble some minds. When the head stops advancing, and pains are insufficient, then is the time. No conscientious physician will allow his patient to drag along, sitting there to await exhausted nature's efforts. I admit that forceps are used more now than twenty-five years ago; and why? Because we know the necessity. In old medical works we read: "Never use forceps on a primipara." Simple theory, without the least practical foundation. The forceps in the hands of a skillful accoucheur are a safe method of delivery. With a "Sawyer's" forceps, which every obstetrician ought to have, you have the labor under perfect control, and the worst rigid perineum is safe; you cannot do so without.

In a twenty-seven years' large obstetrical practice I came to that conclusion. Apply your forceps after the rotation of head; use traction only when pains are present; when the occiput reaches the perineum only allow it to advance far enough to stretch the perineum, and when danger seems apparent, hold it in check.

Use hot fomentations during the intervals of pain. Do I use ergot? No. In 75 per cent. of labors we find, when called in time, the patient suffering from false pains, and I always give tinct. opii. and flu. extr. gelsemium, 20 to 30 drops, which brings on natural pains in a short time. If the os remains rigid after first dose, repeat in an hour. Give it until it has the desired effect. Medicines whose actions are known to a certainty must be given according to effect, and not according to text-books. After the child is born keep your hands on the uterus, and when you feel it contracted, the placenta can easily be brought out by gentle traction on the cord and squeezeing of the uterus externally. In abortions, empty the uterus and see it contracted before you leave your patient. A physician not doing so is guilty of criminal negligence, in my eyes.

DR. JOHN ZENNER,

Colwich, Kan.

Acetanilid.—Hernia.

Editor MEDICAL WORLD:—In the June number of THE WORLD, page 200, Dr. D. Boswell writes under the caption "Is Acetanilid So Dangerous?" and makes some strong points against the oft-repeated statements that acetanilid sometimes produces great depression of the heart and circulation, accompanied by cyanosis. A majority of the physicians with whom I have talked upon this subject are afraid of the depressant action of the drug and use it with caution. My experience with it has shown several instances of partial collapse after its adminis-

tration in only moderate doses. But the most serious results I have seen follow its use were manifested in its action upon the kidneys. In every case where it has been given in repeated doses the urine became dark-colored and diminished in quantity more than we would expect it to do simply from the amount of perspiration produced by the drug.

In cases of continued fever, where acetanilid has been employed daily for two or three weeks, I have seen strangury occur repeatedly. This strangury does not differ in symptoms from that produced by cantharides, but it does not yield to camphor. In consultation once I saw two young ladies, sisters, both of whom had taken acetanilid regularly for more than four weeks during continued fever, and who had the most obstinate cases of strangury I have seen. In a married lady, aged twenty-five, previously healthy, who had a continued fever, in the first week, the physician gave 8 grain doses of acetanilid every hour until three doses were taken—that is twenty-four grains in two hours. Complete suppression of the urine immediately supervened and the secretion was never re-established. The patient died within forty-eight hours. We could find no cause for the suppression except the acetanilid. Let us hear if others have not had a similar experience.

Of late we have heard much of the treatment of hernia by the injection process. I have gone to some trouble to look the matter up, and have arrived at the conclusion that this treatment of hernia is much superior to the knife in every way. I find that hundreds of cases have been successfully treated in this manner. Of more than thirty such persons examined by myself not one shows any signs of hernia. Some of these were treated five years since. This would look as if it were a permanent cure. I have employed the injection treatment in several cases with entire success. With a definite knowledge of the anatomy of the parts, a correct comprehension of the conditions present and a proper needle to work with, no physician need fear to undertake the operation by injection. It is simple, is quickly done, is almost painless and, therefore, requires no anesthetic. I can not find where any bad results have ever followed the employment of this treatment. Certain it is that a number of advertisers in this country are doing an immense business in this line and are *curing their patients*. I cannot understand why the rank and file of the profession are so slow to take up a line of treatment which promises so much, particularly when it is computed that there are four millions of ruptured people in the land.

Covington, Ky. W. R. GILLESPIE, M.D.,

The Merits of Acetanilid.

Editor **MEDICAL WORLD**:—In June number, page 200, Dr. Boswell, of Imperial, Neb., gives us an interesting article on acetanilid. I concluded to come to his assistance, and give my experience with one of the most important preparations of the coal tar (or phenol) series. I am of the same opinion, and often ask why our brothers in the medical profession could condemn so valuable a preparation. The dangers produced by it, that appeared so often in these columns, seems to be almost without foundation.

It appears to me that the great secret lies in the inexpensiveness of the drug; if it would cost fifty, seventy-five cents or one dollar an ounce, our brothers would prescribe it more readily. Take some of the other expensive preparations under the same head; you will find that they have the same action and, if tested properly, are not as good as acetanilid.

Several years ago, while in Berlin, Germany, I had occasion to buy some phenacine, one of the phenol series. What did I pay for it? Eighteen cents. If I want to buy it in my own country I am obliged to pay seventy-five cents to one dollar an ounce. Germany gives protection to her physicians while the United States does not.

One year ago, when in Washington, D. C., at the medical congress, twenty-five representatives from New York came down representing as many foreign manufacturers, telling us people how to fix certain drugs and allowing them exclusive right and patents. That is why we are obliged to pay enormous sums for foreign drugs.

Brothers, what we want is better medical legislation in the United States.

I give acetanilid the credit of my success in starting out in the medical profession. Seven years ago a family was stricken with scarlet fever. The mother died at the end of five days. The father took the disease a few days later. When I was called in I found a temperature of about 104°. I at once prescribed acetanilid. In two hours the fever came down to 102° and staid there. A day afterwards the only child, four months old, also took the disease, with a temperature of 103½°. I gave it the same medicine, with the most happy results, and both got well. After these good results, I am using it in all fevers. Not only is acetanilid valuable in fevers, but as an anodyne it is most valuable, having no disagreeable effect on the stomach.

In nervous headache, rheumatism, etc., it is especially valuable. I give it in small doses frequently repeated. I have now been using this drug for a little over seven years, and never was disappointed nor had bad results from its

use. Brothers, I urge upon you to give acetanilid a fair trial. You will not only sustain your reputation but at the same time you will save money.

DR. A. G. KRUM,
Lebanon, Pa.

Antipyresis.—Replies.

Editor **MEDICAL WORLD**:—While perusing the interesting pages of **THE WORLD** I was somewhat amused at the wide difference of the opinions of Drs. Borham and Boswell,—page 200, June **WORLD**—concerning the antipyretics. I think Dr. Borham goes to an extreme when he says in speaking of the coal-tar derivatives: "I have found them in sufficient doses to be dangerous and in smaller doses inoperative, and in the diseases of children almost useless." Dr. Boswell says, "I have prescribed and dispensed pounds and pounds of it and have failed to ever see any of the fearful effects we are told it produces."

Now, I am not writing to criticize, but I think if Dr. Boswell will try some of the new antipyretics to hold the fever within proper limits throughout a severe case of typhoid fever, he will notice some of those "fearful effects." I wish simply to say that I use *both kinds* of antipyretics—coal-tar derivatives, and aconite with veratrum viride. When I am called to see a patient and he has a fever of 103, 4 or 5° and a splitting headache, I could not give my patient anything better than ten grains of acetanilid, moistened with aromatic spirits of ammonia.

I use aconite, veratrum viride and cold baths, one or all, where the action of an antipyretic is to be maintained for several days or weeks. In other cases I employ the new antipyretics. Isn't that a good plan, Brothers?

I would like to ask Dr. W. C. Abbott,—page 208, June **WORLD**, case third—if he made a perfect aqueous solution of aconite and calomel!

Dr. Sam'l. W. Roberts, page 193, gives an account of a case of malignant diphtheria, in a very healthy and clean place in which "no measure of isolation or disinfection were taken, and this was the first and only case that ever occurred in that neighborhood." There being several children in the family, and assuming that Dr. Roberts will not deny that the disease is an infectious one, the question comes to my mind: *Was it a case of diphtheria?*

Doctor, what theory do you offer to account for the phenomena of diphtheria?

If it isn't a "bug," what is it?

Dr. I. W. Cohen (page 212), remember **THE MEDICAL WORLD** is growing as well as its list of subscribers. Probably Dr. Mehring, like myself hasn't got **THE WORLD** for 1890, which

gives a process for removing carcinoma without the knife—I wasn't a doctor then and maybe Dr. Mehring wasn't. Think what a big thing THE WORLD is. E. E. THOMAS, M.D.,
Horn Hill, Texas.

Alkaloidal Medication.

Editor MEDICAL WORLD:—I note with pleasure the manifestly increasing interest in medication with the active principles, as evidenced by the more frequent mention of the same in your pages. Dr. Buckley always has something good to say and his article in your June issue on Children's Ailments deserves more than passing notice.

Dr. C. M. Smith details what appears to be his first experience with alkaloidal granules, but we would infer from his success that it would not be his last. We are sure the doctor will take our suggestion kindly, not to give the granules in a spoon with a little water as he did, unless there is some special indication calling for the method. As a rule, except when completely dissolved, they should always be placed dry on the tongue and washed down with pure cold water or some other bland drink. By so doing almost all taste is effectually covered, and this is not one of the lesser advantages of the alkaloidal method. We are pleased to note Dr. Smith's success with zinc sulphocarbonate in typhoid fever. To all who are not, like the doctor, well posted on the great usefulness of this salt, we will say that one of the best articles we have seen is given in the June *Alkaloidal Clinic* by Dr. Shaller, of Cincinnati. (The writer of this, being the editor of the *Clinic*, will furnish all the sample copies that may be desired.) This is one of the best remedies for the various and troublesome derangements of alimentary decomposition and is a timely topic at this season of the year.

W. C. ABBOTT, M.D.,

2666 Commercial Street, Chicago, Ill.

The Important Question of the Regulation of the Practice of Medicine.

Editor MEDICAL WORLD:—Dr. Line's article in the June number suggests a query: If the States have a constitutional right to enact laws regulating the practice of medicine, as they now do, by what authority can Congress deprive them of that right?

If regulating the practice of medicine by the States does not come within what is known as the "police powers of the State;" if it is not one of the rights "reserved to the States respectively," is not such regulation a usurpation of Federal authority? I am inclined to the belief that the right to relieve the physical sufferings

of our fellow-men is one of the inherent rights of humanity "reserved to the people," and with which governments have no moral right to interfere. A Cabinet health officer, exerting his energy in a proper direction, could no doubt accomplish great good. On the other hand, such officer, if injudicious, might inflict on the profession and the country lasting injury.

Such officers might be chosen as other Cabinet officers are—not so much on account of their fitness for the place as for their political influence. Almost every day we see in the conduct of our government, both State and National, men of honest worth and moral stamina pushed aside to make room for the political trickster, who is both able and willing to sell the people's best interests for political or individual advantage. This wickedness is already apparent in some medical examining boards. None will deny that the health officers in many, if not all the States, are doctors that have a "political pull," or have gained their prominence by a constant stream of "interviews" in the secular press. I know of one instance where one of these officers, in public print, assured the public that a certain disease prevalent in his city was not scarlet fever, but scarlatina.

The ablest jurists of this country have always held the right of expatriation as inviolable, either by the State or National governments. Our government has never deemed it judicious to erect legal barriers against those citizens who wish to remove from one State to another. In fact, the Supreme Court of the United States has, time and again, declared that no State has any legal right to enact such laws.

There is more than one side to the question of medical censorship by political methods, and, as a full and free discussion cannot injure the right, I would like to see the pros and cons set forth in THE MEDICAL WORLD, the June number of which is superlatively good.

St. John, Wash. DR. J. W. LOCKHART,

Some Medical Fallacies.

Editor MEDICAL WORLD:—When one reads of the incantations of the medicine man of the Indians, of the witchcraft of olden times, or of the decoctions of snake skins, spider legs and rats' eyes, of the Chinese doctor, one is apt to think with pity of the infatuated dupes who are taken in by them.

And yet how much better or wiser are the educated, cultured minds of to day! I propose to look for a few moments at a few of the theories which we are asked to swallow as facts, and which, in the writer's opinion, should be sifted by the meshes of common sense.

I know we are told that what is foolishness

to day is science to-morrow. We are told that Harvey and Jenner were ridiculed in their day; but we are not ridiculing these wild theories of to-day. Are we not swallowing them with open mouths, not even trying them by the standard of common sense, but taking it for granted that by some inexplicable, unguessable theory, known laws may be overthrown, and, in fact, expecting results as foolish as the alchemist of old?

It is not necessary to more than incidentally refer to the foolish vagaries of the Christian scientists. But when we find leading lights of the homeopathic school, educated men, rushing in to print with the account of having cured (?) a case of tinea sycosis with one dose of the two hundredth dilution of sulphur, or of having cured a case of sweating feet with smelling a few times of the two hundredth dilution of sugar of lead, or collecting pus from a case of itch on a negro, for the purpose of "proving" it, it leads us to say, "What are we coming to?" Now to the main issue—the point I am driving at.

We are asked by men "away up" in the medical profession to believe:

1st. Extract of lambs' testicles will make a man young again.

2d. Extract of bullock's heart will cure organic heart disease.

3d. Extract of sheep's brain will cure epilepsy and other nervous troubles.

4th. Extract of spinal cord will cure numerous diseases.

5th. The application of a disc of metal, such as iron, copper, gold, will cure hemiplegia—sometimes!

6th. Extract of kidney will cure Bright's disease.

I will take up these absurd propositions by number, and will premise by saying, I do not condemn all of the so-called animal extracts, for there is as much difference between giving thyroid extract for myxedema, and heart extract or cardine for heart lesions, as there would be between giving pepsin for digestive troubles and boiled feathers for alopecia.

Proposition 1st. They say it does good in some instances. So do bread pills. What condition must a man's brain be in for him to invent the experiment, in the first place? I should as soon expect to hear of lamb penis stew.

2d. As soon expect "sheep's trotters" to cure onychia, or bird claws to cure a felon. The heart is composed of animal tissue (muscular), and has a mechanical duty to perform, and why should extract of heart affect it any more than extract of diaphragm?

3d. I wonder what effect extract of calves' brain would have on the inventor. In the old-

fashioned disease of rachitis is it not more rational to give the chemical constituents of bone, as the hypophosphites, etc., than it would be to give extract of bones?

4th. Is there not danger here of starting our original tails to grow again? If not, let us make it obligatory on our senators, etc., to take daily doses, to give them back-bone.

5th. "Cases of writers' cramp, and of chorea, among spasmodic affections, and neuralgia, have been suddenly cured by the use of the esthrogenic metal" (Bartholow's *Materia Medica*, 6th ed.); but the writer adds, p. 313, "but failures are greatly more frequent than the successes."

I have the greatest respect for our noble Bartholow, and do not believe he would use this treatment for neuralgia, etc. But let us never more talk of homeopathic vagaries, while our standard authors refer to such "stuff" except in condemnation.

The above was prompted by reading an excellent editorial in the *Lancet*.

One more fallacy, and I will close this already lengthy article. I refer to the theory as to the use and origin of the appendix vermiformis.

Flint's *Physiology* sensibly says: "The use of the appendix is unknown." Gray's *Anatomy* more positively says it is "the rudiment of the lengthened cecum found in all mammalia, except some of the higher apes and the wombat," but says nothing of its use. Others go farther, and say it is the remains of what we had formerly, before we descended from apes. That is on a par with saying the hair on our heads is the remains or rudiments of the hair which still covers our forefathers, the apes.

I like better to say, "And God made the beast of the earth after his kind," etc.; "So God created man in his own image," etc.

Now, don't think I want to get into a theological argument. I give this as one reason why I believe the appendix is an organ, with a mission to fulfil; and that sometime some man will find why God put it there, as they have found the use of the thyroid gland.

To those who advocate amputation of every appendix I would say, with a recent writer, 'It is a wonder some one don't discover that such men's heads are the useless rudiments of a once-needed organ in our forefathers, the apes.'

THE WORLD is just the journal to let light on these questions.

Vernonia, Ore. C. H. NEWTH, M.D.,

Editor MEDICAL WORLD:—I like your journal, because it helps me in every way—helps me in my own cases, and gives me the chance to help some other fellow who needs it—and who is it that does not appreciate a good thing, with or without sugar?
Brodnax, La. BEN H. BRODNAX, M.D.

Diarrhea in Children.

Editor **MEDICAL WORLD**:—The profession owes Dr. J. J. Taylor lasting praise for his most excellent article on page 233, June, 1892, **WORLD**—his formula for diarrhea. We suggest that you publish it every summer during **THE WORLD'S** life. I feel safe in saying that in my hands it has saved dozens of lives. We have an unusually large number of cases of diarrhea this year, and all respond to this treatment. Long live Dr. Taylor!

Woodstock, Va.

W. S. CLINE.

[The formula is as follows :

- R. Sub-nitrate of bismuth.....drams iv
- Pulverized nut-mega.....
- Prepared chalk, of each.....drams ij
- Sulpho-carbolate of zinc.....grains xij
- Syrup of ginger.....ounces ij

M. Use shake label.

S. One teaspoonful after each passage.

This makes a thick mixture, which is not unpleasant to take. If syrup be not desired, use tincture of ginger with water or mucilage of acacia. The salicylate or the sub-gallate of bismuth is a good substitute for the sub-nitrate.

As we have so often stated in regard to medical knowledge, we did not originate this formula entirely. Like all other valuable information, it has grown, each one improving it according to his experience. Dr. Cline's example should be more generally followed—that of reporting successful or unsuccessful experience with methods of treatment that have been published. Sometime we should like to publish a special number composed entirely of confirmatory experiences with facts that have appeared in **THE WORLD**. It would make a most useful and valuable number.—J. J. T.]

An Obstetric Experience.

Editor **MEDICAL WORLD**:—I have a case of obstetrics to report that may be of interest to the many readers of **THE WORLD**. January 24th, was called at 4 P. M. to see Mrs. S., age 36, and the mother of four children. I found the patient suffering from la grippe, with a terrific cough and vomiting, with uterine hemorrhage, seven months and a half gone in pregnancy. The os uteri dilated to about the size of a ten cent piece. I gave medicine to check the hemorrhage.

January 25th, was called again—hemorrhage again. I gave as a checking powder :

- R. Plumbi acetatis.....gr. xij
- Opil pulv.....gr. vi
- Ipecac pulv.....gr. vi

Divide into twelve powders.

Sig. One every half hour till hemorrhage stops.

It did the work. I was called again on the 27th; still uterine hemorrhage. I prescribed the above formula with good results.

On the 10th of February, I was called again. Still found uterine hemorrhage. On the 9th of March, I was called again and found patient in labor. Upon examination I found the os dilated and a spongy substance within. I notified the husband that we had a case of placenta previa; I gave ergot. The next day at two o'clock she was delivered of a 2½ lbs. child. The placenta was split. One-half was lapped over the child's face; the other half was attached to the uterine walls. It looked smooth, as if it had been split with a knife. She made a good recovery, and the child is doing well.

Ozark, Ark.

J. R. DUNN, M.D.,

Respiratory Inflammations Treated by the Fumes of Acetic Acid or Red Wine Vinegar.

Editor **MEDICAL WORLD**:—I have read in the May number of **THE WORLD** a letter from Mr. E. J. Marsters, mentioning the use of fumes of acetic acid in consumption, bronchitis and other respiratory inflammations. I have been using this medication since 1889 and I have always obtained very good results. The remedy was suggested to me, first by an "old woman." It consisted in :

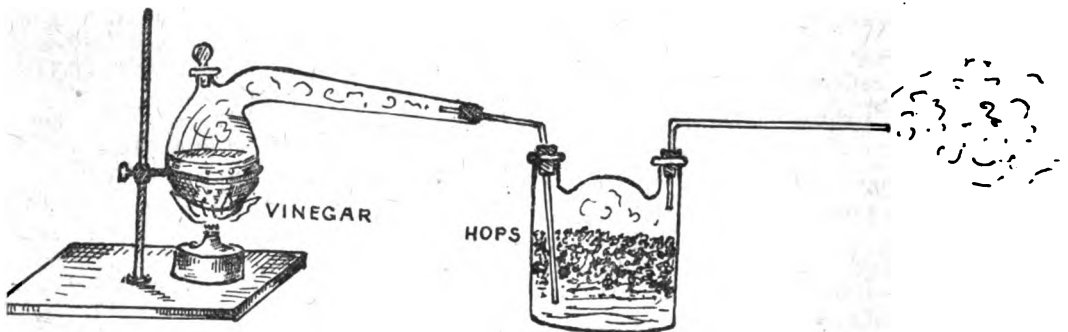
"To boil a handful of hops in about one pint of water; when hot and steaming, add to the *mush* one or two tablespoonfuls of strong vinegar, instruct the patient to place his face over the steaming vessel, covering his head with a large towel or table-cloth, and let him inhale and breathe the steam freely."

About the time mentioned above, I had a patient, a woman, in the last stage of consumption, with hectic fever, hemoptysis, colliquative sweats and diarrhea, and my only successful way to relieve her was by atomizations of creasote in glycerine by means of a Codman & Shurtleff's steam atomizer.

She became disgusted with the creasote atomizations and I knew that I would be compelled to let her die without any more relief on this account, when I noticed in the January number of **THE MEDICAL WORLD** (1889) an article on "acetic acid as a disinfectant." I thought then I would try to use it in place of creasote, but as my poor patient was tired of atomizations, I determined to improve (?) the manner of administering the old woman's remedy. My patient grew decidedly better, she experienced remarkable relief and I am satisfied I prolonged her life and made her considerably easier; she died, anyhow, about two months after.

I have used the treatment frequently since, and I have always been very much pleased with it, and to the satisfaction of my patients. This is my way of operating; I put in a glass re-

tort about eight fld. ounces of good, strong, red wine vinegar. The retort is connected by a glass tube with a double neck bottle (this bottle is a part of a Bergeon's apparatus I had bought about two years before!) filled one-half or three-quarters with a fresh hot mash—not too thick—of hops and strongly acidulated water. The tube coming from the retort nearly touches the bottom of the bottle and I insert in



the other neck of the bottle a bended tube passing through the cork about one inch into the bottle; my apparatus is then ready. In placing an alcohol lamp under the bottom of the retort, the fumes of the vinegar are generated; they pass through the hot hop mash and are breathed, as warm as possible, by the patient. Hops may be probably omitted or replaced by other aromatic or sedative.

This treatment always affords great relief in sore throat, tonsillitis, coughs, asthma, dyspnea, hemoptysis, etc., etc.

I have also employed successfully, in cases of la grippe, the simple method suggested by the old woman.

Red wine vinegar is by far the best to be employed, probably on account of the astringency of the tannin. DR. H. P. MONTBORNE, Spokane, Wash.

Dr. Green's Treatment of Bronchial Affections.

Editor MEDICAL WORLD:—In answer to Dr. J. R. Thompson, of Woodburn, Ky., I will say that I was living in Virginia in the year 1856, before graduation in medicine. At that time Dr. Howard Green, of New York City, had acquired quite a reputation in the treatment of chronic bronchitis and incipient tuberculosis by the injection of a solution of nitrate of silver (strength not known) through a rubber tube into the larynx or, as some said, into the bronchial tubes. I remember that a practising physician of our county, Dr. Thomas H. Miller, went on to New York and remained

several weeks with Dr. Green to study his special treatment and perfect himself in the technique of the operation. After returning home he opened an office and treated several patients by this method. I remember of hearing of several cures that he made and others benefitted by the treatment. Dr. Miller died a few years after this. I do not think this treatment became popular with the New York

doctors and very little was said of it, outside the newspapers and laity.

Salisbury, Mo. C. A. JENNINGS, M.D.,

Periodic Headaches.

Editor MEDICAL WORLD:—Some time since, I called attention to an article published in THE WORLD, in regard to Haig's uric acid theory of periodic headaches, trusting that the attention of physicians might be called to this subject and more light gleaned to guide us in the future.

In this paper I shall only attempt giving a few of the symptoms attending these headaches and an outline of the treatment which I have pursued, with, at least, a fair degree of success; some of my patients having been relieved permanently, others for many months and some of them for years, to become sufferers again on a return to an unwholesome diet, as a too free use of nitrogenous food, or the use of wines, and malt or other spiritous liquors.

While I do not believe all cases of periodic headaches result from a lithemic condition, yet, in my opinion, this is largely the case.

On inquiry we find that, previous to an attack, the urine is clear, more copious and of lighter specific gravity than normal, but during, and immediately after an attack, it becomes darker, is of lighter specific gravity and deposits, on standing, a brown or reddish sediment, leaving a stain on the bottom of the vessel that is difficult of removal. It is also abnormally acid. The patient is irritable, despondent and complains of lassitude and weariness. The tongue

is coated, skin sallow and bowels constipated. There are eructations of gas, with other evidences of faulty digestion. The heart's action is irregular and irritable. Patient complains of rheumatic pains in the pectoral, intercostal and cervical muscles, also in the occipito-frontalis and the joints. In my opinion these attacks often take the place of a headache. I have had two such cases within the last few months, that have suffered, one from a rheumatic attack of the shoulder joint, and the other of the hip, the latter winding up with a headache of several hours duration.

Treatment; during the paroxysm, if light;

R. Phenacetine.....grs 5
Bromide of potassium.....grs. 10

To be given at a dose and repeated every hour until relief is obtained, or three or four doses have been taken. If the attack be severe, the extremities will be cold, when a hot foot bath, with plenty of mustard, continued for twenty five or thirty minutes, the bath being kept hot by the frequent additions of hot water, will be found useful. If the hands be immersed in hot water, at the same time, the effect will be heightened. If the coal tar preparations are given, special attention must be paid to the heart's action, as many patients will not tolerate them, and a dangerous cyanosis may be brought on. Phenacetine, in my opinion, is the least depressing. Next to this, I prefer the acetanilid. If the patient is restless, the pupils contracted and the pain pretty general over the head, ten drops of the tincture of gelsemium (green) with twenty or thirty drops specific passiflora, every hour, but with only half the quantity of gelsemium after the first dose, will often give prompt relief. If there be nausea or vomiting, wash out the stomach with water as hot as can well be taken, adding, if necessary, a few drops of fl. ext. ipecac. Should the above treatment prove inefficient, as it sometimes will, especially if not begun early, it only remains for us to give relief by a hypodermic injection of morphine.

The treatment between paroxysms will be largely, but not exclusively, dietetic. There is invariably faulty digestion, but no rigid course of diet can be adhered to in all cases. Temperament, habits and surrounding conditions must be taken into consideration. Foods that are easily digested and assimilated, consisting largely of non-nitrogenous substances, must be chosen. Toast with milk, Graham mush, eaten with cream and a little pure white sugar—though little saccharine matter should be allowed—with such vegetables as are found to agree and as digestion improves, small quantities of fish and soft boiled or poached egg may be taken. Every thing eaten should be properly cooked,

and no *fried food of any kind*, should be taken into the stomach. Avoid all sweet meats, pastries, pies, gravies, pork, desserts, malt liquors, sweet wines,—usually all alcoholic stimulants.

A warm sponge bath, containing chloride of soda should be taken every day or every second day, followed by a thorough rubbing, with a moderately coarse towel. If convenient, the shower or tub bath may be substituted for the above, with advantage. Systematic massage is most excellent.

Medicines: If the tongue is coated and bowels constipated, I begin treatment by giving five grains of triturated calomel (one to five), and one grain of triturated podophyllin (one to five), every three hours until bowels move or three doses of the mixture are taken, following the last powder, in two or three hours, with a small dose of effervescing sulph. of magnesia, provided there is not free action from the bowels. To regulate the bowels and excite the liver to healthy action, give one granule ($\frac{1}{4}$ grain) of podophyllin, with two granules ($\frac{1}{2}$ grain) of aloin, at bed time, to be followed on rising, next morning with a heaping teaspoonful of eff. sulph magnesia, in $\frac{1}{4}$ to $\frac{1}{2}$ glass of cold water. This may be administered daily until the bowels become regular, then gradually omitted, giving every second or third day or less frequently until no longer required, using in the meantime such dietary as will conduce to a regular condition of the bowels.

Remedies which improve digestion and give tone to the digestive organs will be found useful, as gentian, wahoo, wafer ash, or nuxvomica, before meals, followed by an after meal dose of some reliable preparation of pepsin. If the pepsin be given in maltine, plain, better results may be secured. A favorite remedy with me is the pepsin and wafer ash, in which glycerine is used as the vehicle. Three granules ($\frac{1}{37}$ grain) of quassine with one or two granules ($\frac{1}{134}$ grain) of arseniate of strychnine, is also a favorite prescription.

These remedies should be given before meals. If acids are indicated I prescribe the hydrochloric. I have not tried the nitro-muriatic acid in these cases. I have sometimes found Howe's acid solution of iron to act remarkably well, improving digestion and toning up the system generally. Alternated with Fowler's solution of arsenic, each to be given in four drop doses, the latter before meals and the former between meals and at bedtime, will often give the best results.

But we must clear out the abnormal quantity of uric acid. Acetate of potash, salicylate of soda, and the preparations of lithia are among our best remedies. The acetate of potash is apt to

disagree with the stomach. A three grain tablet of citrate of lithia (prepared by W. R. Warner & Co.) is not unpleasant and with me has proven quite efficient. I order one tablet four or five times a day dissolved in a glass of water, to be taken while effervescing.

The length of my paper admonishes me that I am calling for more than my share of space in one of the best medical journals published.

In conclusion let me urge the necessity of securing normal digestion and proper assimilation of food.

W. B. SQUIRE, M.D.,

Worthington, Ind.

The Morphine Habit.

(Concluded from July WORLD.)

Editor MEDICAL WORLD:—At the beginning of treatment every patient is placed on the use of an alkaline water, containing potassium bromide, carbonate and acetate, the proportions varying with the case. The urine is kept slightly alkaline, the kidneys active, and the nerves sedated, by the three salts named. The bowels are cleared out by cathartics, and the result of this is sometimes surprising to the patient, as well as to his attendants.

These preliminaries being attended to, the physician's duty is to watch the reduction, and note whether the symptoms are due only to it or to underlying disease uncovered by the removal of the morphine. All emergencies arising must be treated without opium, this drug being blotted out of the patient's materia medica for all time to come. Weakness of the heart demands the liberal use of sparteine; neuralgia requires heat and the anti-nervine powders (acetanilide, ammonium bromide and sodium salicylate). Nausea or diarrhea are best treated by the oxides of zinc and silver, bismuth and oxalate of cerium. Aching of the bones and muscles, particularly of the knees, is greatly relieved by the salicylates, and by hot or cold water. Faradism and the galvanic current are also of value in some cases, to relieve the pains until the probationary period is past. To reduce the severity of withdrawal symptoms the hot bath is of the utmost value. The hotter the water, the greater is the relief. The patient may spend hours in the tub if he so desires, and return to it whenever he pleases. Hypodermics of water, hot or cold, or of chloroform water, as near the seats of pain as possible, often give relief, but should only be used with the patient's knowledge, as deceit, once detected, ruins the physician's influence. Excessive doses of bromides cause a very offensive breath and injure the digestion. Hydrobromic acid sometimes answers a good purpose, in doses up to half an ounce. For insom-

nia, some do well on trional, while others sleep better on sulfonal. The large doses sometimes fail when moderate ones succeed.

The secret of success is sedation. The nerves, released from the paralyzing effects of morphine, react sometimes with violence. Hyperesthesia is the rule, and little bumps give rise to complaints of pain, that are not altogether imaginary or assumed for a purpose. The special senses are acutely sensitive. I have given antimony, aconite, veratrum and apomorphine with advantage. The latter is a specific for removing the desire for tobacco. But the drug that best replaces morphine is eserine, or physostigmine salicylate. This contracts the pupil, acts as a sedative, but is a tonic to the muscular fibers of the intestinal canal, and to the heart. It was for these reasons that I first administered it to a morphine case, and unexpectedly found that it produces the sense of comfort, euphoria, fully equal, or even superior, to that of morphine.

This alkaloid is derived from the physostigma venenosum, the ordeal bean of Calabar. Physostigmine depresses the motor functions of the spinal cord, in large doses depressing the motor nerve-ends also, and even the sensory. It stimulates involuntary muscular fiber, increasing the peristaltic action of the bowels, and raising the arterial tension, while slowing the pulse. It contracts the pupil and decreases intra-ocular tension. When the morphine had been reduced in one of my cases to $\frac{1}{16}$ gr. per day, the symptoms presented were: Abnormal irritability of the brain and cord, hyperesthesia, motor restlessness, weakness of the pulse, giving the sensation of half-filled arteries, mobile pupils, tending to dilate; lack of tone to the stomach and bowels, and the bladder as well. This condition seemed to indicate the use of physostigmine, and I gave $\frac{1}{16}$ grain hypodermically. Not only did it relieve the condition present, but it produced euphoria; the patient insisting that I had given him morphine in a larger dose than at the preceding injection. This result has followed every dose of the drug I have since given. The relief is complete for the time being. It does not last as long as that of morphine. I am not able as yet to say how often it should be given, or to what extent the dose may be increased, because in every case thus far treated by me the patient has been able in a few days to throw off the habit, and do without either morphine or the substitute. And I am firmly convinced that nothing will enable a man to adhere to his resolution, and make the cure permanent, like the ennobling consciousness that he has fought his battle and won it. "Resist the devil and he will flee from you." Set your

foot on his neck and his power over you is broken. Henceforth the demon may come as a siren to seduce you, but never as a relentless tyrant to master you by force.

From the time the victory is won I employ every effort to confirm in my patients the moral force. The pride of manhood in its strength is aroused by gymnastic exercises, feats of strength and field sports, whenever possible. The moral force is strengthened by urging the man to face unpleasant things. Morphinomaniacs are luxury-loving weaklings, physical cowards, moral shirks. I will make them plunge into a tub of ice-cold water, and when they learn to do this, and to enjoy the shock, as they do in a few days, I feel sure of the cure. A man cannot help respecting himself better when he marches into the cold tub resolutely, when he has never before in his life done such a thing. The first letter received when my patients return to their homes is pretty sure to tell of the tank being put up.

When the morphine has been wholly withheld for twenty-four to thirty hours, in those deeply sunk under its influence, the suffering may be severe. I then give one dose of morphine, $\frac{1}{2}$ to $\frac{1}{4}$ grain; the patient has a good sleep, and awakes free. In milder cases this sleep comes without morphine; but in all, when the marked abstinence symptoms have endured for forty-eight hours, the crisis is past and the battle won. A return of the symptoms is then only likely after exposure to cold or wet, or to work; the likelihood to such return decreasing rapidly.

The after treatment consists in such measures as are required by each case. Every underlying disease is studied and treated on the best systems. Nerve degeneration and the neurotic condition require massage, electricity, systematic feeding, inunctions of oils, carefully graduated exercises, and the use of the drugs we have learned to classify as nerve foods—phosphorus, arsenic, quinine, iron and strychnine. Fellows' syrup and hydroleine are preparations I am never without, and give to every case during convalescence. Neuralgics always take the following:

R. Phosphori..... gr. $\frac{1}{4}$
 Acid arseniosi..... gr. }
 Strychnine sulph..... gr. ss- }
 Quinin sulph..... dram i }
 vel
 Ferri carb. sacch..... dram j
 M. et in pil. no. xx div.
 S. 1 three times daily.

This is repeated in one or two weeks without the phosphorus.

For the paroxysms they take:

R. Acetanlid.....
 Sodii salicylat. (Schering's).....
 Ammonii bromid.....aa..... dram i
 M. Div. in chart. no. xij.
 S. 1 every hour or two for pain.

There is not much need of appetizers; during the four weeks' reconstruction they have a ravenous appetite, and get fat. Pepsin and malt extract are employed at first, with hydrochloric acid, until the digestive power catches up with the demand.

I have said that unless a man wants to be cured there is little use in making the attempt. Sometimes a patient comes at the solicitation of relatives—a broken-hearted mother, perhaps. He goes through the course, is completely relieved of his habit, put in excellent physical condition, and immediately goes back to the morphine; not because he has any reason, or even excuse, but because his moral nature is completely depraved by the habit. He is no longer *compos mentis*, and the only hope is in a prolonged confinement in an insane asylum. By years of abstinence, with suitable reconstructive treatment, the degeneration of nerve-tissue may be stayed, and a fair recovery made, enabling him to resume his place in society. Without this he is doomed. He is as surely insane as any maniac.

There are numerous devices by which the suffering can be reduced, so that I have repeatedly been told by my patients that they had not experienced anything meriting the name of pain. The greatest suffering is due to the apprehension of death, and this requires the quiet assurance of the trusted physician. As treated at a sanatorium, the severer withdrawal symptoms are over in twenty-four hours; and when a patient has been that long without the drug he is past the crisis, and commences to pluck up courage. It is the rule then for him to urge that he be given no more morphine—that he will take no more, let the consequences be what they may; and this is perfectly sincere. From this time on the feeling of rejuvenation, as the currents of life begin to flow once more in their old channels, imparts a delightful sense of returning vigor, of freedom, youthful buoyancy, resembling the sensations of one released from long imprisonment. In the whole range of medical practice I have found nothing so fascinating as this releasing of the body from bondage, rescuing the soul from perdition.

In placing before the profession my new remedy I do so with profound misgivings. I dread lest it may be seized upon as the agent of a new drug habit. I know it will be used to accomplish that impossible task—curing a doctor of morphinism while he is attending to his practice. It will be employed also improperly, while the patient is still taking morphine, or without the use of the system to which it is only an accessory. And from these causes its use will be disappointing to many. But to those

who will use it in the manner I have indicated, I trust that eserine (physostigmine salicylate) will prove a valuable addition to the therapeutics of morphinomania.

WILLIAM F. WAUGH, M.D.,
103 State St., Chicago.

Pointless Pointers.

Editor MEDICAL WORLD:—In the July WORLD Dr. A. C. Matchette asked help in a case of pruritus vulvæ.

I suggested in a letter that he use salicylate of sodium, grs. viij every two hours, six doses each day for two days, and then grs. iv every two hours the succeeding two days

I just received a letter from Dr. M., in which he says: "Your R is a dandy, indeed, and works like a charm, if only permanent."

Of course, pruritus is a neurosis, and the probable cause of it is uric acid. His patient, he said, was subject to attacks of neuralgia and rheumatism.

Recently I had a case of urticaria or "bold hives." I used all the usual remedies, and some unusual ones, and my patient still returned with the same story—"only temporary relief."

There was an element of periodicity in the disease, as she was worse each evening about five o'clock. I prescribed cinchonidia sulph., which gave her some relief. That caused me to think it a neurosis, and I gave her the salicylate of sodium, as above, and she was relieved at once.

I think I can cure a case of acute articular rheumatism as readily with salicylate of sodium as I can an intermittent fever with quinine. I prescribe Squibb's preparation.

In Vol. I., fourth series of the *International Clinics*, there is a lecture on the treatment of rheumatism, by A. Earnest Sansom, M.D. His treatment is xx gr. doses of the salicylate every six hours until six doses are taken. He says that in some cases the remedy affects the heart unfavorably. I would expect that when such large doses are exhibited. It will more frequently affect the stomach, and a suspension of the treatment is necessary, and valuable time will be lost. I had used the salicylate for years, but empirically. I gave it because others said it was "good for rheumatism."

Nearly two years ago Prof. R. H. Babcock, of Chicago, asked me if I had read Alexander Haig on "Uric Acid."

I said "No," and he remarked, "It is a good thing; get it and read it." I did so, and now I can "give a reason for the hope that is within me."

I would advise every reader of THE WORLD who has not read it to purchase it, and read it

over and over again. To me it is more interesting than "Ships that Pass in the Night," and far more useful to the physician. You will not need any novels to interest you these hot days until you have read that book twice, at least. You can get it for \$2.40, net.

Recently I have been using sulpho-carbolate of zinc for fermentative diarrhea (and nearly all diarrheas are from that cause), with good results. I saw it recommended in cases of typhoid fever, and concluded that, if good in the diarrhea of typhoid fever, it would be good for the "Army Quick Step," from which I have been a sufferer since 1862.

The diarrhea unfitted me for active work during the hot season, and last year I thought it was going to "muster me out," but thanks to sulpho-carbolate of zinc, grs. iv after each meal, I am "about as good as new." I use Metric Granule Co.'s 1 gr. tablets, because they are convenient. Now, the time of summer-complaint is at hand. Remember, it is *always fermentative*. Causation: *heat, overfeeding, improper feeding*.

I first give small doses of Rochelle salt in the water the patients drink; then—

R. Nux vomica tr.....gtt x (Lloyd's)
Aconite tr.....gtt x
Syrup.....drams 1
M. Sig—Drops 20, every hour until better.

Stop feeding, as far as possible; give water in small quantities frequently; feed malted milk or diluted sweet cream, one part to ten of warm water, sweetened with sugar of milk or coarse granulated sugar, as it is the purest form of sugar.

In cases of cholera infantum add to this 2 gr. doses of subgallate of bismuth every two hours. The latter is sold under the name of "dermatol" most generally. It is a most excellent antiferment. It is more pleasant to the taste than the zinc.

Professor Waugh is an interesting writer, but I cannot get the results from metric granules that he claims.

I bought an outfit, but I went back to L'oyd's specific tinctures because I understood them best, and got the desired results.

I. B. WASHBURN, M.D.,

Rensselaer, Ind.

[In regard to the above we will state that we have found Schering's salicylic acid and salicylate of sodium to be especially pure.—ED.]

Editor MEDICAL WORLD:—The MEDICAL WORLD binders to hand and volumes bound. Thanks. Besides making a handsome addition to the library, they make it so convenient when referring to the journals. I would not be without them now for many times their cost.

W. J. COOPER, M.D.,
Crockett, Miss.

Corns.—Wens.—Warts.—Gall Stones.—Pruritus
Vulvæ.—Acne Rosacea.

Editor MEDICAL WORLD:—For corns there is nothing better than the following:

R. Salicylic acid.....grs xxx
Ext. cannabis indica.....gr x
Collodion.....f drams iv

Paint on corn night and morning for six days; at the end of this time soak feet in hot water, and remove corn with thumb nail or dull knife. Keep tightly corked. If it should become solid add a few drops of sulph. ether.

For the wen, there is no easier method of removal than to make an incision and lift it out. You can do this without pain, by injecting cocaine under the skin in several points over the tumor.

The warts can be removed by applying a saturated alcoholic solution of salicylic acid.

For removing soot from an old scar—well, I never had but one such case, and I removed it by blistering. There may be better methods. The corn mixture in this article, less the cannabis, I think, will remove it if applied long enough.

W. Walter Tison, M.D.: Give your patient sodium phosphate for months. Your diagnosis is certainly correct, and the above remedy is, in my opinion, the best. I have tried all. Give anodyne when pain commences, also half pint olive oil.

I would give her son sod. phosph. also.

Dr. A. C. Matchette, Bourbon, Ind.: Try one of the following for pruritis vulvæ:

1. Sol. of ac. boracic, 20 gr. to the 1 ounce of water.
2. Cocaine, 10 gr. to 1 ounce of lanoline.
3. 10 to 30 m. oil peppermint to the 1 ounce of lanoline.
4. Comp. tr. benzoin, 1 dram to the 1 ounce of lanoline.

Dr. Zeigler, Allegheny, Pa.: Try one of the following for your case:

1. Ac. salicylic, dissolved in collodion.
2. Alcoholic sol. of ac. salicylic.
- 3.

R. Mucilage tragacanth.....f drams ij
Tr. camph.....drams }
Sulph. precip.....drams ij }
Glycerine.....drams ij }
M. Sig.—Apply 3 times daily.

Failing with this, use the knife, slit the capillaries in their length, or use electrolysis; run the needle along the calibre of the vessels.

Hardinsburg, Ind. J. T. BARNETT, M.D.,

To Remove Soot from Scars, Stains from the Skin,
and Warts and Wens.—For Sore Tongue.
For Gall Stones.

Editor MEDICAL WORLD:—In answer to W. B. Pullen, of Texas: To remove soot from a scar, I recommend the electric needle, using six cells, with solution of peroxide of hydrogen, or acetic acid, diluted one half.

In answer to J. G. Colwell, M.D., for stains on the skin, I suggest peroxide of hydrogen, full strength.

To remove warts, electric needles, touch with acetic acid. To remove a wen, use electric needle; apply antiseptics dissolved in olive oil; apply to the neck of the tumor, then tie a silk or lined thread around it, and in a few days it will drop off.

In answer to George C. Brooks, M.D., for sore tongue, I recommend permanganate of potash or peroxide of hydrogen; use as a gargle.

In answer to Dr. W. Walter Tison's inquiry I would say that olive oil is the only remedy that will dissolve gall stones. A wineglassful night and morning before meals, until a pint is taken.

T. HENRY WHITING, M.D.,
McVicker's Theatre, Chicago, Ill.

For Itching Piles.

Editor MEDICAL WORLD:—The following formula has given me gratifying results in itching piles.

R. Acidi tannicidrams ss
Pulv. camphoræscruples i
Pulv. a. uminigrs. x
Pulv. opiigrs. lii-v
Acidi carbonicim. v-x
Vaselineounces i
M. et Ft. unguentum.
Sig.—Apply nig it and morning.

With the above I prescribe sulphur internally.

T. W. STUART ALBIN, M.D.,
Cheboygan Mich.

Nasal Catarrh.

Editor MEDICAL WORLD:—In reply to Dr. Smith, of Filley, Neb., who wishes a good treatment for nasal catarrh, that does not require an expensive apparatus, I would suggest that he get for his patient an albolene atomizer, costing about \$1.00 and have him use the following as a spray two or three times a day.

R. Menthol.....grs. v
Camphor.....grs. v
Eucalyptol (sanders).....gtss. v
Ol. gaultheria.....gtss. v
M. Albolene.....ounces j

If there exists, as is very common in these cases, a lowered condition of the general system, it is very important that constitutional treatment should go hand in hand with the local

measures if we would secure the best results. For this purpose the following may be used.

R. Syr. hypophos. co. (Fellows).....ounces iii
 Syr. hydrifodic acid (Hostely's).....ounces j
 Liq. pot. arsenitisdrams j
 M. Sig.—Teaspoonful three times a day after meals.

While we realize that there are various forms of rhinitis, as the atrophic and the the hypertrophic, that require modifications in the treatment to suit each particular case, the above will be found to give good results in nearly all forms of this troublesome affection and, if continued for a reasonable time, will not only relieve but cure the greater part of the cases we meet under forty years of age.

Tell "Inquirendo" to give his patient who is troubled with incontinence of urine while coughing or sneezing, the following :

R. Tr. nux. vom.aa.....ounces ss
 Tr. belladonaa.....ounces ss
 M. Sig.—16 drops 3 times a day. Add one drop to the dose each day until relieved.

Prospect, Pa. J. B. Thompson, M.D.,

Pneumonia.

Editor MEDICAL WORLD:—A delicate female child, eighteen months old, attacked with acute double pneumonia involving a large half of the breathing area in both lungs, was thus treated with ease and success in three weeks time :

Two muslin bags filled with hops were frequently applied hot to back and front of the chest walls. These were made large enough to act as complete jacket poultices and were heated by immersing them in hot-water as often as they cooled. Later, these bags were replaced by a roll of absorbent cotton over the well oiled chest, (hot cotton-seed oil being used.)

To relieve dyspnea and cough, malto yerbene, one teaspoonful three times a day.

To relieve high pulse and temperature. tinct. digitalis, three drops twice a day.

To support strength, bovinine in milk freely. Cool water often for thirst. Fruit and gradual diet, care also was taken to shift the sleeping position, to aid in combating congestion of the lungs.

The condition three weeks ago was almost hopeless. To-day she is about well, enjoys life and means to get her share of it.

JOHN DIXWELL, M.D.,
 52 W. Cedar Street, Boston, Mass.

Jaborandi and Quinine to Facilitate Labor.

Editor MEDICAL WORLD:—J. A. Huntsman, M.D., on page 161, asks, "What can we use with any certainty to increase and maintain strong pains and hasten labor instead of ergot?"

Use fluid extract of jaborandi, fifteen to

twenty drops every twenty minutes, until pains arise or emesis takes place. Then follow with a full dose of quinine and usually you will be rewarded by a speedy termination of labor. I used ergot for the first fifteen years of my practice, but owing to the peculiar effect it has in some persons upon the circular and transverse fibres of the uterus I abandoned its use. Then for the next six years I shifted from one drug to another, using in that time of most all that are reputed to contain oxytocic properties, but for the last twelve years I have adhered closely to jaborandi and quinine and find that they seldom fail to give satisfaction. To me THE MEDICAL WORLD is indispensable.

Colusa, Cal. S. B. LITTLEPAGE, M.D.,

Vaccine Internally Against Small Pox.

Editor MEDICAL WORLD:—In reference to the article "Small Pox.—Solution of Vaccine, etc." in the June number of this journal, page 192, it can be proved that the priority does not belong to Dr. R. Landell, who made internal use of vaccine in 1837, but to others ; viz :

1. In 1833, Bentzenorff published a case of small pox, treated with vaccine, in *Allgemeine Homeop. Zeitung*, 2.149.

2. In 1834, Gross published two cases in *Allg. H. Ztg.*, 4 47.

3. In 1835, Bethmann reported a case in *Allg. H. Ztg.*, 5.177.

4. In 1834, Synbius published several cases treated with variolin, in *Arthio fuer die Homeop. Heilkunst*, 14.2.104.

5. In 1836, Atomyr published a case in *Allg. H. Ztg.*, 6.79.

6. In 1836, Schmid reported three cases in *Allg. H. Ztg.*, 6.306.

7. In 1836, Tietze reported two cases in *Practische Beitrage im Gebiete der Homeopathia*, 2.60.

In all cases, vaccine and variolin, whose effects were alike, changed the disease very quickly into a milder form of much shorter duration.

F. G. CEHME, M.D.,
 Roseburg, Oregon.

For Acne.

Editor MEDICAL WORLD:—Dr. A. C. Ziegler, Allegheny, Pa., asks for treatment of "acne or gutta rosacea." I suggest either of the following remedies as a wash to the affected parts, and report the result to the brotherhood of THE MEDICAL WORLD :

R. Amygdal. dulc.....ounces i
 amar.....ounces ss
 Ft. emula. cum. aq. ceras. nigr.
 adde.....ounces x
 Merc. chlor. corr.....gr. vi
 Tr. benzol.....drams vi
 Sueti. cit. rec. express.....ounces ss

Or :

R. Flor. sulph.....drams i
Aqua saturn.....ounces i

Or :

R. Cupr. sulph.....gr. viii
Aqua distill.....ounces iv
Tinc. benzol.....drams ii

Lake Lillian, Minn. A. NIELSON, M.D.,

Treatment for Diphtheria.

Editor MEDICAL WORLD :—I was favorably impressed with Dr. Tillotson's article upon the treatment of diphtheria (with gunpowder) in the June WORLD. I soon had opportunities to test his treatment, and found it satisfactory in relieving the diphtheritic symptoms. The patients afterward had some urinary difficulties, however, and one complained of the gargle having an unpleasant effect upon his teeth. It appeared expedient to modify the treatment, and the following prescription was prepared :

R. Best willow charcoal.....grains xx
Sulphur.....drams xvi
Water.....drams iv
Syrup simpl.....drams xii

The charcoal and sulphur to be well shaken with the water, and the syrup added. "Shake." Sig. One teaspoonful every hour for an adult until symptoms improve, then increase the intervals between doses.

As a gargle the tablets prepared by the Philadelphia Granule Co., known as the Compound Thymoline Tablets, one tablet to eight ounces of water, make a preparation which seems to act well. My patients are given the charcoal and sulphur mixture and directed to gargle with a teaspoonful of the comp. thymoline sol. before each dose. Young children can have the throat mopped or sprayed. Several very threatening cases have been speedily cured by this treatment, and the results so far seem to justify its being offered for publication.

JOHN J. LIGGET, M.D.,

Ladiesburg, Md.

Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Has any one had experience with any *really valuable* treatment for genuine hydrophobia? Also, what is the *slightest* wound you have ever known to be followed by the development of the genuine disease? Address the editor.

We regret that we are unable to inform our readers where they may obtain (this side of

Germany) the principal ingredient of the hair dye published in July 1893 WORLD.

Editor MEDICAL WORLD :—I write to request some of the numerous readers of your most valuable journal to kindly favor me with advice in my own case. I am fifty-six years old. I have been an active practitioner of medicine thirty-three years. I have had occasional attacks of amaurosis for nearly forty years. I now suffer from giddiness, tinnitus aurium, *confusion*—kind of a dazed feeling at times. I am still in active practice. Sleep fairly well, good appetite. Had my heart examined recently by a most excellent physician, who assured me that there was nothing abnormal there. Urine shows no trace of albumen; no specific taint; moderate user of tobacco; never drank whisky but moderately. Your kind attention to the above request will be most gratefully appreciated.

F. R. GREGORY, M.D.,

Stovall, N. C.

The True Pathology and Classification Wanted.

Editor MEDICAL WORLD :—I want to present to the WORLD family the history of a fever we have been having to deal with more or less for the last ten years in this section, for the purpose of settling the diagnosis. It has gone under so many names that it is confusing. It is called by one, slow fever; by another, malarial fever; by another, typho-malarial fever; by another, typhoid fever, and by another, gastric fever. It commences with a few days of tired feeling and headache, followed with a slight fever in the evening for a few days. Then it will become a remitting fever, with the remission in the morning, and continue from three to six weeks in spite of all treatment, and the rule is to get well. The temperature ranges from 101° to 104° or 105°, and gradually declines to normal. Bowels generally costive and sometimes very loose. There is in nearly every case more or less tympanites. A few cases have red splotches over the bowels. A few have hemorrhage from the bowels. They all have a gurgling sensation on pressure over the right iliac region. About one half have epistaxis. The tongue at first has a whitish coat, then becomes very dry and brown in centre, with red edges; then cleans off very red and sleek, and remains so for the rest of the time. Most of the cases have more or less delirium and some subsultus tendinum. No locality is exempt; sometimes we will have only one case in a family, and I have seen nine in a family of ten. I have usually been inclined to the diagnosis of typhoid fever, and directed my treat-

ment accordingly, which in the main has been antiseptic, sulpho-carbolate of zinc being preferred, with opium to quiet the nervous system and control the bowels; turpentine when indicated; also, hydrochloric acid, alcohol and digitalis in some cases. Fluid diet rigidly adhered to from beginning.

Hillsboro, Tenn. C. M. H. FARRAR,

Editor MEDICAL WORLD:—I will be very thankful if some one with special experience will give us the best treatment and management of *marasmus*, infantile catarrh of the bowels, etc. This subject is briefly treated in text books, and the medical journals give but little attention to it. I am sure it is very common, and requires the best resources of the physician.

DR. M. R. PETERS,
Boiling Springs, Pa.

Dr. Smith, of Star P. O., Wis., has a case in which the glans penis has atrophied so that it is about one-half the proportional size when that organ is in a state of erection, and becomes flexed upwards, so that proper intercourse is interfered with. He wishes suggestions from others who may have had similar cases.

Editor MEDICAL WORLD:—Can any of your German readers tell me what "Red Butter" is and what it is used for in Germany? I have been told that one or two doses would cure "piles."

Filley, Neb. S. J. SMITH, M.D.,

Editor MEDICAL WORLD:—Will you please insert a query for the treatment of "ethmoiditis" in THE WORLD?

The case is of eight months standing, continual muco-purulent discharge from bone. Treatment has been of little avail with me.

Trenton, N. J. Dr. I. B. LOOS.

Editor MEDICAL WORLD:—A neighbor's little boy yesterday swallowed a cent. Is there anything to be done in such a case? I have had several such cases in my life; they did well without interference.

It, the cent, is composed I think, mostly of copper, and is about seventy-six grains in weight.

I should like to hear from you if you think there is any treatment indicated, also the outlook for the boy.

JOHN M. BINGAY, M.D.,
Tusket, Nova Scotia, Canada.

[Feed the patient with coarse vegetable food, in order that a large amount of dry waste be produced. When by that means he becomes constipated, move the bowels by the use of glycerine injections or suppositories or by small injections of water, but not by cathartics. The

coin should be observed to pass not later than the third or fourth day. No trouble is likely to occur on account of the accident.—ED.]

[This advice being also sent the Doctor personally, he wrote back that the coin passed in just fifty hours after being swallowed, and that the boy was all right.—ED.]

Editor MEDICAL WORLD:—I wish to report the following case in your journal, trusting that by so doing I may receive some suggestions as to treatment by the numerous readers of THE WORLD. Mr. M., aged thirty-four, married, came to me for treatment after having been in the hands of several physicians without any apparent relief. On questioning him, he states that he first began to feel sick nearly two years ago. He says that he went to Nebraska in the Fall of '92 to deliver some sheep and that whilst there, he went out hunting and a severe snow storm overtook him. He was determined to get to town that afternoon, so he started back. When he got to the house he was, to use his own words, ringing wet, the usual results following, a severe bronchitis. Two months afterward he felt considerable pain in the lumbar region. He went to a physician and was told that nothing serious was the matter with him. Gradually he kept on getting worse; finally edema of the ankles, scrotum and under the eyelids set in, which successively disappeared and returned. The morning I examined him I found him extremely anemic and weak. Some edema of the ankles and under the eyes—the typical Bright's eye; dyspnea marked; temperature normal; had recurrent attacks of diarrhea at times and constipation at others (which I attributed in part to diet and treatment). The examination of the urine showed it to contain albumen one per cent. pale, almost the color of water. Specific gravity 1.013; some fatty, and also granular tube casts. Neuralgic pains on the legs, but principally on the left arm and shoulder. Pains coming with regularity at bed time and increasing in severity as morning approaches. Uremic symptoms occur once in a while. My diagnosis is chronic Bright's disease.

As to treatment I am giving him Basham's mixture, tablespoonful three times a day, also the chloride of gold and sodium, grain one-twentieth three times a day and a general tonic treatment, meeting emergencies as they arise. The edema has entirely disappeared; debility and pains persist. For the pains I have tried nearly everything, morphine at times, without any apparent success. Hot water bags lessen the pains, but only for a short interval. I am afraid to use morphine any more excepting when uremic convulsions set in. Will some

of the readers of THE WORLD suggest something to lessen or eradicate the neuralgic pains if possible? Any further suggestions as to general treatment will be graciously and gratefully received.

M. F. DESMARAIS, M.D.,

Las Vegas, N. M.

Editor MEDICAL WORLD:—Will some of your numerous readers give me a treatment for tan and freckles—one that will do the work? I have used pot. carb. sodii chloridi, liq. potassæ, plumbi acetat, acid hydrocyanic dil., hydrag. chlor. cor., zinc oxide, zinc carbonate, acid hydrochloric, muriate of ammonia, etc., all externally. All have failed. I should like to hear from some of the knowing ones. I have been in the business forty-two years, but this case heads me.

B. I. A. CULL, M.D.,

Camilla, Mitchell Co., Ga.

Editor MEDICAL WORLD:—I have a case on hand for which I would like to have advice in regard to treatment.

Mrs. Z—, aged above 60, mother of four children, husband dead some years. Six years ago had diabetes mellitus, with abscess of one toe on left foot. Under proper diet and remedies recovered. Two years after had a second attack, with abscess on two toes of same foot, from which she also recovered, and had good health until last February, when she had a third attack, with abscesses on the under surface of the right foot. This is the worst attack. She has had some half-dozen abscesses formed on the bottom of the foot, which have coalesced into an open ulcer, three inches long one inch wide, and a half inch deep.

I put her on the anti-diabetic diet, as laid down by the best writers, and gave her arsenic, opium, codeine, solol, bromide of ammonia, quinine, etc. Under the treatment all traces of sugar in the urine disappeared. Am now giving her Basham's Mixture and bromide of ammonium. She was doing nicely; had no pain in the foot, until two weeks ago the foot began to pain her at night, and is at times very painful, requiring anodynes, for which codeine, in half gr. doses, does best. She has now sugar in the urine, although abstaining from all forbidden diet. The ulcer shows no tendency to heal.

I would like to have advice as to treatment.

I am very anxious to cure her.

Jefferson, Md.

J. J. CULLER, M.D.,

Editor MEDICAL WORLD:—Can any of your readers furnish us through THE WORLD or otherwise, the formula of Dr. Schuyler's anti-septic?

DRS. PERRINE & LOUGHRIDGE,

El Dorado, Ark.

Current Medical Thought.

Pruritus Vulvæ.

The persistent tickling, itching, and burning of pruritus vulvæ points not only to simple hyperemic irritation, but to a more marked involvement of the skin-covering and its terminal nerve-bulb filament. Webster, on the basis of microscopic examination of excised portions of skin affected with pruritus, describes a subacute inflammation of the papillary bodies and advanced fibrosis of the nerve-endings, especially marked in the region of the clitoris and the upper portion of the smaller labia. These observations strongly suggest that the disease is in reality an inflammatory neurosis of the vulvar corium.

The severe forms are always associated with local lesion. Even though this is not perceptible to the casual examination, microscopic research will reveal thickening and infiltration.

The pruritus is usually caused by a local disease of the vulva. This region is swarming in germs. It is claimed that in diabetic pruritus the leptothrix and allied organisms occasion the deep skin inflammation, but others of the mycoses, such as that due to the *oidium albicans*, are often attended with itching.

Webster classifies the cases of pruritus as follows: 1. Endogenous cases. Under this heading are included those in which the blood is altered, as from icterus, chronic nephritis, diabetes mellitus, the waste products circulating in the blood acting upon the terminal nerve-filaments and occasioning itching. Under the same heading would be included the pruritus due to medicines, such as morphine, iodoform, alcohol, etc. Under the endogenous cases would also be classified pruritus caused by varices or congestion of the pudendal veins of the hemorrhoidals or of the pampiniform plexus, such as may come from a weak heart, pregnancy, hemorrhoids, or displacement or overgrowths of the womb. Moreover, certain well-known skin diseases may occasion vulvar itching. Thus, erythema, herpes, urticaria, and certain forms of eczema may, after an acute attack, leave permanent alterations of the papillary bodies, which react upon the nerve-endings. Finally, fermentation in the intestinal tract may give rise to products which, absorbed into the blood may act upon the nerve-endings. The frequent occurrence of constipation in women makes this a causative factor of no little importance.

Under the exogenous cases are classed those due to alteration or increased secretions of the vulvar glands, hyperidrosis, seborrhea, polyuria with either altered or normal urine, diseased secretion from the vulva, vagina, and uterus,

catarrh and suppurative secretions from the rectum, especially discharges from inflamed piles. These secretions are irritative partly from their direct chemical action, partly from their decomposition, irritant products being formed which act directly upon the macerated epithelium, causing erythema, intertrigo, eczema, and in certain cases pruriginous vulvitis. Causes of a parasitic nature are also frequently operative in causing pruritus. Thus, the pediculi, the ascarides, the oxyuris vermicularis, leptothrix, oidium albicans, micrococcus urænae, gonococcus, smegma bacillus, the ordinary putrefactive bacteria, and the streptococci and staphylococci are said to be, if not the primary and predisposing, at least the secondary exciting causes of itching.

Of mechanical causes, masturbation will perhaps take the first rank; persistent washing and friction, especially when applied by means of sponges, which are always unclean, encourages infection. The symptoms are aggravated by the scratching and rubbing occasioned by the symptom. Thermic influences are also operative; thus, there is a winter and summer pruritus.

Usually careful examination as to etiology indicates the most promising method of cure. Thus, where the disease is due to parasites, lack of cleanliness, to drugs to decomposing discharges, to venous congestion, etc., the efficient treatment is obviously removal of the cause of the diseased local conditions. In those cases dependent upon visceral alteration, the local treatment must be subordinate to attention to the general condition. Thus, the appropriate regimen must be indicated in each instance in accordance with whether the patient be diabetic, jaundiced, subject to Bright's disease or suffering from venous congestion incident to heart weakness. The gouty or rheumatic diathesis must be properly treated.

Antiseptics as local applications are most useful. These are generally combined with astringents and with local anesthetics.

Among the favorite methods of treatment are prolonged hot baths, followed by hot douches. These douches should be antiseptic and anesthetic; thus, solutions of carbolic acid as hot as can be borne are of special service. It is noteworthy that the area affected by pruritus can stand a much stronger solution than can be used upon a healthy surface; thus, irrigations of 1 to 40 or 1 to 20 may be made. Bichloride is also serviceable, but the anesthetic effect of the carbolic acid is lacking in this drug. A favorite prescription of D. Hayes Agnew, recommended as almost a specific in pruritus ani, is:

R. Sulphate of zinc,
Alum, of each, equal parts.

To be mixed and heated until the water of crys-

talization is driven off. A drachm of this is added to an ounce of water and is applied locally. At times the carbolic lotion proves too irritating; then a simple astringent may be employed, such as fluid extract of hydrastis, 1 dram to 1 pint, or hamamelis fifty per cent., or even full strength. After prolonged douching, either with hot solutions of hydrastis or hamamelis, the parts may be bathed with a prescription made up of—

R. Menthol gr. i
Cocaine gr. xxxvi
Alcohol
Water, of each ounces i

Or an ointment may be applied made up of.—

R. Menthol dram i
Simple cerate ounces ii
Oil of sweet almonds ounce i
Carbolic acid dram i
Pulv. zinc oxide drams ii

Or,

R. Menthol dram i
Carbolic acid dram i
Lanolin ounces ii
Pulv. zinc oxide dram i
Unguent. zinc oxide ounce i

Or a strong lotion of carbolic acid may be dabbed on, according to the following formula:

R. Carbolic acid drams ii
Glycerin
Water, of each drams ix

Painting the vulva with glycerin mixed with a ten-per-cent. solution of chloroform and glycerin, with a ten-per-cent. solution of carbolic acid and glycerin and alcohol, or a solution of nitrate of silver of similar strength is sometimes serviceable.

Madden recommends oleate of chloral painted over the parts. This is a compound formed of equal parts of camphor, chloral, and oleic acid. Where the disease is due to irritating uterine or vaginal discharges, he recommends the introduction of a tampon of cotton-wool loaded with equal parts of finely powdered alum and sugar, and carried within the vulvar orifice. He holds that in his dispensary practice black-wash is regarded as a most generally useful as well as a very cheap, available application in such cases.

Goodell recommends a strong emulsion of iodoform and glycerin (ten to twenty per cent.).

Skene commends vaginal douches of acetate of lead, and dusts subnitrate of bismuth on the labiæ to prevent friction. This he holds is especially serviceable in diabetic cases. In the cases in which the etiology was obscure, he states that the remedies which have given him the best results are bichloride of mercury in emulsion of bitter almonds, one grain to the ounce, applied to the parts affected twice a day; a powder composed of one grain of morphine to two grains of chalk, applied night and morn-

ing; equal parts of tincture of opium, iodine, and aconite, and eight per cent. of carbolic acid, applied once a day; and ethereal solution of iodoform, applied by means of an atomizer. In some cases application of equal parts of carbolic acid and tincture of iodine relieved permanently. This was used in one case by means of an atomizer, the spray being driven under high air pressure. An acute inflammation followed, but after the patient recovered from this the pruritus did not return. In certain cases, in spite of every local and general treatment, disease persists and renders life almost unendurable. Under such circumstances there remains surgical intervention.

Carrard reported the first case of surgical intervention. The clitoris was the part affected; its removal was followed by cure.

Schroeder carefully localized the points of itching, and then removed them by section in five cases. In one of these cases the disease was complicated by carcinoma. In another, in addition to excision of the diseased vulvar surface, a ring of skin was taken from around the anus. In the three remaining cases the disease was purely pruritus vulvæ. In the first, a small area was removed from the right labium majus; in the second, the right labium majus was excised, and following this several lesser operations were performed; in the third, in which both the clitoris and lower lips were involved, the operation was more extensive. The women all recovered. The operator stated that intervention should only be attempted when the itching was localized, and cautions against attempting to cure a widely diffused pruritis by the knife.

Kustner also reports three successful cases.

Martin reports four, and a number of other operators state that the results were successful.

Sanger (*Centralblatt für Gynakologie*, No. 7, 1894) contributes the full notes of two cases, both entirely successful.

He closes his thesis with the following statement:

The partial or total extirpation of the vulva is an entirely legitimate operation in cases of chronic pruriginous vulvitis not curable by other means. In younger persons the surgeon should be content with partial operation. In aged persons, when the disease is widely extended, the whole vulva, including the glans clitoris, should be entirely extirpated and the wound closed by plastic operation.—*Therapeutic Gazette*.

Editor MEDICAL WORLD:—I have been an interrupted subscriber to THE WORLD ever since the first number was published, and cannot now do without it.
Sharon, Ga. A. C. DAVIDSON,

A Food for Infants.

Eivlart, after much experimentation, has evolved the following method for making a food containing about one third of the solid contents in the form of maltose:

Materials: Wheat flour or barley meal, ten ounces (two tablespoonfuls heaped as high as possible); water, fifty-six ounces (three pints and a half); extract of malt, half a teaspoonful or small teaspoonful.

Process: With a scant quart of the water make the flour into gruel, boiling ten minutes in a double boiler. Take out the inner vessel and add the rest of the water cold, the malt extract being added to the last few ounces. Let it stand fifteen minutes. Put back the inner vessel and allow to boil fifteen minutes. Strain through a coffee-strainer of wire gauze.

This food has been largely used in the babies' ward of the Post-graduate Hospital of New York by Dr. Chapin, who, in the same journal, gives his results. The food was largely used as a diluent for milk, and was found much superior to simple barley-water or any other diluent used.—*N. Y. Med. Jour.*

Treatment of Pruritis Ani.

Dr. A. Berger states that the following method immediately relieves the itching and causes a rapid disappearance of the eczema of the perineum and scrotum, which frequently exists in these cases: A cotton pledget, about two or three centimetres ($\frac{3}{4}$ to $1\frac{1}{4}$ inch) in length and steeped in a two per cent. solution of hypochlorate of lime, is introduced into the anus. This pledget is allowed to remain until there is a slightly smarting sensation, when it is immediately withdrawn and the anal region washed with the same solution.—*Int. Jour. Surg.*

Guaiacol in Diabetes and the Polyuria of Diabetes.

Dr. T. Clemens (*Wien Med. Presse*, No. 5, 1894) praises the action of guaiacol in the treatment of diabetes, and the associated polyuria. The dose of the (pure) drug was 3 to 6 to 10 drops three times a day in a tablespoonful of milk, or if tolerated, in an egg-cupful of cod-liver oil. In order to control its influence he did not order any special diet, and examined the urine passed after dinner on several consecutive days. After the patient had taken the drug for eight days, his urine, which usually contained from 1.86 to 2.9 per cent. of sugar in the afternoon, showed a very considerable reduction; in some cases the sugar was only present in a very slight quantity, in a few entirely

lacking. After it had been taken from two to four weeks, here and there a few sweet foods containing sugar could be allowed without influencing the amount of sugar in the urine. A still more striking action was observed in the polyuria of diabetes. In some cases in eight days the quantity of urine was reduced by half. This was controlled by discontinuing and reducing the dose of the drug. In all cases the general condition was improved while the remedy was well borne.—*Med. and Surg. Reporter.*

Compound Comminuted Fracture of Frontal Bone and Left Orbital Plate, with Evulsion of Eyeball—Recovery.

John Cullen, aged 29 years, employed at a lumber mill, fell headforemost from a height of thirteen feet. His forehead struck against a nut which screwed down an iron bolt in the fixed machinery of the mill. The nut was a square one, measuring one inch each way, and the bolt projected about half an inch from the nut. I saw the man within an hour of the accident. He had a compound comminuted fracture of the frontal bone, with perforation and splintering of the left orbital plate. The external wound was nearly two inches long, extending through the supra-orbital notch, and dividing that artery and nerve. The eyeball was torn from its attachments and protruded from the socket, the evulsion being almost complete; the optic nerve stretched and exposed to the extent of two inches and partially torn across. He had lost a good deal of blood, but was conscious and sensible. He was removed to a suitable place, to secure due care and nursing, and shortly afterwards I proceeded to treat the case as follows:

The wound and the cavity of the orbit were saturated with carbolized oil (1 in 20) by means of a syringe, after which several spicula of bone, incapable of coaptation, were removed, six small fragments being taken away. The injury to the eyeball and optic nerve being too severe to warrant the hope of restoration, I removed the eye—care being taken to get as good a "stump" as possible. The wound was sutured with carbolized gut, and drainage provided for. After dusting the surface with iodoform, a thick compress of aseptic gauze was applied. Care was taken to effectually close the other eye, so as to secure the most perfect rest, and I may say here that this precaution was absolutely adhered to for ten days. I then gave him a hypodermic injection of morphia and cocaine (½ grain each). During the first twelve hours after the accident his temperature rose to 102°, and this pyrexia

was accompanied with a little delirium and restlessness; by the third day however, this had quite disappeared and his temperature was practically normal. It was carefully noted twice daily for ten days, during which it never rose above 99°. The wound healed in a very remarkable manner. By the fifteenth day there was a firm and satisfactory cicatrix, and since then a deposition of new bone has been steadily progressing. He recovered without an untoward symptom. Three months after the accident he was fitted with a glass eye, and shortly after he resumed work.

The case is interesting from several points. Such a fracture is extremely rare. In an extensive surgical experience of a quarter of a century I have not seen such another, nor have I read of one. The proximity to the base of the brain, and the probability of injury to the ethmoid bone and olfactory nerve involved the risk of cerebral mischief which fortunately, did not occur. Too much stress cannot be laid, in such cases of injury to the optic nerve, on the absolute exclusion of light from the other eye, so as to secure functional rest. At present, twelve months after the accident, the remaining eye is sound and the sense of smell unaffected.

Alfred M. Watson, M. D. Edin.; M R.C.S. Eng. Duncan, Vancouver Island, B.C.; in *Ontario Med. Journal.*

The Treatment of Lead Poisoning with Monosulphite of Sodium.

M. Perou states that the administration of 40 centigrammes a day of monosulphite of sodium gives rapid relief in lead colic. He states that the elimination of the metal is much hastened by this treatment, and that the sulphite is an efficient prophylactic agent. The employment of the drug is, he says, devoid of danger.

Treatment of Certain Forms of Acne Rosacea.

Petrini (*La Roumanie Med.*, 1893, No. 3), after ineffectual employment of all possible (?) procedures, finally adopted the following, with best results, in the case of two young persons. Pustules were emptied by Vidal's scarification method. Three days after each other all affected places were painted with

Flexible collodion.....	30 parts.
Icythol.....	2 parts.
Rosorin.....	1 part.

Five or six days after the first painting the redness begins to disappear and the *acne papules* to decline. Recovery occurs usually after two or three repetitions of treatment.—*M. fur Prak. Derm.*, XVIII., No. 10.—*Atlanta Med. and Surg. Jour.*

Disinfecting the Intestinal Tract.

Quite recently Dr. Ernst Freund (*New York Medical Record*) has succeeded in completely sterilizing the contents of the intestine by the administration of peppermint-oil, which is preferably exhibited in the form of the following capsules: menthol, gr. 1½; oil of sweet almonds, ℥ 4-8; from 6 to 8 capsules in the twenty-four hours. The dose of menthol administered never exceeded fifteen minims in the cases in which this method of treatment was tried by Dr. Singer, and the author has never observed any unpleasant symptoms to follow the use of this remedy. The administration of purgatives with the same end in view did not prove so satisfactory.

Acetanilid as a Dressing for Wounds.

Under this title Dr. F. W. Harrell, of Gilman, Washington, surgeon in charge of the Seattle Coal and Iron Company's mines, reports the use of powdered acetanilid as a dressing for the various injuries, burns, scalds, contused and lacerated wounds, into which dirt of various kinds has been ground, occurring among the employes. In an effort to find some agent which would prevent the suppuration which so frequently accompanies these cases, he was led to try acetanilid, because of its non-hygroscopic properties, and reasoning that as a coal tar product it was inimical to the development of germs.

Unusual success is claimed for it in the large number of cases in which it has been tried.—*Columbus Med. Jour.*

Epsom Salts for Diarrhea in Children.

In the Summer diarrhea of children Dr. Stuart Patterson (*Pittsburgh Medical Review*, August 19) employs magnesium sulphate. In the cases mentioned by him the ages ranged from one to six years. The dose and mode of administration of the remedy were as follows: The mother was directed to give to a child a year old an even teaspoonful of sulphate of magnesium, sufficiently moistened to swallow, as soon as she arrived at home, the process to be repeated in the morning, and the child to be brought back to me at 3 P. M. on that day, that being the hour of my service at the dispensary. This procedure was repeated daily at the same hours till the discharges became yellow. For the older children the dose ranged from a heaping teaspoonful to a heaping tablespoonful. The after-treatment consisted of general tonics and prophylactic precautions. The former were selected according to the ne-

cessities of each case. Those most frequently used were syrup of iodide of iron, cod-liver oil, compound syrup of hypophosphites, strychnine, quinine, pyrophosphate of iron, etc.—*College and Clinical Record.*

A Nut for the Anti-Vaccinationists.

Of 1201 persons acting as nurses and physicians to the hospital ships of Great Britain where small-pox patients were confined, only six took the disease during the years from 1884 to 1892, and all recovered. All had been vaccinated.—*N. Y. Med. Times.*

Vomiting of Pregnancy.

R. Fluid extract of valerian.....oz. j.
Fowler's solution.....min. xvj.
Bicarbonate of sodium.....dram j.
M. S. One teaspoonful every two or three hours.

—Dr. Berry in *Memphis Med. Monthly.*

—An idea of the social status of the medical profession in England may be gleaned from the fact that the Duke of Westminster, a large proprietor of houses in a fashionable quarter of London, refuses to lease any of these to physicians, surgeons or dentists, lest prospective fashionable tenants be frightened away.

[And yet some physicians, ignoring the fact that they belong to the class known as wage-workers, mistakenly take the part of capital and aristocratic "vested rights" in the great contest that has been in progress during the past few years for greater industrial freedom. As sure as the contest continues, it will reach the medical profession some day—in fact, has already reached it in many localities.—ED.]

—The plan of using electricity to produce a cheap disinfectant from ordinary water, tried in this city last summer, is being tried with great success at Havre and L'Orient, France, according to *La Lumiere Electrique*. The sea water, after being electrolyzed, is conducted through lead pipes to the various houses, where it can be drawn upon at will. The destruction of germs is absolute, while the fertilizing properties of the sewage are unimpaired. The cost is about forty cents a year for each member of the population.

Progressive Man.

The hope of the race is now, as heretofore, in the student who is ever on the alert and questions the position of state, of church and of philosophy, as to their individual worth; if either makes for an enlarged personal freedom

it shall be fostered; but if either shall be found to retard personal advancement, it, through neglect, shall be permitted to enter upon the period of senile atrophy.

The earth—man's home—is for the enlightened. Only they who are loyal to this spirit are destined to survive. They alone have in them the functional activities of organic life.

From "Mind a Product of Brain Energy," by Charles J. Lewis, M.D., Chicago, in *Jour. Amer. Med. Association*.

Class-Room Notes.

[From the *College and Clinical Record*.]

Amyl Nitrite often gives relief in cases of dysmenorrhœa accompanied with uterine spasms.

Coniine, if applied locally in the form of a poultice, Prof. Hare says, will relieve the pain in cases of *Cancer*.

The *Slowing of the Pulse* in a woman after labor, Prof. Parvin says, is to be regarded as a favorable sign.

The best way to treat *Abscesses of the Liver*, Prof. Keen says, is by abdominal section and not by aspiration.

Dr. Wolff advises the use of calomel during the early stages of *Pneumonia* on account of its effect on the exudate.

In no other disease than *Pneumonia*, Prof. Wilson says, is the chill at the onset of the disease so constant and severe.

A case of *Encephaloid Cancer*. Prof. Keen says, rarely extends over a period of eighteen months before it causes the death of the patient.

Prof. Keen says *Papillomata*, or warty-tumors, very often, during the cancerous age of life, degenerate into epitheliomatous growths.

If the *Secretion of Milk* be too abundant, Prof. Parvin says, a lessening of the amount of liquid taken will often reduce the amount of milk.

Prof. Brinton says the adhesive straps in a case of *Fracture of the Ribs* should be applied to the chest during the time of expiration.

Prof. Parvin says that he has cured an obstinate case of *Eclampsia* by the internal administration of antimonii et potassii tartras.

Bromides combined with opium, Prof. Hare says, will often prevent the nauseating effects which *Opium* has on many persons.

Quinine, Prof. Hare says, does not produce abortions; it only acts on the uterus after that organ has begun contracting under the force of the labor pains.

In all cases of *Pneumonia* in which the disease extends to the periphery of the lungs we

have a pleurisy also, developing a condition then known as pleuro-pneumonia.

Cases of *Diabetes Insipidus* and also cases of *Nervous Polyuria*, Prof. Hare says, will often be greatly benefited by the administration of gallic acid combined with opium.

In cases of *Alcoholism* in which nervous irritability is such as to require chloral as a sedative, Prof. Hare says strychnine should always be combined with the chloral.

After *Obstruction at the Ilio-cecal Valve*, according to Prof. Keen, the sigmoid flexure of the colon will be the next most common place for obstruction to take place.

Dr. Parvin says *Albuminuria* in the primigravida occurs generally at the end of the seventh or beginning of the eighth month, while in the multigravida it occurs generally at the beginning of the ninth month.

Prof. Keen says when there are chills and sweats, accompanied by high fever and other signs of the presence of pus in the economy, if no cause can be found the liver should be carefully examined for the presence of an *Abscess*.

In cases of *Echymosis of the Eyelid*, or *Black Eye*, Prof. Hare says, in order to prevent much discoloration or exudation, a curd may be applied, made by adding some alum to the white of an egg or milk until a curd is formed.

Prof. Parvin says a *Thrombosis* of the vulva, which is due to varicose veins, should not be opened until at least three days after labor has taken place, on account of the great danger of a hemorrhage taking place, which may prove fatal.

When we have a *Fracture of the Larynx* associated with bleeding and emphysema, Prof. Brinton says tracheotomy must always be performed; for according to statistics, all cases of recovery that have occurred have had such operation performed.

Prof. Wilson does not think that caustic applications should be applied to the membrane in *Diphtheria*, nor does he think that the membrane should be detached by the aid of instruments. He prefers the application of a mild antiseptic spray.

In *Injury to the Head*, Prof. Keen says a valuable means of differential diagnosis is, that if a linear fracture has occurred, the blood which marks a fissured fracture cannot be washed away, while blood which has coagulated in an unbroken suture can be.

If after the delivery of a child the *After Pains* continue for some hours and occur in quick succession, Prof. Parvin says that it is

sometimes an indication of uretro-peritonitis, and the temperature of the patient should always in such cases be carefully watched.

The use of purgatives during an attack of *Puerperal Infection*, Prof. Parvin thinks, is seldom advisable excepting in the beginning of a peritoneal inflammation, when it will be beneficial to have a free and copious evacuation of the bowels by the use of salines.

For the relief of *Pain in the Stomach* due to a gastric catarrh, Prof. Hare advises the following:—

R. Acid. hydrocyanic. dilut.,.....f dr. j-ij
 Ext. cannabæ indicæ fl.,.....f dr. ij
 Ext. hyoscyami,.....f oz. ss
 Spirit. chloroformi, q.s. ad.....f oz. ij.
 Sig.—Teaspoonful every three hours until the pain is relieved.

Prof. Hare says that there is no drug in medicine that will give as much relief as the *Spirits of Chloroform*, in the dose of from twenty to thirty drops, to a patient suffering from abdominal pain; and it possesses also the advantage over opium that it does not constipate.

Shock, as a rule, Prof. Keen says, is more marked in the male than in the female. It is also less marked in those cases in which an operation is performed on those who have been ill for some time, than in those who are operated on because of a sudden or recent accident.

Prof. Keen says gallstones occur three times as often in women as in men.

Syphilis, Prof. Brinton says, predisposes to the non-union of fractured bones.

Prof. Parvin says a woman suffering from uterine hemorrhage bears opium better than under almost any other condition.

Prof. Parvin thinks that the lochial discharge is less in women who nurse their children than in those who do not.

Digitalis, Prof. Hare says, should not be administered in the presence of high fever, as it does not act when such fever exists.

Prof. Wilson says that diphtheria is a disease of all climates and seasons, but that civilization predisposes to its occurrence.

Grave cases of jaundice occurring in recently born children, Prof. Parvin regards as a sign that septic infection has taken place.

Vomiting which is present at the onset of an attack of scarlet fever, Prof. Wilson says, will generally subside of its own accord.

Decreased arterial tension and increased venous pressure both cause dropsy, and in both conditions Prof. Hare says digitalis is indicated.

Arsenic, Prof. Hare says, has been found to be useful in stopping the vomiting occurring in those suffering from cancer of the stomach.

Prof. Keen is of the opinion that there is scarcely any benign tumor that may not undergo degeneration and become malignant in character.

In administering the bitartrate of potassium as a purgative, Prof. Hare says that the compound jalap powder should always be combined with it.

Malignant tumors of the breast, Prof. Keen says, seldom appear before the age of thirty-five, excepting sarcoma, which may appear at any age.

Prof. Hare says it is well always, to combine with chloral hydrate a bromide, as the chloral increases reflex irritability, which the bromide will prevent.

If during the administration of chloroform the pupils suddenly become dilated, Prof. Hare says there is great danger of sudden death taking place.

Vaccination, Prof. Wilson says, should be performed in three places, since the greater the amount of pox produced, the greater is the immunity that follows.

Cases of diabetes occurring in gouty persons, Prof. Hare says, has been found to be greatly benefited by the administration of arsenic combined with lithia.

Prof. Hare says that it is much better to reduce the temperature in cases of fever by the aid of cold baths or sponging, than by the employment of antipyretic drugs.

Enlarged glands, in cases of carcinoma should always be removed, Prof. Keen says, at the time when the tumor itself is removed, if they be accessible in any manner possible.

As a rule, Prof. Keen says, chronic obstruction of the bowel is generally at or below the ileo-cæcal valve, while an acute obstruction is generally at or above the ileo-cæcal valve.

Prof. Brinton says the non-union of a fractured bone is often due to the fact that on account of the low vitality of the patient, the callus, after having formed, is absorbed again.

Hemorrhage occurring in a patient two or three weeks after the delivery of a child has occurred, is very frequently caused, Prof. Montgomery thinks, by retroversion of the uterus.

Alcohol should be administered to patients suffering from diphtheria, and as a rule it will be found that they are able to take large amounts without manifesting any bad symptoms.

In all cases in which a spontaneous fracture of a bone occurs, without undue force having been applied to it, Prof. Keen says, malignant disease of the bone should always be suspected.

Dr. Da Costa says that plugs of gauze soaked in a strong solution of antipyrine will be found very efficient in stopping hemorrhage from the nose, the antipyrine acting as a good styptic.

Prof. Parvin says eclampsia, occurring in a pregnant woman before labor, is fatal in about fifty per cent. of the cases, while if it occurs after labor it is fatal only in about eight per cent. of the cases.

Diarrhoea due to proctitis, Prof. Hare says, will often be cured by injections of the chlorate of potassium in the strength of twenty grains to the ounce; one ounce to be injected at a time.

All cases of ulcers which will not yield to treatment, Prof. Keen says, should be suspected of being malignant in character, excepting when the ulcer be on the leg and is due to a varicose condition of the veins.

In making a digital examination in a case of face presentation, great care must be exercised by the obstetrician; it must be made very gently, so that no injury be inflicted to the face, especially to the eyes.

Prof. Parvin thinks that a woman who after delivery has a pulse above 100 per minute, is in danger of having a uterine hemorrhage, and the obstetrician should not leave her until the pulse has decreased in number.

Prof. Wilson says the following spray will be found useful in diphtheria:

R. Caffeine gr. xx
Sodii bicarb. gr. v
Aque q. s. ad f. ounce ij
M. Sig. Apply locally as a spray to the membrane.

Prof. Wilson does not favor the use of the chlorate of potassium in cases of diphtheria, not only on account of it not influencing the disease favorably, but more on account of the injurious effect which it exercises on the kidneys.

Prof. Keen thinks that the majority of the cases of appendicitis need no surgical interference. The reason that so many cases prove

fatal which have been operated on, is due to the fact that surgical interference has been done too late.

In true angina pectoris, Prof. Hare says the heart feels as if it were contracted; while in pseudo-angina pectoris the heart gives a sensation to the patient as if it were in an expanded condition, too large for the cavity in which it is contained.

The higher up a volvulus of the bowel has taken place, the less will be the amount of urine voided, Prof. Keen says. It is due to the fact that the higher up the volvulus occurs, the less will be the amount of absorption that will take place from the bowel,

Prof. Hare says in very obstinate chronic or subacute rheumatism, which will not yield to the ordinary treatment, *cimicifuga* will sometimes do good, especially in cases in which the rheumatism is situated in the muscles rather than in the joints themselves.

The following local application, Prof. Hare says, will be found serviceable in cases of bronchitis, occurring in infants, associated with some nervousness: oil of amber one part, and olive oil three parts. This is to be applied to the back and front of the chest.

For the nervous symptoms occurring in children suffering from cholera infantum, Dr. Ashton says hypodermic injections of morphia sulphate, gr. $\frac{1}{10}$ - $\frac{1}{20}$, and atropine sulphate, gr. $\frac{1}{100}$ - $\frac{1}{200}$, will be found useful, but their effect must be carefully watched.

Some Notes on African Fever with Cases.

[As many of our readers are particularly interested in the study of malarial diseases, we offer the following instructive account from the pen of a traveler, Dr. Clowe, in *Albany Medical Annals*:]

During two years spent on the west coast of Africa it has been my fortune to meet with malarial poisoning in all its forms and in varying degrees of malignancy.

No white person can spend any length of time there without being attacked with fever. On the care he takes of himself, more than his constitutional vigor, depends, I think, his life. Certainly this has all to do with the frequency and severity of the attacks. Immediately upon landing, and sometimes before, the system seems to imbibe the poison which, however, may (but does not always) lie dormant until some little thing calls it forth. There are several things which, singly or combined, may serve to bring

on a chill and its subsequent consequences. Any over-exertion in the sun is very likely to be followed by an attack. Exposure to wet or cold, especially the cold air of the early morning seems to speedily induce an attack. Constipation favors the development of the poison. Mental excitement of any kind or alcoholic excesses soon result in trouble.

The natives of Angola suffer very generally from fever but almost always of a mild type. Those, however, coming down from the highlands to the coast often suffer severely. It is rarely fatal among the blacks. The whites at the coast, who are almost all Portuguese, lead generally dissipated lives; striving to overcome the dreary monotony of a trader's life by all sorts of excesses. In some of the hot seasons the mortality is frightful among them. Sometimes one-third of the whites die in a single season. The majority of the fatal cases seem to be of a cerebral type. The treatment adopted by the Portuguese is largely calomel with emetics. Quinine is used, but somewhat sparingly. The average duration of fatal cases is very short, from four to ten hours telling the story. A man may be well in the morning and buried at night, very little ceremony being used. Up country, however, the results are different. Fatal cases are not so common. The fewness of the cases I have to present from up country, is due to the favorable climate and altitude. In all Bihe and Bailundu where I was stationed, there were only eighteen deaths among whites during the two years I was there, and, as I said above, cases of a malignant type are vastly less frequent there than along the sea.

All whites suffered from chills and occasional intermittent attacks, but it was the exception to see a severe case. Those who took best care of themselves were least troubled. Generally upon the appearance of the premonitory symptoms (which grow to be well known) a dose or two of quinine, in size suited to the individual, would be sufficient to ward it off. This, however, must be accompanied by absolute rest. The natives generally, use no treatment, except to lie down in the sun until the sweating stage appears. In my dispensary work among them, I used largely a mixture, each dram of which contained the following: Cinchonid. sulph. gr. x, Tr. Acon. rad., m v.; Tr. Ment. Pip., gtt., xx.; To be repeated if necessary. One dose, however, was all that was usually needed. For the whites, when trouble had actually begun, Warburgs Tr. in doses of two to four drams seemed best for general use and was followed by uniformly good results in the milder cases. Arsenic, I tried frequently and thoroughly, among blacks and whites, but observed no benefit as far as pre-

venting attacks was concerned. As a tonic it was useful. The following incomplete report of cases are taken from notes made at the time, when under a pressure of work, and when I myself was often far from feeling at my best. They may, however, prove of some interest.

CASE I.

Senhor Madeiras, a Portuguese trader, about 24 years of age, leading a dissipated life, was taken with a chill and fever, and, not growing better, I was sent for, some eighteen miles, to see him. Upon reaching the place, twelve hours after the first chill, found him presenting the following conditions: Temp. 106.5° F.; pulse 120 and thready; exceedingly restless and nervous; headache; deeply jaundiced; was vomiting constantly; pain in loins and limbs. Was shown me about four ounces of what appeared to be pure blood, passed from his bladder eight hours ago. No secretion since. He would answer correctly all questions put to him, but if not spoken to for a few minutes would become delirious. Administered Warburg's tincture, ½ oz., to be repeated in three hours. Also pot. chlo. gr. xx., to be repeated hourly for a time. Ordered a sinapism over region of kidneys, and quin. bisulph. to be given next morning, if he was alive. Saw him again the second day from that time. Temp. 99° F.; skin moist and cool; profuse secretion from kidneys; bowels regular; no pain; slept well; had taken a little nourishment; is still somewhat jaundiced. Administered hydrag. chlor. mit. gr. x., and ordered a daily dose of quin. bisulph. gr. xx. at bedtime. He progressed steadily from that time, and was out in a week.

CASE II.

Senhor F. A., sergeant in Portuguese army, stationed in Bihe. Was sent with about fifty black soldiers to quell a threatened uprising of the natives about eighteen miles from the fort. Started at eight o'clock p. m., and marched the distance through a pour of rain. Very muddy and hard walking. He had no sleep that night or next, until he again reached the fort. During night of exposure had a chill, as also the following night. I saw him three days after first-chill. Found him wildly delirious. Temp. 105+ F. per rectum; pulse 110; bowels moving frequently, and vomiting often; mouth thickly covered with black sordes. Not rational at any time. The only treatment given had been to fire the calves of both legs for a space the size of the palm of one's hand. This had been kept discharging by frequent irritation. It was found impossible to give him any medicine by mouth, as four men could not control

him. Hyperdermics of quinine had no seeming effect. He sank rapidly and died the same night.

CASE III.

Mrs. S., American. Had been eight years in the country, three years of which had been spent at the coast. Had had frequent attacks of fever, varying in severity. Had a miscarriage at six weeks, brought on by a fall. Recovered from it, but was still weak, when one week after leaving her bed she overexerted herself and was attacked. Had a very severe chill at 9 p. m., which was controlled by hypodermic of quin. bisulph., gr. x., morph. sulph. gr. $\frac{1}{2}$, with hot applications. Very soon began to vomit large quantities of bile. This was stopped by hypodermics of morph. and atrop. Was enabled to take two drams of Warburg's tinc., and keep it down. Slept fairly well balance of night, until 6 a. m., when she awoke vomiting and purging. Now nothing availed to check the vomiting. Morph. sulph., cerium oxalate, cocaine hyd. chlor., ipecac, carbolic acid, tr. iodine, etc., etc., were tried in succession. At 9 a. m. began to be delirious. Secretion of urine, scanty. At 1 p. m. none in bladder, nor was any passed again. Great pain over kidneys, not relieved by hot applications or stimulation. Two hypodermics of morph. sulph., $\frac{1}{2}$ grain, checked vomiting for one hour from 6 p. m., but it came on again. She passed soon into a comatose condition and died at 10 p. m., only twenty-five hours from initial chill. No autopsy. For seven hours before death was deeply jaundiced.

CASE IV.

Mr. C., American. Had suffered from frequent attacks of fever, generally slight, lasting a day or two and relieved by quinine or Warburg's tinc., in good sized doses. After severe exertion in sun at mid-day, experienced sudden lassitude, which kept up until a chill supervened at 6 p. m. This was relieved by usual remedies, but was followed by another in the afternoon of next day. On third day took quin. bisulph., gr. xlviij, in two doses—one at 12 m., the other at 3 p. m. Had, however, a slight chill again, and temp. rose to 104.5° F. Began to be jaundiced. Next day took Warburg's tr., two drams every other hour, and a double dose at 3 p. m. By this time was very yellow indeed; had complete anorexia, splitting headache, pain in back, urine very scanty and highly colored; no diarrhea; evening temp. 106.4° F. No sleep. Next morning no better. I resolved to try an emetic; administered gr. i, aut. et. pot. tart. As soon as emesis took place experienced great relief. A profuse perspiration

came on, and headache relieved. At noon quin. bisulph., gr. xx; temp at 4 p. m. 101° F. Took nourishment. Next morning repeated the emetic, with further benefit; jaundice reduced; temp. normal. Made a complete recovery in about one week.

These cases well illustrate the worst type of malarial poisoning.

No one there is safe from its effects. One day it may appear in its mildest form, but the next may usher in a grave attack, or one from which the victim may not recover.

Formulas.

FOR THE NIGHT SWEATS OF PUMONARY TUBERCULOSIS.

- R. Quinine sulphat
Zinci sulphat.....aa gr. ij
Ext. hyoscyami..... gr. j
Ext. nucis vomica..... gr. $\frac{1}{2}$
- M. Ft. pil. j.
Sig.—Take at bed time.

Dr. Ewart, *La Semaine Méd.*

EPISTAXIS.

The method of Dr. Rougier is to paint the spot from which the hæmorrhage seems to come with:

- R. Collodionounces iij
Acid. carbolic
Acid. benzoic
Acid. tannic.....aa gr. lxxv. M

This preparation coagulates albumen instantaneously, and its use is not painful. The author also employs it after removal of adenoid tumours, tonsillotomy, etc.—*La Méd. Mod.—Ontario Med. Jour.*

TO PREVENT SEPTIC INFECTION THROUGH ABRASIONS.

- R. Ichthyol4.0 (dram j)
Flexible collodion.....30.0 (ounces j)
- M. S.—Apply with camel's hair brush once or twice daily.

BILIOUS COLIC.

- R. Spir. chlorof.....2.4 (dram ss)
Fl. ext. dioscorea visc.....0.4 (gr. vi)
Spir. vini. rect.....4.0 (dram j)
Glycerine and water q. s. ad.....30.0 (ounces j)
4cc (dram j) every half or one to six hours, according to indication.

REMEDY FOR ACNE:

- R. Sulphate of zinc..... } of each 20 gr.
Sulphurated potash..... }
Rosewater.....1 fluid ounce
Precipitated sulphur30 grains
- Apply three times a day.

HICCOUGH:

- R. Bismuth. subnit. gr. xij
Zinci oxid,
Zinci valerianat,
Pulv. calumbe..... dram j
Pulv. opii gr. iiii
Spirit. anis. q. s.
- M. Sig.—Teaspoonful in a glass of sweetened water.

FOR CHRONIC CYSTITIS :

R. *Liquoris Potassæ*.....m xxx
Infus Uvæ Ural
Infus Buchu.....aa ounce j
 Misce et fi at mistura. This makes four tablespoonfuls—
 one dose.
 This dose four times daily.

FOR DIABETES.

R. Nitrate of pilocarpine.....gr. iii
 Dilute alcohol.....dram i
 Distilled water.....ounces ss
 4 or 5 drops of this mixture may be placed upon the tongue
 two or three times a day.

NON-BITTER QUININE.

R. Quinine sulph.....gr. xv
 Acid. sulph dil.....M. xv
 Spr. menth. pip.....drams i jss
 Sol. saccharin. saturat.....drams v
 Aquæ dest.....ounces vj

—*Medical News.*

FOR IRRITABLE COUGH.

R. Acid hydrocyanic dilutl.....f dram i ss
 Morphine acetatis.....gr. i ss
 Mucilaginis acacis.....ounces j
 Syrupi pruni virginianæf ounces iv
 Aquamad. ounces vj
 Misce at fiat mistura.
 A teaspoonful to be sipped every four or six hours.

Practitioner.

Choleriform Diarrhea in Children.

Dr. Braithwaite (*La Semaine Medicale*, No. 1
 24, 1894) has had good results in choleriform
 diarrhœa in children with the following :

R. Salicylate Soda.
 Sulpate Iron.....aa 0 | 60 (grs. ix).
 Neutral pure glycerine..... 10 | 0 (dram i jss).
 Water..... 40 | 0 (ounces jss).
 A teaspoonful four times a day.

—*Med. and Surg. Reporter.*

VOMITING OF PREGNANCY.

R. Fld. ext. valerian..... ounce j
 Fowler's sol. arsenic.....minims xvj
 Sod. bicarb.....dram j
 M. Sig. Teaspoonful every two or three hours.

—Dr. Julian Berry, Mace, Ind., in *Memph.
 Med. Jour.*

LUBRICANT FOR URETHRAL SOUNDS,
 CATHETEHS, ETC.

Guyon uses :

R. Powd. soap......50 00 (drams 15)
 Glycerine......25 00 (drams 7)
 Water......25 00 (drams 7)
 Sublimate......0 02 (½ grain)

This is antiseptic, without irritant action on
 the canal, and being much more slippery than
 the ordinary oils or fats, it renders the intro-
 duction of the instruments easier.

—*Times and Register.*

MALARIAL TONIC.

The following was used in St. Louis Female
 Hospital :

R. Ferri sulph.....dram j
 Acidi nitrici (C. P.).....dram j
 Misce et adde
 Aquæ cinnamomi.....ounces ii j
 Quinina sulph.....drams i ss
 Misce et adde
 Potassæ citratæ.....drams j
 Aquæ cinnamomi.....ounces ii j
 M. Sig. Teaspoonful in a little water three times a day,
 given after meals.

The above formula to be mixed just as writ-
 ten, or a sediment will form. Do not use the
 dried sulphate of iron, but the pan coperas.

—*St. Louis Courier of Medicine.*

APPLICATION FOR CHRONIC ULCER.

R. Acid chromic.....gr. xxx
 Acid. tannic.....gr. xx
 Morph. sulph.....gr. v
 Chloral hydrat.....dram vj
 Aquæ.....Oj
 M. Sig. Apply frequently, during the day, with a camel
 hair pencil; in the interim keep the ulcer covered lightly
 with a cloth or bandage.

—*Ibid.*

GLYCOSURIA.

Dr. L. D. Kasterbine regards the following
 as an excellent prescription :

R. Acidi lactici,
 Aquæ destillatæaa.....ounce j
 M. et fiat mistura.
 Sig. Teaspoonful in water, before meals.

—*Louisville Med. Monthly.*

MIGRAINE.

R. Butyl-chloral hydrate.....gr. xx
 Tinct. gelsemium.....m xxx
 Tinct. cannabis Ind.....m xv
 Glycerin.....ounces ss
 Water.....q. s. ad. ounces ii j
 M. Sig.—A third part to be taken at once. The dose to be
 repeated in half an hour.

—*Practitioner.*

ANTI-MALARIAL.

The following has given unusual satisfaction in
 malarial conditions ; seldom failing to prevent
 recurring attacks :

R. Syr. acid hydriodic (Hostelley's)ounces ii j
 Lig. Potassii Arsenit.....drams i j
 Quinina sulph.....dram j
 Tinct. capsicum.....drams iv
 M. Sig.—Teaspoonful three times a day.

CATARRH OF GALL-DUCTS.

R. Sodii Phosphat.....ounces j
 Bicarbonate of soda.....ounces ss
 Extr. taraxaci fl.....fl. ounces j
 Aq. menth. pip.....ounces ii j
 Syr. cort. aurant.....fl. ounces j
 M. Sig.—Teaspoonful three times a day.

Med. Rev.

CHRONIC RHINITIS AND PHARYNGITIS.

Dr. H. M. Dunlop, Sanitarium at Battle Creek, Mich., claims to have obtained splendid results from the application of the following :

- R. Ol. cinnamon.....gtts. xx
Eucalyptol (Sander & Sons).....drams iii
Ol. gaultheria.....gtts xxx
Menthol crystal.....grs. xx
Liq. alboline.....ounces ij

M. Sig.—Use with atomizer.
—*Bacteriological World & Moderne Medizine.*

ANTI-DIABETIC POWDER.

The formula of Dr. Monin is :—

- R. Bicarbonate of sodium.....ounces ij
Benzonate of sodium.....drams x
Salicylate of sodium.....drams v
Carbonate of lithium.....ounces ss

M. Sig.—Teaspoonful at each meal.
—*Rev. Med. Phar.*

St. Louis Female Hospital Formulæ.

By R. M. KIRLEY, M.D., Superintendent.

From *St. Louis Med. Cour.*

RHEUMATIC NEURALGIA.

- R. Potassæ bicarb (32 0).....ounces j
Sodæ bi carb.....ounces ij

M. Ft chart No. 1.
Sig.—Take a teaspoonful in glass of cold water every 4 hours until all pain is relieved. Then an occasional dose for several days.

REMEDY FOR CHILLS, IN LIEU OF QUININE.

- R. Liquor potassæ arsenitis,
Tincturæ Iodini, aa.....ounces ss
(15 625 cc.)

M. Sig.—Dose for an adult—10 drops in water or milk three times a day.

LOCAL APPLICATION FOR TREATMENT OF HERNIA IN CONNECTION WITH TRUSS.

- R. Ext. belladonnae, fluid.....drams ij
Tinct. opii.....drams iiss
Glycerini.....ounces j
Acid tannic.....drams j
Tinct. cantharides.....ounces ss
Aqua.....0 j

M. Sig.—Apply thoroughly and frequently over region of hernia, wearing truss constantly.

MALARIAL TONIC.

- R. Ferri sulph.....drams j
Acidi nitric (C. P.).....drams j

Misce et add :
Aqua cinnamon.....ounces ij
Quinins sulph.....drams iiss

Misce et add :
Potassæ citratis.....drams ij
Aqua cinnamon.....ounces ij

M. Sig.—Teaspoonful in a little water three times a day, given after meals.

[The above formula to be mixed just as written, or a sediment will form. Do not use the dried sulphate of iron, but the pan coperas.]

TONIC TO BE USED IN CONNECTION WITH PRECEDING FORMULA.

- R. Liquor potassæ arsenitis.....drams viij
Tinct. nux vom.....drams j

M. Sig.—Take from 7 to 10 drops three a day, half an hour after meals, in a little water.

FOR REMOVAL OF CORNS FROM THE FEET WITHOUT PAIN.

- R. Acid salicylic.....gr. xx
Cannabis indica, fluid.....drams j
Collodion.....drams ij

M. Sig.—Apply thoroughly with camel's hair pencil over the corn, morning and night, for four or five days. Then soak the corn in as hot water as can be borne until corn becomes soft—then remove it with forceps or point of knife blade.

TREATMENT OF GOITRE, WHEN IMPOSSIBLE TO USE KNIFE.

- R. Ergotine.....gr. xv
Glycerine.....drams ss
Chloroform.....drams ss
Aqua dis, q. s. ad.....drams iij

M. Sig.—Inject into body of tumor with hypodermic syringe, half drachm of mixture every 6 or 7 days.

APPLICATION FOR CHRONIC ULCER.

- R. Acid chromic.....gr. xxx
Acid tannic.....gr. ix
Morph. sulph.....gr. v
Chloral hydrat.....dram vj
Aqua.....0 j

M. Sig.—Apply frequently during the day, with a camel's hair pencil—in the interim keep the ulcer covered lightly with a cloth or bandage.

—In sciatica and other neuralgias :

- R. Tinct. aconiti,
Tinct. colch. seminis,
Tinct. belladonnae
Tinct. actææ racemosa, aa partes æquales.

Sig. Six drops every six hours.

—*Metcalf.*

—In toothache, (*Jour. de Pharmacie* :)

- R. Dry alcoholic extract opium.....
Camphor.....aa.....0.50
Balsam Peru.....
Mastic.....aa.....1.0
Chloroform.....10.0

Introduced into the cavity it calms the pain at once.

TO HARDEN THE SKIN OF BED RIDDEN PATIENTS IN ORDER TO PREVENT BEDSORES.

The parts first to be washed with an antiseptic solution twice daily, dry and apply the following powder :

- R. Pulv. camphor.....20 0 (dram v)
Amyl. pulv.....120.0 (ounces iiss)
Crete gallic.....60.0 (ounces ij)
Alum ustum.....4.0 (dram j)
Acid Boracic.....30 0 (ounces j)
Pulv. oxid. zinc.....30.0 (ounces j)
Acid carbonic.....2.0 (dram ss)
Oil of gaultheria.....2.0 (dram ss)

M.

SHILOH'S CONSUMPTION CURE.

- R. Muriate of Morphine.....3 grs
Muratic acid.....3 minims
Fluid Extract henbane.....2 drams
Fluid extract ginger.....3 drams
Fluid extract wild cherry.....3 drams
Diluted Alcohol.....3 drams
Chloroform.....1 dram
Essence peppermint.....30 minims
Syrup of tar.....3 ounces
Simple syrup to make.....8 ounces

Mix.

—*I b.*

SEVEN SEALS, OR GOLDEN WONDER.

R. Ether.....4 parts
 Chloroform6 parts
 Camphor4 parts
 Oil of peppermint..... parts
 Tinct. of Capsicum.....35 parts
 Alcohol (90 per cent.).....50 parts
 These proportions are approximate. This preparation is recommended for cholera morbus, rheumatism, warts, corns and all diseases.

—I b.

LYDIA PINKHAM'S COMPOUND.

R. Cramp Bark.....1 pound
 Partridge berry vine.....1 pound
 Poplar bark.....½ pound
 Unicorn root.....½ pound
 Cassia.....½ pound
 Beth root.....6 ounces
 Sugar.....6 pounds
 Alcohol.....½ gallon
 Water q. s.

To two and one-half gallons of an infusion prepared from the drugs in about No. 40 powder, and filtered, add the sugar; agitate until dissolved, then add the alcohol.

—I b.

Reviews.

AN ILLUSTRATED DICTIONARY OF MEDICINE, BIOLOGY AND ALLIED SCIENCES. By George M. Gould, A.M., M.D. Royal octavo, 1638 pages. Sheep or half morocco. \$10.00 net; half Russia, \$12.00. P. Blakiston, Son & Co., 1012 Walnut street, Philadelphia.

We take real pleasure in introducing to our readers this magnificent volume—one that our profession can well be proud of. The science of medicine, extending, as it does, into the domain of all the natural sciences as collateral branches, possesses a very extensive nomenclature. Dr. Gould's Dictionary is the first one to give it full justice. Aided by a competent corps of assistants, it has been the aim of the author to give not only the old and accepted words in medical literature, but also all the new words recently developed in the growth of the science. Thus we find a vast number of words that appear in no other dictionary.

The illustrations are profuse, and very fine and clear. There is a large number of useful tables (110 in all), as those of the nerves, the muscles, bacteria, surgical knots, etc. These economize space, and place the information plainly before the eye, making it readily obtainable. This gives the book an encyclopedic character that makes it doubly valuable.

The spelling, pronunciation, derivation and definition of medical terms are given as fully and clearly as possible. In spelling, the advanced principles are adopted to a most gratifying extent. This, with the other features, entitles the work to be regarded as strictly up to modern ideas and requirements. Every physician and surgeon will want to have a copy of this indispensable and matchless work.

INTERNATIONAL CLINICS. Fourth Series, Vol. I. Published by J. B. Lippincott Co., Philada.

This is a quarterly, composed of the best clinical lectures from eminent men in the profession throughout the world. The series has become very popular.

CLINICAL MANUAL FOR THE STUDY OF DISEASES OF THE THROAT. By James Walker Downie, M.B., of Glasgow, Scotland. 268 pages, illustrated cloth, \$2.50. Macmillan & Co., 68 Fifth Avenue, New York. Sold by John Wanamaker, Philadelphia.

This is a handy and thorough manual for those in general practice who have a considerable amount of practice in this specialty.

ESSENTIALS OF DISEASES OF THE EYE, NOSE AND THROAT. Part I—The Eye, by Edward Jackson, A.M., M.D. Part II—The Nose and Throat, by E. Baldwin Gleason, S.B., M.D.

ESSENTIALS OF NERVOUS DISEASES AND INSANITY. By John C. Shaw, M.D.

ESSENTIALS OF PHARMACY. By Prof. L. E. Sayre, Ph.G., of the University of Kansas.

The above three volumes, price \$1.00 each, are the second editions of the popular Question Compend, published by W. B. Saunders, 925 Walnut St., Philadelphia. For a hasty review or for a primary preparation for a more thorough study of a subject, they have a legitimate place in scientific literature. These particular volumes are by authors of eminent ability.

TREATMENT OF TYPHOID FEVER. By D. D. Stewart, M.D., of Jefferson Medical College, Philadelphia. Paper, 25 cents. George S. Davis, Detroit, Mich.

Dr. Stewart is an undoubted authority in matters pertaining to the practice of medicine. The work is divided into four chapters: Prophylaxis; Management of a Case; Specific and Antiseptic Treatment; Treatment of Special Symptoms and Complications. In the antiseptic treatment the author favors beta-naphthol. He also discusses other antiseptic agents, but does not recognize the merits of sulpho-carbolate of zinc, the most useful and least harmful of them all. He very justly devotes twenty pages to the treatment by baths—the very best single treatment for the disease yet discovered. The treatment by bacillus cultures is also mentioned and explained.

THE NURSE'S DICTIONARY OF MEDICAL TERMS AND NURSING TREATMENT. By Houser Morten. Cloth, 189 pages, pocket size, \$1.00. W. B. Saunders, 925 Walnut street, Philadelphia.

A book which every progressive nurse must have.

THE ECLECTIC PRACTICE IN DISEASES OF CHILDREN. By John M. Scudder, M.D. 436 pages. Sheep, \$5.00. John M. Scudder's Sons, Cincinnati, O. For sale also by J. B. Lippincott Co., Philada.

As this is the seventh edition of this work, its value seems to be recognized by the profession. We admire, especially, the classification of the various sub-divisions of the subject. The treatment of diseases is based upon the practice of the eclectic school, which is not far different from that of successful non-sectarian physicians everywhere. No one can study this book without receiving benefit from it.

TUSCULUM, a Latin Greek periodical, by the Societas Rugbiana, at Rugby Academy, 1415 Locust street, Philadelphia.

Specimen copies of a little magazine of the above title have reached us, which may be of interest to most of our readers. The object of the publication is, indeed, a great one, for it aims at revolutionizing classical teaching by setting up the principle that a language must be known before one undertakes to read a book in it, while our colleges, as we all know too well, try to make students read Latin and Greek authors before they know the language. The manner in which *Tusculum* carries out its principles is truly ingenious, yet very simple. Latin and Greek sentences are formed from the start, with the help of points, lines and geometrical figures, which lead up to various

objects, and upon the gained vocabulary conversational facility is gained. It has found its way already into several schools, one even in China, and many private parties are pursuing the course, both in this city and in the country, since the authors profess to give instruction by mail. Beginners and those whose Latin may be "nasty," will do well to try this new method. Price, single copies, 10 cents; \$1.00 per annum.

ANGLO-ISRAEL. By Rev. Thomas Rosling Howlett, B. A., A. M. Price, \$1.00. Published by the author, 16 South Front street, Philadelphia.

This is the third edition of this most interesting study of the Jewish problem, with the addition of a supplement of nearly one hundred pages and map. In it the author demonstrates the identity of the "Ten lost tribes of Israel," with the all-conquering Anglo-Saxon race of Europe and later, of America. It is a work which any student of Biblical history or of Anthropology cannot afford to miss.

THE WORK OF JUSTINE SIEGEMUNDIN, THE MIDWIFE.

THE LIMITATIONS OF THE USE OF THE PESSARY.

Two very interesting pamphlets (reprints), by Hunter Robb, M.D., Associate in Gynecology, Johns Hopkins University, Baltimore, Md.

NON NOCERE. By A. Jacobi, M.D., New York.

A very interesting and valuable address, reprinted from the *New York Med. Record*.

STUDIES AND METHODS IN SUPRAPUBIC HYSTERECTOMY.

ABDOMINAL SURGERY AND ITS EVOLUTION AND INVOLUTION.

VAGINAL EXTIRPATION OF THE UTERUS.

A FEW POINTS OF INTEREST TO THE FAMILY PHYSICIAN.

The above are four very interesting and valuable reprints by Prof. Joseph Eastman, M.D., LL. D., Indianapolis, Ind.

HYGIENIC VS. DRUG TREATMENT OF TYPHOID FEVER. By Charles E. Page, M.D., Boston, Mass.

A pamphlet reprint that would be of interest to all practicing physicians.

OLIVE OIL AS A REMEDY IN THE TREATMENT OF GASTRIC ULCER. By E. J. Senn, M.D., of Rush Medical College, Chicago, Ill. A valuable reprint.

ETIOLOGY OF PELVIC DISEASES IN WOMEN AND THEIR PROPHYLAXIS. By H. O. Werder, M.D., Pittsburg, Pa. A reprint of interest to every practitioner.

MENSTRUATION IN THE PHYSICAL DIAGNOSIS OF PULMONARY PHTHISIS. By George A. Evans, M.D., 909 Bedford avenue, Brooklyn. A reprint containing information of great value.

ERECTILE TISSUES—THEIR PHYSIOLOGY, PATHOLOGY AND TREATMENT.

SOME INTERESTING REFLEX NEUROSES.

LIQUOR SEDANS, SAA PALMETTO, DAMIANA, PICHU, ETC.

The above are three interesting reprints, by John J. Caldwell, M.D., 1110 North Fulton avenue, Baltimore, Md.

COLUMBIAN COLLECTION OF ESSAYS ON SWEDISH GYMNASTICS. By Baron Nils Possé, B. Sc., M. G., 23 Irvington street, Boston, Mass.

Have you read Mr. Bellamy's famous book, "Looking Backward?" It has caused the rise of "Nationalism," and much good literature on this subject from the pens of Mr. Bellamy and others has appeared since the publication of the above-named book. Are you interested in the subject? If so, write to Mr. B. Franklin Hunter, Eleventh and Pine streets, Philadelphia, for free literature. Mr. Hunter unselfishly devotes time, energy and money, to what he believes to be the greatest educational need of the times.

THE ESOTERIC BEAUTY AND UTILITY OF THE MICROSCOPE. By Ephraim Cutter, A.M., LL.D., M. D., 121 Broadway, N. Y. Price, 40 cents.

DIFFERENTIAL DIAGNOSIS OF NEPHRITIS. This is a handy and useful chart, by Emmet L. Smith, M. D., 525 Forty-third street, Chicago, Ill.

RAILWAY SURGEON. Published every other Tuesday. \$5.00 per year. Monadnock Block, Chicago.

This is the official journal of the National Association of Railway Surgeons, with Dr. R. Harvey Reed as editor.

THE MEDICAL EPITOMIST. Quarterly. Price, 50 cents per year. 72 South Illinois street, Indianapolis, Ind.

THE STRIKE AT SHANE'S. A Sequel to "Black Beauty." Gold-Mine Series No. 2. A Prize Story of Indiana. Price only 10 cents. George T. Angell, 19 Milk street, Boston, Mass.

This story deals especially with the subject of cruelty to animals, and is worth more than its weight in gold. Every person in the United States should read it.

"NIL DESPERANDUM." Price, 10 cents. Published by the American Humane Education Society, 19 Milk street, Boston, Mass.

THE PHYSICIAN'S WIFE. By Mrs. Ellen M. Firebaugh, of Robinson, Ill. Cloth, 186 pages, illustrated, \$1.25. The F. A. Davis Co., Philadelphia.

This is a breezy little work, giving a very entertaining view of the life of a physician's wife, as observed, particularly, in the medium-sized towns in the great west. The author has an especially pleasing and winning style, equally effective in irresistible humor, in poetical fancies or in touching pathos. The womanly good sense scattered through the book is also to be noted and appreciated. We all know that physicians have the very best wives in the world, and this book in regard to them will please and entertain, but not instruct. In fact, it was not written for instruction.

HEALTHFUL WOMANHOOD AND CHILDHOOD. By Henry Bixby Hemenway, A.M., M.D., of Rush Medical College, Chicago, Ill. Published by V. T. Hemenway & Co., Evanston, Ill. Cloth, 290 pages, with illustrations in a separate pamphlet.

This is a book of plain talks to non-professional readers relative to healthy and diseased conditions peculiar to women, and concerning the care of young children. The author is best known to the profession as having published in the *Journal of the American*

Medical Association the most sensible and practical article regarding the relation of homeopathy to the regular profession that has ever yet been produced. In the work now before us he is addressing, not his brother physicians, but the laity, and especially women. The language is plain and direct, and the information is of a sensible and useful character. It would be an especially useful book for married women to read, and for those about to be married. A careful reading of it would also prepare a mother for the duty of giving plain instruction to her young daughter upon the mystery of her sexual nature.

The Photographic Times for April 6th, contains an interesting account of an interview with Edison, and a description of his latest invention—the Kinetoscope. The article is illustrated by some photographic reproductions of pictures taken by the instrument. There is also an account of the life and work of Mr. H. P. Robinson, the renowned artist photographer, with some samples of his latest and finest productions recently exhibited at the London Photographic Salon. The rest of the magazine is made up of matter interesting to every photographer, amateur or professional.

THE *St. Louis Clinique* has passed into the hands of Dr. Emory Lanphear, Professor of Surgery in the College of Physicians and Surgeons. Dr. Lanphear will conduct the journal in the interests of the school, and of the medical profession of the West.

Wit and Wisdom.

THE International Medical Congress, at Rome, awarded a gold medal to the Schering Chemical Co.

FOR the remedies used in Dr. Waugh's Treatment of Morphineism, see the adv. of the Philadelphia Granule Co., No. 10 South 18th street, Philadelphia, Pa. in this issue.

WE HAVE received a communication from a committee representing the candidates from the twelve medical colleges whose graduates came before the State Medical Board of Pennsylvania for examination recently, tendering their sincere thanks for the courteous reception extended and the fair treatment shown to them by the examiners.

MELLIN'S FOOD received the highest awards at the World's Fair.

IF YOU will pay express charges, a free sample of Maltine will be sent you. Address the Maltine Mfg Co., 168 Duane street, New York, N. Y. You mention the *MEDICAL WORLD*, of course.

When you want to give gold, arsenic and mercury, prescribe the "Mercauro," made by E. M. Johnson Co., 41 Platt street, New York.

THE LEGAL AND MEDICAL PROFESSIONS.

A writer in the November number of the *Forum* says some very sharp things of the United States Senate, especially as studied in the light of history. The author has this to say about the profession of medicine:

"We put politics on a lower level than our fathers put it. With them it was easily the noblest of professions, now it is neglected. The law has suffered in the same way, perhaps, but not to the same degree. The profession of medicine, on the contrary, has risen higher in our esteem."—*Food*.

PREVENTION OF BOILS.

Dr. Roensbach (*Munch. Med. Wochenschr.*) in order to prevent the development of crops of boils, in the back of the neck and nose, especially advises persistently rubbing the region attacked with some fatty substance, as cold cream, lanoline, unsalted butter or lard. Lanoline, above all, is to be preferred. The development of boils is due to dryness of the skin, and by inunction of a fatty substance the dryness is removed and the penetration of micro-organisms prevented.—*Ex.*

FOR CHOLERA INFANTUM.

- R. Listerine.
Glycerine (c. p.) .
Syr. Stimpf.
Aque cinamon.....aa.....gram i.
M. Sig—Teaspoonful every one, two or three hours.

THIRTY-TWO pages devoted to the management of Summer Complaints of Infants and Children, may be had upon application to the manufacturers of LISTERINE—Lambert Pharmacal Co., St. Louis.

NORMAL LIQUID CANNABIS INDICA IN UNPLEASANT DREAMS.

Dr. R. T. Edes, in the *Boston Medical and Surgical Journal*, especially recommends *Cannabis Indica* for the relief of unpleasant dreams, transforming them into those of a more agreeable character.

"The drug should not be given in so-called 'full doses,' that is, not sufficiently large to produce effects obvious to anyone but the patient, and he hardly should be sure of it. For example, if experiments have shown that ten drops of the preparation to be used gives rise, in the average person, to some excitement, rapid talking, laughter, double consciousness, etc., let the dose for the purpose we are considering be, say, six or seven. I have found that a very convenient plan of administration, admitting of varying the dosage, is an alcoholic extract, which may then be dropped in the desired quantity upon a spoonful of granulated sugar.

"I have frequently had occasion to prescribe *Cannabis Indica*, and have found Parke, Davis & Co.'s Normal Liquid always efficient in doses of ten to forty minims. It would undoubtedly give satisfaction in cases like the above mentioned, where the dreams are known to be habitual and not due to the 'traditional mince pie' or disordered digestion."

CARBOLIC ACID ANTIDOTE.

In moments of emergency the druggist is often called upon to act in the role of a physician, and the very common mode of shuffling off this mortal coil by the carbolic acid route suggests that an antidote is always at hand in every drug store. A strong solution of sulphate of soda (Glauber's salt) is very prompt in its action. Should the patient be unable to swallow, a stomach tube may be easily improvised with a yard or so of rubber gas tubing and a funnel through which the antidote should be administered.—*New Idea*.

IF YOU want first-class uterine supporters, send to the Hastings Truss Co., 224 S. 9th street, Phila., Pa.

WELSHFIELD, O., Jan. 18, 1894.

WILLIS H. DAVIS, Keokuk, Iowa:—I am entirely pleased with my case. I like it full better than I do the costly Leader, as it is more compact and neater in appearance, and at the same time it holds in ounces the same.—H. M. FENTON, M.D.

FOR "SENG," a new digestive agent, send to the Sultan Drug Co., St. Louis, Mo.

FOR sample of Micajah's Uterine Wafers address Micajah & Co., Warren, Pa.

FOR free box of Dyspepsia Tablets, address, The P. J. Noyes M'f'g Co., Lancaster, N. H.

WE HAVE been entirely satisfied with goods bought of the Western Leather M'f'g Co., 125 to 137 Rees street, Chicago. Send to them for medicine cases.

DR. P. BERNARDINONE has had favorable results in the treatment of pulmonary tuberculosis by the subcutaneous injection of Aristol, a compound of thymol and iodine, introduced by W. H. Schieffelin & Co., New York.

FOR generous sample of Pancreo-Bismuth and Pepsin, address Geo. C. Frye, Chemist, Portland, Maine.

CONVULSIONS may frequently be cut short, like magic, by teaspoonful doses of Celerina repeated at short intervals. The nausea as an after-effect of chloroform or ether narcosis may generally be controlled in the same manner.

WE ARE entirely pleased with the abdominal supporters and elastic goods supplied by G. W. Flavell & Bro., 1005 Spring Garden street, Philadelphia, Pa.

FOR CUT rates in instruments, address I. Phillips, Atlanta, Ga.

BROOKLYN, IND., March 25, 1898.

I have used Freleigh's Tablets, and can cheerfully recommend them as worthy of trial by the profession, as I have been using them for the past three months with good results. I can say I am well pleased.

C. M. LINDLEY, M.D.,

Class of 1860.

DIURETIC AND RHEUMATIC.

R. Lithium salicylate.....2 grama.
Liq. tong. sal.....3 ozs.
Glycerine.....1 oz.
Aqua mentha pip.....2 ozs.
M. Sig.—Two teaspoonfuls every two hours.

ANTI-KAMNIA. "The importance attached to this drug, I think, is due to its anodyne and analgesic power, and the celerity with which it acts. As an antipyretic in fevers, it acts more slowly than antipyrine, but it is not attended with depression of the cardiac system and cyanosis. Whenever a sedative and an analgesic together is indicated, this remedy meets the demand. In severe headaches it is the remedy *par excellence*."—*N. C. Med. Jour.*

DR. OBASIO SATARIANO, Barrafranca, Italy, says: "Although opposed to the use of pharmaceutical specialties, I was struck with the formula of Bromidia (Battle), and knowing the action of its ingredients could not bring myself to believe in its possessing greater therapeutic power than its component parts. However, I determined to try it in a severe case of mammary neuralgia, which had proved refractory to an infinitude of other remedies. The result was brilliant, and far beyond my expectations."

THE MAN who went out to milk and sat down on a boulder in the middle of the pasture and waited for the cow to back up to him, was the eldest brother of the man who kept store and did not advertise, because he reasoned that the purchasing public would back up to his place when it wanted something.—*The Sioux City (Iowa) Tribune.*

The following is from a physician in Barcelona, Spain:

"The results which I have obtained in my dispensary for sick children, together with my private cases, have been extremely satisfactory. In fact, I have

treated various cases of dyspepsia, in which the patients, fully prostrated and without power to digest their food, have, thanks to the use of Ingluvin, been rapidly cured.

"In the case of 'apepsia' or loss of appetite, in children, accompanied with diarrhoea, I have obtained good results from the use of Ingluvin, which therapeutic agent is extracted by the house of Warner & Co. from the stomach of the chicken.

"I have also found Ingluvin useful in the organic complaints of the stomach, and in the indomitable vomiting and painful dyspepsia to which women are subject during pregnancy. I have employed the agent, moreover, in the convalescent state of many patients, when I have not only noted the alteration of the gastric secretions, but the extreme instability of the stomach."

W. H. HOSTELLEY & Co., Gentlemen:—I gave the Syrup of Hydriodic Acid to a young man with chronic gleet. The fellow seems wonderfully relieved. Says he feels like another man. I cheerfully commend it to all needing an iodine alternative. Will continue to use it.

Darlington, Ind.

FOR a genuine Peroxide of Hydrogen—prescribe Marchand's.

NUTROLACTIS is an efficient tonic to the secretion of milk. Large, liberal sample (one dollar's worth) free, if you pay express charges. Nutrolactis Co., 93 Warren Street, New York.

A MATTER of the utmost importance in the business and professional success of the physician is the use of suitable and appropriate printed matter—envelopes, letter heads, bill heads, professional and social cards, and special forms of prescription blanks. (See valuable forms in "The Physician as a business Man"). For all these articles and, in fact, for all kinds of printing suitable to a physician's needs, send to William Koehl, Erie, Pa. A firm that makes a specialty of this kind of work possesses manifest advantages.

FOR concentrated tincture of Passiflora Incarnata, send to John B. Daniel, Wholesale Druggist, 84 Wall street, Atlanta, Ga.

DURING hot weather, Horseford's Acid Phosphate makes a refreshing tonic drink. Sample free, if you pay express charges. Rumford Chemical Works, Providence, R. I.

A PROPER food for infants is Horlick's Malted Milk. Sample free. Malted Milk Co., Racine, Wis.

AUNTIE: "Does you know, doctor, dat if you'se not doin' Sam's liver no good, you'se makin' a Christian out'n him?"

DOCTOR (mystified): "What makes you think so, auntie?"

AUNTIE: "Cause, ebery time he takes a dose of your medicine, he says, 'O Lord.'"—*Sunny South.*

FOR improved batteries, send to McIntosh Battery and Optical Co., 141 to 143 Wabash ave., Chicago.

THE Charles N. Crittenton Co., 115 Fulton street, New York, introduce Colden's Liquid Beef Tonic and Svapnia, the purified opium.

DURING this season you will want to use Chionia for biliousness and allied disorders. For sample, address Peacock Chemical Co., St. Louis.

FOR hollow suppositories, or for fine glycerine suppositories, address Hall & Ruckel, Wholesale Druggists, 218 Greenwich street, New York.

USE Syrup of Figs for a laxative.

FOR treatment of the Morphine Habit, send to B. Keith & Co., 75 William street, New York.

SERVANT—"Please, mum, Mrs. Nexo-door wants you to lend her some reading matter suitable for a sick person."

MISTRESS—"Certainly. Give her those medical almanacs."—*New York Weekly*.

THE jealousy of physicians is remarkable. No sooner does one of them discover a disease than half a dozen more concentrate all their energies upon its suppression.—*Puck*.

USE the most excellent Baby Powder, made by Dr. Julius Fehr, Ancient Pharmacist, Hoboken, N. J.

FINE clinical thermometers are made by H. Weinhagen, 22 and 24 North William street, New York.

FOR fine granules, address The Abbott Alkaloidal Co., Ravenswood, P. O., Chicago, Ill.

As a superior surgical dressing, use Unguentine, made by the Norwich Pharmacal Co., Norwich, N. Y.

FOR tablets convenient for dispensing, address H. K. Mulford Co., 2132 Market street, Philadelphia, Pa.

WE have used with satisfaction, the Pile Ointment made by Fred. W. Stewart, Oswego, N. Y.

"PEOPLE don't die over here very often, do they?" inquired the smart New Yorker.

"No, only once," replied the Philadelphian, and there was an intense silence.

BRIGHT POINTS FROM THE OD QUARTERLY.

[For a sample copy address Od Chemical Co., New York.]

EXCESSIVE vomiting may be controlled by giving one-half to one drop of oil of cloves in a little water.

BLOOM has given atropine successfully in thirty cases of uterine hemorrhage. He gave gr. 1-100 every three or four hours.

FOR threatened bed sores the skin should be rubbed with alcohol, in order to restore the circulation, and then gallic acid applied, which will constrict the dilated blood vessels.

SALICYLIC ACID and its salts are among the most effectual agents in the treatment of pleurisy with effusion.

THE extensive use of iodoform in the treatment of old people is not advisable, as it is very liable to produce delirium.

IN APPLYING iodine to inflamed buboes, furuncles etc., do not paint the swelling itself, but apply it around the inflamed area.

IN SEVERE cases of chorea, arsenic and the hot pack will be found to act almost as a specific.

CALOMEL may, in the stomach, if an excess of hydrochloric acid is present, be converted into corrosive sublimate. Hence it is best to combine the calomel with sodium bicarbonate.

THE long continued use of alkalies has a tendency to destroy the blood and irritate the kidneys.

A FRENCH author claims that boric acid administered in five grain doses three times a day will abort boils.

CITRIC ACID is said to be a prompt remedy to stop nose bleeding. A solution injected into the nostrils.

CHLORIDE OF CALCIUM, in doses of four grains, is valuable in the treatment of pneumonia.

SULPHATE OF MAGNESIA is a good chemical antidote for carbolic acid poisoning.

MURIATE OF AMMONIUM in full doses will overcome the immediate effects of drunkenness.

DROPSY of the feet alone means heart, dropsy of the belly alone means liver, and dropsy of all the body means kidneys.

WHERE you are in doubt as to the diagnosis, examine the urine.

PROF. BRINTON says blood in the urine is generally from the kidneys, but if it clots or is bright red in color, then it is not from the kidneys, but may be either due to a diseased condition of the bladder or of the prostate gland, or to a stricture or to a urethritis.

INVOLUTION of the sexual organs after confinement takes place more rapidly and satisfactorily if the mother nurses her child.

PICROTOXINE, 1-40 gr. at bedtime, controls the night sweats of consumptives.

TWENTY grains of camphoric acid, given at night, controls night sweats.

COCAINE prevents suppuration in small-pox, Dr. Saymayoa, of Gautemala, says: hence there is no secondary fever, and no pitting.

SALICYLATE OF BISMUTH.—Salicylate of Bismuth has been found useful in infantile diarrhoea.

CONVULSIONS in children are sometimes cut short by turning the patient on the left side.

GALL STONES occur three times as often in women as in men.—*Keen*.

DRUGS that increase the arterial tension will also increase the flow of the milk.

USE neither sound nor catheter where the bladder is inflamed.

FALSE MODESTY, A CRIME.

Dr. Hattie T. Griswold, who is far from being a pessimist or a sensational writer, inveighs bitterly against the *false* delicacy which is ashamed to speak of the mystery of life in as proper manner to a child, and prompts teachers and parents to let their boys and girls learn by a terrible experience, perhaps and often, too late, what they were too modest to warn them against. In every community there are debased women who seek to lure our boys to destruction, and male friends who delight in demoralising and ruining our girls, and yet we let our children go out into a world teeming with overwhelming temptations without so much as a word of warning as to the awful consequences of sexual vice. The eternal demand in nature for purity, and the lasting disease, suffering and disgrace that inevitably punish impurity, cannot be too early or too strongly impressed on every child. Whoever, therefore, shirks the duty of imparting to those under their care the power of discrimination between good and evil, *deliberately* sins against God and man, because they wilfully cause bodies to be ruined and souls to be lost, through ignorance of what they *should* have taught them to avoid.—*Indian Med. Record*.

Some Reasons for Becoming a Physician.

By H. P. CRABBE, WASHINGTON, D. C.

Doctor Greatheart's Reasons.

1. Because I see in the life of a doctor the best opportunity to serve God and my fellow men.
2. Because I believe a physician can find opportunities to cheer the hearts of the unhappy not given to other men.
3. Because, as a doctor, I can go among the poor, carrying help and comfort.
4. Because to relieve suffering will be my daily duty.
5. Because to give health is to give more than money.
6. Because I know that, "inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me"
7. Because I would lend my life to the Lord by giving it to the poor.

Doctor Narrowmind's Reasons.

1. Because it is easier to become a great physician than a great lawyer. Sick people are more easily fooled than well people.
2. Because women are more easily influenced than men, and a physician deals more with women than with men.
3. Because a doctor can ingratiate himself into the hearts of women, and through them influence their husbands.
4. Because I would like to be a professional man, and I think the life of a minister of the Gospel requires too much self sacrifice, and the life of a lawyer too much real work.
5. Because it is easier for a doctor to conceal his ignorance than for men in other professions.
6. Because a doctor has fine opportunities to make love to the ladies.
7. Because I would like to know enough of medicine, and the physical man, to be able to take excellent care of my own dear self.—*Illus. Med. Jour.*

"TRIKRESOL FOR INHALATION."

The following is from a communication to the *Lancet*, by Dr. Robert Lee, of West Kensington, England: "The interesting observations of Professor Charteris on Trikresol, communicated through the *Lancet*, must have attracted the attention of many of its readers, and the important fact that Trikresol is free from the poisonous qualities of carbolic acid must have suggested its great superiority in medical and surgical practice. I have tried a specimen of Schering's Trikresol, in order to ascertain whether it could be used for inhalation, as the poisonous properties of carbolic acid have, for that purpose, made it somewhat objectionable. My object was to determine whether Trikresol, when mixed with water in definite proportion, would, like carbolic acid when treated similarly, yield a vapor, on boiling, of definite and constant strength—a peculiarity which attaches, as I pointed out some years ago, to carbolic acid, and which makes it superior to all other antiseptics for inhalation. I find that Trikresol follows the same law, as might have been expected, as carbolic acid, and that a mixture of one dram of Trikresol to one pint of water gives off, when boiled continuously, a vapor of the same strength as the mixture. This is rather strong for children, and a weaker solution may be used. To what important uses this property of Trikresol can be applied in the treatment of many maladies by inhalation, I hardly need point out."

HOW TO TELL THE SPEED OF THE TRAIN.

Superintendent Alvey, of the Baltimore & Ohio road, lives out at Takoma, and the coterie of commuters in the smoking car always save a seat for him in the morning, no matter how big the crowd may be. Coming in to church recently, some one asked him how fast the train was running. He pulled out his watch, and, after quickly glancing at it, peered intently out of the window. In a little while he remarked, quietly:

"This train is going between thirty-one and thirty-two miles an hour."

There was a chorus of queries as to how he had determined it, because his manner left no doubt in the mind of any one that he was entirely serious.

"It is very easy to find out the speed when you are traveling on a double tracked road," he replied. "If you are curious about it hereafter, just look at the inside of the outer rail on the opposite track for a minute or two until you find that you can distinguish where one rail joins another. Then count the joints, and as many rails as you pass in twenty one seconds is the number of miles your train is traveling an hour. Try it yourselves and figure it out and you will find out I'm right."—*Washington Post.*

NATURE VERSUS PHYSIC.

Editor MEDICAL WORLD:—

If we look back, two scores or more,
Bleeding then was to the fore
We wonder, in the present age,
Why such practice was the rage;
We wonder if the human kind
Were stronger then than now we find.
Mercury, too, then ruled the day,
And had, indeed, a mighty sway.
It was the power to cure all ills,
In plaster, powder, and in pills.
Some even now life's blood will take,
Lauding its praise—as not a fake.
Mercury, too, doth hold a power
With many, to this very hour.

Now antiseptics are the go,
Analgésics daily grow,
And dosemetrics granules, seem
To try to be the leading team.
In fact, the M. D.'s of this age
Are puzzled how their minds to gauge.

One reads the journals of this day
And notes what numerous writers say.
The more he reads—'tis plain to see—
He and the writers can't agree.
If we would study nature more,
Leave physic to the hind—not fore—
Give rest to stomach, body, mind,
With little physic, we will find
That nature will the healing do,
And give to blood its healthy hue.

Science to physic is out of name,
Nature is a kindly dame.
Hygiene, with diet—less the meat—
Would many an undertaker cheat;
Pure blood will banish all disease,
The lesser minerals—if you please—
Lead is a poison, slow but sure,
And copper, nature won't endure.

The less of beer, and wine and whiskey,
Will make, indeed, the nerves less frisky;
Heart failures will the fewer be,

(Continued on next leaf.)

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

PUBLISHED MONTHLY, by C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D.,
J. J. TAYLOR, M. D., } EDITORS.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance.*

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Pay no money to agents for this journal unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1320 Chestnut Street,

PHILADELPHIA, PA.

Vol. XII SEPTEMBER, 1894. No. 9.

Hydrophobia, or Rabies.

An accident having recently occurred to a little daughter of the writer, giving rise to very much anxiety, and attended with serious danger, he feels impelled to present the following information in regard to this most terrible disease. The subject is one of such importance that he hopes that this information, in some form, may be published in every county paper in the United States, for the further instruction of the laity, who seem to have some very erroneous views regarding it.

There is a genuine disease, known as rabies or hydrophobia. It is as distinct from mental influence as locomotor ataxia or any other recognized disease. It is a disease affecting especially the central nervous system, the brain and spinal cord. It is an infectious disease, always arising from inoculation of animals or man suffering from the disease. This being true, intel-

ligent and determined efforts, extending over the entire country, would result in its final total extirpation. For this purpose, all unnecessary dogs or cats should be humanely put to death. All stray dogs or cats, having no responsible ownership, should also be put to death. All necessary ones should be properly tagged, for ready identification when necessary, and muzzled when required for safety. A high dog-tax is one of the most beneficent forms of taxation ever proposed. It relieves the community to that extent from the necessity of other forms of taxation, and helps to eliminate surplus dogs. The owner will willingly pay the tax on those animals that are really useful, while those that are not worth the tax ought to be put out of the way.

The first symptom of the disease in a dog or other animal is a tendency to roam. Hence every stray dog is a suspicious character, and should be looked after. If he has not bitten any animal or person, and no owner be found for him, he should be killed. However, if he has bitten any person or animal, *he should not on any account be killed*, even although he is supposed to be mad. By thus killing him you remove the *only* certain means of diagnosis you have as to whether he was rabid or not, and, consequently, the *only* element of prognosis you have as to the likelihood of those bitten by him to develop the disease. The importance of this cannot be overestimated. Be not too quick with the gun or club. Capture the dog and chain or pen him up. If he has rabies he will soon distinctly show it, and will be dead within ten days. This will end the uncertainty, and all the animals bitten by him should be killed, and the persons bitten should be at once put under the specific treatment. If he proves not to be rabid, a great anxiety is relieved, and the wounds may be regarded as ordinary lacerated and punctured wounds.

Two points must especially be borne in mind :

A rabid dog *seldom fears water*, and he *never has fits*. A rabid man cannot drink because of a severe spasm of the throat, and after a few painful attempts he acquires a fear or dread of water. A rabid animal, on the other hand, seldom has these laryngeal spasms, and he loves water, as it helps to cool his intense thirst. As to the fits, dogs have many nervous disorders characterized by them, but they do not occur in rabies. They have occasional slight convulsive tremors, which cannot be called "fits," as ordinarily understood. A little courage, coolness and presence of mind will go a long way towards helping to determine any doubtful case.

The other well-known symptoms of madness will be observed: The animal shows a change of disposition, a tendency to eat strange things; tearing up clothing and wood; there is the peculiar hoarse "rabid" bark or howl, with extreme restlessness and irritability. Very soon after this follows the period of mania, when he will rush with the fury of a demon at any animal or man he meets, with occasional momentary periods of abstraction, glaring into vacancy, then suddenly becoming furious again, even tearing at parts of his own body, a sticky saliva dripping from his mouth. This is followed shortly by the stage of paralysis, observed first in the hind legs and the lower jaw. This gradually progresses until it ends in death. The entire period, from the first signs of taking the disease, is usually about eight days, although it may be a much shorter time, the stage of paralysis coming on almost at once.

The poison may be conveyed by a lacerated bite, by a simple punctured bite, by forcible licking with the hard, rasping tongue, or by the saliva coming into direct contact with any raw surface of the skin or mucous membrane of the mouth, that would be sufficient to allow a vaccination to take.

The period of incubation in dogs may be as short as fifteen days, or as long as two hundred and forty days, but is usually from thirty to fifty days. *During this entire period the animal may communicate the disease by its saliva.* This is a very important fact, that is not very generally known. In man the period of incubation is usually from six to eight weeks, but it may

(rarely) be as short as twenty days, or as long as one, or even two years. The period is likely to be shorter in cases bitten about the face and neck, and in children.

The wound should be treated by abstracting the poison, and by cauterization. If on a limb, a ligature should be applied above the wound. The wound, if not too extensive, should be cut out. The abstraction of the poison should be by thorough cupping, or by sucking it out with the mouth (preferably by the patient himself), rinsing the mouth each time with a strong solution of carbolic acid, or with strong vinegar, alcohol or other antiseptic fluid. The cauterization should be by nitrate of silver, by caustic potash or soda, or by a hot iron.

When the animal by which a person has been bitten is demonstrated to be actually rabid, the specific treatment elaborated by Pasteur should be entered upon at once.* The delay should be as short as possible, but *never* more than ten days.

This treatment consists of a series of injections of a preparation of rabic virus, beginning with a weak preparation and using a stronger and stronger one each day, until, at last, pure rabic virus is used. This treatment requires fifteen days. It is very successful, the percentage of mortality being about *nil* when the treatment is resorted to without delay.

*The Pasteur treatment is administered in this country at the Pasteur Institute, 97th street and 8th avenue, New York City.

Some Proposed Remedies for Rabies.

Dr. Goss, of Marietta, Ga., confirms the claims of Dr. Meyer, of Ponree City, Neb., that *echinacea angustifolia*, a plant found in sandy, rocky regions of the west and southwest, will, if administered in the form of a tincture, prevent the development of hydrophobia in one inoculated with it. The accurate directions for its administration are not given.

Other remedies recommended for this disease, to be administered early during the incubative period, are *datura stramonium*, *inula helenium* (elecampane), *xanthium spinosum*, pilocarpine, etc. The usual directions are, to administer the drug in hot solution, until a course of mild dia-

phoresis is produced, lasting two or three days. The patient is then considered immune from the disease. As there is considerable testimony sustaining the claim for each of these remedies, it is quite possible that the claims may be true, and that this slow-acting poison may prove to be one quite easily eliminated from the system during the period of its incubation.

When once the disease has reached the nerve centres, however, and its symptoms begin to be manifest, there has, thus far, been no cure discovered for it.

As this disease is very rare, it requires the testimony of many accurate observers to establish any reliable facts concerning it. For that reason we should be especially pleased if our readers would communicate to us, briefly, any personal experiences they may have had with it.

Agents Recently Mentioned for Surgical Dressings.

The ideal surgical dressing must be an efficient germicide, non-toxic to the individual and to the local tissues, non-irritating, and as convenient for application as possible. The agent which most fully combines the essential first three of these requirements with as great a degree as possible of the last one, will finally be adopted as the favorite dressing by the profession.

In the *Railway Surgeon*, Dr. Brumbaugh, of Huntingdon, Pa., gives his successful experience with the use of pure *unrectified rye whiskey* as a moist dressing.

"The application of pure rye whiskey as a dressing for injuries when the tissues have been crushed or lacerated, has been a favorite with me for over fifteen years, and the results have been so satisfactory that I have adopted it as a dressing for all operations, when its use is at all practicable. I have found that parts so contused or lacerated that they would otherwise slough away, regain their tone and assume the functions of healthy tissue under its use. In injuries such as are met in railroad work, all the parts involved, muscles, fascia and tendons are stretched, torn triturated or contused from the point of injury to the next joint or division of limb above, and the application of the moist dressing, and that kept so by whiskey, suggested itself as one eminently proper and promising good results. My experience with a large number of serious cases in which I applied this

dressing has been very satisfactory. In no instance, when the application has been made faithfully, has there been a drop of suppuration or a particle of irritation or swelling or any sloughing, and no offensive odors whatever."

He cites cases of the worst forms of injuries, and of stumps after amputation, most successfully treated with rye whiskey dressing. He keeps the part moist with whiskey for fourteen days then substitutes a dry dressing. He also warns against too frequent dressings, as the less the part is exposed to the air, the better.

At a recent meeting of the Philadelphia Academy of Surgery, Dr. O. H. Allis, recommended the application of *full strength carbolic acid* in all varieties of burns, and also urged this use of the drug in deep sinuses of all kinds. He also uses a strong solution of the same drug as a lotion for recent wounds.

In certain phases of surgery, *sulphur* has been used with great success. This is particularly emphasized in diseases of bones and joints, especially of tuberculous character, by W. Arbuthnot Lane, F.R.C.S., in the *Medical Week*. He removes the diseased bone and synovial membrane and rubs in sterilized sulphur. He summarizes the points as follows:

1. It appears to exert no deleterious influence upon the individual's health.
2. It gives rise to products which are powerfully caustic in their action, and must consequently be used in small quantities, and with discretion.
3. It destroys all organisms, whether free in a cavity or growing in the surrounding tissues.
4. It acts much more powerfully upon recently incised structures than upon granulating surfaces.
5. Its action is rendered more uniform and general, and less violent, by mixing it with glycerine.
6. If it be necessary to use a considerable quantity of the drug it must be removed within a few days. Irrigation with dilute perchloride of mercury lotion has proved very useful in the removal of small sloughs, etc., after the sulphur has been evacuated and the structures scraped.

And now the various coal-tar antipyretics, especially acatanilid, have been given a new and most important use. They are found to be very efficient antiseptic and soothing powders for dressings in general surgical work.

Monuments.

Propositions are frequently made to the public to subscribe for a monument to some eminent member of the medical profession. Members of the profession are also asked to contribute to the monument fund of some eminent public man. On that account we wish to suggest that the true monument is not a useless, expensive shaft or pile of masonry, but the foundation of a school of learning, a library or other public institution for the advancement of science, the uplifting of the race or the amelioration of suffering, or the endowment of a department, chair of research in certain branches, a scholarship, ward or bed in some already existing institution. This kind of a monument is constantly alive, warm and reproductive.

Private monuments may well, also, be adapted to the same principle. Instead of an expensive stone, there may be a very modest one to your loved one, saying, if you wish, "For her enduring monument see the public park for children," or other beneficent institution. The father of a little boy who was fond of animals could not more beautifully perpetuate his memory than by erecting a small fountain and drinking trough where most needed, with the inscription of his name and the sentence, "He loved animals."

Even very small sums could be beautifully used in many ways, as, for example, in a perpetual subscription to some library or institution for a paper or magazine, devoted to some noble purpose, as the promotion of kindness to animals, or a year's subscription to such a periodical to each one of the circle of relatives or friends. Many a noble and progressive cause could be very rapidly advanced by constantly putting this principle into practice. How much better for humanity this would be than a memorial window that shuts out the pure light of heaven from the worshipers.

The planting of useful fruit, nut or shade trees where badly needed to redeem some waste place or refresh the wayfarer, would be an inexpensive way of providing a living monument to a departed loved one. The habit of preserving every fruit seed and carrying it until a suitable spot is found for planting it—even

by the wayside—would soon give us all the fruit that could possibly be needed.

This is only suggestive as to the infinite ways that may be found for making beneficent monuments, whose power for good would be constantly growing and widening. Having the principle in mind, each loving heart can best work it out for individual cases, according to circumstances and personal taste. The question, "In what way can we most appropriately invest this money to perpetuate and consecrate the memory of our loved one to the benefit of mankind?" will not long remain without an answer. For struggling humanity's sake let the display of wealth and the ostentation of this world stop at the cemetery gate. Within those sacred precincts let all be on a common plane. Let the appropriate cultivation of flowers show the love and replace the towering monument.

Dr. William Moor suggests that, in case of poisoning either by the alkaloid or the tincture of opium, some diluted sulphuric acid or vinegar be given with the antidote, to convert insoluble morphine into a more soluble salt, while using the permanganate of potassium as a specific antidote.

For Typho-Malarial Fever.

In an article in the *Alkaloidal Clinic*, Dr. R. H. Salmon of Seagoville, Tex., states that he gave as follows:

For the fever, aconitine, veratrine; for intestinal antiseptis, copper arsenite, sulpho-carbolate of zinc; for the sluggish bowels, calomel, podophyllin; as tonic, strychnin arseniate, quinine.

Treatment of Cancers with Methyl Blue.

Prof. V. Mosetig Moorhof showed a patient suffering from villous cancer of the gall-bladder, treated with pyoktanin internally and locally. He introduced into the examination wound every two days a pencil of methyl-blue, and gave 0.60 gramme (9½ grains) in pills. This treatment, begun March 6, was followed by complete cure.—*La Semaine Médicale*, May 12, 1894.—*Univ. Med. Jour.*

New subscribers who send \$1 now for 1895, will receive WORLD for the remainder of this year free.

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal only. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unuser Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN

READ. REFLECT. COMPARE. RECORD.

Alcoholism.—Replies —Comments.

Editor MEDICAL WORLD:—The number of letters that come to me, asking for further information concerning the treatment of alcoholism, shows that I was not explicit enough in my last letter, and that a good many are interested in the subject. In Dr. Chapman's formula, as given in August WORLD, I substitute $\frac{1}{2}$ grain of corrosive sublimate for the 12 grains of double chloride of gold. That gives $\frac{1}{8}$ grain of the sublimate every two hours, or $\frac{1}{4}$ grain per day—enough, surely. But when you give $\frac{1}{2}$ grain of the gold salt at each dose, or 2 grains per diem, I think it is pretty heavy dosing. Dr. Chapman's solution for hypodermic use must be also criticized. Permanganate of potassium does not color the strychnine solution, but precipitates it. Since strychnine is present in the "dope," in doses of gr. $\frac{1}{8}$ eight times daily, there does not seem to be any good reason for its presence also in the solution. At any rate, I have had better results from caffeine—the alkaloid, not the citrate—dissolved in distilled water by the addition of sodium salicylate. Of this I give from 1 to 6 grains hypodermically, four times daily. If the patient's means permit the use of mandragorine, I employ it also hypodermically, instead of atropine, when the dose of that alkaloid in the "dope" is insufficient. Decidedly, mandragorine excels atropine—the former being less unpleasant and more efficient. If in a few days the patient does not begin to weaken on his appetite for alcohol, I add apomorphine to his liquor, or give it in the "shot," giving about $\frac{1}{10}$ grain at each dose, gradually increasing to $\frac{1}{7}$ grain if necessary. When the desire for liquor is dead, I employ physostigmine instead of atropine, and brucine instead of strychnine, giving the latter in doses of $\frac{1}{17}$ gr. every two hours, increasing if necessary to gr.

$\frac{1}{10}$, or even gr. $\frac{1}{8}$ —trying to get the tonic effect on the pulse, and keep it. Now comes an important part of the treatment:

R. Potas. acetat.....drams iv
Potas. bromid.....grains xl
Potas. nitrat.....grains xv
Potas. carb.....grains xx
M. S.—Dissolve in one to two quart. of plain soda (carbonic acid water), and let the patient drink this quantity every day.

The quantity of water depends on his capacity, but the free flushing of the emunctories is of great value. The diet should be non-stimulating, with plenty of fruit juices, vegetable acids and milk, but no rich foods or condiments. The one thing that will interfere more than any other with success is absinthe.

I feel strongly like taking issue with Dr. Spohn (page 273) on the use of alcohol in diphtheria. As I look back at my years of practice since I thoroughly comprehended the importance of antiseptic treatment in this disease, I fail to recall a case in which alcohol did not do more harm than good. Recently I have not given it to any case of diphtheria proper. In laryngeal diphtheria or membranous croup, alcohol may act as a sedative, restraining the tendency to such exertion as will bring on paroxysms of strangling, but I prefer opium. However, the necessity for operation comes so soon, and is so urgent, that the space for sedatives is but slight.

Of what use is alcohol in medicine? As a heart tonic we have a better, in digitalin; as a lung tonic we have a vastly better in strychnine; as a food, we have a dozen better. Nitrate of amyl acts quicker, atropine warms one up better, capsicum is a better remedy for collapse. What use is there for alcohol in which we cannot do better? To tide over a dangerous time, I would prefer to take my chances with iron, quinine, strychnine, concentrated food and attention to hygiene.

A word in regard to the use of dosimetric granules: Dr. Washburn (page 286) had been accustomed to using Lloyd's specific tinctures. He knew them, and could apportion the doses to each particular case with the nicety a man gets who dispenses his own drugs. When he began to use the granules, he had to learn his doses all over—how much alkaloid equalled any dose of the tincture, etc. His first trials did not strike the nail directly on the head, and he went back to the drugs he knew and could use most skillfully. This difficulty is experienced by every one in beginning the use of a new line of preparations. By a vast deal of experimenting, some failures and disappointments, we gradually learn to know our granules as we did the tinctures; and we can then appreciate the improvement. It is troublesome at

first, but worth the trouble. But I would be sorry that anyone would believe I confine my practice wholly to granules, and I do not hesitate to use whatever preparation will give me the best results. One difficulty is, that many of the granules are too small in dose to be of any use, unless one gives a handful.

I have never seen a genuine case of hydrophobia, nor have I seen any one who had. Those who are in a position to know best of such matters, such as Prof. Zuill, U. P. Vet. College, strongly doubt the existence of such a disease in man. Meningitis, septicemia, tetanus, uremia and other affections, have been treated as hydrophobia. Had I a case, however, where a diagnosis could be fairly made, I would give *Jaborandi* in full doses, or muscarine.

Dr. Gregory (page 289) may attribute his cerebral symptoms to uricemia, disease of the ear, eye or nose. Each of these is capable of producing giddiness, tinnitus and confusion; or these symptoms may be due to indigestion, constipation, malaria, anemia, plethora, or too free use of coffee. From the history, I would expect to locate the trouble in the eyes, and would first have them examined by a competent oculist.

Dr. Farrar (page 289) describes a form of fever that has given trouble to diagnosticians in many parts of the country. There are three elements possible, and I believe most cases come under one of them: 1st. Typhoid fever. 2d. Malarial fever. 3d. A gastro-intestinal catarrhal fever, due, I believe, to a specific as yet unknown germ. I have seen a number of the latter, which I am sure were neither typhoid nor malarial; the whole aspect of the cases was unlike either. There was depression, verging to the typhoid state, with coated tongue, with a dry, brown stripe down the center, but not the "small red-tipped, pointed tongue" of typhoid; nor were there rose spots, "*taches bleuâtres*," or pea-soup stools. Gurgling at the right iliac fossa is so generally found in abdominal diseases, that it is not characteristic of typhoid fever. The fever course is not the typical one of the latter disease, varying weekly, though the temperature is higher in the afternoon. The force of the disease is felt in the stomach, and the epigastrium may be hot and bulging while diarrhea is not present unless cathartics are given, when all symptoms are aggravated. Nothing did my cases as much good as sulpho-carbolate of zinc, in doses of gr. v., every two hours, with 20 gr. quinine suppositories, and rectal feeding. I believe the diagnosis of these three conditions can only be certainly made by a microscopic examination of the stools and blood, showing the presence or absence of the

typhoid bacillus, Laveran's, or perhaps a new micro-organism. Otherwise we cannot be sure but that we have a variety of one or the other of these diseases.

Marasmus is a pretty comprehensive term, as we find included under it cases of tuberculosis, rickets, indigestion, malassimilation and catarrh. Of these, rickets is that most likely to be overlooked in the early stages. There is the rickety type—flat head, large cranium, small face, teeth delayed and crowded into a small jaw, late closure of fontanelles, and late walking; nervousness, fretting, irritative diarrhea, the food giving distress till it is voided undigested; wasting, fever, and later, inability to hold the head erect. The treatment consists in the use of calcium lactophosphate, gr. v.—xv., daily, malt extract and the digestive principles combined, at each feeding, and a diet of raw white of egg, beef, and strictly predigested milk. Sometimes milk in any form disagrees, and must be suspended for a time. Cream may be substituted, if good and pure. Rub the body from head to foot daily with hot cod liver oil. Of the malt extracts, the best I have ever used in this form of marasmus was a granulated extract, made by Wiley & Wallace, of Philadelphia. I usually give sour fruit juice also, either lemon, orange, grape or shaddock, as experience shows to be most acceptable to the child. Of the pepsins, I have used papain, lactopeptine, Wyeth's peptonic pills, and Carnrick's peptenzyme, and do not like to express a preference, having found all serviceable in some cases. Pure water, woolen under clothing, and proper hygiene of the house and surroundings, are absolutely essential to success in treating any form of marasmus.

For "ethmoiditis," I would recommend thorough washing out the diseased cavities with peroxide of hydrogen solution, then spraying with fluid petrolatum. It may be necessary to trephine the frontal sinuses to secure proper antiseptis and drainage.

Dr. Desmarais (page 290) will have a morphine case on his hands soon. If there is still albuminuria, give potassium acetate until the symptom has disappeared. For the neuralgic pains in the arm, nitro glycerine to relieve, and strychnine arseniate (full doses) to cure, as this arm-pain points to the heart. All the eliminants must be kept in good working order.

For tan and freckles, use an ointment of camphor, chloroform, glycerine and lanoline, applied every night. It will remove tan, and perhaps the freckles.

Dr. Culler (page 291) should try the lactate of strontium for his case of diabetes. It has

given me better results than any other remedy, excepting possibly the jambul.

If I can get the time before *THE WORLD* goes to press, I will send some cases of morphinomania, to complete the series of papers I have been writing. If not, they will be ready for the next number.

I have just been notified of my election as Professor of Physiology in the College of Physicians and Surgeons of this city. The course opens on September 4th, so that I will have to commence at once on my lectures. I have always had a wish to deliver a course on physiology, feeling that there is more in the physiological treatment of disease than is generally thought. This will not conflict with my course at the Post Graduate College, where I now give clinical lectures three times a week. There is some talk of a summer medical college here, which may materialize in the coming spring.

WILLIAM F. WAUGH, M.D.,

103 State St., Chicago.

[Dr. Waugh writes us that his numerous engagements are keeping him so busy that he is finally compelled to make some discrimination in the perfect avalanche of letters that he receives, asking advice in difficult cases. Some send fees, and others do not. In justice to himself and to those who pay, he is now compelled to charge a fee for all consultations by letter, which will, however, be made so small as to work no hardship on any one. The fee to *WORLD* subscribers will be \$1.00; to all others \$2.00. For cases requiring microscopic or chemical examination of urine, sputa, tumors, etc., there will be an additional fee of \$5.00. The doctor is, of course, free to charge his patient what he pleases. This will enable Prof. Waugh to continue these letter consultations, which he would otherwise be compelled to give up, on account of the increasing pressure on his time.—Ed.]

A Prompt and Cheap Remedy for Anemia.

Editor *MEDICAL WORLD*:—As every physician knows, there is a large number of poorly-nourished children, who are so pale that, like one of Victor Hugo's street gamins, the skin is "white with a lymphatic whiteness." A mere glance at one of them causes the doctor's mind to revert to the blessings of the iron age, and it is to call more especial attention to one of the most common, and at the same time one of the most neglected, preparations of this metal that prompts me to indite these lines.

The preparation to which I refer is the *massa ferri carbonatis*, or Valet's mass. It is cheap, and easily made into pills by adding to it a cer-

tain amount of cinchonidia sulphate or powdered gentian root. I use these to give the mass the proper consistence, and for the additional reason that either will add to the tonic properties of the prescription.

When one of these short winded, puffy looking cases is presented, I put him on pills containing about 3 grains of the mass, three times a day, to be taken immediately after meals. It is surprising to see how rapid is their improvement.

But there are numbers of cases of anemia that will not improve until they get a cardiac tonic. The heart is weak and irritable, and nutrition cannot improve, for obvious reasons. A case I remember some years ago: A girl, 14 years old, had been treated by several physicians, and they all prescribed iron, but with no improvement. At the time I was called to see her she had been given up to die. I found that she was a subject of mitral insufficiency, and as soon as I added digitalis and nux vomica to the iron she improved at once, and was completely recovered in a few months, married the next year, and is now the mother of several children.

Other cases improve rapidly under the iron preparations, but they cannot be cured. There seems to be a constitutional tendency to degeneration of the red blood corpuscles, and they relapse as soon as the iron is withdrawn. The iron preparations should be alternated with each other, and at times arsenic or mercury added to the treatment. Keep them growing, and keep up the health to the highest standard possible, until they "outgrow" the disease.

Homer, Ga. V. D. LOCKHART, M.D.,

The Cold Bath in Malignant Scarlet Fever.

Editor *MEDICAL WORLD*:—On July 31st I was called eight miles distant to see a strong girl of ten years with scarlet fever. Temperature 104°; other symptoms of moderate severity. Had been sick two days. I prescribed tr. acornite rad., pot. chlo. and listerine, internally, and listerine as mouth wash, and externally mild carbolyzed vaseline, to lessen the irritation of the skin.

August 1st.—Temperature 105°. Excessive delirium and restlessness, and dusky-red skin, with sluggish capillary circulation, diarrhetic stools, and profound impression of the nervous system. The appearances were that she would not live more than thirty-six or forty-eight hours.

Hoping to prolong her life until the poison should be eliminated in part, a cold bath, Brand method, every half hour, was ordered. Alco-

holic stimulants were *freely* used, and brisk rubbing of the entire surface on removal from the water.

Improvement was noticed from the first bath.

August 2d.—Temperature 103°. All symptoms improved.

August 3d.—Temperature 100°. Disease assuming a mild character.

August 4th.—Temperature 99°. Symptoms all of mildest character. Functions all good. Eruption incomplete, but of good character. Discharged the patient, conditionally.

It seems proper in this case to attribute the extremely rapid improvement, and the change in the character of the disease from one of malignancy to one of mildness to the efficacy of the cold bath. If this be true, need we lose so many of those malignant cases?

Please let us hear from those who have had experience with this method of treatment.

J. C. McALLISTER, M.D.,
Driftwood, Pa.

The Use of Creolin in the Treatment of Diphtheria.

Editor MEDICAL WORLD:—Having had considerable experience in treating diphtheria, and not being satisfied with the results obtained, about one year ago I decided to try a new antiseptic locally to the affected parts, an antiseptic which I am very partial to, especially in obstetrical work, viz.: creolin.

Believing, as I do, that diphtheria is primarily a local disease, and that the systemic symptoms are not due to the absorption of the germs of the disease into the general circulation, but that the ptomaine of the germ produces its deadly effects, local antiseptics comes into great prominence in my method of treatment.

Of course, few, if any, would deny that the disease would entirely disappear if perfect sanitation and hygienic conditions could prevail.

I believe that internal medication is only of use in so far as it stimulates the patient and counteracts the damage produced by the absorbed ptomaine.

Some of the reasons which lead me to believe that creolin has superior virtues in the treatment of this disease are as follows:

Formerly, when using bichloride, H^2O^2 , iron, etc, locally, and strychnine, iron, stimulants, etc., internally, as indicated, my average death-rate was over twenty per cent., notwithstanding every care was taken by having good nursing and surroundings for the patient. In the general run of cases where creolin has been employed by me, it has been used in a one per cent solution with water. In some instances this will be found to be too strong, and will irri-

tate the parts. In such cases a milder solution must be used.

My results from this treatment have been excellent. Out of about twenty cases treated, no deaths have resulted, and I can say that no cases have been included in this list that were doubtful in character. All have been true cases of diphtheria, and of the usual type of severity; and at the same time, during the past year, I find upon investigation that the death-rate in our city from this disease has been about the same as in former years. Certainly I could not have escaped the severe cases altogether, and it naturally follows that there was some virtue in the treatment employed in my cases.

Now, since all the other treatment was used as in former years excepting the antiseptic, applied locally, I am led to believe that the success I have obtained has been due to the use of creolin.

It has been applied in different ways, to meet the various indications of the cases. Where the patient could gargle, I have used it in this form. Then, again, it may be used by means of a spray, or applied on a swab. In every case great care should be exercised. In all cases where creolin has been used it will be noticed that the affected parts are kept in a very cleanly condition; that is, if care has been used. But if force is used when applying the solution, the membrane may be entirely detached, and this does no good, because it will soon return, but it may do great harm, because it leaves a raw surface, through which fatal absorption can take place.

Again, if the solution is applied with care, and often—say every hour—one will observe that the spreading of the membrane is limited, and that it soon begins to lessen in size, like a piece of ice in the sun, and finally disappears without leaving any raw surface.

In fact, when the membrane has entirely disappeared, the parts will usually be found healed.

In all cases, whether or not the nares show signs of infection, they should be carefully cleaned by means of the spray several times each day.

Of course, I do not believe that creolin is an infallible remedy in this disease, but since it is a non-toxic antiseptic, it is safe to use freely; and since it has given me such good results, I am led to believe that there is more virtue in it than has been previously supposed, and that it is worthy of an extensive trial in the treatment of diphtheria.

O. W. BRAYMER, A.M., M.D., Ph.D.,
Camden, N. J.

Physician to the Camden Home for Friendless Children, Surgeon to the Camden City Dispensary, etc.

Theory and Treatment of Diphtheria.

Editor MEDICAL WORLD:—The question, is diphtheria a constitutional disease from the beginning, or not, seems to trouble the profession as much as ever. Having had considerable experience in diphtheria, allow me to contribute my mite.

I believe, from experience, that diphtheria is first local, and changes into constitutional very quickly. To relate cases:

August 10th, 1892.—F. W., a boy 14 years old, fell from a wagon, was kicked in the head by the horse, and sustained four severe contusions, three of them open. I dressed them. For forty-eight hours all went smoothly; then the stitches of one wound were cutting their way out. I removed them, and found the wound covered with a dirty-gray exudate and an acneous eruption around the margin. Treated with H_2O_2 strong solution for forty-eight hours. Wound looking clean; all other wounds healing by first intention. In forty-eight hours after the wound had acted badly, patient complained about sore throat, and I found a full fledged diphtheria of the throat. Treatment by peroxide spray, and tr. iron, twenty drops every two hours, cleaned up matters in four days. I traced the cause of the disease to diphtheria germs, retained for two years in the soil. There had been five cases in the house in front of which the accident happened.

2. While tearing out old rotten cellar boards in a house where diphtheria had been rampant five years ago, C. B., male, 30 years old, complained about malaise, slight stiffness in the angles of the mouth, and a slight sore throat. In twenty-four hours diphtheria developed, but was mild, and resulted in recovery in three days under local treatment by peroxide of hydrogen and iron.

Another, who helped to do the work, was taken sick forty-eight hours afterwards, neglected to call a physician for three days, and had one of the severest cases of diphtheria.

My treatment is not original. I use peroxide of hydrogen (13 vol.) spray, full strength, every two hours for forty-eight hours; then reduce strength of the solution one half and use for twenty four hours. After that I stop it, as I find a new membrane developing when used too long. Then I substitute permang. of potash, gr. 4 to the ounce, in spray. I clear out the bowels with calomel and soda, and depend entirely on tincture of iron (I always use a tincture at least a year old, as larger doses can be given and retained). I also employ poultices to the neck, steam inhalations with cinnamon and carbolic acid; fluid diet. Use stimulants if heart-sounds are weak and watch carefully.

Spray out nostrils every four hours with 1 to 4 peroxide or permanganate. Sulphate of copper sol. added to the poultice seems to reduce the swelling. Do not give chlorate of potash.

P. H. VON ZIEROLSHOFEN, M.D.,
Croghan, N. Y.

Traumatic Tetanus.

Editor MEDICAL WORLD:—On May 25th, 1894, I was called to see Isaac Johnson's boy, age 13. At that time I found him suffering and in great agony. His jaws were so tightly locked that I could not introduce the tip of my little finger between his teeth. I was unable to question him, for as I did it would throw him into a tetanic spasm and cause him to assume an opisthotonus position.

From ocular symptoms I at once suspected tetanus and immediately sought to determine the cause. An examination of the foot revealed a small punctured wound, situated in the sole of the left foot, about an inch below the junction of the great and first toes.

On questioning other members of the family, I elicited the fact that a few days previous, the boy had called his mother's attention to the wound, which he said was caused by having stepped on a nail, and which at the time appeared trivial, so that no further thought was given it until alarming symptoms suddenly developed. My suspicion being confirmed as to the diagnosis, I first injected hypodermically $\frac{1}{2}$ grain of morph. sulph. and then made a crucial incision through the puncture, evacuating a thimbleful of pus with about twice that quantity of a mixture of blood and pus. I then prescribed a preparation containing morphia sulphate, bromide of potash and chloral hydrate, to be given every two hours, with instructions not to waken the patient, and directed the nurse to paint the entire foot twice a day, and the sole of the foot to the edge of the incision every 3 hours, with iodine. Poultices of flaxseed and blatta orientalis being applied continuously.

The spasms continued during the four days following my first visit, although not so violently. The entire muscular system remained very rigid and there was complete inaction of the bowels. For the muscular rigidity the patient was frictioned with a liniment composed chiefly of chloroform, spts. camphor and aqua ammonia and an ointment of sulphate of quinine, with lanolin as the base. For the bowels a saturated solution of sulphate of magnesia was given per orem, aided by enemata. Liquid nourishment and very little of that is what sustained the patient.

At my second visit, May 25th, on re-examining the foot I noticed the appearance of a bluish spot, about two inches below the point of my

first incision. Drawing my lancet through this spot there was a slight discharge of matter and, on probing, I soon found that the two openings communicated. I thereupon introduced a grooved director and made a free and deep incision connecting the two openings. The result was, to my surprise, the discharge of a splinter an inch and a half in length. A continuation of the treatment outlined above was advised and followed.

The patient at this writing is up and about, having called to see me at my office. His appearance does not show signs of the siege passed through.

DR. LOUIS E. MEYER,

Thibodaux, La.

Cases in Practice.—Phantom Tumor.—Chancre in an Infant.—Viburnum in Obstetrics.—Gelseminum for Neuralgia.—Treatment for Diarrhea.—Chloride of Calcium for Pneumonia.

Editor MEDICAL WORLD :—On June 3d, I was hurriedly called to attend Mrs. H., aged 40, in her eighth confinement. The messenger, her husband, stated that "the midwife in charge was unable to manage the case." The distance being over eight miles from my office, I made all haste and reached the lady in less than an hour. I made the usual examination but could find no presentation, nor was the os dilated. I then began a careful examination of the abdomen, but could find no child. I diagnosed "phantom tumor," and informed the anxious friends that it was a case of deception. Now, this lady had given birth to numerous children and the husband for the past three weeks had discontinued the erection of a new home awaiting the happy event, and, I may add, is still waiting.

On July 16th, Harry N., aged two years, was brought to my office by his mother, for the purpose of ascertaining the cause of a sore on his penis. After examination I found a true chancre on the "corona glandis." Syphilitic treatment was given and the usual cure resulted.

On page 129 of the April WORLD is an article on "Viburnum Prunifolium," by Dr. Hilton. On the merits of the Doctor's article I prepared a quantity of the medicine as directed. My first opportunity came on a lady of refinement, who had been running a lawn mower. She was seven months pregnant. I gave teaspoonful doses every four hours, accompanied by codine, $\frac{1}{4}$ of a grain every three hours. The treatment was satisfactory.

I was called on the 29th of June to attend Mrs. K., in her seventh confinement. Now, here was a chance for the viburnum. This lady is known to always have a very tedious labor, requiring from twenty-four to forty-eight hours

and often forceps to terminate the labor. As I confined her on the two previous occasions forceps were necessary and were used. I entered her home, at 3 P. M., gave her one teaspoonful of viburnum repeated every two hours, accompanied with hypodermics of morphine and atropine. (There was slight dilatation upon my first examination.) At seven o'clock I packed my case, the lady having given birth to a 9½ pound boy, and the confinement was so easy that all were surprised, as well as the doctor. Try it, my brethren, you will be pleased.

On June 26th I prescribed for Mr. P., who was troubled with facial neuralgia, giving him thirty drops of fl. ext. gelseminum in an ounce of water, teaspoonful every four hours. It worked nicely. He, thinking to prescribe for himself at a later day and thus save a small office fee, went to the nearest drug store and there purchased sixty drops of fl. ext., taking the same at one dose. It is needless to say that the Doctor's fee was incurred and Mr. P., is much wiser to day.

In the August WORLD, page 281, you will find Dr. Taylor's "Treatment of Diarrhea in Children." I have for the past two years relied on this remedy, and I can say I have been called to cases that have been given up by other physicians, and with this treatment have caused a cure and often saved life.

In THE WORLD for July, page 241, will be found an article by Dr. Ben H. Brodnax, relating to chloride of calcium. Well, on July 13th, I had an opportunity to try this drug on a child thirteen months old.

The child was "fretful, a little grunt at expiration, some cough, bowels not loose, but a little tympanitic, slept some." I tried several drugs without relief, child was growing worse. I gave the calcium a trial. After two doses the father of the child came to my office and reported the child as doing so well I need not call again. I fear I have already taken too much space in the good old WORLD.

Roger's City, Mich. E. ERSKINE, M.D.,

[A very practical letter. Doctor, could you find out how that child caught syphilis?—ED]

Electro Vapor Baths.

Editor MEDICAL WORLD :—To the average mortal the idea of a bath is at once associated with soap and water, and with a large number the soap is omitted and only the water thought of. Some people never take a bath except in hot weather when they go into the water swimming, and then only take a bath incidentally with amusement, and if they did not stay in the water long enough to thoroughly macerate the skin, would not then be clean.

Mark Twain tells us about a man who so thoroughly abhorred water, because his brother was drowned in it when a boy, that he never drank anything but whiskey. But people of average intelligence with proper ideas of cleanliness, usually make good use of water applied to the body externally, for hygienic, and cosmetic reasons. As we know, the body is largely composed of water, and it is highly essential to life and health internally and externally. As has been said, water, the universal solvent, is the "blood of the earth," and when we have a long drouth it is a self evident fact that neither animal nor vegetable life would continue without water.

Water, as a therapeutic agent, has a variety of indications and effects, but our attention will be directed only to the use of water as a hygienic and therapeutic agent when utilized in the form of vapor as a bath.

Vapor baths are not a thing of to day, but are of great antiquity, as we have accounts of the use of the vapor bath during the 12th century, so that none of our modern physicians can claim the honor of invention. It is even now and has for ages been employed among semi-civilized and barbarous nations. Whether applied by the savage in his hut by pouring water over heated stones, or dropping hot stones into the water until it boils and throws off the vapors, or applied in an elegant marble tiled saloon, by an experienced masseur, the object aimed at and achieved is essentially the same.

We excrete refuse matter in four ways viz:— by the kidneys, bowels, lungs and the skin, and the proportionate area of excretory surface is the inverse of the order named.

It is estimated that there are seven million pores in the human skin, each one of which has its especial function to perform. Interfere with that function to any great extent, by covering the pores with an imperious covering and how quickly death ensues.

So we see how essential it is that the skin perform it's whole share of the work.

The skin not only has an excretory function, but it acts as a safe guard against heat or cold.

Stop the evaporation of the insensible perspiration and the body temperature rapidly rises; increase it and it rapidly falls.

As ordinarily applied, a soap and water bath does not cleanse the skin, for be it applied ever so frequently and thoroughly, the skin will be seen under a magnifying glass to be dotted all over with thousands of little dark points, showing where the mouths of the pores and ducts are plugged with dirt.

Perspiration keeps the pores open by pushing out these minute plugs and depositing them upon

the surface, thence to be rubbed off, and the vapor bath is the ideal excitant to this process.

By an artificial elevation of external temperature, exosmosis is aided and the moist heat is better than the dry heat, in that it soaks the surface and loosens the dried and dead epithelial scales and plugs, making the *vis a tergo* required be less than it otherwise would. When a person sweats as one does either as a result of physical exercise, work or hot weather, this process goes on, but in this instance, the excreted effete matter and dirt is allowed to dry on the surface and the pores are still either covered or plugged up. Therefore something else is required, following the exosmosis; that is, friction, applied to the skin, to entirely remove the matter from the skin, and leave it clean.

There are a variety of baths known by different names, and differing only in minor details, as the object sought in all is essentially the same.

The Turkish bath is a sweat produced by immersion in a dry hot air. The Russian bath is produced by means of a moist hot vapor or steam according to the degree of heat. The Turko Russian is a combination of both, as its name signifies.

The aromatic, perfumed, medicated, and sulphur, mercurial, salt, alcohol, and vinegar bath, is either of the before named, with the air or vapor charged with the agents indicated.

The aromatics commonly used are the essential oils of aromatic herbs or trees, as cedar, turpentine, pine, needle, anise, sassafras and a number of others. The oriental bath is a Turko Russian aromatic bath, so named from the custom of the orientals anointing the body with spices and perfumes after the bath, and is, in my experience, the most pleasant, satisfactory and preferable.

These baths, as given in the larger commercial bath houses, have many objections, a few of which will be discussed. These places consist essentially of four departments, viz the warm room the hot room, the steam room and the cold room. In the hot and the steam rooms the temperature is very high, too high for comfort or health.

A person entering the hot room has a sense of suffocation, which is often highly painful and injurious. In these rooms the atmosphere is superheated and must necessarily be deficient in oxygen and loaded with carbonic acid gas and nitrogen, and when a number have been in the same small room it is charged with the emanations from their sweating bodies, the exhalations from their lungs, bacteria and microbes of consumption and skin diseases of all descriptions, and to the mind of all physicians must certainly be an unsafe place in which to

breathe. Then, after the high temperature room the person is at once subjected to a sudden reversal of temperature, in going suddenly to the cold shower, or the plunge, and it must certainly be a strong constitution, and a well balanced nervous organization to withstand the shock.

Even with the strongest and best, there is a sense of weakness and debility that follows that requires hours of rest to dispel. This is nature's protest against such barbarity. The barbarous nations rush from their hot sweat holes, and jump into a cold stream or roll in the snow, but that is because they know no better, and with many the remedy is worse than the disease, as it is often fatal. Yet I have heard some of our intelligent physicians praise this form of bath, and generally recommend it.

The therapeutic cabinet bath has been devised, in order to utilize the good points and avoid the evil results of the vapor bath, and as now used, is a safe, pleasant, healthful and beneficial means of combating disease.

It consists of a cabinet, or box, which surrounds the body, leaving the head outside, thus preventing the heating of the head, eyes, nose and lungs, and allowing the patient to breathe pure cool air and converse freely. Sulphur and mercurial vapor could not safely be applied to the body any other way.

In this way each patient gets his bath alone, he is gradually heated and gradually cooled, thus doing away with the sudden extreme change of temperature, and subsequent shock to the nervous system, and the great physical depression. The patient sweats more freely at a lower temperature, and there is less danger of taking cold afterward. The electro vapor bath is any or all of these baths, combined with general or local applications of the different forms of electricity. As the bath cabinets are now arranged, the currents can be applied over any part of the body, and the moist skin makes a good conductor, and the cataphoric action of the current aids the absorption of the medicament contained in the vapor, and at the same time exerts its own sedative, stimulating, or anodyne effects.

The after treatment consists of massage, drying, rubbing, cooling, spraying with alcohol, etc., and when through, the patient is cooler than when he entered, the skin is soft and velvety, and clean, and the patient says he is rested and refreshed and better able to do work both physical and mental, and can at once go about his business without risk. This form of therapy is applicable to many affections, such as rheumatism, that bug-bear of medicine, both articular and muscular, lumbago, sciatica, neuralgia, neurasthenia, colds, bronchitis, many forms of female

diseases, impotence, paralysis, and a host of skin diseases, especially common acne and hives. As a simple hygienic measure, the electro-vapor cabinet bath is invaluable as a cleansing and prophylactic agent.

The writer has had one of these apparatuses in practical daily operation for a year, and can speak from an experience that is entirely satisfactory. Neither the profession nor the laity are alive to the importance and the benefits to be derived from this form of medicine, but both are rapidly awakening to the fact that there is something in it, and are taking to it with good results. Like any other therapeutic agent, the vapor bath can be abused, and must be given with judgement and sense, and when so given will not be a disappointment. The day will come when it will be recognized and generally approved by all.

HOMER C. BENNETT M D.,

No. 5-7 Collins Block, Lima, O.

A Unique Method of Removing the Urine from an Over Distended Bladder.

Editor MEDICAL WORLD:—Some three months ago, a Koord was brought to the hospital, who for a month or more had been suffering from retention of urine. The only way he had been able to get any relief, was by one standing his full weight upon the bladder. In that way they were able to force out a quantity two or three times a day, but never able to fully empty it. Is this a modern or an ancient method? I have not found it mentioned in the books. He is a large, strong, well built Koord, sixty years of age, had never seen a sick day, nor had any of the venereal diseases; had never done any hard work further than to rob and steal. The retention came on suddenly without any known cause. When he was first brought in the bladder was very greatly distended; he was unable to walk, and with difficulty could ride. I passed a No. 12 steel catheter with ease, drew off about four quarts of water, the color rather high, but with no abnormal odor. He remained in the hospital for a week or so, having his urine drawn off twice a day, in the meantime using treatment to try and tone up the organ so as to have it resume its normal duties.

He was taught, in the meantime, to use the catheter himself, as I was about to leave for a time. It is now three months since I first saw him, and a faithful use of sanmetto and many other cure alls (!) highly recommended for such troubles, have failed to accomplish anything; he still has to use the catheter. Now, what is the trouble? A paralyzed organ from so long neglect which does not recover its contractility? I had some faith in sanmetto, but it failed here.

The man has another peculiarity, a double testicle on the left side; he takes a good deal of pride in it.

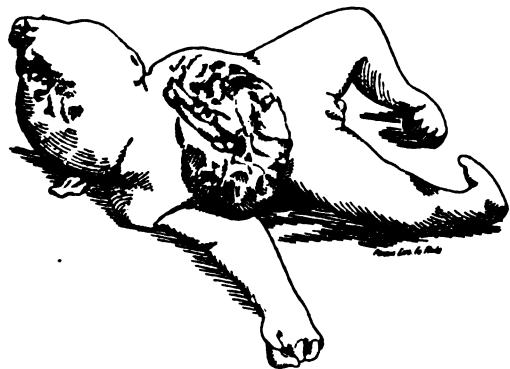
D. M. B. THOM, M.D.,
Mardin, Turkey in Asia.

A Monstrosity.—Dilating the Cervix for Dysmenorrhœa.—Plea for Acetanilid.

Editor MEDICAL WORLD:—I send you two photographs of two views of a child, delivered one year ago, which confinement I attended. The woman was in the best of health during her pregnancy excepting an abscess upon either labium majorum, each of which I lanced at different times and both of which discharged a large quantity of offensive pus.

The mother was a primipara *æt.* 20; the father 60. There was a very large amount of liquor amnii. The case was a breech-presentation. I believe this child can lay claim to more deformities than any other of which I have ever heard. If any reader of THE WORLD has had a case of any worse deformities I would be glad to hear from him.

You will observe, first, that it has a meningocele—protrusion of the meninges of the brain, caused by an accumulation of fluid within the cranium. I found the brain substance protruding (encephocele) with the meninges from the occipital region of the skull. The occipital bones had expanded and were much thinner, as



is usually the case, I believe. The sagittal suture was intact to the frontal bone, but from the frontal bone to the inferior maxillary there was no union of the parts.

There was only the slightest sign of a nose upon either side of the division. There were no eye balls. The jaws were unnaturally large, resembling those of a hog. There was no evidence of a left arm but the right was perfectly developed. The major part of the small intestines were protruding, most of the stomach, part of the liver could be seen, all covered by a thin membrane. I was unable to distinguish as to

the sex. I therefore pronounced it a hermaphroditic.

As seen from the photo, talipes varus was a very prominent deformity. The child was at least of eight months development, weighed eight pounds, still born. The delivery was easy. The mother made a good recovery.

If Dr. Brooks, of Sunbury N. C., will dilate the cervix two or three times, a week or two



before each menstruation, I think his patient will get better.

Dr. Garey's experience with acetanilid coincides exactly with mine. I have used the remedy for several years with the best of results. It is like many other remedies, must be given in reasonable doses. I seldom give over five to six grains at a time. Owing to the condition of Dr. W. H. Smith's patient I believe the milk given with the acetanilid produced the cramps he mentioned.

ZEB VANCE SHERRILL, M.D.,
Bland, Va.

Potassium Permanganate for Hornet's Sting.

Editor MEDICAL WORLD:—I sent a man, with others, into a field to assist in cutting a certain piece of grass. This man came in contact with a nest of hornets, one of which stung him over the right eye. In about fifteen minutes the man came to the stable with a fellow helper to grind their scythes, when he said he had been thus stung, and that his eye pained him badly. My attention being called to it, I saw that the parts were quite badly swollen. I immediately dissolved three grains of potassium permanganate in half an ounce of water and applied it to the part swollen, and in five minutes the pain ceased and in six hours the swelling was gone.

A. W. HOBBS, M.D.,
Freedom, N. H.

New subscribers who send \$1 now for 1895, will receive WORLD for the remainder of this year free.

A Case of Obstetrics.

Editor MEDICAL WORLD:—In March last I was hurriedly called from my home, at a distance of twelve miles, to see a girl about sixteen years of age, stated by the messenger who came after me to be dying in child-birth, and suffering with the most fearful puerperal convulsions. He stated that she had been taken in labor on Thursday, and this was now Sunday. Hastily mounting my horse, I was soon at the patient's bedside. I found her utterly unconscious, and suffering from fearful puerperal convulsions, her tongue protruding from her mouth and fearfully cut, swollen and bleeding profusely, the patient apparently in the very agonies of death, throwing herself from side to side of the bed with maniacal fury, utterly unable to swallow, and her parents and neighbors standing around, looking on in speechless terror. What scenes a doctor is sometimes called upon to witness, that to his dying day are indelibly photographed on his memory!

On examination I found the os rigid and undilatable. She had made no progress, and from the very nature of the uterine action she could not. The waters had made their escape two days before. Something had to be done, and that quickly. I administered a hypodermic of morphine and atropine. This seemed for the time being to have a quieting effect. During the interval I administered a full tablespoonful of tincture of lobelia, my purpose being to relax the system and relieve the rigidity of the os. Waiting about an hour, I gave her another full tablespoonful of the tincture, causing her in a short time to vomit freely. I then again made an examination, and found the os not quite so rigid and slightly dilatable; no bearing-down pains amounting to anything. I then gave tincture of ergot in full doses, but without any apparent effect, the convulsions setting in again with redoubled vigor. Again, by the use of hypodermics I gained for the patient a slight season of quietude, and, after waiting awhile, I again examined, and found a footling presentation, with the arm above the child's head. I succeeded in bringing down the arm, but found another complication—the umbilical cord being fast tied around the neck. At this critical period the patient again went off into the most fearful convulsions, through which I greatly feared she would never survive. I then stated to the parents and friends that I must and should deliver her at all hazards. I then had her placed on her father's knees, he holding her firmly around the waist, while two other assistants held her arms above her head, and two more held her feet apart. I then knelt between her knees, and after thoroughly anointing the

parts, as also my hands, with vaseline, I gently but firmly grasped the feet of the child, using gentle traction, delivering her in about fifteen minutes, having in the meantime untasted the umbilical cord from around the child's neck before I could possibly deliver the child, a male, weighing about eleven pounds, dead, of course, and had been so some days.

After the delivery of the placenta, hemorrhage set in, the blood coming in great gushes. I had to act quickly to save my patient's life. Inserting my hand into the uterus, I grasped the fundus externally. After giving two spoonfuls of ergot contraction took place, and the hemorrhage ceased. I have no doubt that had the flooding continued a few seconds longer I should have lost my patient. She, however, made a rapid recovery. Of course, I have not given this case with all its details and minutiae, but enough for a slight conception of the case.

Florence, Tex. W. K. GRAYSON, M.D.,

Vomiting of Pregnancy.

Editor MEDICAL WORLD:—A great deal has been written on this subject, but unfortunately the mystery of its causation is far from being solved. The old theory of a sympathetic relation between the stomach and uterus seems very plausible in some cases in which the effect is manifest by nausea and vomiting during the period of evolution or when there is a displacement of the body or irritation of the os. Though we may give this theory a prominent recognition, yet it is very inadequate when it comes to the question of why the nausea and vomiting are manifest only in the morning or in the evening, as some cases may be, and then only during certain periods of gestation.

Let us reason a little. The appetite is largely under the influence of the sympathetic nervous system, if not entirely so; and anything which interferes with the nutrition or functions of that system causes a marked change in the desire one has for food. Fright, disgust, chagrin, or bad news will have an almost instantaneous effect on the appetite. It is even so in some cases of nausea and vomiting. Now when a woman conceives she has evidently to furnish all the material for the growth and development of her fetus, even the oxygen needed in the process. The brain of the fetus is very much larger in proportion to its weight than is that of an adult; so is its osseous system; and now, since we know that the phosphate of lime is largely used in forming both nerve and bone, we can readily see what the mother has been furnishing. If the mother eats the same kind of food after conception as she did before and

furnishes her fetus with phosphate of lime in abundance, we are forced to believe that the mother will suffer with the troubles caused by a deficiency of the lime. Now what are those troubles? First, I might say, is starvation of the bony system, as is manifest in decay of the teeth, which is so common with all pregnant women. Second, starvation of the nervous system, as is manifest by neuralgia, headache, psychic changes, anorexia, bouldimia, etc. The trophic or sympathetic nerves, being deficient in their supply of the phosphate of lime, would naturally take on weakness and irritability, such as bring about the above disorders.

In my hands the above is not altogether theoretical. Last August my wife gave birth to a child which soon died of spina bifida. The case was reported in THE MEDICAL WORLD of September or October, 1893. At this writing she is about four months advanced in her second pregnancy. When I first learned her condition, two or three months ago, I began giving her syr. calcii lactophos. to secure against another deformity, if possible. The acid lactophosphate soon caused irritability of the bladder, and it therefore was abandoned. Soon following that the irritability ceased, but nausea and vomiting returned in its stead. I again tried the lime, but used the phosphate in lieu of the lactophosphate, so as to avoid the acid; again the vomiting ceased. When the vomiting first ceased under the lactophosphate I did not recognize the cure, but when it returned without the lime my wife knew it and called my attention to it. I don't know whether this remedy will prove successful in all cases or not, but I do know that it is satisfactory "at our house." I would like for the profession to try the lime and see if it is "any good."

If this theory is true it may be that sickness in the morning is caused by twelve hours without food and hungry nerves. The phosphate of lime ingested at supper may be exhausted before morning. Sometimes eating something before attempting to rise so strengthens the nerves that nausea does not appear.

How about the evening sickness? Perhaps the twelve hours of labor so exhausted the nerves that they become deranged, though food be taken at regular intervals. Why does vomiting occur only during the first three or four months? Because this is the period of formation and development of the fetus, and at the four or fifth month the relation between the *brain and skeleton* and the rest of the child is having a better symmetry than before, and then the child has nothing to do but grow and kick around as it pleases. Why is it that in some cases nausea and vomiting come on during the

last month of pregnancy? Simply because nature is making the last and finishing effort to prepare the child for an independent life, so it makes an extra demand for phosphate of lime on the mother's economy.

The above reasons are highly theoretical and may be subject to criticism. One thing, however, I do know, and that is this: I gave phosphate of lime, and nausea and vomiting ceased. You must believe that much anyhow, and then if you don't like my theory you can build one of your own.

J. J. WALLER, M.D.,

Oliver Springs, Tenn.

Editor MEDICAL WORLD:—In July WORLD, page 243, Dr. Clouse says: "There is no circulation between the mother and placenta after the child is removed."

Is there any circulation between the mother and placenta before the child is removed? Certainly not.

I know a physician of thirty years' practice, who says he does not tie the cord until the placenta is separated, the indication of which, he says, is cessation of pulsation in the cord—having the erroneous and very common idea that the pulsation is from the mother's heart instead of that of the child.

D. ROSE, M.D.,

1064 Millard ave., Chicago, Ill.

Clinical Memoranda.

Editor MEDICAL WORLD:—For itching piles I have long used the following:

R. Powd. camphor.....	1 scruple
" opium.....	5 grains
Calomel.....	1 scruple
Carbolic acid.....	5 grains
Simple cerate.....	qs. to make ½ ounce

Mix and apply night and morning.

For pruritus ani, caused by eczema, also for scrotal eczema, I have used a 1 to 1000 solution of corrosive sub., applied by means of the positive pole of the galvanic battery. The current intensity may be from five to ten milliamperes. This method of treatment is the most effective of anything I have ever used for tinea circinata, ringworm, and all forms of parasitic infection. It will kill the acarus scabiei also, but for this trouble I prefer a bath with the following lotion: Take four ounces each of sulphur and quicklime; slake the lime, place the two in a gallon of water and boil for a half hour, or until you get about a pint of solution. Let it settle, pour off, and use freely over the whole surface of the body for half an hour. Wash off with a neutral soap, and, with a complete change of clothing, the patient is well. Tincture of benzoin comp., painted directly on the parts, is also most excellent for pruritus vulvæ and ani.

For vaginismus, hyperesthesia of the labia and vagina, an application of a five per cent. solution of cocaine, by means of the galvanic cathode, gives the quickest relief. Use a carbon electrode, covered with absorbent cotton, with a current intensity of ten ma. During the intervals of treatment, which should be given every other day, let the patient use a douche made with the comp. thymoline tablet; also appropriate constitutional treatment.

General pruritus, or hyperesthesia, from whatever cause, in addition to internal medication, is generally very much, if not entirely, relieved by applying the positive pole of the faradic battery to the skin, using the hand of the operator as an electrode, holding the connecting electrode in the free hand. The negative pole may be placed upon the patient at any convenient point. Go over the whole surface with as strong a current as can be borne by the operator. He will feel it in his hands and wrists, while to the patient it will scarcely be perceptible.

I find that in many of these cases aconitine aids very much, as it is a nerve sedative of pronounced character. Dissolve five granules of amorphous aconitine, gr. $\frac{5}{100}$ each, in half a tumbler of water, and give a teaspoonful every half hour. This will frequently produce sleep in nervous patients when all other hypnotics fail.

I notice that Dr. Washburn, August WORLD, says that, not getting good results from metric granules, he went back to specific tinctures. My experience is almost entirely in favor of the granules. (I use those made by the Philadelphia Granule Company). Perhaps the doctor did not push the remedies far enough. In giving such small doses, they must be frequently repeated. I have given strychnine arseniate, gr. $\frac{1}{100}$, one every fifteen minutes for an hour, then every half hour for another hour, then every hour or two, with most excellent effect. So with the other granules; the light doses, rapidly instilled, do not shock the system, but seem to so assist nature that good results follow in nearly every instance. Try again, Doctor.

For hydrocele and varicocele I use the same fluid with which I inject for hernia. One dose generally effects a cure.

WM. H. WALLING, M.D.,

1606 Green street, Philadelphia.

Editor MEDICAL WORLD:—I am satisfied there has been more than one life saved as a result of my reading THE MEDICAL WORLD. I do not wish to miss a single number.

T. W. WARNER, M.D.,

Parker, Kan.

A Radical Treatment of Hydrocele.

Editor MEDICAL WORLD:—In the July number of THE MEDICAL WORLD I see a form of treatment for the radical cure of hydrocele, by M. F. Gavin, M.D., of Boston, in which he uses a combination of acid carbolic, alcohol and glycerin, giving that mixture preference over the tincture of iodine, which is in general use by physicians.

Below I give a plan of treatment which I have been using for the past twenty years, and with but one certain result, and that the positive, radical cure of the existing hydrocele, and that without the patient's having a "scene."

The great and serious objection to the injection of any irritating fluid into the cavity of the scrotum, the object of which is to produce a sufficient amount of inflammatory adhesion to prevent the recurrence of the serous accumulation of the scrotum, is that once the fluid is injected it is beyond the physician's control, and the inflammation may assume a dangerous condition.

My method is as follows: After being certain that the testicle is not in the way, push in the trocar and withdraw all the serum through the canula, then reinsert the trocar and push through the other wall of the scrotum; then withdraw the trocar and push through the canula a piece of tape or fillet of muslin, about half an inch in width and six or eight inches in length; withdraw the canula and secure the seton *in situ* by tying the ends together; then place the patient in bed, and support the scrotum by placing a folded napkin beneath; then keep moistened by laying on a square of surgeon's lint, moistened by a solution of *liq. plumbi sub. acet.*, with tinct. opii and aq. pura qs.

Change the position of the seton once every twelve hours, or oftener if necessary. When the amount of inflammation is considered sufficient, withdraw the fillet and direct your patient to wear a suspensory bandage for a month or two.

During the past ten years I have operated on quite a number of persons, and some of them were men of advanced age, from over fifty to sixty-four, and all made complete and satisfactory recoveries.

I am positive that any medical brother who will try the above method will never go back to the use of irritating injections.

In my method you "hold the lines;" in the other you do not, and the team is beyond control, and you may have a disastrous runaway.

H. B. DENISON, M.D.,

Stockton, Cal.

The Secretary of Health and the National Certificate.

Editor MEDICAL WORLD:—Replying to the many inquiries in regard to my article in the JUNE WORLD, I wish to say that the only way to succeed in accomplishing the purpose set forth in that article, is for the medical profession (all schools) to work together. There is no physician but who has some influence with the representative in Congress from his district, and if every physician will talk Secretary of Health, etc., to them, and give them our reasons for making the request, we will finally succeed. Not only talk it to the members of Congress, but educate the laity that it is as important to them, and, in fact, more so than to the medical profession, that their families are being waited upon by competent physicians.

There is only one way to make a law to compel the different States to recognize a certificate from the Secretary of Health, and that is by an amendment to the constitution of the United States, which must be approved by at least two-thirds of the States. I think, however, that if the Congress of the United States would pass a law making a new cabinet officer in the Secretary of Health, and give him the power pointed out in my June article, and requiring all who hereafter desire to enter the medical service of the United States to be the holder of one of these certificates, that it would be but a short time until the different States would pass laws making a license from the Secretary of Health the only requirement to practice medicine therein. This would compel all schools to submit their graduates to an examination before they were given diplomas. There might be a few selfish States that would hang back for awhile, who would be compelled to finally yield to the higher power. All reasonable persons, whether physicians or not, must see the disadvantage the present system of State examinations is to the medical profession. Unless a physician desires to stay in the same State all his life he cannot take up a special study of any branch of medicine and devote his time to that, but must keep up to the times on all branches, in order that he may be able to pass these examinations, to say nothing of the time he is compelled to wait before he can begin. You cannot make a physician out of every boy, no matter how much education you give him. Neither can you make a surgeon or an obstetrician out of every one who graduates in medicine. Perhaps it may be the one who has the lowest per cent. in his class that will turn out to be a great surgeon. I know chemists who were bright when they graduated, but who could not pass any State examination now. So I say, give the

young student a chance to earn a title that will be of sufficient importance that it will be honored anywhere in the United States.

I hope the profession will work in harmony upon this subject, and if they do, some time we will have a law that we will be proud of.

Doniphan, Neb. T. H. LINE, M.D.,

A Need of a Secretary of Public Health.

Editor MEDICAL WORLD:—Public interest is a private duty. Public prosperity depends on individual prosperity, and individual prosperity will shortly wane in the absence of health. Upon no class is the duty more singly devolved than upon the physician, to proclaim the necessities regarding the health of a nation's people.

The laity, who bear the brunt of the bane, are unaware of the existing evils until some epidemic or endemic disease steals upon them and makes its ravages, to the detriment of human life.

"To prepare for war in time of peace," to prevent as well as cure disease, is why the demand is made to officers in high places and our sovereign government to install at the head of our government a Secretary of Health, who shall have rights and privileges on a parity with other government officers.

It is important to represent and bring to bear potent means by which the commonwealth may be educated and evade disease.

Without statistics and access to current literature, the public will remain ignorant of the prevailing maladies to which they are exposed, and need only the departure from sanitation to rage on the human family like fire on prairie grass.

With a Secretary of Health, with rights and power to control quarantines, naval hospitals, epidemics, etc., it would not only give to the medical world the information and best mode of treating disease, but place literature in the hands of the public, and provide a medium by which they could be reached and enlightened.

Our public schools are often a source of pestilence.

How often do we see the child, as it reaches the period of puberty, lose the vigor and spirit of its age from overwork of the growing brain, bad hygiene and ill lighted rooms? Yet the parents, blinded by the praise from the teacher, and the rapidity with which the child is pushed through book after book, overlook the ravages on the constitution and the irreparable injury done to the mind.

It is an observable fact, that the ophthalmologist in this day has an alarmingly increasing number of patients, a large percentage of which are from the walls of some institution of learn-

ing. So often do we see habits formed in school which become a second nature as age develops into maturity.

It is appalling to note the number that date the first cigarette or the first chew to their school-days. The habits of school days have given rise to hundreds of quack nostrums and patent medicines, with their literature, to delude the guilty and shame faced youth, and thus, in their fear, find themselves minus anywhere from \$5 to \$30.

Why should we keep a standing army to protect our citizens from the invading foreign enemy, and let the seed of habit and disease be sown, which will grow and ripen into suffering and death of humanity?

Vaccination is a recognized preventative of small pox by the scientific world, yet we have no national regulation, either as to our vaccine virus farms nor the universal employment of the preventative.

We often hear of the injurious effects of impure virus, or the non-protection from the same cause, without the power to enforce or the right at law to punish the perpetrator of the fraud. Endemic and epidemic foci are often left unmo- lested in our midst, which, if under the rule of the government, could be attacked and eradicated.

A more uniform law governing the medical practice should be established throughout the United States.

In the first place, we should have a State Examining Board, with sub-boards in each county, composed of the best physicians of the county, as many States now have—these to exist and be under uniform rule, vested with power both to determine the capability of candidates for the practice of medicine, and the supervision of the sanitary condition of all public buildings and the instruction of the general public as to the same.

With a Secretary of Health, and State and County Boards, composed of competent physicians, the public would be placed in touch with the central health government, and confirmed by the combined skill of the whole profession of the United States, it would afford a central point at which public records, histories and statistics, could be stored.

These could be despatched to the most remote and rural districts on the signal of the outburst of an epidemic, always in time to prevent spread and destruction.

Then, and not until then, will we see the power of disease reduced to a minimum. Our people could then turn their thoughts from evils and lust to those ennobling ones that

can only be wrought by education of the masses.

To enact this in the halls of Congress would immortalize that body, as well as mark the dawn of an age of health, harmony, and all that this implies.

Our nation's happiness depends upon it.

Let our national law-makers leave for awhile the millionaire, the railroad, the tariff, the trusts, and the manufactory, and come with us to the bedside of the sick, bereaved and desolate, unable to care for their own needs, much less to reward their physicians.

Let them look on the raging epidemic that is cutting down the babe and the youth, the hope of our country, and then consider if our demands are not plausible.

Brother physicians, lend your aid to this great cause.

Menlo, Ga.

T. S. RAGLAND, M.D.,

Use and Abuse of Mustard as a Counter-Irritant.

Editor MEDICAL WORLD:—I noticed an article in the current number of the WORLD, in which the writer speaks of the great value of mustard as a stimulant of the capillaries in cholera infantum. Now, I am convinced of the fact that, for a counter irritant, we have nothing as convenient as mustard, and I should not like to be without it in cases of pleurisy and some other internal inflammations.

But when the nerves of sensation in the skin are paralyzed, and the contraction of the capillaries has forced all of the blood out into the arteries, whether this paralysis is caused by the shock of an injury, or the collapse of a choleraic discharge, the paroxysm of dysmenorrhœal hysteria, the analgesia of paraldehyde poisoning, or the coma of puerperal convulsions, what is the use of any rubifacient? How can you stimulate the circulation excepting by applying some thing to the central nervous system? And *after that* has been successfully applied there is no occasion for the external irritation. I have seen cases of dysmenorrhœal spasms, where mustard and capsicum were rubbed on and into the skin, until the hands of the manipulators were blistered, and the skin of the patient was not even warmed, until after a dose of morphine had restored the nervous equilibrium, and we wanted our patient to rest; then the skin became red, and even blistered in places, and that some twenty-four hours after the occasion had passed. I have been called to see a person in puerperal convulsions, and found her with mustard on the calves of the legs, but no effect until after a vein had been tapped and a quantity of blood

had been taken. I could mention so many cases that have occurred where the mustard has been used where it was worse than useless, that perhaps I do not use it as much as I might, with benefit.

In the cases of infants I am always cautious, as it is a very severe remedy. When it does work it is too much like fire to be used indiscriminately. I have known of a very young child being hurried out of existence by the too extensive application of mustard.

Bridgeton, R. I. H. J. BRUCE, M.D.,

Correction.—Swallowing Foreign Bodies.—Cocaine for Gastric Irritability.

Editor MEDICAL WORLD:—In my communication in the August WORLD there is a typographical error. In my prescription for diarrhea it should read two *ounces* of syrup instead of two *drams*.

Dr. Bingay's case was not as serious as he supposed.

I accidentally learned a good lesson about two years ago, that I have been able to make good use of since in one case.

A boy four years old accidentally swallowed the head of a picture-frame nail. It was about three fourths of an inch in diameter. That evening he slipped to some cheese in the pantry, and ate all he wanted. The second day the nail-head passed, entirely encased with cheese.

I prescribed cheese for a child that swallowed a small breast-pin, and it was also passed in due time, covered with cheese. Pieces of money, such as nickels, dimes and pennies, are not dangerous, even if retained, unless they should obstruct the bowel, which is not very probable. Give cheese and a cathartic.

To prevent boils, give two one-grain tablets of sulphide of calcium every two hours. It is the best remedy to prevent new crops of them I have tried.

The pernicious vomiting of pregnancy I have been able to control in two cases with cocaine. I gave four granules fifteen minutes before eating, to enable them to retain food, and I gave it every three or four hours to quiet the stomach. I used the metric granules.

I had a good result with it in a case of gastritis, with vomiting whenever the smallest quantity of food was taken. The best indication for it is, the patient vomits immediately after taking food or water.

I. B. WASHBURN, M.D.,
Rensselaer, Ind.

Tell your neighbor practitioner, if he is not already a subscriber, to send \$1 now for 1895, and receive WORLD for the remainder of this year free.

Common Remedies.

Editor MEDICAL WORLD:—I have noticed with pleasure, from time to time, the introduction or recommendation of household or common remedies for certain diseases, etc. I am one of those who appreciate this.

I myself introduced and recommended the following in 1884, in the town of Igo, Cal., viz.: Acetic acid, lime water, common salt solution, turpentine, vinegar, etc., per atomizer.

When I settled in the town of Igo, Shasta County, California, in 1884, I introduced the above remedies.

The first patient who used the first atomizer was a Mrs. Lizzie Dunham, wife of Warren Dunham, proprietor of the Igo Hotel, of that place. Mrs. Dunham suffered with ulceration of the left lung, etc. I recommended to her the use of an atomizer, into which she put half a pint of acetic acid and half a pint of water, the steam of which she inhaled. I prescribed lime water, common salt solution, turpentine, vinegar, etc., all per atomizer, since 1884, throughout the Igo district. The people are using these remedies still.

You will now ask me whether I cured any of those cases. My answer is, "No."

You will also ask me whether any of my cases were benefitted by this treatment. My answer is, "Yes"—every one of them, more or less.

Dr. H. SCHAFER,
San Diego, Cal.

Malignant Pustule.

Editor MEDICAL WORLD:—Dr. W. C. Hontz's fatal case, reported in July MEDICAL WORLD, was undoubtedly malignant pustule of a severe type.

About fifteen years ago I treated a young man, who supposed he had a splinter on the back of his hand, with a small, dark-bluish point. He picked it with a needle, when only a drop or two of dark blood oozed out. The hand commenced to swell rapidly, and pain of a throbbing character was experienced. The attending physician had poulticed the hand and painted the whole arm twice a day with tincture of iodine, and had given Dover's powders internally. The case became worse and worse. The doctor was discharged and I took the case, changing the diagnosis from erysipelas to malignant pustule. The ugly-looking and tumified sore was dusted with morphine freely, and then powdered permanganate of potash applied, and kept undisturbed for two days by strips of rubber adhesive plaster. After its removal the burned surface was douched with carbolyzed hot water. The enormously swelled arm was ban-

daged from the tip of the fingers up to the shoulder, and kept wet with the following :

R. Goulard's extract (sol. plumbi acetatis)...1 pint
Cooked water (cooled).....2 pints
Tr opium.....ounces ii

Internally he received the following, viz. :

R. Muriat. tinc. iron.....drams vi
Muriat. f quinine.....gr. (c) 100
Glycerine.....drams xviii
M Sig.—Teaspoonful in half glass of water every three hours till five doses are taken, then every four (4) hours.

In three days this young man was O. K., with the exception that the mixture upset his stomach, which soon regained its former function after three weeks' strict diet.

The above mixture possesses powerful germicidal properties, and nothing equals it in such cases. In puerperal septicemia, in connection with uterine injections, it has no equal, as far as my experience goes.

Ten years ago a farmer, aged fifty years, who, when in his raging delirium, was given up on account of blood-poisoning, resulting from a small pustule on one of his fingers, made equally as good recovery. J. PIRNAT, M.D.,
Evansville, Ind.

Is Acetanilid So Dangerous?

Editor MEDICAL WORLD :—In noticing Dr. W. R. Gillespie's comments (page 277), on my remarks on the use of acetanilid, I wish to say that I have used it ever since it was first put on the market and I have to see the first case of strangury or collapse from its use in my hands. It might be should I give twenty four grains in two hours, that it would produce unpleasant effects, but I have never found it necessary to prescribe any such doses, 7½ grains every three hours in cases of hyperpyrexia being the maximum dose I ever prescribe; seldom go above five grains for an adult. I will confess I have never experimented to see just how much a patient could stand of it before it knocked him out, although I have given it continuously for weeks in cases of continued fever. I also have had cases of total suppression of urine where no acetanilid had been given and before it was ever heard of, and until further evidence is produced will have grave doubts of its causing it in Dr. G.'s case.

I was called in consultation with Dr. H., of Lamar, Neb. He had been using aconite and veratrum for ten days, at the end of which time the fever was 105½ F. with active delirium and typhoid symptoms. I proposed acetanilid to reduce fever, but Dr. H. was one of those who believed in the direful effects of this drug, especially in children. This being a child ten years old, I agreed to assume all responsibility

and exonerate the doctor if it killed the child, and under the circumstances gave the child nearly double what I would ordinarily. The first dose did more in two hours than his aconite and veratrum had done in ten days—reduced the fever from 105½ to 99, and he had no collapse or strangury either. As bold a champion of acetanilid as I am, I have never prescribed it in the dose mentioned on page 278,—ten grains.

All I ask my brother practitioners is to give acetanilid a fair trial in doses suited to each patient, and not ten grain doses, either. How many excellent remedies have we when given in proper doses, that are dangerous when given in massive doses? A remedy that has such power over the temperature of the body we would naturally expect to give unpleasant effects if given in such outrageous doses. I still maintain that there is no drug that will as promptly remove excessive body heat, and nothing is its superior except the cold bath.

Imperial; Neb. D. BOSWELL, M.D.,

For Gall Stones, with Jaundice.

Editor MEDICAL WORLD :—If Dr. Tison, (July number, page 253), will try in his two cases of icterus, chlorate of soda and olive oil, he will be pleased with the results.

For the lady, a No. 1 capsule full of the chlorate of soda, three times a day after meals, and four ounces of olive oil when the first symptom of pain begins, and if this does not operate in six hours, give four ounces more. If the stomach is irritable give a hypodermic of one quarter grain morphine to hold the oil down.

Give the boy a No. 1 capsule of the chlorate of soda after meals and two ounces of olive oil twice a week.

Continue the soda in each case, if it does good, for three or four months.

Case 3. For the hot flushes, give dilute sulphuric acid, twenty drops three times a day, in a wine glass of water.

JNO. H. FERGUSON, M.D.,

Mine La Motte, Mo.

For Pruritus Vulvæ

Editor MEDICAL WORLD :—I have been interested in the articles on pruritus vulvæ. I use a wash locally of :

R. Veratrum viride,
Alcohol,
Aqua.....ssounce
Sig. Use three times daily.

Use this in connection with the salicylate of sodium as directed by Dr. A. C. Matchette and you seldom fail. JAMES D. QUINN, M.D.,
No. 1036 Ann street, Newport, Ky.

Toococo Lotion for Pruritus Vulvæ.

Editor MEDICAL WORLD:—If Dr. A. C. Machette will order a strong decoction of plug tobacco to bathe the vulva with, he will positively cure his pruritus vulvæ.

AUGUST A. KLEIN, M.D.,

2 Rutland St., Boston, Mass.

Simple Treatment for Intestinal Catarrh in Children.

Editor MEDICAL WORLD:—For the benefit of Dr. M. R. Peters (page 290) and others that may be concerned, I would say that I have had gratifying success with a simple treatment for infantile catarrh of the bowels.

1. Clean out the intestinal tract with a good dose of castor oil, including one drop of turpentine.

2. Make a four ounce solution of one tablet (gr. $\frac{1}{10}$) arsenite of copper, and one tablet of chlorodyne, such as made by Mulford & Co. or Parke, Davis & Co.; sweeten with sugar or flavored syrup (preserves syrup as can be found in nearly every household, is good) and of this give one teaspoonful every hour the first day, every two hours the second day, and every three hours the third day, if necessary. I hardly ever use more than half of such four ounce solution in one case, and scarcely ever have occasion to supplement anything else. I always instruct to keep the child as comfortable as possible, guard the diet, and never wake it to give the medicine.

I admire THE WORLD for its eminently practical character, and from that standpoint I offer this mite.

A. S. TODD, M.D.,

Elberton, Ga.

Tests for Alcohol.

Editor MEDICAL WORLD:—In regard to Dr. G. M. Morton's inquiry for a test for alcohol, I must say his question is a vague one. Alcohol is tested mainly for water, methyl alcohol organic bases, fusel oil (amylic alcohol), aldehyd or furfural, any one of which may exist as an impurity or adulterant in ethylic alcohol.

From his letter I imagine he wants a test for water in alcohol. There are many methods of detecting water and determining the percentage, some of the simplest of which I give. 1. Alcohol containing more than 25 per cent. of water will not burn in a lamp. 2. Add small amount of finely powdered, fused potass. carb.; shake; if 2 per cent. water is present, the carbonate becomes damp; if more, it dissolves. 3. Anhydrous cupric sulphate (white) becomes blue

when added to alcohol containing water. 4. Add a drop of alcohol containing 3 per cent. of water to ten or twelve drops of benzol; the liquid remains clear; if from 3 to 7 per cent. water is present, cloudiness appears; if over 7, the drops separate. J. M. BELL, M.D.,

Prof. Chem. Central Med. College,
St. Joseph, Mo.

Editor MEDICAL WORLD:—The test which I desired to obtain for alcoholic liquors was to detect adulterations and fraud. I am satisfied that some druggists are using artificial cheap and poor liquors in prescriptions. Wines should be the fermented juice of grapes. Brandy is obtained by distillation of fermented grapes. Whiskey by distillation of fermented grain, usually corn, wheat and rye. Rum from fermented molasses, etc. How are physicians to know that druggists are dispensing pure liquors in prescriptions?

Fraudulent port wines are made of old hard cider, alcohol, cinnamon, cloves, alum and water. Sherry wine, of old cider, alcohol, water, coloring and flavoring. Brandy, of alcohol, water, acetic ether, caramel q. s. to color. Whiskey, of alcohol, essence of bourbon, prune juice, caramel q. s. to color.

There are many other formulas which are used in preparing artificial liquors. I am of the opinion that many druggists are not dispensing the best liquors in prescriptions, and that the medical profession is being deceived, and that patients are being defrauded, and that possibly, in many acute cases, valuable lives may be lost on account of fraud and deception on the part of some druggists. Many druggists are not selling better grades than saloons and many are no more conscientious than saloon keepers in regards to the quality of liquors they dispense in doctors' prescriptions. I am anxious to find a cure for this evil. G. M. MORTON, M.D.,

Toronto, S. Dak.

[A writer in the *Druggists' Circular*, under the title, "Drug Adulterations in New York State," gives the following under the sub-heading of

Liquors.

It is probable that our liquor supplies are tampered with as much or more than any other class of goods carried by pharmacists. Of five samples each of brandy and whisky, as supplied to the metropolitan retail trade, only two of one and one of the other could be deemed good. Two of each contained less than 40 per cent. of alcohol by volume, and three of the brandy and

four of the whisky were colored with caramel and flavored with essential oils. Every druggist should test his stock of such goods and report to his jobber. The State liquor law has practically made it impossible for a druggist to sell enough in ten years to pay his license for a single year. There are no drug stores known to this committee where doctors prescribe enough liquor to pay anything like \$20 per year. If, then, any is kept in stock, it should be of the best quality. Any pharmacist can apply one or two rough tests that will answer his requirements. When half an ounce of liquor is shaken up with two drams of concentrated ether, on settling it should show a line of demarkation at the same height as when the same test is applied to a sample of dilute alcohol, that he knows to contain 50 per cent. by volume of absolute alcohol. On evaporating a weighed quantity over a water bath, the dried residue should not weigh more than $\frac{1}{10}$ of the total weight, and should not taste or smell of caramel, and should not taste unusually sweet or have a spicy flavor.]

That Mysterious Skin Disease on the Hand.—As to Feeding Young Babies.

Editor MEDICAL WORLD:—Many thanks to some of your readers for replies to my queries, by private letter as well as through your journal.

For gall stones every one recommends olive oil. I have been successful with that remedy once, but having used other drugs at the same time, I was not sure. Dr. Waugh says chloroform will not dissolve gall stones. I agree with him. My idea was taken from "Flint's Practice of Medicine," page 134.

My case of sore hand is of some interest. Dr. Waugh is wrong when he suspects syphilis; but he only suspects. This case is one of a disease that is never spoken of in text books, and so was overlooked by me for the time, but I have it at last. It is a Southern disease, so far as I can learn, and is known as ground itch, dew poison, etc. All children who run barefooted in the morning dew have it. It was carried to the woman's hands from the cow's teats. It is caused by a microscopic insect, I am sure, as any germicide will cure it, and nothing but a germicide will.

On January 9th, 1894, I was called to see a lady with pneumonitis, but found her moribund; and, she having a baby six weeks old, I warned the family to give the little one to a near relative, who had a babe about the same age. Greatly to my surprise, the grandmother said she could, and would, raise it by feeding, and gave the little one a potato in my presence. I

told her she would kill it, but she said she had raised more children than I had, or ever will; said she would give it corn bread and meat and other articles, that I am sure would have killed me, much less the babe. To make matters short, she had her way, and last week she showed me the baby—as fine and hearty a child as I ever laid eyes on. She continued to feed it, she said, and had a good laugh at me, because I had said it would die if she fed it. "Why," said she, "you could not kill it if you fed it on litwood knots." I said that I had no doubt but that it could stand it.

I find that many mothers raise their babies from the very cradle by hand, and many do not have cows' milk for it, either; and if you tell them about food hurting it they only laugh at you.

While I always make mothers give nothing but milk to babies until the first tooth appears, and deem it brutality to feed an infant on such indigestible stuff, still I would like to know how a baby can live on such food at an age when the stomach is intended to digest only milk. Is the stomach of an infant sufficiently developed to digest food that a man can hardly digest? While I do not believe it is, still this baby has survived and gotten fat on it; and I can recall at least a half dozen more babes in this section that have had the same treatment.

I would be pleased to see the subject discussed in your journal.

Knowing these facts, can one be surprised, in visiting a cemetery, to find two small graves to one large one? and is it justice to place the average life of man at the medium figure of all deaths, and let infantile mortality be taken into account? Why, many babes are murdered with food.

W. WALTER TISON, M.D.,

Snead's, Fla.

Metallic Body Swallowed.

Editor MEDICAL WORLD:—In THE MEDICAL WORLD of August, page 290, Dr. John M. Bingay, of Tusket, Nova Scotia, Canada, asks a question concerning a cent which traveled down the throat of one of his little patients.

On July 2d, a child of about eighteen months, swallowed a cent. The parents sought aid from the family physician, and he advised a physic and gave some medicine internally. The family became dissatisfied with the treatment, owing to the fact that the child was unable to swallow, except liquida. They sent for me on July 7th. I saw the case and succeeded in forcing the cent (which had lodged in the esophagus) into the stomach. I then ordered mashed potatoes

and food of such a nature that would produce a solid movement of the bowels, so as to cause the cent to become coated and prevent irritation during its trip.

The child did well until July 21st, when the cent passed, even without the parents knowing it until they found it in the napkin.

Uncle Sam's money is good, and usually passes. Perhaps Canadian money is just as good.

J. S. BEAMENS DERFER, M.D.,
Manheim, Pa.

Inhalations of Acetic Acid in Respiratory Affections.—Laxative and Antiseptic Treatment of Typhoid Fever and Septic Intestinal Diseases.

Editor MEDICAL WORLD:—About three weeks ago I was called to see a woman, Mrs. B., 50 years of age, whom I found in a very emaciated condition and with the worst case of asthma I have ever seen; she was exhausted and laboring for breath. She gave a history of night sweats, family tuberculosis, pain in the larynx, etc.

On examination, I was not able to detect any signs of tuberculosis, but signs of asthma. I gave her the following prescription:

R. Ammon chlor.....drams ii
Tr. belladonna.....drum i
Ext. grindlæ robustæ.....fi ounce i
Aque.....ounce i
Tr. gentian. comp.....q. s. ounces iv
M. Sig. Dram i every four hours.

At the same time I ordered acetic acid inhalations three or four times a day. A few days later I was called again to relieve her of an attack of pleurisy from a cold. She was perfectly satisfied with the first medicine I gave her. It relieved the asthma like magic, cured the trouble in the larynx, stopped the night sweats and gave her appetite. She told me no doctor before could ever relieve her and she don't remember the time when she had any desire for food. This time I gave her salicylate of soda. I always give that in the first stage of pleurisy, if there is the slightest rheumatic history, with gratifying results. I also gave some digitalis, her heart being weak and the stitch disappeared before 24 hours.

A week ago I was called again, she this time complaining only of weakness. She did not take any medicine for two weeks, put aside the inhalations, because she said it seemed to upset her stomach.

On physical examination I found a typical case of phthisis, the left apex being affected. A very weak heart with old murmurs. She was as thin as anybody could imagine, so weak that she could not lift her hands and the facial expression was that of approaching death. I

myself thought that her hours of life were very few indeed.

I gave her pills containing iron, quinine and digitalis, also ordered the inhalations to be continued and to day I was told that she feels better, and in fact, feels quite well.

I don't think she is going to be cured, because, even if the destructive process of the tubercular germs could possibly be stopped, she will die of heart failure, but I believe that if I had given her the remedies indicated in such disease, such remedies as cod liver oil and creosote, which were given to her by other physicians with no apparent result, she would have been dead now from exhaustion.

Now, I don't know which of the two acted better, the internal medication which I prescribed for her or the acetic acid inhalation. The patient thinks that the medicine prescribed acted like magic but don't deny the good effect of acetic acid inhalation.

I certainly think that my treatment was rational, because, by giving her digitalis, quinine and iron, I put the heart, blood and stomach into shape, thereby enforcing the resisting forces to disease; but I also think, though not yet convinced of its specific action, that acetic acid inhalations had a good share in it.

Acetic acid, I think, may prove a good remedy in respiratory affections. It is a very old remedy and perhaps one of the oldest in medical history. My grandmother used it as a household remedy.

I was delighted to read Dr. W. B. Thistle's treatment of typhoid fever in the July number. I carried that plan of treatment in my mind a number of months before it appeared in your valuable journal, which brings so many good tidings for humanity, and I thought, "I'll carry that treatment out as soon as I shall have the first chance to do it." It is a good plan if treatment. By the use of cathartics, the septic material present in the alimentary tract is swept out and by the use of antiseptics, its formation is prevented.

I adopted a similar manner of treatment for diarrhea and cholera infantum and other gastro-intestinal troubles of children, giving them ol. ricini. ʒi-ʒi, three or four times a day, following each passage by the proper dose of salol or sulpho carbolate of zinc.

By this means not only were all my cases cured in a comparatively short time, in this city where so many children succumb to that disease every day, but also the nature of the disease changed it took on a much milder form. I based this method of treatment upon the words of an eminent authority who impressed it

upon my mind. "Learn to follow nature's foot-steps and help her where she is incompetent, etc."—*McCorkle*.

If nature starts a diarrhea it is a conservative process to get rid of an irritant particle of food or poison introduced from without. One dose of castor oil or any other cathartic does as much work as five or six efforts on the part of nature, and, now by administering cathartics where there is a conservative diarrhea we lessen the severity of exhaustion which follows such a diarrhea. By lessening the number of nature's efforts, the poison is gotten rid of more quickly and we prevent absorption. Of course, stimulants, fresh air and regulation of diet should not be forgotten. Everybody knows the good effects produced by intestinal antiseptics.

Brethren, this is not a new mode of treatment. Look up medical history, buy old books and writings of practice of medicine, the same as I do, and you will find that it was used before. "There is nothing new under the sun."

MAX FRIEDLANDER, M.D.,

5 Sumner Ave., Brooklyn, N. Y.

For Acne Rosacea.—Canadian Doctor's Opinion.

Editor MEDICAL WORLD :—In reply to Dr. A. C. Ziegler, of Alleghany, Pa., I would place before him the following treatment for acne rosacea :

R. Liq. Arsenicalls.....drams iiss
Tr. nucis vom.....drams iiii
Tr. ferri mur.....drams v
Tr. gent. co.....ounces liii
P. st. acetatis.....drams vi
Aque ad.....ounces viii
M. Sig. Drams ii, t. i. d. p. c. in aqua. Wash mouth after each dose.

Et.

R. Zinc oxidl.....drams ii scruples ii
Hydrarg. bichlor.....gr. iv
Vaselin. ad.....ounces ii
M. Sig. Apply t. i. d. for first week.

Et.

R. Ac. hydrocyan. dil.gtt 16
Bismuth suonit.....drams iiss
Zinc oxidl.....drams i
Vaselin. ad.....ounces ii
M. Sig. Apply night and morning for second and third week.

DELASKI MARR, M.D.,

Ridgetown, Ont., Canada.

The "Red Butter," of Russia.

Editor MEDICAL WORLD :—In reply to the question of Dr. S. J. Smith, Filley, Neb., (*WORLD*, page 290), I beg to inform him that in Russia, and it seems to me in Germany as well, under the name of "Red Butter," the people are asking for "ung. hg. oxidl rubri."

Whether one or two doses of it would cure

piles, I leave it to the judgment of the Doctor.
M. L. LOEVENSON, M.D.,
189 Maxwell street, Chicago, Ill.

Editor MEDICAL WORLD :—Boracic acid, glycerine and ammonia can be united, making what I think is the boro glyceride of ammonium. It makes a useful cleaning antiseptic, valuable in bites and stings of insects, and when diluted, to clean instruments, as a wash for rhus poisoning, etc

I hope the boys and girls in the big *WORLD* family will try it and some pharmacist will make it.
W. S. NEWLON, M.D.,
Oswego, Kans.

Personal Reminiscence of Dr. Green.

Editor MEDICAL WORLD :—I notice that J. R. Thompson, M.D., of Woodburn, Ky., would like to know who Dr. Green, a specialist in lung diseases, was I matriculated as a practitioner of three years' practice in the New York Medical College in the winter of 1855 and 1856, located on Thirtieth street, East Broadway.

Horace Green, M.D., L.L.D., was president of that college at that time. He informed me that he formerly resided in Vermont. He had an office at No. 12 Waverly Place, New York City, where he treated diseases of the throat and lungs as a specialist. He claimed to insert a rubber tube down the bronchial tubes, and also into cavities in the lungs, and inject nitrate of silver, from 5 to 60 grs. to the ounce of water. He claimed he had cured many cases of diseases of the air passages by this treatment. Some half dozen of us attended his clinics twice a week at his office, 12 Waverly Place. We saw him operate many times. We were of the opinion that he did not succeed every time—that occasionally the tube entered the esophagus. Nevertheless, he was quite successful in treating many cases of throat and lung diseases. He prescribed cod liver oil and tonics. He relied on nitrate of silver for a local application, and his treatment for the throat gave good results. His office was thronged with patients.

Dr. Horace Green has been dead many years.
A. R. CUMMINGS, M.D.,
Claremont, N. H.

Correction.

Editor MEDICAL WORLD :—In article "Periodic Headaches," page 282, August *WORLD*, sixth line from the bottom, read "higher specific gravity," instead of "lighter," etc.
Worthington, Ind. W. B. SQUIRE, M.D.,

Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

What was the Cause of Death?

Editor MEDICAL WORLD:—Mrs. C. J., age 37, widow, youngest child age 11, light build, suffered six months with what she described as indigestion. At the beginning of illness she had been white washing ceilings, and ever since had felt as if her head wanted to fall backwards. No treatment until a month ago. When seen was emaciated. All organs apparently normal except stomach. Was vomiting everything. Had more or less vomiting for weeks, undigested food, stringy mucus and sometimes bile. Temperature normal. Pulse 80 to 90. Tongue bluish and but little coated. Pain in back of neck extending to occiput. Was treated for a catarrhal condition of stomach. In less than three weeks there was marked improvement. Then she became apparently hysterical. In a day or two she thought she was offending certain persons. In another day she had done some things that she thought people would misunderstand and think her dishonest. In another day she was mentally deranged; wanted to poison herself; thought her soul was lost. Eyes and facial expression indicated melancholia. Pulse 120. Head at times would fall back and if not watched she would fall on the floor. Much difficulty in swallowing. Not much difficulty in speaking, but she spoke seldom. Was very excited at times. These stages in mental symptoms all occurred in less than a week. On the second day preceding death, she was given a dram and a half of aqueous extract of opium (6 grains morphia to the ounce). This quieted her. On the day previous to her death she was given at 3, 6, 9, and 12 P. M., the following dose:

R. Ext. opii.....	grains 3
Ext. cannabis ind.....	si minims 1i
Digitalin.....	grain 1 100
Hydrag. submur.....	grain 1

No drowsiness until after midnight. Fell to sleep at 1 A. M. Sleep not quiet. At 4 A. M. the breathing changed to that in which there was 4, 5 or 6 long full breaths, then a pause for over a minute, then a repetition. It was never stertorous. Eye reflex gone. but the winking of the eyes continued at times until death. Pupil not much contracted. When a finger was passed into her mouth to clear out mucus, she at times would bite it. Extremities

warm until death. Pulse 110 to 80 up to time of death, shortly before which it became weak and intermittent. She died at 2 A. M., ten hours after this condition set in. Was given hypodermically during the first four hours of time, five grains of permanganate of potash. During the last four hours, three sixteenths grain of strychnine. Kept up pretty steady artificial breathing. Used ammonia. Drew off about twelve ounces of normal urine. Could the case be one of acute bulbar paralysis? If simple opium poisoning, then here is a case where the permanganate of potash was of no use, and it was not a bad case of narcosis, if dosage counts for anything. E. T.

How Does He Live?

Editor MEDICAL WORLD:—I have recently made a partial acquaintance with a case of such extraordinary features, at least, to myself, that I wish to place it before the readers of your journal.

The reason I have not reported it before now is: I have resided in this vicinity only a few months, and the case, from its almost incredible chronicity, had ceased to excite an interest sufficient to be a topic of general conversation; consequently I did not know it till a few weeks ago.

On the 23d of July, 1894 I saw the case, and found it as follows: On the forehead, near the scalp, two ulcers, covered by a scab each, of exuded matter, I think very nearly or quite one inch high; near the outer canthus of left eye an enormous depression or hole; alveolar of left sub maxillary broken up. His right arm is flexed on the humerus, right hand extended or thrown back on forearm; first phalanges drawn backward at right angles; the remaining phalanges drawn inward; both hands are in the same condition. In his left arm, in the neighborhood of where Colles' fracture occurs, is a solution of continuity, or a separation of radius and ulna. The cuticle and tissue, if any, besides the skin, is deeply constricted. In order to be sure about this, I took hold of the hand. It admitted enarthrodial movement. Lower extremities are covered with scaly scabs, which almost defy description.

The most wonderful part of this brief sketch is that this person, George W. Johnson, is thirty-one years old, and has been afflicted, more or less, during twenty-nine years of his life, and during the sixteen years past has been a literal helpless burden on his parents and family.

His position, which is intermediate between the supine and right lateral, has been continuously maintained, day and night, during the

last nine years! The above is his own statement, fully confirmed by his parents and others, whose veracity is unquestioned, so far as known to me.

His intellect is good. He is surprisingly cheerful, and entered into conversation. I did not examine him as fully as I wished, on account of the very offensive fetor about his person. I inquired for consumption, scrofula and cancer in his ancestors, with negative information with one exception. The mother stated that when he was a babe she had cancer of one breast, and had to take it from him. He is still alive

L. A. SMITH,

Omba, Mo.

Editor MEDICAL WORLD:—Can any of the many readers of this valuable aid give suggestions in the following case of epileptic fits?

The patient, a man aged forty-nine, married, with a family. He had a severe spell of acute rheumatism, after which he never ceased to complain of bright specks floating before his eyes. In the fall afterwards he received a very bad cut with an axe across the ankle bone. The scar is large and ugly, and in one place grown down to the bone. It is always tender, so that it hurts to keep that side of the foot down on the bed. He has tried many doctors, and also patent medicines. The spells stay off while he takes the medicine, and return as soon as he stops. He has them very severe about every nine days, when not taking medicine. Some eight months after the cut he commenced having the convulsions, now three years this September. Some think the cut the cause of the trouble, others not. He is thin in flesh, weak, and of a nervous temperament.

Now, kind readers, any information on the subject will be thankfully received by a constant reader of the WORLD.

E. M. N.

Is There Death in the Cup.

Editor MEDICAL WORLD:—There is a movement in some of our churches to substitute individual cups at the communion service, in place of the large cups from which scores partake in common.

The change is stated to be desirable for sanitary reasons.

I write to ask THE WORLD readers to give their views upon the question; also to report any authentic cases of disease directly tracable to the communion cup as now used. If there is death in the cup, because so many partake of it at the same service, we should devise other methods of distributing the wine at the Lord's supper.

WM. H. WALLING, M.D.,

1606 Green St., Phila., Pa.

Editor MEDICAL WORLD.—A doctor, in making a prescription for rheumatism, told the patient to be sure and return and report if the remedies were successful in curing the case, as he, the doctor, was a terrible rheumatic sufferer, and had no relief from anything of all he had taken.

Now, I am about like that old doctor. I have the most obstinate case of rheumatism, from head to toe, with depositis about all joints, gradually growing worse and worse, and never better. Aches and pains, pains and aches, from year in to year out, with not a particle of relief from over one hundred different prescriptions, each year for the past five or six years. I doubt if any anti rheumatic has been left untried, and without relief.

Who of the brotherhood has a shot in his locker that he can advise for this case?

Brighton, Ind. MARY D. SHAW, M.D.,

Editor MEDICAL WORLD:—Will some of the WORLD's readers please give me some aid in my case—in fact, several cases of about the same nature.

I was called July 30th to see Miss G., aged 27, and with the following symptoms: Frequent urination (every hour), burning pain on urination and for some moments after, and some tenesmus. Micturates much more frequently when on her feet and moving around than when quiet. No backache or any general pains, and general health good. The symptoms develop suddenly. She had a fall about ten years ago, and had hematuria at that time. The urine is dark in color, heavy sediment on standing, and acid in reaction. No albumen or sugar. I pronounced it acute cystitis, and gave

R. Potassii citratisdrams viii
Acidi benzoici.....drams ii
Infus. buch.....qs ad.....ounces vi
Sig.—Drams ii every three hours.

Gave the above until the urine became alkaline in reaction and normal color, and no more burning, but the frequency is about the same.

Now, readers, what I want to know is: Is my diagnosis correct, and what is the best thing to do to reduce the frequency? I am a new man in the field, and desire aid.

B. A. BOBB, M.D.,

Mitchell, South Dakota.

Editor MEDICAL WORD:—One of my thermometers has lost the *self-registering* quality. How can I restore it? As other physicians may have met with the same accident, please insert in your interesting journal.

Roseburg, Oregon. DR. F. G. OEHME,

Editor MEDICAL WORLD:—Will you or some of the brotherhood give diagnosis and treatment for a lady, Mrs. C., whom I was called to see May 27th, and found with the following symptoms:

Determination to head, temperature 103°; hands, forearm, feet and legs cramping; severe pain in head, back and left side, just under the 10th to 12th ribs. These symptoms lasted about two hours, when they subsided, to return about twelve hours later, lasting this time about six or eight hours. The symptoms passing off, she appeared to be perfectly easy and in good health, excepting considerable soreness of spinal column (from occiput to sacrum).

I was called back on the 28th, to find her with the same symptoms, then daily for a week.

During those exacerbations she prays and talks very intelligently, but after the attack, or subsidence of the above symptoms, she does not remember anything she said.

She has been affected with those paroxysms ever since the 27th of May. They do not occur regularly. Sometimes it will be two or three days, and she has passed five or six days without anything more than slight pain in the head and left side, sometimes in the region of the stomach. Appetite very good; stomach and bowels in good condition. The pain and soreness of the spinal column has not been a regular attendant.

She had leucorrhœa, with slight pain in the lower part of the bowels. I treated her successfully for these symptoms. This was during the first two weeks of her illness. I have had counsel early in the case, but without marked benefit.

This lady is twenty-five years old; been married five years; has two children; had convulsions during her first confinement, and was comatose for several hours after delivery. Her second confinement was normal. First child a male, second female. Their ages are, respectively, four years and one year.

There has been some variation in appearance of menses, it not appearing at regular intervals.

As to her family history her grandmother on her mother's side died with consumption; her father and mother are healthy and of good make.

I hope this will receive your undivided attention, as this is the first case I have ever reported and as I am very young in the practice.

DR. W. F.

Editor MEDICAL WORLD:—A man of forty years has a troublesome complaint. A narrow strip, extending from the anus two inches back to the left, itches fearfully when he is warm,

worse at night than in day-time. In winter, even, he does not dare to keep warm, else the itching will set in. This has troubled him for about four years. He has doctored with five doctors, and is now under my care. I can relieve it, but it soon returns. I would be pleased to know the cause and treatment for this trouble.

ELI,

Tipton, Iowa.

Editor MEDICAL WORLD:—Will you please ask your many readers if any of them know the agent or medicine used by chiropodists that they apply to hard corns and callosities, that causes them to soften in a few minutes, and can then be lifted or dissected out at once without much pain?

I would also like to hear from any one, through the columns of your valuable journal, their opinion and results from the use of bismuth subgallate in cases of fermentative dyspepsia, as well as in chronic diarrhœa. I have used it recently with good results; its action seemed prompt and efficient. The only authority I have ever read on its use was from Prof. Austin Flint, who speaks very highly of it. I would be pleased to hear from any who have tried it.

J. W. SMITH, M.D.,

Plymouth, Ind.

Editor MEDICAL WORLD:—I would like the opinion of the WORLD family on the case of a woman, aged forty-two years, height 5 feet 8 inches, weight 185 pounds, who has given birth to three children and had one miscarriage. Has no uterine, rectal or bowel trouble; appetite, pulse, respiration, and all the reflexes except the plantar, are normal. Plantar reflex absent. Strong neurotic and tuberculous family history. Five years ago she was taken with a sharp pain over the atlas, at the base of the skull, accompanying each paroxysm of coughing. Two years afterward she had pneumonia, and on getting better, the pain returned, and has since become more frequent, until it is now nearly constant. She describes it as beginning at the back of her head, and working up along the sides to the frontal suture, when it feels like a tight band around her head, and as if her brain was gorged with blood. For a year or more she has been, at times, unable to swallow liquids, having to make several trials, and even then a portion will return through the nose, though there is no difficulty in swallowing solids at any time. Now, brethren, what have I got, and what shall I do with it?

Blaine, Wash'n. W. A. KING, M.D.,

Editor MEDICAL WORLD:—Will some of the WORLD family give us the technique, explaining fully how to use solar cautery? THE WORLD is very practical and welcome, but has not explained this subject.

Batavia, N. Y. D. B. HORTON, M.D.,

Editor MEDICAL WORLD:—I wish to report the following case in your journal, trusting that by so doing I may receive some suggestions as to treatment by the numerous readers of THE WORLD.

Miss C., age 18, has an osteoma of the upper third of the sternum, involving the width of that bone and three inches of its length; can readily be detected by the eye. This growth she discovered eight months ago and it has been growing slowly but steadily ever since. She was placed under my care six weeks ago. I then put her on iodide of potash three times daily, painted the locality with tincture of iodine, and applied a pressure bandage over the tumor.

Three weeks ago I again examined her, and found the tumor growing laterally—that is, involving the adjacent ribs to a slight extent. I then ordered the bandage removed, and continued with the iodide and iodine. One week ago she came to me, complaining of a dry, hacking cough, and pain on pressure over the tumor. I am now almost satisfied that it is growing internally. Can any one suggest anything in treatment besides the knife?

Neither her father nor mother gives any history of any constitutional trouble. Any suggestion as to treatment will be graciously and gratefully received.

I. E. SISS, M.D.,
Alexandria, La.

Editor MEDICAL WORLD:—I would like to ask your many readers for an old formula. It is a cure for corns. I remember fifteen or twenty years ago of an old doctor going about with a brown colored salve which he would apply with the point of a knife, and in two or three minutes would take out the corn with no blood or pain. Does anyone know the formula or any other that will remove a corn?

E. S. BLYTHE, M.D.,
Engleman, Collins Co., Texas.

Editor MEDICAL WORLD:—I would like to know what is the best thing to do to remove gunpowder stains from the face.

Clinton, N. J. J. M. FRACE, M.D.,

[As this subject was thoroughly discussed in THE WORLD in past years, we should like to suggest that any surgeon who made use of methods at that time brought out, report to Dr.

Frace at once the best results of their experience.—ED.]

The doctor who asks for precise treatment for alcoholism and the morphine habit should read these pages closely, where, from time to time, there have appeared and will hereafter appear, the latest information on the subject.

For "Odontunder," consult back files of THE MEDICAL WORLD.

Current Medical Thought.

A Business Proposition.

The medical profession is among the first to suffer in a financial crisis. The doctor bill is the last to be paid. The doctor almost necessarily does a trust or book business. His accounts run from a few days to eternity. From the time he enters a medical college until he receives the degree of M.D., his time and energy are given to learning the human body in health and disease. He spends no time in learning financial methods, and who is good or who is bad. When he sees a diseased condition in the human body, in saint or sinner, he names it. The relief of suffering is his shibboleth. In case of injury he does not stop to inquire, "Is this a saint or a sinner? a philanthropist or an assassin?" but "Here is suffering, and I will relieve it." He labors and watches and serves until he is truly a servant. He feels that it is his duty to do so. It is a part of his life. He becomes so engrossed in his work that if he does not forget self he has a hesitancy in asking for a recompense—for pay for his work. A number of physicians have told me it is the hardest task of all to ask their patients for their fees, and especially when they knew the financial condition of the patient. This subject is forced upon us at the present time. The finances of the people are in a deplorable condition, and who suffers more on this account than the doctor? There is plenty of money, but not in general circulation. We admit that doctors are not known generally as financiers. This is not because of their lack of ability, but because their energy has been expended in other directions, and they have permitted others to do the financial work of the world. What has been the result? These financiers have done the work, and to their own interest. We would have done the same, but where we are at fault is in blindly and implicitly submitting, and supporting measures advocated by these financiers without inquiring into and examining them for ourselves. We do not take any man's *ipso dixit* in

questions in our profession, and why this blind belief in these financial questions, which are of as much vital importance to us as to the financier or statesman? There is something wrong in the financial world for professional and laboring men generally. There is plenty of money, but it is held by comparatively few persons. It is true that all of us have been at fault in a measure. We have not kept within our means in many instances. Various courses have contributed to the present money stringency. But it seems to an outsider that there is a basic fault. Just what this is, is not clear to our mind, but it has assumed the question form, as follows, viz.: Why was silver demonetized in the United States? Who asked for its demonetization? What was the effect of its demonetization on the debtor class of the country? What was the effect on the creditor? Did it not change the money volume of the country? In what way, and what was the effect upon the financial world? Will some financial medical editor or doctor give us some light on this subject?—Editorial in *Kansas Medical Journal*.

[No one asked for the demonetization of silver excepting those interested in gold and gold-bearing obligations. Its effect was to greatly enhance the value of their possessions and income, to the loss of all professional and producing classes. The congressmen who voted for it were of only two classes—wolves and geese. The few who stood out against it and the other acts of so-called "credit-strengthening" legislation, by which the people have been impoverished, battled nobly but vainly.

But now that silver is demonetized, it seems to us better not to go back over that track again, but to go forward in the direct path towards scientific money; let us demonetize gold also. Let the metals all stand equally before the law as merchandise, standing upon their intrinsic value. Those who need metals for international exchange could then get them for that purpose as easily as now.

Then let the government establish the true money of civilization. Let us issue (without the intervention of private banks) a paper currency, sufficient in volume for the business of this country, made legal tender for all obligations in all sums, and redeemable, not by a promise to pay metals, but by being received by the government for all obligations of whatever kind due it. Of course, it *must have no exception clause*

The advantages of this kind of money are:

1. Greater convenience of handling.
2. Cheaper to transport from place to place.
3. Greater stability of value.

4. No loss suffered by wearing, as is the case with metallic coins

5. Elasticity of volume, so that monetary stringency is not likely to occur. The business of the country can go on without interruption from such a cause, and scientific and professional men can pursue their studies and practice without fear of such undesirable disturbance.

When we have a reliable *governmental* (not private or corporation) system of finance the industries of this country will spring up as if by magic; on the farms and in every village town and city, all honest people can engage in productive work, and our country will be prosperous as never before. Is not the doctor interested in this, both for himself and his family?

Let the circulating medium of the country pass directly from the heart to the general system, and let us eradicate the various aneurisms and abscesses (the banks, etc.) which now afflict the body politic, and through which the circulating medium is compelled to pass.—Ed.]

Methods of Medical Study.

Each individual who learns to study, develops a method peculiar to his personality, his condition and his aims. One of the most important objects of a general training is to enable the individual to ascertain the best methods, as well as objects, of study. In this respect the methods of others are instructive.

Dr. Herman Knapp says that the following was Helmholtz's method: When he got a pamphlet he examined the title, the introduction, and so much of the first pages as was necessary to see what the author was aiming at. Then he laid the pamphlet aside, and worked out the problem stated by the author in his own way. When he had found the solution he compared it with the pamphlet, to see if it corresponded or not. If it did not, he went over the pamphlet to see whether he or the writer was correct.

It is evident that this habit of study developed original thinking. Books and pamphlets were simply of use to Helmholtz as furnishing problems upon which he trained his own powers. Indeed, we are certain that the adoption of this habit would render more powerful, acute and accurate, the thinking of any person. If it were applied to medical journal articles, we fear that often nothing would be found in the introduction.

Another habit of study, practiced by most to a greater or less degree, is by an analysis of writers. For our purpose, writers of medical books and papers may be divided into three classes. The first class never say anything of value that has not been said far better hundreds of times before; the student makes a list of

these, and passes without notice every book or article written by a name on this list. There is a second class, that sometimes say a good thing, and occasionally make a correct observation. If the student has plenty of time to gather out the wheat from the abundant chaff, he may read the books and papers of those on this list, but if his time is limited he would better avoid them. The third class includes those who never speak or write anything unless they have something to say, and who take such pains to prepare it that the reader easily collects the instruction.

A vast amount of valuable time is wasted in the endeavor to properly classify those who write and speak. Once classified, they are readily disposed of. Medical writers, we suspect, forget to take into consideration the class into which their readers are likely to put them.

It is the world's misfortune that so many books, practically worse than worthless, come into existence yearly. A little care by each student in the direction indicated will materially assist him in "separating the wheat from the chaff."—*Am. Lancet.*

Surgical Hints.

By George W. Griffiths, M. D., in *Louisville Med. Monthly.*

Use black pins in surgical dressings; they will not rust and can be more readily seen.

Unroll martin or rubber bandages and let them hang at full length; by doing this frequently they will last much longer.

Do not make the mistake of having plaster of Paris bandages longer than three yards.

An addition of a few drops of oil wintergreen will entirely destroy the unpleasant odor arising from vaseline or cosmoline dressings.

Discard the cone; administer chloroform on napkin or mask. The danger is almost reduced to *nil*. The cone necessarily prevents the admixture of atmospheric air.

Excelsior butter cloth will be found to be the most satisfactory material for bandages for general use.

Plain bandages over a plaster of Paris apparatus is far better than the be-daub of plaster used by some surgeons as a finish or outside dressing.

Vinegar with equal parts of water will act as well, if not better than tincture arnica when the latter is indicated.

The hypodermic syringe is a good and useful instrument—to leave at home. It is resorted to too frequently where other means might be adopted. The opium habit follows its use more readily than any other manner of administration of this drug.

The careful surgeon will use an apron during office service. The smell of iodoform and the ornamentation of "blood spots" will thereby be prevented to a great extent.

Plaster of Paris, liniments and carbolic acid harden and roughen the hands of the surgeon. An application on going to bed of ointment composed of melted tallow, beeswax and sweet oil to the hands, will soften them in one night.

A pair of blunt scissors carried in the pocket will be found a useful and indispensable companion for the surgeon.

Atropine to Stop Hemorrhages.

In an article in the *Charlotte Med. Jour.*, Dr. J. W. Byers, writes as follows:

The great value of atropine in the various forms of shock is generally recognized, while its hemostatic properties in all forms of hemorrhage are not so well known. Atropine, by its power to stimulate both the primary and secondary vaso-motor centres and at the same time excite the cardio-innervating centre, tends to increase the power and efficiency of the heart's action. By its power to stimulate the innervating impulses distributed to the muscular coats of the arteries and heart, the volumetric capacity of the arterial system is expanded, and thus blood is taken from the distended veins and the loss is arrested. This change in the position of the bulk of the blood brings about lessened pressure in the veins, and a clot forms, the vessel closes, and the hemorrhage ceases. As a hemostatic in all kinds of hemorrhage when the bleeding is of a passive nature it is almost a specific. In epistaxis it is invaluable, if not a specific in doses of $\frac{1}{100}$ to $\frac{1}{50}$ grain given hypodermatically as often as every twenty minutes until the blood is completely stayed. Dmitrieff reports the successful management of two cases of metrorrhagia by atropine.

In one case hemorrhage persisted despite the employment of the usual remedies, including the tampon, but ceased after the injection of $\frac{1}{4}$ grain of atropine. The second case was that of an anemic woman, who became syncopal and cold from loss of blood. The first injection was followed by improvement and the third by cessation of the bleeding.

Atropine in hemorrhage has proven in my hands to be the best possible remedy. It is free from danger, acts immediately, and can be used conveniently from the fact that most hypodermic cases contain the remedy. A trial will convince one of its great value.

[We suggest that in the form of granules atropine can be always convenient.—Ed.]

Comparison of Professional Fees.

The *Pacific Medical Journal*, in the course of an able editorial, says the following:

Why a lawyer should be paid 500 per cent. more than a doctor for doing 500 times as little work, we suppose is entirely owing to the fact that the lawyer is that much more capable of taking care of his own interests. Exactly why the secular press of this country should take the same view of the case is a mystery. A case in point. The daily papers at the present time are congratulating ex-President Harrison upon receiving a fee of \$25,000 for four hours work in court; had a medical man of equal or more ability than Mr. Harrison charged a many times millionaire \$5,000 for a month's constant attention, the whole press would be charging him with robbery—a man to be avoided when you are sick, etc. Another case in point. Judge Levy, of this city, has just allowed a firm of attorneys a fee of \$80,000 for looking after the routine business of an estate for a few months, and yet this very same judge refused to allow a fee of \$30,000 which a medical man had presented for many month's attendance on a millionaire and his family. The actual work was probably 100 times more than that performed by the attorney who received \$80,000; while the responsibility was probably 500 times more, yet his Honor, Judge Levy, saw fit to cut the doctor's fee down to \$10,000. And why?

[The pages of THE MEDICAL WORLD are open to Judge Levy, of California, or any reputable judge or attorney, to explain if possible, why these discriminations should be made.—Ed.]

The Dosage of Alkaloids and Other Active Principles.

So many questions come to us as to what is the required dose of each of the alkaloids, etc., that we wish to make as full a statement as possible of the principles upon which these drugs are properly administered. The idea of a standard adult dose, to secure a full effect, is not a logical one, as what is a light dose for one patient would be a full dose for another one. The scientific method is to give the minimum dose, usually that contained in one granule or other similar preparation, and repeat it at short intervals until the desired effect is observed, then lengthen the intervals to maintain that effect. Thus no more medicine is given than is needed and the patient does not get an overwhelming effect at any time. However, many do not wish to give the repeated small doses, but wish to give what may be taken as a standard full dose, repeating at longer intervals or when its effects

have begun to decline. For their benefit we give below what have been generally accepted as the standard adult dose of many of the alkaloids, corresponding to an average dose of the crude drug.

Aconitine, grain $\frac{1}{100}$,
 Atropine, grain $\frac{1}{100}$,
 Brucine, grain $\frac{1}{10}$,
 Strychnine, grain $\frac{1}{10}$,
 Codeine, grain $\frac{1}{2}$,
 Morphine, grain $\frac{1}{2}$ to $\frac{1}{4}$,
 Colchicine, grain $\frac{1}{100}$,
 Daturine, grain $\frac{1}{100}$,
 Duboisine, grain $\frac{1}{100}$,
 Emetine, as expectorant, grain $\frac{1}{100}$; as emetic, grain $\frac{1}{2}$.
 Gelseminine grain $\frac{1}{30}$,
 Hyocine hydrobromate, grain $\frac{1}{100}$,
 Hyoscyamine, grain $\frac{1}{100}$,
 Physostigmine, grain $\frac{1}{100}$,
 Pilocarpine, grain $\frac{1}{2}$,
 Quassine, grain $\frac{1}{2}$,
 Sanguinarine, grain $\frac{1}{12}$,
 Sparteine, grain $\frac{1}{2}$,
 Veratrine, grain $\frac{1}{50}$.

These active principles may be given in solution, using due mathematical precision as to the amount of the drug contained in each drop or teaspoonful of the solution; but we have found it far more convenient, accurate and economical to administer them in carefully prepared granules or other similar preparations, giving the number required by multiplication to make the desired amount of the drug.

The Course of Bullets

Some people seem to think that a small bullet at very high speed will pierce the tissues of the body without doing much general damage. This, however, is erroneous. The bullet hurries forward with it particles of the substance through which it is passing and thus practically becomes a larger projectile. If a bullet be fired through a book, it cuts out disks of increasing diameter as it traverses the pages. Hence, too, it is plain that the greater the sectional area the greater the damage. As to the heating of the bullet, it has certainly been much exaggerated, and its effects, if indeed it has any, may be safely neglected. The physical constitution of a body has a most important bearing upon a bullet entering it. Why does a bullet of certain size and travelling at a certain rate simply perforate some substances, such as wood or iron, while in others, such as clay, brain, etc., it exercises a bursting and disruptive action? The answer is quite simple: the destructive effects vary directly as the viscosity of the body. This was established by remarkable researches on the

effects of bullets on soft tissues made by Huguier after he had observed the results of the wounds inflicted in the fighting in Paris in 1848. He suggested, from observations made on certain dead organs, such as lung, that the reason of the great lateral disturbance was that the tissues contained water in large quantity, and that the energy of the moving projectile being imparted to the particles of water caused the dispersion of these in a hydrodynamic fashion. This suggestion was shown to be correct by Kocher in 1874—1876. If a shot be fired through two tin canisters of equal size, the one full of dry lint and the other of wet, it will simply perforate the former, but cause the latter to burst explosively. In the same way shots fired into dough have more or less disruptive effect according to the percentage of water in the dough; and in general the more fluid the substance the greater the destruction. Now, in life the brain is a more or less fluid body, though in a state of rigor mortis it is practically a solid owing to coagulation of the blood and protoplasm. Hence, a shot fired into the skull must have a disruptive effect and tend to burst it.—From a paper read by Prof. Victor Horsley before the Royal Institution.

Two New Uses for Bichloride of Mercury.

We notice the following two interesting items in the *Medical Summary*:

How to Arrest a Boil, Carbuncle or Malignant Pustule.

Dr. P. C. Barker writes that he has used the following procedure for several years, with unvarying success. Take a large hypodermic syringe, holding, say, half an ounce, fitted with a small needle. Fill it with a 1 to 500 solution of mercuric chloride, insert the needle into one of the peripheral openings, in case it is a carbuncle, and wash out the little cavity. Then direct the needle towards and into the surrounding induration and force a little of the solution into it. Treat every opening and its corresponding peripheral circumference in the same manner, carefully washing out the necrosed connective and other tissues that have become separated. Repeat this daily with the solution, gradually reduced to one-half the original strength, until all induration has disappeared and granulations have begun to appear. If the first injection be thoroughly performed the spread of the carbuncle will be arrested at once, and there will be no more pain. Washing out the little cavities is painless, but the injection into the indurated tissues is not free from pain. The same treatment is applicable to the little furuncles that

invade the meatus auditorius externus, and the inner surface of the *alæ nasi*.

To Abort Syphilis.

Bichloride of mercury (10 grains to ounces \bar{j}), painted on a chancre as soon as it appears, kills all specific germs, and there will be no systemic manifestation. Then you only have a local sore to heal.

Lotion of Resorcin for Seborrhea of the Scalp.

Dr. Kate W. Baldwin, in the Philadelphia *Polyclinic*, recognizing the inconvenience and inefficiency of ointments in the treatment of diseased conditions of the scalp, relates her excellent success in treating seborrhea with lotions of resorcin. Many of her cases were of the very worst kind, yet success followed the treatment. The following is an extract from her article:

"The fifty cases have been taken from private and dispensary practice, ranging from seven to sixty-seven years of age, from all classes and conditions of society. The diseased conditions covering simple seborrhea, with pruritis and falling of the hair, also the most aggravated cases of seborrheic eczema, with thick, oily crusts literally covering the scalp, and in several cases extending to the forehead and into the eyebrows.

"Resorcin stimulates the glands and hair follicles, and markedly increases the growth of hair. It is also an odorless, powerful antiseptic, germicide and exfoliative, readily soluble in water or any strength of alcohol, and so seems particularly adapted to this class of cases, and has been used in each and all of the fifty cases, to the exclusion of all other medicaments, except as adjuvants or excipients. It may be used in a simple aqueous or alcoholic solution. My standard formula is:

R. Resorcini	grams \bar{i}
Glycerine	faran s \bar{i}
Alcohol absoluti.	
Aqua Rosæ.	f ounces \bar{i}

"This was varied to suit the particular case, never having increased the amount of resorcin. In a few cases, where the surface was very dry, I have added ten to fifteen drops of olive oil to the four-ounce mixture, but it should be thoroughly emulsified, otherwise it is better left out.

"According to the case, the lotion should be used once, twice, or three times a week. In very bad cases, every day for a week, and then less frequently. It should be applied directly to the scalp, and not to the hair. This may be accomplished by parting the hair, section after section, and using the solution on a tiny bit of absorbent cotton, the smaller the better. It should be thoroughly rubbed into the scalp un-

til every bit of the diseased portion is covered, this followed by a brisk, dry shampoo, continued for from two to ten minutes.

"In two or three days nearly all of the accumulated necrosed epithelium will be loosened, so that it may be removed with the fine portion of an ordinary dressing comb and brush (it is better not to use the regulation fine tooth comb). In any ordinary case this treatment, thoroughly carried out for from two to four weeks, will put the scalp in a good condition.

"In cases where there is much crusting, particularly the thick, oily crusts, the treatment should commence with a thorough shampoo with *sapo viridis*, adding just enough water to make a lather, followed by sufficient clear water to free the hair from all suds. When dry, apply the resorcin."

New Treatment of Sea-Sickness.

Dr. W. N. Skinner, who has had much experience as a surgeon on transatlantic steamers, says (*N. Y. Med. Journal*, Dec. 9, 16, 23 and 30, 1893,) that after having studied the symptoms of naupathia in their completeness, he is convinced that they are due, above all, to the lowering of the blood pressure, and that this lowering depends upon a paresis of the centers of innervation of the heart and arteries. To counteract this he uses a solution of atropine and strychnine hypodermically. The following is the formula which he most frequently employs:

R. Atropin. sulph.....	0.02 gramme (gr. 3-10)
Strychnin. sulph.....	0.04 gramme (gr. 3-5)
Aq. menth. pip.....	40 grammes (oz. 1 1/2)
Ft. sol	

One gramme (15 minims) of this solution contains half a milligramme (gr. 1-134) of atropine and one milligramme (gr. 1-67) of strychnine, which he considers the adult dose. If in the space of two hours after the first injection the patient be not cured, he gives a second, and possibly a third two hours later. It is not prudent to exceed this amount per day. The effects are often surprising. In the majority of cases the vomiting ceases at once, and soon afterwards no more nausea, cephalalgia or distress is felt.

Isopathy in Africa.

By W. Thorton Parker, M.D.

Doctor Thirk, in the year 1846, published in the *Medical Weekly*, of Vienna, a very interesting account of the so called "poison physicians" among the Caffirs and Hottentots at the Cape of Good Hope, Africa.

These medicine men claim to cure cases of poi-

soning which have resulted from snake-bites, or from the wounds of poisoned arrows. To enable him to properly prepare himself as a qualified poison physician, the following procedure is adopted: He secretes under the article of fur, which constitutes his only clothing, a poisonous scorpion, to whose stings he freely exposes himself. After the reaction resulting from the first sting is accomplished, another sting is accepted, and when the effect of this is over, a third and a fourth, and so on until the body becomes perfectly insensible to the stings of a single scorpion; then he exposes himself to the stings of two in the same manner then three, and more scorpions, until at last the body seems utterly unaffected by such poison. Advancing further in his preparation, the poison doctor hardens his body in like manner against the bites of a peculiar webless spider which lives in holes, then in like manner against the bites of the crown serpent. And lastly, to complete the charm or invulnerability against poison, he submits to the bites of the puff-adder.

All these preliminaries having been faithfully carried out, the poison doctor is ready to begin the exercise of his art. From time to time, however, he must renew the strength of his healing properties and sustain his reputation as a poison doctor by re-exposing himself to these bites.

The treatment of patients placed under his professional care is effected in the following manner: A piece of fur cape of the poison doctor, which has been soaked with the medical man's sweat, is then put into some water which the patient is directed to drink. In cases where the poisoning took place some considerable time before applying to the doctor, some very offensive doeses are swallowed by the patient.

The poisoning of arrows is effected with the secretion from the wæter of the spider mentioned above with the venom of the crown snake and the puff adder mixed with gall.

These cases are interesting as illustrations of a savage instinct which recognizes the power of animal extracts as means, not only of inducing serious injury, but as methods to prepare the body to resist these same noxious influences. In England we had Jenner's method in vaccination; in Berlin, the tuberculin of Koch; in Paris, the hydrophobin of Pasteur. The subcutaneous injections of Brown-Séguard are in the same line of thought and experiment. It is the evolution of preventive medicine originating in the mind of the untutored savage, and passing onward and upward, until the very highest bacteriological skill confirms its theories for the protection and health of mankind.—*Druggists' Circular*.

Treatment of Pyorrhœa Alveolaris.

Under the name of Rigg's disease this affection of the teeth and gums is known as one of the most obstinate in yielding to treatment. In a recent number of the *Philadelphia Polyclinic*, Dr. Joseph Head describes his method of controlling this disease. He advises first the removal of all tartar from the roots of the teeth by carefully scraping from the bottom of the pocket to the neck. He then applies aromatic sulphuric acid to dissolve any calcareous pieces that may be left, and to stimulate the parts to healthy action. He then orders the following wash :

R. Acid benzoic..... drams j
Tinct. eucalyptus..... fl drams ij
Spir. viu. rect..... fl ounces iv
Ol. menth. pip..... fl drams ss
M. One teaspoonful in half a glass of water held in the mouth, morning and evening, for two full minutes.

For systemic treatment he prescribes lithium carbonate in five grain doses three times a day ; or sodium salicylate in proper doses. However, he says that far more valuable than drugs for general treatment is plenty of exercise in the open air, and restriction of diet. Meat should be used sparingly ; all alcoholic beverages should be prohibited ; and, as a rule, the quantity of food should be diminished. Dr. Head says that he has known patients who have long resisted local treatment, derive speedy relief when they follow the diet he prescribes, which is as follows :

All malt or alcoholic beverages are to be prohibited. Meat to be used sparingly. In fact, rather than tell the patient what to avoid it is much better to write for him which foods he can take, such as eggs soft boiled, tripe, oysters raw, roasted, broiled or stewed, always rejecting the eyes. Young lamb three times a week, fresh fish—especially white fish, perch, flounders. White meats of fowl, game birds, etc. An occasional meat broth, or clear soup carefully made, not rich and without vegetables.

All fats to be avoided. Vegetables : macaroni, spinach, tomatoes stewed. Peas, fresh and young. Beans : Lima, French and string, young and fresh. Squash and carrots, young. Oyster plant or salsify, stewed celery. Egg-plant baked. Watercress, head cabbage, sauerkraut, Brussels sprouts, cauliflower, lettuce, corn salad. Dry and milk toast, pulled bread, Zweibach (toasted rusk), steamed crackers. Wheat bread rather stale, preferably the crust. Rolls, Graham bread. Oatmeal mush or porridge. Cracked wheat. Weak tea with slice of lemon instead of milk. Very little sugar. Coffee without milk.—*Food*.

Subscribe for 1895, and get the remainder of this year free.

The Drinking Treatment of Typhoid.

Some years ago M. Debove recommended the use of large amounts of water internally in typhoid fever. "I make my patients drink," he said ; and this was his chief special treatment. The object was to dilute the fluids of the system and wash out the toxins in the blood and intestinal canal. M. Lichteim adopted this treatment and reports nine successful cases. Recently M. Maillart, of Geneva, has made an elaborate study of this mode of treatment, reporting fourteen cases in detail, of which one died. (*Revue de Médecine*, November, 1893, and March, 1894.) Maillart thinks that the water-drinking method should be "erected into a special method of treatment."

In order to secure the proper results the patient must drink five or six litres (quarts) of water a day. There is no contra-indication for the use of water in this way, for it does not weaken the heart, but has rather the contrary effect. The results obtained are a progressive lowering of the fever, a disappearance of dryness of the mouth, a marked sedation of all the nervous symptoms, and an improvement in the action of the heart and kidneys. There is an abundant diuresis and an unusual increase in the perspiration. Urea is carried off in large amounts. The treatment does not shorten the course of the disease, but simply makes it easier and less fatal. Patients, we are told, take kindly to this method. The typhoid patient takes usually six to eight glasses of milk daily, and if to this are added ten to twelve glasses of water, the diluent effect should be very great.—*Ed. Med. Rec.*

A mixture of chloroform (ten parts) ether (fifteen parts) and menthol (one part,) used as a spray, is recommended as an excellent and prompt means for obtaining local anesthesia, lasting for about five minutes.—*Boston Med. and Surg. Jour.*

Chlorinated Lime in Pruritus Ani.

Jameison (*Edinburgh Medical Journal*, June, 1894) states that Berger has had excellent results from the use of liquor calcis chloratæ (B. P.) in pruritus ani. A piece of absorbent cotton is saturated in the solution, and inserted into the anus for the distance of an inch. This is left *in situ* till a slight burning is experienced. The cotton is removed and the anal region washed with the solution. The parts are left undried. Pruritus is said to vanish at once. On its reappearance the procedure must be repeated. Any eczema which may happen to be present will rapidly disappear.—*International Med. Mag.*

To Use Granules Hypodermically.

1. Boil a little water in a spoon over a flame; this sterilizes it.
2. Take up a syringeful to wash out and sterilize the syringe.
3. Dissolve the required amount of granules in a sufficient amount of the water remaining in the spoon to equal the amount required for injection, boiling while dissolving.
- L. Take up solution in syringe and when cool enough inject.—DR. W. H. WALLING.

—For rosacea, Petrinio in *Med. Record*:

R. Ichthylol	2 parts
Resorcin	1 part
Collo. id. flexil.....	30 parts

—In cancer of the uterus total extirpation is destined to be the operation whether the disease is cervical or corporeal, and if done in time will permanently cure a certain portion of cases. If any tissues adjacent to the uterus are already involved, it should not be attempted.—Lewis in *Med. Record*.

—Acetate of aluminium is, next to carbolic and salicylic acid, the disinfectant which prevents, for the longest time, the development of micrococci and produces no irritation.—Fraipont.

—Locally for joint rheumatism :

R. Acid. salicylic.....	drams }ss
Alcohol, absolut.....	f ounces }
Oleat ricini.....	f ounces }

Apply by compress covered with impermeable tissue.—Ruel.

—Chloride of gold and sodium in pills or granules, given in doses from two milligrammes to three centigrammes improved the general condition of paralytics in the first and second periods.—Boubila.

—The majority of so-called recoveries from appendicitis treated medically are not recoveries in the full sense of the word, but simply a respite which enables one to settle worldly affairs and take out a life-insurance policy in anticipation of a fatal termination.—Sanborn.

Questions Asked by the Board of Medical Examiners of Virginia.

[Our readers will take an interest in perusing this, a fairly representative list of questions. The *Southern Journal of Homeopathy*, in publishing the list says: "We publish these questions for the purpose of exhibiting the fact that the terror of the examining board, even the single board, is largely in the imagination. The properly educated graduate need have no fears, but the ignorant may justly tremble."]

ANATOMY.

1. (a) Give anatomy of coracoid process.
- (b) Describe upper extremity of ulna.
2. Give attachments, vascular and nervous supply of biceps, rectus femoris, and sterno-cleido-mastoid.
3. Give the anatomy of 4th ventricle.
4. Describe the male urethra.
5. Give the relations of the cæcum.
6. Give superficial origin, course, foramen of exit and distribution of 12th or hypoglossal nerve.

PHYSIOLOGY.

1. Define the term food, give general classification of same and mention the principal inorganic ingredients of food.
2. Give composition of human milk and state what acid is found when it sours.
3. Describe the capillary blood vessels and give the physical condition which influences the movement of the blood through the same.
4. Give origin and distribution of the 10th pair of cranial nerves and their physiological function in connection with the formation of the voice.
5. Give properties, physical and chemical, and also the function of saliva, gastric, pancreatic and intestinal juice, and bile.
6. Describe the tongue and mention the conditions necessary to the performance of the gustatory function.

CHEMISTRY.

1. Define atomic weight, molecular weight, combustion and isomorphism.
2. Give history of chlorine, its chief uses and chemical properties.
3. Mention two organic and inorganic bases. Give chemical formulæ of the two latter and state chief chemical and physical properties which as bases distinguish them from acids.
4. Define the following and give example of each, (a) an alcohol, (b) a simple ether, (c) a hydro-carbon, (d) a carbo hydrate.
5. Describe mag. sulph. State how prepared. Give chemical properties and tests for mag. salts.
6. Give source of potassium its physical and chemical properties, and name the principal salts of this metal which are used in medicine.

JURISPRUDENCE.

1. Give the legal importance and evidence necessary to establish the identity of the living and dead body.
2. Define a wound legally; classify and give principal characteristics of wounds inflicted on the living and dead body.

HYGIENE.

1. State the various methods of cooking food and that most conducive to health and reasons for same.
2. Name the principal occupations or trades prejudicial to the health of the operative and what diseases they produce.
3. Give the general divisions of the baths, the temperature of each and their hygienic uses.
4. Name the diseases that may be transmitted by the excreta; as alvine discharges, vomica, or sputa, and how prevented.

SURGERY.

1. Give symptoms, diagnosis, and methods of treatment of stricture of the urethra.
2. Give causes, symptoms and treatment of intestinal obstruction.
3. Give definition, pathology, diagnosis and treatment of aneurism.

4. Give varieties of luxations of the shoulder-joint.
5. What are the signs of fracture of the surgical neck of the femur.
6. Give definition and treatment of a retro pharyngeal abscess.

OBSTETRICS, &c.

1. Give the differential diagnosis of pregnancy.
2. Name the presentations of the fœtus usually found in natural labors, and also those requiring manipulative interference for their correction.
3. Give the diagnosis, prognosis and treatment of concealed or accidental hemorrhage and the conditions existing in unavoidable hemorrhage.
4. What are the chief causes of sudden death during or immediately following labor.
5. What are the most approved measures for the restoration of the new-born in cases of asphyxia or suspended amination
6. Describe the Sims and knee-chest positions, and state their respective object.

PRACTICE.

1. Describe the differential diagnosis between croupous and catarrhal pneumonia.
2. Give the treatment proper for capillary bronchitis of infancy and childhood.
3. Describe the differential diagnosis between the eruptive symptoms of variola or small pox, and varicella or chicken pox.
4. Describe the physical diagnosis of acute pleuritis, both in the dry or moist, or effusive stage.
5. Name some of the chief causes of infantile convulsions and explain their mode of action.
6. Name some of the chief causes of acute nephritis and describe its proper methods of treatment.

MATERIA MEDICA.—(HOMŒOPATHIC)

1. Give the indications for aconite in sthenic fever.
2. Differentiate between aconite and belladonna in scarlet fever.
3. How is opium prepared and what are the therapeutic indications for its use in sunstroke?
4. Give the uterine indications for sepiæ.
5. Give three leading remedies in treatment of pneumonia with their characteristic indications.
6. What is a poisonous dose of morphia and give treatment of morphia poisoning.
7. Give the mind symptoms of arsenic.
8. Give the difference between decimal and centesimal triturations.

MATERIA MEDICA.—(OLD SCHOOL.)

1. Name methods by which medicine may be introduced into the circulation and the conditions when each is to be preferred.
2. What are anæsthetics? Contra-indications for their use. Treatment of dangerous symptoms. Modes of death from anæsthetics.
3. To what class of remedies do the following belong; give most efficient preparation with dose of each? Arsenic, iodine, zinc, hyoscyamus, chloral, aspidium felix-mas.
4. What are oxytocics? Mention three, with mode of action and dose.
5. Name the principal digestive agents; explain their physiological action and dose.
6. Explain the action of saline cathartics Name the principal ones in use, with dose.
7. What medicines are employed as gastric sedatives, and explain their mode of action.
8. Write a prescription containing at least four ingredients, stating for what conditions it might be used. (Do not abbreviate.)

Formulas.

ASTHMA.

- R. Tinct. bellad.drams ijs
Tinct. lobelia.....drams ij
Syr. zinciberis.....ounces ij
Syr. acid hydriodic (Hostelley's)
q. s. ad.....ounces vj
- M. Sig.—Teaspoonful three or four times a day.

A little sweet spirits of nitre should be given to stimulate the urinary secretions which are usually scanty before the attack. The nitre should not be given for at least an hour after the other medicine.

This treatment has been thoroughly tried and seldom fails to shorten the paroxysm and give relief. It should be continued for some weeks and then followed by a good tonic and general reconstructive.

RHEUMATISM.

- R. Tinct. emeticifuga.....ounces ij
Vinl. colch. sem.....ounce s ijs
Syr. acid hydriodic (Hostelley's).....ounces v
M. Sig.—Teaspoonful in water four (4) times daily.

AN ANTI-EPILEPTIC MIXTURE.

Prof. Brown-Séquard (*La Revue Medicale*, March 18, 1894,) praises the following formula in epilepsy :

- R. Bromide potash, }aa.....(grs. xxx) 2.0
Iodide potash,..... }
Bromide ammonia.....(grs. xxx) 2.0
Bicarb. potash.....(grs. xxxviij) 2.50
Infusio columbo.....(ounces vj) 180.0
- Three tablespoonfuls a day, of which two are to be taken in the evening towards bed-time.

(This is the prescription which the great Napoleon the First formerly employed.—*Pritchard*.)—*Lancet-Clinic*.

[We have used the above prescription in an epileptic on whom the disease was rapidly growing, with the best of results. Two years was given as the time it should be continued, but the patient, tiring of it, discontinued its use, and in less than a month the symptoms reappeared. It was again resumed, resulting in an apparently complete cure.—*Ed.*]—*Toledo Med. Compend*.

FOR PRURITIS OF THE VULVA.

- R. Potassium bromide.....dram 1
Lunolin.....dram 1
Calorel.....drams 5
Olive oil.....ounces 2
- Local application.

—*Deut. Med. Woch.*

FOR ECZEMA OF THE VULVA.

- R. Tincture opium..... 8.0 (drams ii)
Sodium bicarbonate..... 8.0 (drams ii)
Potassium bicarbonate..... 4.0 (drams i)
Glycerin..... 6.0 (drams ijs)
Water.....206.0 (ounces vijs)
- Local application.

—*Lusch.*

ointment FOR BED SORES.

- R. Peru balsam.....drams 2
- Elemi ointment.....drams 12
- Rodin ointment.....ounces 2

Directions: Apply daily.

—Practitioner.

CHOLERA INFANTUM.

- R. Bismuthi subnitras,
 - Lactopeptine,
 - Gum arabic,
 - Eucalyptol (Sander & Son's).....ss.....dram 1
 - Tinct. opii camphorata.....drams 11
 - Syr. simplicis.....q. s. ad. ounces 1j
- M. Sig.—One-half to one tea-spoonful every two to four hours, according to age and urgency.

CATARRHAL ICTERUS.

Dr. Sculi Braila (*Spitalul*, No. 6, 1894) recommends in catarrhal icterus the following formula:

- R. Powdered curcuma root.....(drams vj) 25.0
 - Powdered ginger root.....(drams 1/2) 5.0
- Sufficient for thirty powders. Two three times a day.

—Pritchard.—*Lancet Clinic.*

A NEW TREATMENT OF TAPE-WORM.

Dr. Dronke (*Revue de Bibliographie Médicale*, No. 7, 1894), in the treatment of tape-worm, associates the three most powerful tenia-fuges, thus hoping to obtain a more active therapeutic influence. His formula is:

- R. Honey(drams v) 20.0
- Rhæreal extr. pomegranate, } ... (grs. vijs) .50
- Rhæreal extr. male fern, }
- Kouass flower.....(drams v) 20.0

Divide this into three parts and take them in the morning with intervals of ten to fifteen minutes, the day before the patient living, of course, on a reduced diet. One to two hours after taking the preparation administer an ounce of castor oil. Have the patient pass his stools into a vessel filled to the brim with warm water to avoid breaking the worm.—*I b.*

INCONTINENCE OF URINE.

Dr. White (*La Revue Médicale*, No. 43, 1894) recommends the following formula in incontinence of urine in children:

- R. Benzoe soda, }
 - Salicylate soda, }ss.....(grs. xv) 10
 - Extr. belladonna.....(grs. xxx) 2.0
 - Cinnamon water.....(ounces iv) 120.0
- A teaspoonful four or five times a day.

—Pritchard.—*I b.*

PREVENTION OF IODISM.

Dr. H. N. Spencer recommends the following mode, due to Professor Hardaway, of prescribing iodide of potassium; the tendency to coryza is counteracted by the nux vomica and ammonia citrate, while the tonics prevent depression:

- R. Iodide of potassium.....oun ss ss
 - Citrate of Iron,
 - Ammonium.....ss.....drams 1
 - Tincture of NUX vomica.....drams 1j
 - Water.....ounces 1ss
- Compound tincture of cinchona to make up ounces iv.
Dose, one teaspoonful in half a glass of water after meals.
The quantity of iodide may be increased to any desired extent by adding the necessary amount of a saturated solution.

—*Internat. Med. Mag.*

Reviews.

THE GRAPHIC HISTORY OF THE FAIR. With nearly one thousand illustrations. 240 imperial quarto pages (11 by 16 inches), cloth \$4.00 and in different binding up to \$10.00. Published by the Graphic Company, 353 Dearborn street, Chicago, Ills.

We find this work very interesting, so far as the text is concerned. The illustrations constitute the predominant feature of the work. Being photographs, some of them have not printed up as clearly as could be wished.

WHERE TO SEND PATIENTS ABROAD FOR WATER CURES AND CLIMATIC TREATMENT. By Dr. Thomas Linn; paper, 25 cents. Geo. S. Davis, Detroit, Mich.

Of interest to those who have patients wealthy enough to go abroad if they are so directed.

THE MODUS OPERANDI OF QUININE IN LABOR. Reprint, by R. B. McCall, M.D., Hamersville, O.

THE ACTION AND USES OF PENTAL. By David Cerna, M.D., Ph. D., and

SOME THOUGHTS ON HIGHER MEDICAL EDUCATION AND MEDICAL ETHICS, by the same author. Reprints. 1320 Ave., E. Galveston, Tex.

FUNCTIONAL CONSTIPATION. Reprint, by W. Blair Stewart, A. M., M.D., Byta Mawr, Pa.

ASEXUALIZATION FOR THE PREVENTION OF CRIME AND THE ARREST OF THE PROPAGATION OF CRIMINALS. Reprint, by F. L. Sim, M.D., Memphis, Tenn.

STHAVARA: A NON-SURGICAL RADICAL CURE FOR HERNIA, and

INSTRUCTIONS FOR THE USE OF STHAVARA IN HERNIA. Two interesting and instructive pamphlets, free. The Sthavara Company, No. 1224 Betz Building, Philadelphia, Pa.

THE NURSING WORLD. A monthly journal devoted to the Theory and Practice of Nursing. J. Edmund Brown, M.D., editor. Price, \$1.00 per year. Providence, R. I.

HEALTH. A Journal of Practical Hygiene. Quarterly. 50 cents per year. The Health Publishing Co., 84 Reade street, New York, N. Y.

New subscribers who send \$1 now for 1895, will receive **WORLD** for the remainder of this year free.

"ONE HUNDRED YEARS OF BUSINESS LIFE." W. H. Schieffelin & Co., New York. A handsomely illustrated pamphlet.

We congratulate the house of W. H. Schieffelin & Co. upon the completion of one hundred years of successful experience in providing supplies for the medical profession. We wish them a thousand years longer of useful and prosperous existence.

Readers can procure the reprint, "Hygienic vs. Drug Treatment for Typhoid Fever," by Dr. Page, noticed in August **WORLD**, by sending 25 cents to Darwell & Upham, 233 Washington street, Boston, Mass., or by sending 10 cents to Wm. Wood & Co., New York, N. Y., for a copy of *The Medical Record* of April 23, 1894, which contains the article.

Wit and Wisdom.

You use aconite every day in your practice. Send ten cents to the Philadelphia Granule Co., No. 10 South 18th St., Philadelphia, Pa., for 100 granules of aconitine, the active principle (or 65 cts. for 1000) and try them instead of the uncertain tincture.

THE ALMIGHTY'S TREATMENT OF NERVOUS DEBILITY. When Elijah was utterly depressed in mind, and believed that his brave attempt to create a reformation in Israel had completely failed, and that there was nobody left that cared for the true God, and was ready to die of a broken heart, then God gave him a quiet desert far from distraction, then a good sleep, then a comfortable meal, then sleep again, then more food, and then a six weeks' vacation. After that he recovered his spirits and was greatly improved in his religious feeling, his faith in God, as well as in bodily condition. One's religious moods may often depend on the condition of the body, if not one's religious life.—*"The Independent."*

For shaking palsy nothing excels Tinct. *Æsculus Glabra*, $\frac{1}{2}$ drachm, and *Celerina*, 8 ounces. Teaspoonful every two or three hours.

THE "SLANTING HANDWRITING," so dear to our grandmothers and grandfathers, has long been out of fashion in England and America. It will soon be a thing of the past in Germany. There, however; the change will not be due to esthetic considerations, it is a sacrifice made to hygiene. An inquiry set on foot by the School Committee of Hanover, at the desire of the Prussian Minister of Education, leads to the conclusion that, while a slanting handwriting favors a crooked position of the writer, straight up writing forces him to have his copy-book or writing-paper straight before him, and thus helps the writer to keep his body straight while writing. For this reason slanting writing is henceforth to be discouraged in German schools.—*British Medical Journal.*

PIPERAZINE-BAYER has been extensively employed in the treatment of gouty affections, renal lithiasis, hematuria, and diabetes, and the testimony is most favorable as to its utility in these conditions. It can be obtained of all druggists in half and one ounce vials and also in tablets, and pamphlet will be furnished on request by the agents W. H. Schieffelin & Co. of New York.

TREATMENT FOR MUSCULAR RHEUMATISM.

Case 2.—Mrs. B., the wife of one of our city's chief officials; for years had been a sufferer from the worst form of muscular rheumatism I ever saw. She was a constant sufferer when she called herself well, but when the acute attacks came on, as they did two or three times a year, she suffered excruciating agony and the illness lasted usually in spite of the best treatment I could give her, from three weeks to two months.

The chief seat of the rheumatism was in the intercostal muscles of the chest, though every muscle of the body seemed to be affected more or less. Large doses of morphine were ordered frequently to quiet her at these times and I dreaded each attack for fear that the heart might become involved. In October last she had an attack, one of the severest I ever saw. I at once gave her arsenauo ten drops four times a day, with such palliatives as were needed. Much to the surprise and delight of her family and myself, she commenced to improve on the fourth day. Opiates were dropped on the fifth day, she was up and about on the seventh day, and had a rapid convalescence from that time on. I ordered the arsenauo continued *t. i. d.* and after a

month all pain ceased. I met her on the street yesterday, a healthy, happy woman and a grateful patient. She still takes five drops of the medicine once a day and I propose to keep it up for a year. This led to another case, her brother, Mr. M., American, aged 47, resident of Bethel, Conn., who had not been able to work for two years. Was all crippled up with rheumatism, which was hereditary. When he first consulted me he was not suffering from an acute attack but was in a bad way. Three months treatment with arsenauo ten drops four times a day, removed all the pain and the man is now working every day. He will take five drops twice daily for a year until all the symptoms disappear and the cure is complete. Dr. W. C. Wile, in *N. E. Medical Monthly*.

Have you seen the portable air compressor advertised by Willis H. Davis, Keokuk, Iowa? See their adv. It has a great many different uses. Is operated by the foot.

I have given **PEACOCK'S BROMIDES** a thorough trial, and have since then invariably prescribed it in preference to other preparations of its kind. During my trip across the ocean, I gave it to several passengers who suffered a great deal from sea-sickness, with very beneficial results. J. WILMOTH, PH.D., M.D., New Orleans, La.

THE ROCKING CHAIR.—An English surgeon says that people who use rocking chairs most, get deaf soonest. Rocking also hurts the eyes and makes people near-sighted.

Rocking chairs are also a very common cause or one of the factors in producing pelvic diseases. The contraction, pressure and relaxation produced by several hours constant rocking produces a hyperemic condition of the pelvic organs. At first the vaso-motors soon exert themselves and the vessels return to their normal condition, but when this is kept up for years the vast-motor control becomes less and less till congestion takes place, and the long list of pelvic symptoms follows. A straight chair and hot water injections have cured a large number of gynecological cases in our hands.—*Medical Compend.*

Dr. Charles Kelly Gardner reports to *The Medical Age* good results from the use of Liqueur Sedans (Parke, Davis & Co.) in a case presenting severe and obstinate derangement of the female generative organs, attended with very irregular and painful menstruation.

DR. GORDILLON, St. Amand, France, says: I have tried Aletris Cordial in a case of dysmenorrhœa. The result I obtained from the use of the preparation was excellent—far better than I obtained in the same patient by prescribing the usual remedies employed in such cases.

WHERE OLD SOL IS REGULAR.—Liberia is the only more or less civilized country where clocks are almost entirely dispensed with. The sun rises exactly at 6 A. M., and sets at 6 P. M., throughout the year, and is vertically overhead at noon.—*The Medical Herald.*

W. R. WARNER & Co. will furnish gratis, for extreme cases, Ingluvid, to the address of any physician who may have a case of Marasmus, Cholera Infantum or sickness in Gestation, for which it is claimed to be a specific.

SANMETTO IN CHRONIC TROUBLES OF THE GENITO-URINARY ORGANS:

I am pleased to state that I have used several dozen bottles of *Sanmetto* in my practice, and in properly selected cases have never seen anything to equal it. In pre-senility, cystitis, and in all chronic troubles of

the genito-urinary organs, *Sanmetto* has given entire satisfaction to myself and patients.

Lookout, La. R. M. COLLINS, M.D.

DR. O. SCHULER, of Berlin, has had excellent results in the use of Diphtheria Antitoxine-Schering. He injected it in many incipient cases of diphtheria, the result being a marked amelioration of the course of the disease. He also injected it in many cases exposed to diphtheria, it proving an efficient prevention to the contagion.

EXPENSE OF DISPENSING ALKALOIDAL PREPARATIONS.

This is a topic which can not fail to interest all, for, with the existing antagonism of the druggists, if for no other reason, physicians will, for the present at least, be compelled to supply their own medicines.

Experience in an extensive general practice, embracing both city and country, in which, inside and outside the office, practically everything is supplied, our average expense does not exceed three per cent of the work done on an ordinary range of fees.

This we hold is paid back manifold in convenience to the prescriber, in saving time, in holding patients, in avoiding druggists refilling of prescriptions, in more frequent consultations, in securing patients who prefer a physician that supplies his medicines and in the general satisfaction of having things in ones own hands, to say nothing about infinitely better success and the great saving to our patients, which amounts in the end to a great saving to all concerned.—*Alkaloidal Clinic*.

ANEMIA—I have been using your Hemoferrum (Stearns') pilloids with happiest results in a case of Anemia. Report from Dr. G. G. Gobar, Alma, Wis.

Send to Micajah., Warren, Pa., for samples of medicated uterine wafers.

AXIOMS OF HUMAN LOVE.

Dr. Paolo Montegazza, a scholar of international reputation, has made an exhaustive study of the human emotions. Some of his conclusions recorded in "The Physiology of Love," are as follows:

To say that in life we can love but once is to utter one of the greatest effronteries of which love is daily guilty.

To pretend that a prudent marriage generates love is the same as to sow pumpkins and wish them to produce melons.

To please a woman is a phrase that expresses the sum of a hundred virtues and a thousand artifices.

He who has loved and has been loved, even for a day, has no right to curse life.

To preserve the love of a man or a woman it is necessary, after having won it, to win it again every day.

One can love platonically for life, as one can be a great man without having ever won a battle, invented a machine or written a book; but in one case and the other humanity has the right to ask, "A quoi bon?"

It is our own fault if we are not loved. This dogma is eternal as the world, ancient as man, immutable as the laws which govern the physics of the universe.

The woman we love is always an angel; she is mother, sister, daughter, wife. The woman we do not love is only a female, even were she as beautiful as the Fornarina, as plastic as the Venus of Milo.

Waiting cures caprices and strenghten true love, waiting kills false loves and makes the true ones great and noble; to wait means to be sincere, prudent, good, holy.

To love for an hour is natural to every animal; to love for a day is natural to every man; to love for a lifetime belongs to the angels; to love for a lifetime and one creature only is of the gods.—*Pacific Record Medical and Surgical*.

THE MEDICAL GOLDEN RULE.—"I feel constrained for once to give you a golden rule. It is never to speak ill of any of your fraternity, whatever you may think. You will do your self no good, and it will only be thought that you are jealous."—*Dr. Chesterfield's Letters to his Son*.

Nux vomica has long been recognized as one of the best tonics. Send 10 cents to the Phila. Granule Co., No. 10 South 18th St., Philadelphia, Pa. for 100 (or 65 cts. for 1000) granules of its active principles, strychnine or brucina. They are convenient for the patient to carry in the pocket.

Dr. Sam.

BY EUGENE FIELD.

Down in the old French quarter
(Just out of Rampart street)
I wend my way
At close of day
Unto the quaint retreat
Where lives the Voodoo doctor,
By some esteemed a sham—
Yet I'll declare there's none elsewhere
So skilled as Dr. Sam.
With claws of a devilled crawfish,
The juice of a prickly-prune,
And the quivering dew
From a yarb that grew
In the light of a midnight moon!

I never should have known him
But for the colored folk
That here obtain
And ne'er in vain
That wizard's arts invoke;
For when the Eye that's Evil
Would him and his'n damn,
The negro's grief gets quick relief
Of Hoodoo-Doctor Sam!
With the caul of an alligator,
The plume of an unborn loon,
And the poison wrung
From a serpent's tongue
By the light of a midnight moon!

In all neurotic ailments
I hear that he excels,
And he insures
Immediate cures
Of weird, uncanny spells;
The most unruly patient
Gets docile as a lamb
And is freed from ill by the potent skill
Of Hoodoo-Doctor Sam!
Feathers of strangled chickens,
Moss from the dank lagoon,
And plasters wet
With spider sweat
In the light of a midnight moon

They say when nights are grewsome
And hours are, oh! so late,
Old Sam steals out
And hunts about
For charms that hoodoos hate!
That from the moaning river

And from the haunted glen
He silently brings what eerie things
Give peace to hoodooed men—
The tongue of a piebald possum,
The tooth of a senile coon,
The buzzard's breath that pants for death,
And the film that lies
On a lizard's eyes
'Neath the light of a midnight moon!

N. Y. Med. Exam.

Have you tried the cure for the morphine habit made by B. Keith & Co., 75 William St., New York, N. Y.!

For three chlorides and Tri-Iodides, address Benz & Henry Pharmacal Co., Louisville, Ky.

Collections:

We believe that the experience of others who supply their own drugs, especially those who dispense the alkaloids, will bear us out in the assertion that the dispensing physician can collect a much greater percentage of his fees than the one who prescribes. Most of the sickness is among the poorer classes, because there are many more of them, and, too often when the medicines are paid for there is nothing left for the doctor. People are not slow to learn who cares for them the most pleasantly and economically, but physicians are too slow in seeing the inestimable advantage to themselves of dispensing, especially when the alkaloidal preparations are used. The pendulum has attained its maximum and is now coming this way. By and by the physician will practice medicine, and not the clerk in the corner drug store.—*The Alkaloidal Clinic.*

Atropine, the active principle, is more efficacious than the tincture of belladonna, but the trouble is to dispense it accurately in the exceedingly small doses required. Send 10 cts. to the Phila. Granule Co., No. 10 South 18th St., Philadelphia, Pa., for 100 (or 65 cts. for 1000) of their elegant, accurate and economical granules of atropine. After using these you will never again go back to the crude preparations.

Mr Wm. Koehl, of Erie, Pa., has bought out the extensive plant of the Gowanda Paper Box Co., of Gowanda, N. Y. He manufactures paper boxes of all descriptions. A special feature is the manufacture of pill and powder boxes and labels. Address Wm. Koehl, 1017 Peach St., Erie, Pa.

Mellin's Food is a prize article. It received highest awards at the Worlds Fair.

For *Passiflora Incarnata*, the new nerve sedative, address John B. Daniel, 84 Wall St., Atlanta, Ga.

A boy whose leg was repaired in New York by grafting some skin from a dog complains now that his shin barks easily.

"I Have Found It."

Dr. L. M. Roberts, of Little Falls, Minn., writes Oct. 31st, 1893, to Jerome Kidder Manufacturing Co., 820 Broadway, New York: "Dear Sirs:—Instructions came to hand. Well I will say that after 12 years of searching all the shops of the various manufactures—after trying a half dozen different makes for years—after seeing foreign exhibits—I have but one word to apply to this new coil you have sent me "Eureka" (which word translated means "I have found it"). So far as I have been able yet to test it, it is a revelation in mechanics and therapeutic range—it is an "Unicum."

Adjectives fail me in my effort to express my appreciation of it—how puny and ridiculous my erstwhile finely appointed apparatus looks by side of it—and

best of all is its simplicity—multiform are its coils and appointments—yet as simple to operate as one coil, household coil, and that rheostat is a great thing—nothing like it in any other electrical apparatus I ever saw—gives instant absolute control of any current, and so finely increased or diminished, that a child cannot complain.

ANDERSON, IND., February 7th, 1893.

Enclosed find Postal Note, for which send me one double box Freleigh's Tablets. Have used samples sent me and they act like a charm.

Class of 1874. MASON V. HURT, M.D.,

For cut rates in first-class surgical instruments address I. Phillips, Atlanta, Ga.

Have you yet tried Sennine, the new antiseptic? Send for sample to Dios Chem. Co., St. Louis, Mo.

Your dyspeptic patients should use Peter's Peptic Essence. Address, Arthur Peter & Co., Louisville, Ky.

California Fig Syrup is pronounced the standard family laxative.

We have always had satisfaction with the supporters and other elastic goods we have purchased from G. W. Flavell & Bro., 1005 Spring Garden St., Phila.

In the treatment of gonorrhoea and gleet try the soluble bougies made by Charles L. Mitchell, M.D., 1016 Cherry St., Phila.

For a positive antidote for tobacco address F. H. Amlar, Jackson, Mich.

See the excellent adv. of the Ewell Truss Co., (Rochester, Mich.) in this issue.

See the sample offer, 4 preparations for \$1.00, of the Walker-Green Pharmacal Co., Kansas City, Mo.

Have you a dry battery? Write to the Chloride of Silver Dry Cell Battery Co., Baltimore, Md.

Do not send your hernia patients to the truss maker. Cure them with Dr. Walling's Hernial Fluid and get a big fee. You make the injection, the fluid does the rest. See his special offer in adv.

CHRONIC GRANULAR PHARYNGITIS.

I am better pleased with syrup of hydriodic acid, than with any preparation of iodide I have ever used. Its prompt and permanent action in a case of chronic granular pharyngitis was simply marvelous to me. A child of six years whose tonsils had remained enlarged for about twelve months was given the following:

R. Syrup acid hydriodic (Hostelley's)...ounces iv
Sig.—Half teaspoonful in water four times daily.

After two weeks of the above treatment the tonsils became imperceptible. The syrup of hydriodic acid is a valuable alternative and discutient.

Madisonville, Ky. D. F. DEMPSEY, M.D.,

HAY FEVER.

Dr. T. E. Beall, of Columbus, Ohio, controls obstinate cases of hay fever with the following:

R. Syr acid hydriodic (Hostelley's)drams vj
Sig.—Twenty minims in water every two hours.

The worst cases, the Doctor writes, will yield to the above treatment when other medication fails.

A prominent physician of Des Moines, Iowa, writes to the Abbott Alkaloidal Company, Ravenswood, Chicago, as follows: "The order enclosed marks the end

(Continued on next leaf.)

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

PUBLISHED MONTHLY, by C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D.,
J. J. TAYLOR, M. D., } EDITORS.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance.*

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ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1520 Chestnut Street,

PHILADELPHIA, PA.

Vol. XII. OCTOBER, 1894. No. 10.

The New Diphtheria Anti-Toxine.

The progress of medical science at the present time is so rapid as to almost make one dizzy to keep pace with it. The particular field of activity a few years ago was in the isolation and identification of the various specific disease germs and the demonstration of their causative relation to the diseases in which they are found active. This cleared up the mists in which we had been groping and showed us clearly the enemy at which we had been firing at random for ages and cycles that are past. This has shown us a better choice of weapons and given us a far greater accuracy of aim. The therapeutic results are not slow to follow.

The science of physiological chemistry has given us some surprising results, with far more promising indications for the future, along the line first laid down by the immortal Brown-Sequard. It is to be regretted, although, per-

haps, unavoidable, that it should have been brought somewhat into disrepute by charlatanist imitators.

But the particular field of progress now seems to be in the domain of bacteriological chemistry, in which great achievements are being accomplished.

The discovery made by Jenner years ago was purely one of empiricism. He found out that, if he would fire in a certain direction through the mist, he would hit the enemy. But he did not know who or what the enemy was. Now we know definitely not only the small-pox enemy, but the hosts of others of a somewhat analogous nature. Having first revealed them to us, the bacteriological laboratory is now preparing for us the most efficient weapon with which to combat and, possibly, exterminate these microscopic hosts.

The profession is already aware of the work of Pasteur in elaborating the preventive treatment of hydrophobia. Also, the work of various investigators that demonstrated the antagonism of the erysipelas toxins to cancerous growths. The latest achievement in this line is the prevention and cure of diphtheria by means of the diphtheria anti-toxine, which has been accomplished by Prof. Robert Koch, of Berlin.

Thus far it shows a success of 100 per cent. when used as a preventative and also when used on the first day of the development of the disease; 97 per cent. when used on the second day, its value declining rapidly when employed after the second day. Subsequent experimentation may still further perfect it, or, on the other hand, experience with especially severe epidemics may reduce the record of its efficiency. The technique of the development of the anti-toxine is thus described by Dr. Hermann M. Biggs, who was sent by the city of New York to investigate the subject:

"Bacilli are taken from a patient suffering from diphtheria, and after these have been

proven of the genuine diphtheria species they are put away in broth, and after six weeks a new crop has formed. A small number of the bacilli are injected under the skin of the animal which is to be rendered immune. The swelling produced by the injection subsides after a short time, and a second and somewhat larger dose is administered. Thus the doses are increased from day to day until the virus ceases to have any perceptible effect on the animal. Then, when neither its temperature, appetite, nor digestion is affected, its blood contains the anti-toxine, and this, when injected into the system of the diphtheria patient, has the beneficial effect above mentioned."

We select, also, the following from the longer statement made by Dr. Cyrus Edson, of the New York City Board of Health:

"The new anti-toxine treatment for diphtheria which has been worked out in the Koch Institute for Infectious Diseases in Berlin promises to be one of the most important discoveries of modern medicine, and, so far as can be judged from the data at hand, will afford us the means for not only protecting persons from diphtheria who have been exposed to the disease, but also a certain means for the cure of the disease when cases are subjected to treatment in the early stages.

"One of the most important and significant features of the treatment depends upon the absolutely innocuous character of the remedy, it having apparently no influence, either favorable or unfavorable, in health or in disease, excepting as to its power of neutralizing the poison of diphtheria; so while it has enormous capacity for good, its use is absolutely devoid of danger. The treatment is based upon the following observations:

"First—In diphtheria, death, as a rule, is due to the poisoning by a chemical substance (a toxine) produced by the diphtheria bacillus in the throat and absorbed by the system from the throat.

"Second—A certain degree of immunity, which is temporary only, is afforded by one attack of diphtheria, and this immunity is the result of an acquired tolerance of the toxine. This applies to both animals and man.

"Third—If large animals, such as horses, cows, goats, etc., are inoculated with minute but increasing quantities of the 'toxine,' as derived from cultures of the diphtheria bacillus, they become gradually tolerant to its poisonous action, and will withstand the introduction of larger and larger quantities through the immunity which is acquired from smaller doses.

"Fourth—The immunity thus produced is

the result of the development in the blood of some substance (anti-toxine), which has the power of neutralizing the poison (toxine) produced in diphtheria, and in animals, which have been highly immunized (i. e., capable of withstanding very large doses of the toxine through repeated inoculations of doses, minute but constantly increasing in size), the blood, even in small quantities, acquires the power of neutralizing very large, even fatal, quantities of the toxine.

"Fifth—When animals have thus been immunized, blood is withdrawn from the circulation in quantities varying with the size of the animal, and is employed through injections underneath the skin for the treatment of cases of diphtheria, and anti-toxine thus introduced neutralizes the toxine absorbed into the circulation of sick persons from the throat, and thus renders them artificially unsusceptible to its action. By this method it is apparently possible to protect any person from the contraction of diphtheria when he has been exposed to the disease and infected, if the symptoms have not yet appeared, and also to cure nearly 100 per cent. of cases where patients are treated in the early periods of the disease. Unfortunately, however, for the rapid and general use of this substance for the treatment of diphtheria, its production requires the constant surveillance of skilled and trained men; a comparatively long period, often four to six months, is necessary to render animals immune to the disease, so that their blood can be employed for the treatment; and finally, when thus rendered immune, they can furnish only sufficient blood, as a rule, to treat a comparatively small number of cases. Therefore, the production of the substance must necessarily be costly, and it can only be produced in sufficient quantities and be placed at the disposal of poor people by municipal and state sanitary authorities."

The City of New York has taken steps to establish stations throughout the city for the treatment of patients afflicted with diphtheria.

The Eucalyptus Tree.—A Cherished Idol Broken.

According to the investigation made by the Department of State, the anti-miasmatic properties of the eucalyptus trees are almost entirely mythical.

"It is even asserted that not a single instance of health improvement by means of the plant has been satisfactorily established. In Italy it has been cultivated on a very large scale, particularly in the neighborhood of Rome, without accomplishing any results convincingly favor-

able. The popular notion that where the eucalyptus thrives there can be no malaria is so far from being correct that there are natural forests of native eucalypti in Australia in which pestilential miasma reigns supreme.

"One notable experiment was made in 1870 at a distance of one mile from the city of Rome in a locality known as the 'Three Fountains,' where there was an ancient convent. In that place malaria had been so prevalent and destructive of life that it was commonly known as 'The Grave.' A few monks made a practice of going hither every morning after the sun had cleared away the fog, planting as many eucalyptus trees as they could during the day and returning to Rome in the evening. Seven years later, owing to the greatly improved condition of the climate, the monks took up their permanent residence at the convent. This event made such an impression that the Government offered a reward for the culture of the eucalyptus.

"Nevertheless, a few years later, notwithstanding that 55,000 of these trees had been planted at the Three Fountains, malarial fever became as bad as ever there, causing many deaths in a colony of convicts that had been established on the spot. Dr. Montechiare, a physician of Rome, decided that the efficacy of the tree for the improvement of the air was no greater than that of the elm or pine.

"Prof. Crudeli declares that of all disease-breeding germs the microbes of malaria are most widely disseminated and most readily find conditions suitable for their propagation, excepting only the bacteria which cause blood poisoning. The malarial germs dwell in the soil and are developed in moist and warm weather. They require a temperature of at least 68 degrees Fahrenheit in order to multiply and diffuse themselves in the atmosphere. Human beings then take them into their lungs in breathing, and in this way they get into the blood. Malaria producing soils are to be found in nearly every part of this globe."

Thorough drainage and cultivation of a country, with destruction of all decaying vegetation, including fallen trees and fallen branches, seems to be successful in dispelling malaria. The great Ohio Valley is said to have witnessed this complete transformation within the past few years.

Do you know of the recent reduction in price of P. O. Money Orders? Three cents will get an order up to \$2.50, and five cents up to \$5.00. This cost is very trifling, and it is the safest way in which to send money by mail—it is absolutely safe—safer than by registered letter, and that costs eight cents.

Original Communications.

Short articles on the treatment of diseases, and experiences with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Notes and Comments.

Editor MEDICAL WORLD:—On page 334 E. M. N. describes a case of epilepsy. I would suggest the bromide of lithium, 20 grains, three to six times a day. The scar should be cut loose from the bone, subcutaneously, and kept free by daily massage.

The question asked by Dr. Walling (page 334) is of great importance. I think two improvements should be made in the communion service: the use of individual cups, and the disuse of wine. The practice of passing a cup from lip to lip is filthy, and liable to transmit the most loathsome of diseases. There are men who must not touch, taste, handle or smell anything alcoholic; and for their sakes an unfermented grape juice should be substituted for wine.

Dr. Shaw ought to find relief from the iodide of rubidium, with massage of the joints, chamois skin underwear, oil unctions and the use of resorcin in full doses, to render the intestinal canal aseptic. If not, she must go to Southern California, and stay there.

Dr. Bobb (page 334) may have a case of calculus on hand, and should examine the patient's bladder. If not, inject into the urethra a few drops of cocaine in petrolatum, ten grains to two drams, passing it into the neck of the bladder.

Dr. Oehme may restore the register of his thermometer by heating up to 105°, and then plunging the bulb into cold water. But he will have to test the instrument again, as it may not register correctly. The best way is to get a new one, and do not try to get the mercury down by jarring it, but only by swinging free.

Will Dr. W. F. (page 335) give his patient a 20 grain suppository of quinine every other day for a week? This may clear up the diagnosis. I would take a look at the hygienic com-

dition of the house and grounds also. The solid stick of nitrate of silver applied over the spine, a strip an inch wide, would be advisable.

For Eli's case of pruritus (page 335) I would advise the following:

R. Sodii Salicylat.....drams }
 Acid carbolic.....drams }
 Ung. hydrarg. nitrat.....ounces }
 M.

If too strong, dilute with petrolatum. Apply night and morning. Give internally salicylate of soda, gr. x, colchicine, gr. $\frac{1}{32}$, four times a day. Tell him not to eat too rich food or drink much coffee or malt liquor, or eat tomatoes.

Good chiropodists do not soften corns before removing them. Those who do, use liquor potassa, diluted somewhat.

Dr. King might look for a retropharyngeal abscess or tumor springing from the body of a cervical vertebra, or for a thoracic aneurism.

Dr. Horton (page 336) asks about the solar cautery. Take a burning-glass, concentrate the rays of the sun on the affected part, and continue until the skin is reddened.

Dr. Seiss will not find anything but the knife of use for an osteoma; and he would better not wait very long before using it.

A good chiropodist will take out a corn without pain or blood. The brown salve was probably a fake. Aconite, cocaine or iodine might be used in the way Dr. Blythe suggests (page 336), but they are unnecessary. Good eyesight, a steady hand and a sharp knife, are all the requisites.

WILLIAM F. WAUGH, M.D.,

103 State st., Chicago, Ill.

[Dr. Waugh's excellent article on narcomania, detailing cases, is necessarily held over, on account of being received too late.—Ed.]

Death From Sloughing of Both Hypogastric Arteries, and the Urachus, with Autopsy.

Editor MEDICAL WORLD:—Dr. Skinner, of Cook County Hospital, kindly invited me to perform the autopsy on the abdomen of a child which died two weeks after birth. The child was brought to the hospital a few days before death, with obscure symptoms. It was extremely emaciated, and the skin was of a saffron color. The navel showed a little secretion, enough to wet the cotton applied to it, but it secreted so little that at the circumference the secretion dried, and made the dressings adherent. Upon opening the abdomen, fluid, fibrine and coagulated blood was seen over two inches square. There was probably an ounce of blood in the abdominal cavity. A little over half an inch below the navel there was a solid mass (I cut

into the abdomen an inch to the left of the navel). On breaking away the mass it proved to be the lower border of the omentum, which was surrounding a necrotic process attacking the two hypogastric arteries and the urachus. Both the arteries were entirely sloughed away for half an inch, as well as the urachus. The whole mass had been entirely circumscribed by the omentum—the abdominal surgeon's best friend. Suddenly the circumscription gave way, and the child slowly bled to death, as was shown by the three stages of blood, viz: tough, fibrinous, coagulated fluid. I then carefully passed a probe through the umbilicus into the necrotic cavity, showing that the infective process came from without. The infection was no doubt carried to the child by the unclean midwife. The yellow, saffron color of the child was explained by the infection being carried up the umbilical vein and infecting the liver. On incising the liver, its tissue was as yellow as the skin. The liver lobes were nearly equal in size, but the right was the larger.

The process was of an intense character, for it entirely necrosed both the strong, thick, hypogastric arteries, as well as the urachus. It was not determined whether the sloughing extended into the bladder, but it reached almost to the bladder's summit.

This case teaches how to observe aseptic care with navel dressings. Curiously enough, no distinct peritonitis could be observed, because the omentum entirely surrounded the necrotic mass. The surrounded intestines were deeply congested. The remarkable fact that this baby had a long omentum (2 x 2 inches) is what prolonged its life, because it built a barrier to prevent the invasion of the infection, and successfully combated it until the hemorrhage from perforated arteries ended the scene.

The ignorance among the midwives of the danger of infection is simply criminal. The foramen ovale was not quite closed (fourteen days), but the valves of the membrane closing the foramen, when pressed together, were watertight. Yet a fine probe passed the foramen freely.

BYRON ROBINSON, M.D.,

34 Washington st., Chicago, Ill.

Milk Removes a Fishbone from the Throat.—Coca as an Aid in Cardiac Dropsy.—Veratrum Viride for Puerperal Eclampsia.

Editor MEDICAL WORLD:—The following is a simple and effective procedure for removing a foreign body, like a fishbone, from the throat: Give about four or six ounces of milk to drink. This can be swallowed usually with little difficulty. After about forty minutes give an

emetic dose of sulphate of zinc. The milk goes down in a fluid state, and easily passes the obstruction; by a short stay in the stomach it becomes coagulated into a more or less solid mass, and on coming up forces the bone before it. I have not known this to fail in a number of cases.

For obstinate cases of dropsy (cardiac), when digitalis, combined with the other diuretics, fails to start the secretion of urine, and the case is going on from bad to worse, I have found that in the presence of coca the diuretics take powerful effect. The urine is secreted abundantly, and the swollen legs and other parts are reduced to their usual size in two or three days. In a case of ascites, where there was much edema also of the legs and scrotum, I drew off the abdominal fluid, but the enlargement of the abdomen returned in a few days. It was such a desperate case that it seemed hopeless; but the above treatment removed not only the dropsy in the extremities, but also the ascites. This was about eight months ago, and, rather to my surprise, there has been no return.

Up to about one year ago I had dreaded to take up a bad case of cardiac dropsy, but I now regard them with pleasure, for I feel that I have a sure hold on a difficult condition. P. D. & Co.'s elixir of coca acts better than some other preparations of coca.

I believe that tincture of veratrum viride is almost a specific in puerperal convulsions (those cases attended with bounding pulse, as most of such cases are); but it must be given in large doses hypodermically—10 minims—repeated at intervals of a few minutes till 30 minims have been given. I used to try chloral, bromide, chloroform and bleeding, and many a time have worked anxious hours over these cases, till, in this or some other journal, I saw the suggestion in regard to veratrum viride.

Brethren, every one of our number has some little device, or valuable combination or procedure, which may seem to him to be scarcely worth writing about, or which he is sure every one knows, but which is *not* known to all. The little ordinary hints are often most valuable. Let us have them.

FRANK VAN ALLEN, M.D.,
Madura, India.

Glaucoma.

Editor MEDICAL WORLD:—My only apology for presenting a paper on a subject that properly comes under the domain of the specialist, is the frequency with which the disease is met with by the general physician, its treacherous

nature, and the important bearing its early recognition has on its successful treatment.

The use of terms unfamiliar to the general practitioner have been carefully avoided, and we will only dwell on such points as can be observed by the family doctor without special knowledge or special appliances or instruments; and if you will be enabled to make an early diagnosis in the future cases you meet, then the object of the writer will be fully attained.

CLINICAL HISTORY.

The name, as do many given to diseases by the older writers, comes from a symptom ("green") depending on the greenish reflex from the cornea, which, by the way, is not the most important symptom.

In 1862, Donders gave what is considered the best type of the disease in its simple form, the chief symptom of which depends on increased hardness of the globe. With that we notice several phenomena, which need not now occupy our attention. About one person in Europe in every hundred suffering from eye diseases has glaucoma, which percentage is not so great in the United States.

ETIOLOGY.

The disease is more frequent in hyperopic eyes, and occurs chiefly in persons over fifty years, and in rare cases is found in young subjects. It attacks both sexes with equal frequency, but is more common among the Jewish race, perhaps from their habit of marrying near relatives. Among them the disease reaches about four per cent. of all eye diseases. Among the exciting causes may be mentioned gout, violent emotional excitement, excesses, insomnia, heredity, eye-strain, rheumatism, malnutrition, debilitating diseases, previous attacks, distillation of atropine or hemetropine for the purpose of testing; also a few cases have been caused by the use of duboisine and cocaine, for the same purpose.

The name is now applied to opacity of the vitreous humor or the hyaloid tunic, manifested by a grayish or greenish spot, apparent through the pupil, characterized by rapidly increasing old sightedness, periodical dimness of vision, with increased hardness of eyeball, and anesthesia of the cornea over its whole surface, or in certain parts, besides several important changes in the eyeball, which the specialist will find when the patient is sent to him for treatment.

When inflammatory symptoms are added, then it is called *g. inflammatoria*; when the eye is totally blind, *g. absolutum*; when hemor-

hages occur, *g. hemorrhagicum*; and when that form appears which destroys sight in a few hours, *g. fulminans*; when it follows some other well-known condition, disease, or operation of the eye, it is called secondary.

Symptoms of the simple progressive form, which, by the way, is the most treacherous, as it comes on so insidiously that the trouble is often overlooked, and attributed to other organs or locations, may be taken as a type of all. The most important noticeable symptom to be observed when you are called to see such a case, is the hardness of the eyeball, and it is well to look for it in all cases of brow or facial neuralgia you are called to see. This hardness was designated by Dr. Bowman as T^2 , $2 \times 1 \times 2 \times 3$ —the first meaning that there was questionable, the latter that there was stony, hardness. We shall not dwell upon the condition of cupping of the optic nerve from pressure, the condition of the veins or arteries, the narrowing of the visual field, especially on the nasal side, the loss of color perception, for all these conditions presuppose special knowledge and special appliances and instruments; but with the above we have impaired vision, which slightly improves during the intermission of the disease, but is more impaired after each attack, making frequent changes of spectacles necessary (especially in hyperopic or far-sighted people) to stronger ones. If you draw a light film of cotton over the cornea you will find that it is wholly or in part anesthetic. You will also note that the pupil is largely dilated, and does not respond readily to light; that it has a dull, lack-luster appearance, as of ground glass; and if vision is still fair, the patient holds his print away from the eye, often at arm's length.

There may be only a slight redness around the cornea, or it may be well marked. There may be little or no pain, or it may be so severe as to cause reflex vomiting. Now, if the stomach or liver is at fault, without a careful observance of the above symptoms you may be entirely led away from the eye, and consider your case one of neuralgia, liver or stomach disease, and prescribe accordingly, to the detriment of your suffering patient.

A mooted question for a long time has been, whether the increased hardness of the eyeball depends on an increased amount of secretion, or whether it was due to an interference with the normal secretion. It is now generally believed to be due to the latter. Kines has demonstrated in a number of typical cases of glaucoma, that an occlusion occurs in the region of the ligamentum pectinatum, by the growing together of the cornea and the ciliary portion of the iris, and further experiments on the eyes of recent

subjects, by straining fluids, prove that the natural escape of the intraocular secretions is by that route.

The reason why youth is exempt so largely from glaucoma is that the diameter of the eyeball increases from 17 m. m. to 24 m. m. between youth and adult life, and that the ball is more elastic in the former than in the latter.

ACUTE FORM.

The acute form presents symptoms of an acute inflammation of the eye. Its onset is sudden, coming on at night, often in gouty or rheumatic patients, sometimes preceded by an intemperance, a full meal, taking cold, excitement, and, as before stated, in people with antero-posterior shortening of eye ball, much recent trouble often complained of with their spectacles.

The patient awakes with a severe pain in the eye (generally only one is at first attacked, but the two may be eventually involved), extending to the side of the head, and, in some patients, so severe that it requires heroic doses of morphine or other powerful sedative to control it. As a rule, vision rapidly diminishes during an attack, and may be, except for quantitative perception, entirely lost. This loss of vision is due to clouding of the vitreous humor, and may rapidly improve as the tension diminishes, to become again impaired with the next attack, or, in the form known as *glaucoma fulminans*, the vision may be permanently destroyed in a few hours.

CHRONIC FORM.

In this form the symptoms are seldom severe, but the vision impaired by each attack is never fully recovered. The conjunctiva now presents few vessels, but a striking appearance is noted in the dark blue bands which ramify upon the front of the eyeball, which gives the sclera a leaden hue, and results from the obliteration of the smaller arteries of the episcleral tissue.

ABSOLUTE FORM.

The general appearance of the eye in this form may be normal, or it may degenerate and break down from suppuration into a phthisical bulb.

The hemorrhagic form seems to depend on an atheromatous condition of the vessels contained in the eyeball, with first obscuration from the presence of blood, followed by pain from pressure of the same.

SECONDARY FORM.

This form may follow corneal ulceration when staphyloma or bulging of a part of the eye ap-

pears; wounds with pinching of a part of the iris between their edges; total closing of the pupil by attachment of the iris, called posterior synechia; cataract operations with the formation of secondary membrane; wounds of the lens, with swelling of same; dislocation of lens; growths of the interior of the eye, or dropsy of eyeball—hydrophthalmus.

As the case will have reached the specialist ere any of these conditions occur, we will not here consider them.

DIAGNOSIS.

Glaucoma may be mistaken for simple ambliopia, or ambliopia resulting from atrophy of the optic nerve, and at times requires a nice judgment and extensive experience to differentiate. The tension or hardness of the eyeball may decide the question, but that is not always at first well marked.

From other intermittent inflammations of the eye the diagnosis may be confirmed by the history and nature of the attack, the condition of the cornea and iris, that of the episcleral veins, and the hardness of the eyeball.

From iritis, by the narrowing of the pupil in the latter, the absence of hardness of eyeball, and the reflex lustre of the cornea, though at times we may have both conditions together present.

From senile cataract (which may develop in chronic glaucoma), the diagnosis is generally made by the clear, shining cornea, the absence of inflammation, the want of tortuous episcleral veins, the grayish appearance of the lens, the normal tension of the eyeball, the absence of colored halo or ring of varicolored light, especially when looking at artificial light; the gradual loss of sight in cataract, all tend to make the diagnosis clear.

From conjunctivitis, by the presence of purulent discharge and the granular condition and absence of pain in the latter.

PROGNOSIS.

The prognosis of glaucoma, since the introduction of iridectomy and sclerotomy, is, if the case is seen early, reasonably good; but if it is mistaken for maturing cataract, and advised, as these cases often are, to patiently await its ripening, then the chance of saving the remaining vision is in adverse proportion to the time so spent.

Should the specialist see the case after vision has been greatly impaired, he can only hope to save what sight remains. Some cases are speedily checked, others simply delayed; while others, despite the most active measures, even

when seen early, go on to permanent blindness.

It may be generally said that the inflammatory form is the most amenable to treatment; perhaps this is due to its sudden onset, and the appropriate measures which follow its early recognition, and the removal of tension before the pressure has interfered with the nutrition of the optic nerve or caused adhesion of the iris to the cornea.

TREATMENT.

Little may be said here about the treatment, as the important duty of the family doctor is to recognize the disease, and allow the case to pass through his hands to the specialist at the earliest possible moment, as each case requires the experience which the general physician is not expected to possess for its successful management. I have recently been called to see a lady, aged 46, who was attacked three months previously with what was diagnosed as neuralgia of the brow, in mild but persistent form. At no time did she suffer much pain, but it continued in spite of the use of ordinary remedies. The eyes previously had never given trouble, but a sister had gone blind at about the same age, from the same cause, presumably. The room during the time had been kept moderately darkened. Previous to my visit she found that she could not see people around her, which was the first time attention was drawn to the eyes, so I was asked by the attending physician to see the case. On examination I found the pupils largely dilated, irresponsive to light, cornea sea-green, with ground-glass dullness, stony hardness of eyeball, and on examining with the ophthalmoscope, found the right disc deeply cupped, the left not so much so. The patient could count fingers scarcely at all with the right eye, and only four feet with the left. I could hold out little encouragement for an operation on the left eye, and none for the right, and advised that, before anything was done, she consult another oculist. The case passed out of my hands after that visit; but had the family doctor recognized the case early, he would have saved the lady from years of total blindness, and his reputation would not have been liable to suffer, for it is a sad reflection to continually think of what might have been.

In concluding let me say, in every case of head-pain or disturbed vision, make it a rule to rest a hand on either side of the face, and, with the index fingers, to palpate the ball as you would for pus, pressing the tips well into the cavity over the ball, and note the condition of the pupil, the appearance of the cornea, whether shining or otherwise; look out for

slight eye-dimness or pain of an intermittent character, and if you are unable to decide send the patient to some one who has had more practice in that kind of work; but never let it be said of you that you allowed a patient to go blind from glaucoma, while you were treating him or her for some other disease, or waiting for a supposed cataract to ripen.

Oil City, Pa. W. F. CONNERS, M.D.

How Long Are You In For?—Fresh Air.

Editor MEDICAL WORLD:—The month is August, the mercury is at 77° F. It is charming out of doors, and not so bad within, if the windows are open top and bottom on every floor, front and rear, and no screens across the open spaces.

And yet, as I pass along the street, I observe no inhabited home enjoying the free ventilation I have described. The partially opened windows have screens in them, for all the world as though the free air was felt to be dangerous—teeming with “malaria,” and to be barred out, for the most part. Surely, even on a breezy day, seven-eighths of the freshness is kept out by screens, and it is far worse on a still one.

There are some characteristics of the average man difficult to account for. Here is one who goes camping out, hunting or fishing, every summer, and boasts of the fine condition he acquires. “Nothing like camping out for health,” he declares; and the chances are ten to one that he won’t have a window open in his house, even if he can have his own way. He “likes fresh air, but can’t stand a ‘draught.’” In other words, beware of the running stream; drink from the stagnant pool.

It is wonderfully useful to go camping in summer, to have even a few weeks of free life in the open air; but what is the matter with camping out in the home all the year around? It is entirely feasible. It is all the time being done by the few rare ones who have learned the secret of high health.

The writer’s life has been spent in the study of the health question, and in teaching the laws of life—the secret of health. There is a popular delusion that the essential thing is to avoid “draughts,” and to keep warm. As this rule is commonly practiced, it is almost wholly in the interest of the doctors, though in fact they do not themselves realize the fact; for the great majority of physicians pursue the same practices that prevail among the laity. They smother the skin with excess of clothing; mistake daylight for the breath of life; “night air” is held to be dangerous, as though any other kind were available between sunset and sunrise, and fresh night-air were not preferable to stale!

Such notions are supremely foolish, and if corrected, one-half of all the physicians in any community would be starved out for want of business. The fear of “catching cold” is at the bottom of nine-tenths of all sicknesses. It leads to coddling practices, which promote disease. In keeping warm the body is enfeebled, waste matters remain stored up in the system, feverishness is the outcome; the waste and effete matters must be burned up and eliminated. Extra caution now increases the evil; the “malaria” (bad air)—a misnomer, as usually regarded, though correct when applied, as it is by experts, to the *cause* of disease; a typhoid condition is often thus reached, and mistaken medical treatment provokes a long, painful and costly sickness, and often a fatal one. When I pass along the street I feel like asking every one whose face I see behind a shut or screened window in summer, “How long are you in for?” They seem to me like prisoners shut in for crime. How much of this evil is due to deficient hygienic knowledge among physicians who ought to be health teachers?

In my own home we have no screens; windows are wide open eight months in the year, nearly; we wear as little clothing as the law allows—our young children *even less*; they are often naked for hours during the heat of the day. They go barefoot the year round, out of doors, in spring, summer and fall, but are shod in muddy and very cold weather, and they present a marked contrast in condition to most other children, in consequence.

C. E. PAGE, M.D.,

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Clinical Notes on Chorea.

Editor MEDICAL WORLD:—On March 27, 1894, I was called to see M. M., a colored girl, twelve years old, who had been for four weeks past, and was still, suffering from an attack of chorea. The first two weeks it was slight, and the latter two weeks more severe. My diagnosis was chorea, and prognosis possible recovery after some weeks. This child had been afflicted about three years previously with a similar attack, and after treatment by local physicians had been carried to the Touro Infirmary at New Orleans, and recovered in about two weeks’ time. When I first saw this patient she was literally dancing, with feet, hands, eyes, head and body all endeavoring to move at once. She could not sit in a chair but would soon wriggle out. If placed on a bed she would soon roll off, and required one or more attendants day and night. When she fell asleep, which was but a few moments at a time, then she was

quiet. I tried cathartics, with violent purgation, galvanic battery, cold baths, quinine, and hydrate of chloral and morphine, successively, combining several of them occasionally; then physostigma. I persevered, with but little effect, for nearly four weeks, when I began to use *ailanthus glandulosa*, with black cohosh compound, alternating with hydrate of chloral. I gave half a teaspoonful of each of the *ailanthus glandulosa* and black cohosh compound every two hours, while awake, alternating hourly with chloral hydrate, either by mouth or by rectum. The patient then began to improve steadily, and now (May 22, 1894) is able to walk about, converse and sleep, as a person in good health. She had no fever that I could at any time detect.

Constipation existed during the entire sickness, except when purgatives were given. I found after some weeks that there was sugar in the urine, and then I added *fld. ext. jambulseed* to the *ailanthus glandulosa* and *fld. ext. black cohosh compound*, and the diabetic symptoms disappeared. The patient has never menstruated. The tonsils were unusually large, and the size was slightly diminished by applications of *argenti nitras*, and later tincture of iodine. I used Fowler's solution of arsenic after the tenth week, ten drops three times daily. The mouth and tongue became much swollen because of violent contractions of muscles, and for weeks she could not speak so as to be heard distinctly, but as the disease began to abate in severity the language became gradually more distinct, until now it is in a normal condition. The patient has entirely recovered, excepting a slight degree of weakness, due to the prostration following so long an attack of violent action of muscles and necessary course of medication in order to relieve her pathological condition.

Lutcher, La. R. W. SEAY, M.D.,

Rules for Infant Feeding.

Editor MEDICAL WORLD:—No more important subject can engage the attention of the physician at the present season than the feeding of children.

Care must be exercised in the selection of the proper food. Experience has taught us to choose substances closely allied to the mother's milk. We therefore resort to animal milk, the composition of which compares favorably with human milk.

The fact that cow's milk is rich in proteids, fats and salts, renders it of practical importance to modify it by dilution, so as to resemble human milk. The degree of dilution necessarily depends upon the character of the milk, the age and condition of the child.

The following is my rule for dilution :

Age—1 month,	1 part of milk to 3 parts water.
“ 2 months	1 “ “ 2 “
“ 3 “	2 “ “ 2 “
“ 6 “	3 “ “ 2 “
“ 9 “	3 “ “ 1 “
“ 12 “	6 “ “ 1 “

If all the elements of the milk are digested, I gradually reduce the quantity of water to the proportion of the succeeding month. Sugar is added, ten grains to the ounce.

The quantity prescribed at each feeding should not exceed the capacity of the stomach. Dr. L. Emmett Holt's observations show that at birth the average capacity is one ounce, and a gain of one ounce per month up to six months, and for every subsequent month one half ounce up to one year; hence at this time the stomach is capable of holding nine ounces.

In regulating the amount of milk we should not ignore the fact that individuals differ in their physiological demands. The following index has been of service to me in adjusting the proper quantity :

Age.	Intervals.	Amount.
1 mo.	Every 2 hrs. during the day.	1 oz.
2 mos.	“ “ “	2 “
3 “	“ “ “	3 “
4 “	Every 2½	4 “
5 “	“ “ “	5 “
6 “	“ “ “	6 “
7 “	Every 3	6 to 8 “
8 “	“ “ “	“ “
9 “	“ “ “	“ “
10 “	“ “ “	“ “
11 “	“ “ “	“ “
12 “	“ “ “	“ “

The milk should be sterilized and preserved on ice during hot weather. If the digestive powers of the infant are impaired, it becomes necessary to predigest the milk by the use of some digestive agent. I am in the habit of using Fairchild's Bro's. and Foster's peptogenic milk powder.

To be successful in infant feeding, specific rules must be observed; uniformity in dilution and scrupulous care in the preparation of milk, is indispensable. Impress upon the mother the importance of keeping the nursing bottle sweet by the use of borate of soda or salicylate of soda and water.

In my practice I use printed rules, that I give to the attendant, and insist on strict compliance with the same, and thus avoid error and neglect. My experience and success in infant feeding warrants me in presenting the above

rules to the many readers of THE MEDICAL WORLD.

H. F. SLIFER, M.D.,

North Wales, Pa.

Late Professor of Physiology in the Medico-Chirurgical College, Philada., Pa.

**Suppurative Appendicitis—General Peritonitis—
Spontaneous Healing of a Fecal Fistula by
Irrigation of Colon.**

Editor MEDICAL WORLD:—I take pleasure in submitting the following case as a pointer to the numerous readers of THE WORLD, many of whom are, no doubt, like myself, country practitioners, who cannot command the ever-ready facilities in emergency cases, and who do not sport the daring skill of our eminent brother practitioners in city practice; *ergo*, necessity forces us to adopt methods in line with nature's cure.

The method used in this case was eminently and *rapidly* successful, as you will see from the history of the case, which I will now proceed to relate.

Eddie F., aged ten years, was attacked suddenly with appendicitis, June 17th. Three days subsequently I was called in, and found that general peritonitis had rapidly developed that day, the 20th. There was great tenderness and tympanitis in every portion of the abdomen, distension so great that respirations were 40, with a spell or two of decided dyspnea; pulse 120; temperature 101½° F. But worst of all was the condition of partial collapse, as evinced by the cold, sodden skin, clammy sweat, abdominal facies, etc.

Feeling thoroughly alarmed for the life of my patient, Drs. Baird and Smith, of Coperas Cove, were called in next morning. Nothing satisfactory could be made out, because of the excessive tenderness and great distension present everywhere; and inasmuch as the little fellow had rallied pretty well from collapse, operation was deferred for a time, to watch the progress of the case. Drs. Baird and Smith, however, agreed with me that from the plain statement of the parents, the initial lesion must be in the appendix; and, as the sequel proved, was *ab initio* a plain case of appendicitis.

For six days thereafter this case was treated as a case of peritonitis by evacuants and enemas of hot water, glycerine, etc. Salines were not tolerated, on account of the distressing nausea; every dose of saline purgative administered was promptly rejected, and brought on the most agonizing irritation and suffering imaginable.

But the *remedy* par excellence in controlling nausea, as an evacuant, and for its antiphlogis-

tic action on the inflamed peritoneum, was calomel, given in the small doses of ⅓ of a grain every two hours regularly, night and day.

This grand remedy acted like a charm in securing five or six copious stools of semi-solid fecal matter a day, without pain or nausea.

During this period of six days nothing anomalous was noted more than usually occurs in general peritonitis. There was, of course, increasing debility, and on the 27th, noting signs of exhaustion setting in, Dr. Baird was again sent for, and we operated by incision directed to the appendix. An attempt to aspirate was made, but failed.

A full teacup of very offensive pus was evacuated very nicely by incision; considerable gas blubbed out with the pus, but no fecal matter at the time of operation. The pus cavity was thoroughly cleansed with the peroxide of hydrogen, and a drainage tent of iodoform gauze inserted for a few hours. The operation was completed at 3 p. m. of June 27th, without chloroform.

Cocaine was injected into the seat of the operation at 6 p. m. I saw the little fellow again and found him in good condition. There was no depression from the operation. On drawing out the iodoform gauze a large quantity of pus, gas and fecal matter escaped. I syringed out the fistula and pus cavity thoroughly with sterilized hot water, and subsequently with the H² O².

The drainage was dispensed with as unnecessary. For six days thereafter enormous quantities of pus and fecal matter discharged continuously from the fistula, it being necessary to change the cloths and pads every two hours, and sometimes oftener, so great was the discharge. This copious discharge relieved the great distension quite rapidly—in a day or two the right half of the abdomen reduced down to almost its normal size, giving a very irregular contour and singular appearance to the abdominal parieties. The left half of the abdomen and epigastric region was still greatly distended. The little patient is in good spirits, but very, very weak; has a little more appetite for food, but tongue is still very white and rough. Temperature running from 100° to 101°—sometimes a degree or fraction higher; bowels acting the natural way, also some pus passed occasionally, with fecal matter. Reconstructives were given, such as hypophosphites comp. and a granule of strychnia, ⅓ every two hours with an occasional tablet of H. K. Mulford's heart tonic; some bismuth was given to control the profuse evacuations from the alimentary tract, and Trommer's extract of malt and pepsin, etc., etc.

In about six days after the operation our

patient had about gotten well of the peritonitis, was eating much better, and digesting nourishment tolerably well for one who was so weak and so near to death's door.

I now directed my attention to the closing of that filthy fistula. Dr. Baird wrote me, suggesting that it might be a benefit to irrigate the lower bowel and lock the bowels up with opium for forty-eight hours.

So on the 5th of July, I adopted the former plan of irrigating the colon with a half-gallon fountain syringe, to which I attached a bowel tube about twelve inches long. I gave no opium, because the poor little fellow had such feeble digestion, and his tongue was still roughly coated, that I actually dreaded to narcotize him in a vain effort to stop those enormous evacuations from the alimentary tract.

It did me good to see the little sufferer emerging from the "Dark Valley," and I considered it my duty rather to assist him in gaining appetite and strength for a longer stay in this world.

I instructed his father (a very intelligent man and an admirable nurse) in the art of irrigating the bowels. Sterilized water was always used, with castile and other pure soap. The foot of the bed was elevated six inches, and the hips of the patient elevated on quilts and pillows, so that the irrigation was thorough. The water injected from below ran out through the fistula. This irrigation was performed every three or four hours through the day, and once in the night. I quit making daily visits now, as I was needed more elsewhere. Imagine my surprise when, in four days, his father called at my office and informed me that the dreaded fistula was almost healed. He stated that the discharge of fecal matter and pus had ceased, and that nothing was coming from the fistula but a little watery mucus.

"This is too good to be true," thought I; so I started for the patient post-haste with cocaine, probes, etc., determined to explore and see if this were really so. I fully expected to find another abscess forming around the appendix. But no; the fistula had certainly healed up throughout its whole tract. It was very difficult to insert a small probe without tearing the wound and causing hemorrhage, and careful palpation showed that the pus cavity had healed up sound and well. No more feces ever passed through the wound. In two weeks our little hero was on foot again and improving rapidly. By the 1st of August he came to see me, a distance of four miles, walking with a half-sided stride, it is true, like a one-lunged person. At the present writing, August 10th, the little fellow is attending camp meeting with his father,

who is a preacher, and is also mending his awkward gait rapidly.

In conclusion, I would summarize a few points in the foregoing remarkable case, namely, the three periods of the disease:

1. Suppurative appendicitis and general peritonitis, with ominous tendencies toward impending death.

2. The fistula and period of copious evacuations, during which, as it appeared, the pent up drags of disease were literally poured out by the gallon, and at which time the peritonitis subsided.

3. The healing up of a very bad fistula in *four days*. Was ever surgeon yet rewarded with a more brilliant result in the treatment of abdominal fistula?

4. I would here like to give deserved praise to the evacuating power of the mild chloride, which was administered continuously throughout the first period of the disease.

You remember the great vital depression in the beginning, with signs of impending death! All authorities unite on the fatal tendencies of suppurative appendicitis with general peritonitis. Herein the mild chloride brought the enemy to bay, got up vital reaction, putting our patient in a *good fix*, and keeping him so until everything was evacuated, so that recovery could take place. I rarely go into print, but believe that medical literature needs all such cases.

Oakalla, Tex.

L. S. HINE, M.D.,

Calomel and Sulphide of Calcium for Croup.—Sulphate of Magnesia for Eczema.

EDITOR MEDICAL WORLD:—On May 6th, 1893 at 5 a. m., I was called to see Charles B., aged four years, suffering from membranous croup, and whom another physician had been treating, and pronounced him beyond his help. I found him struggling in his father's arms, breathing labored and whistling, voice the faintest whisper, face and hair dripping with perspiration, pulse very weak, and so fast that I could not time it; temperature 102. I told the parents that I had but a faint chance to work upon, but would do my best. I had his neck and breast rubbed thoroughly with turpentine, coal oil and lard. Gave $\frac{1}{20}$ gr. calomel and $\frac{1}{10}$ gr. calcium sulphide every hour, to be continued eight hours; flannel cloths, wrung out of hot water, were applied to the breast and neck as hot as could be borne, every fifteen minutes, and this hot application was kept up without intermission for twenty-four hours. The turpentine, coal oil and lard were rubbed on every three hours till the breast was nearly blistered, and then stopped. I applied to the throat, as spray, listerine, every

two hours. Gave egg-nog and rich beef soup alternately every hour. During the twenty-four hours he did not sleep at all, but insisted on his father or mother carrying him back and forth across the room, and insisted on the door being kept constantly open. I tried him with inhaling hot steam, but he struggled and resisted so strongly that it was laid aside. In about ten hours after commencing the calomel we had the thin, greenish actions, and the calomel was continued then every two hours, with the calcium sulphide. For twenty-four hours I could see no change for the better or worse. On the 7th, at ten a. m., he went to sleep while his father was carrying him, and slept nearly two hours; then awakened and called for something to eat, which he had not done before, all food previously being forced on him. At 12 m. on the 7th I noticed that his breathing was not so labored, and his cough was becoming loose, and that tough, stringy phlegm and mucus was raised without much effort. Perspiration during all this time had continued, but during the latter part of the 7th was becoming lighter. The calomel was continued till midnight of the 7th, and stopped for six hours, and begun again for twelve hours longer; also calcium sulphide. At 6 a. m. on the 8th his breathing was much improved, and he was spitting up with every cough a thick yellow sputa, in which parts of the membrane could be recognized. From this time on his improvement was uninterrupted. On the 10th and 11th, shreds of the membrane one-eighth of an inch wide by two inches long, could be washed out of the sputa and easily recognized. The listerine was given internally after noon of the 9th, a quarter teaspoonful every three hours. The first actions from the bowels contained large quantities of mucus he had swallowed, and the actions had the odor produced by the calcium sulphide. On the 12th I discharged him, and put him upon a compound of iron, quinine and strychnine.

In reporting this case, I do so not with any vain spirit, but with the hope that possibly some brother laborer may get a suggestion that may benefit him in a pinch. This is my third case successfully treated, the first being only nine months old, and falling into my hands like the above case, and the second case six years old—all treated similarly with calomel internally, rubbed with coal oil, turpentine and lard, and hot applications. As soon as I recognize a case of membranous croup, or even suspect it, I at once put the case upon small doses of calomel and the calcium sulphide, and keep it up every hour for twenty-four hours, and then, after a short intermission, begin again.

The above-named child is a son of the case I

reported in April number, and who had never had syphilis, as Dr. Waugh suggested.

That the above treatment may prove as successful in the hands of others is my kindest hope—and I would be largely repaid in return for the numerous good suggestions learned every month from THE WORLD.

Reasoning from cause to effect in giving magnesia sulph. in small daily doses for warts, which will cause them to disappear in a short time, I was led to try a saturated solution in eczema, and with the happiest effect. The patient was a man, 75 years old. When called to him I found him as raw as if he had been skinned. I told him the first application would cause considerable smarting. I had the saturated solution heated, and applied with a soft cloth over as much surface as he could endure. I allowed it to dry, and dusted starch over it. In an hour's time I applied it all over him. I then gave him a teaspoonful every three hours, till five watery evacuations were secured. In six hours I again applied it to the body, face, neck, arms, hands, legs and feet, with comparatively little smarting. Continued every six hours for three days. In that time he began to peel off, and his skin was as soft and white as a babe's. I have tried it in four cases within the last three years, and three of the cases are children. Is it a new idea with the profession, or not?

D. E. RUFF, M.D.,

Junction City, Oregon.

Treatment of Typho-Malarial Fever.

EDITOR MEDICAL WORLD:—In July number of THE WORLD, Dr. C. M. H. Farrar asks for pathology and classification of so called slow fever. I will leave this for wiser heads. Typho-malarial fever is name enough for me. But I wish to make a suggestion in regard to treatment of this much dreaded disease.

I know that many physicians condemn quinine in this disease, but I think they discard the best remedy when they do so. I have had some experience in the treatment of this fever, and have never had a case to run longer than twenty-seven days. I give quinine first, last and all the time.

After the first week I give

R. Tr. mur. iron.....gtts. 15
Fowl. sol. arsenic.....gtts. 5
Tr. nux vomica.....gtts. 10
M For one dose; given three times daily.

I usually begin treatment with a mercurial purge, if called at the beginning of the disease, then blue pill three times a week. Later on, turpentine, if indicated, with proper support,

etc. Other physicians around me have cases that run thirty, sixty and even ninety days.

I will give a case in point, that of a boy eleven years old. I gave him the usual remedies which appeared to have but little effect.

From the twenty first to the twenty-sixth day his temperature gradually increased from 102° to 105½°; the other symptoms all unfavorable— tympanites, marked subsultus tendinum, low muttering delirium, etc.

I decided that my patient would die if the disease was not soon arrested. On the morning of the twenty-seventh day at 2 o'clock A. M., the remission set in. I administered ten grains of quinine at once, and followed it with five grain doses every hour until his temperature became normal, which occurred in eight hours after administering the first dose.

The fever did not rise again, and he made a good recovery. I gave small doses of tincture of gelsemium with the first four doses. Now, this may be said to be heroic treatment, and some brother may say, not scientific; but it succeeded, nevertheless.

I am in love with THE MEDICAL WORLD.
Swannville, Tex. G. W. WOODS, M.D.,

Treatment of a Case of Typhoid Fever.

Editor MEDICAL WORLD:—On August 9th, ult., I was called to see a child, ten years' old, bedridden with typhoid fever.

The child was taken sick on or about August 1st, but I was not called in until the ninth day, when the following conditions were noted:— Temperature registered 104° F.; tongue was furred and pointed; there was headache, muttering delirium, and the characteristic tympanites; no rash had as yet made an appearance, and none appeared later.

To lower the temperature I ordered a cool acidulated bath, and prescribed magnesium sulphate to get a good, thorough action of the bowels, and gave the following prescription:

R.	Quinins sulph. antikamnia.....aagrms 2
		(grains xxx)
	Salol.....grm 1
		(grains xv)

Met. Ft. in caps., No. XV. (16).
Sig. One capsule every 3 hours.

On the second day succeeding my first visit I found that the temperature had lowered, and that the boy was doing well under the treatment. The same was continued, and the epsom salts were not spared.

Liquid food was given often, a little at a time. Brandy was given as often as it was deemed feasible.

When the capsules were finished I prescribed dilute nitro-muriatic acid, in five-drop doses, also quinine and antikamnia, made into capsules, containing one grain of each drug respectively, to be given alternately with the dilute nitro muriatic acid, every two hours.

About the middle of the third week of the disease the temperature was normal, and remained so, the patient making a rapid and uninterrupted recovery.

This is the second case of typhoid that I have treated as above, and the results of both have been gratifying.

One drawback to the treatment of typhoid fever in private practice is the difficulty of securing the cool bath, so beneficial and so refreshing to the sufferer; but it is to be hoped that the people will soon recognize the good results of the cool bath, and that they shall willingly concede to the interests of humanity, as advised by the medical profession throughout the world.

THOMAS W. STUART-ALBINE, B.S., M.D.,
Cheboygan, Mich.

Dioscorea for Gall Stones.

Editor MEDICAL WORLD:—In the July WORLD, Dr. Walter Tison asks for treatment of a case of, presumably, biliary calculi, and in the August number, page 287, two different prescriptions are given. I now beg to add my mite to the treatment of this painful affection. About eight years ago I attended a lady who suffered some years from attacks of bilious colic, recurring sometimes as often as once a month, attended with excruciating pain. I gave ext. dioscorea fl. (wild yam) in twenty drop doses four or five times a day, continued for about four weeks. She has been entirely free from the trouble ever since, and is now hale and hearty. I have since used the same remedy in several cases with the same gratifying results and am now inclined to look upon it as a specific in gall stones. During the attack I gave hypodermically pilocarpine to relax spasm and flood the duct with mucus; that failing to give the required relief, I administer morphine and atropine hypodermically.

GEO. MITCHELL, M.D.,
Wallaceburg, Ontario, Canada.

Editor MEDICAL WORLD:—I have been a reader of the many good things in THE WORLD for eight years, and it is the only one of my journals that I have kept regularly bound to have in my library.
Waterloo, Wis.

O. C. BAILEY, M.D.

An Operation for Horse-Shoe Fistula.

Editor MEDICAL WORLD:—Before referring to the subject with which this paper more especially deals, I would like to call attention to a few other important points in rectal surgery.

From observation I am led to believe that many surgeons do not take sufficient pains, when operating upon a fistula, to lay open all sinuses.

The sinus most frequently omitted is that which extends from the internal opening upwards beneath the mucous membrane, although I have observed the omission of others.

Another common error in operating is failing to keep to the fistulous tract. In such instances, either from haste, impatience, or want of requisite expertness in manipulation, the director is thrust through the sinus wall into the cellular tissue; consequently the main tract of the fistula is left untouched, whilst incisions through the skin and submucous tissue are unnecessarily made.

In such cases the results are generally unsatisfactory to both the physician and patient.

I would like to state, in this connection, that since the preservation of the function of the rectum should predominate in every operator's mind, and that oftentimes it requires very superior judgment and expertness of manipulation to maintain it, one should be thoroughly familiar with the anatomy and physiology of these parts, as well as the pathology of the disease, before attempting a rectal operation.

A surgeon may either remove or destroy the function of an eye, ear, testicle, kidney or ovary. Yet in each instance the patient retains an organ to subserve his purpose; but he whose rectum or sphincter has been destroyed has none other to take its place, and must of necessity submit most gracefully to the inevitable.

I concur with Dr. Mathews, who says: "I believe that it requires a more careful surgical operation to cure a complicated fistula in ano, than almost any other surgical disease;" and if it is not eradicated by the operation, "comes nearer to getting the surgeon into disrepute than to lose a case after an abdominal section." As to the disposition of the sinus extending above the internal opening, surgeons of equal rank differ; some maintaining that it should be divided, others holding to the opposite view.

I should say, however, that it all depends upon the character of the sinus and tissues involved. If it is submucous, slit it up. If deep, involving the internal sphincter and other muscular tissues, be more conservative.

The division of both sphincters may leave the individual with incontinence of feces, and "such a patient is apt to be very unforgiving, especially if it be a lady who has been rendered

loathsome to herself, and doomed to the constant wearing of a napkin."—*Kelsey.*

By the term "horse-shoe fistula," we mean that variety which usually has one or more external orifices on either side of the anus, and an internal one in the median line behind.

The external openings may be equi-distant from the anus on either side, or one may be near the anal orifice and the other far out on the buttock, or situated anteriorly, or there may be only one external orifice the other being of the blind variety. Again, there may be many external openings, and in some cases more than one internal.

This fistula is generally due to an abscess, situated between the rectum and coccyx, which is prevented from breaking through the skin immediately over it by the fibrous raphi extending from the tip of the coccyx to the anus; hence it courses its way forwards, and opens usually on either side of the rectum, externally, and into the bowel, dorsally, between the two sphincters.

Doubtless many such cases have been treated as two separate and distinct fistulæ, and were the operator to recognize that he was dealing with a horse-shoe fistula, if he followed the usual plans laid down in the text-books, he would slit up first one sinus, then the other, at one sitting, and in each instance divide the sphincter obliquely, which would almost certainly be followed by incontinence.

Allingham, Crips, Mathews, Van Buren and other authors, are anything but clear in their description, pathology and method of operative procedure in this, the very worst form of fistula.

The writer is indebted to Mr. Goodsall, of London, who first directed his attention to the origin and conformation and method of operating in this variety of fistula, and has since noticed Mr. Goodsall's observations, recorded by Kelsey and Cooper and Edwards. I should also like to take this opportunity of thanking him, not only for instruction in this subject, but for much information on many points in rectal surgery.

In operating, Mr. Goodsall passes a probe-pointed director through the internal opening, and on its point incises the skin in the median line behind, then pushes the director through and slits up the tissues over it; directors are then passed in at the external openings and out at the dorsal incision, and the tissues divided.

This necessitates only one division of the sphincter, and that at right angles, which greatly diminishes the liability to incontinence.

The rationale and importance of this method of operative procedure commends itself at once;

yet in many of these cases we can lay open the fistulous tracts and cure our patient without dividing the sphincter at all.

The mode of operating is as follows: After dividing the skin on the point of the director, as suggested by Mr. Goodsall, instead of pushing the director through and dividing the muscle over it, remove it, and curette this sinus thoroughly; then divide the other fistulous tracts as above described. This severs the attachment of the sphincter to the coccyx. The sphincter will then be pulled in and upwards, and the walls of the curetted dorsal tract brought in juxtaposition, and they will unite, completely obliterating it.

We then have simply an external wound to deal with, which will heal very readily, and the danger of incontinence of feces is avoided.

Observe, also, that the bowels may move at any time, and that the excrement will not come in contact with the wound.

Should, for any reason, the dorsal tract fail to heal, laying it open later will be a simple procedure, and it will not interfere with the progress of the case in the least.

J. R. PENNINGTON, M.D.,

103 State st., Chicago.

Chronic Bright's Disease.

Editor MEDICAL WORLD:—In answer to Dr. M. F. Dismaris, of Los Vegas, N M., I have advised him by letter to report results of the following treatment in his case of chronic Bright's:

1st. To relieve the neuralgic condition, give

- R. Bromidia (Battle's).....
- Papice.....
- M. S. —Teaspoonful every half, one or two hours, or as necessary to relieve pain and produce sleep.

2d. Continue the use of Basham's mixture.

3d. To reduce albumen,

- R. Hydrarg. biniodide..... grain 1-32
- Potass. iodide..... grains x-xv
- Syr. aurant. cort.....qs
- Give at one dose three times daily after meals.

4th. All the Buffalo Lithia Water he may want.

Dr. W. P. SMITH,

Gothenburg, Neb.

SEE page xxii for a good chance this month to get large value for little money. Don't hesitate because your subscription is not quite out. We can credit you just as well from the time that your present subscription will expire. We would rather do it now, for it would help to relieve the great pressure of subscriptions that always comes to us in December.

Uremic Poisoning.

Editor MEDICAL WORLD:—I wish to report a case that may be of interest to some of the brethren.

Carrie G., colored, aged eighteen years, was delivered at 8 a. m., August 5th, 1894, by a midwife. About 12 m. convulsions set in. She had had no trouble in labor, nor in the delivery of the placenta. Convulsions increased in frequency and duration until dark, having occurred about every hour, when I was called in. I gave at once per orem—

Hydrate of chloral.....grains x
Tr. verat. viride.....gtt. x

This was at 8 p. m. At 9 p. m. she became rational, and called for something to eat. This was the first time she had noticed anything since the first convulsion. During the night the convulsions recurred every two or three hours, lasting from a few seconds to a minute, each one being milder than the one previous. Treatment during the night was:

Chloral hydrate.....grains 5
Tr. verat. viride.....gtt 2
Tr. buchu.....f. dram 1

every four hours, alternating with a hypodermic of

Sulph. codeia.....grain 1/2
Tr. verat. vir.....gtt. 6

every four hours.

When I left at daylight I ordered

Potass. nitrate.....grains x
Hydrate of chloral.....grains v
Tr. verat. viride.....gtt. ii
Tr. buchu.....f. dram 1

to be given every hour. I saw her again at 5 p. m. She had had no convulsions since 10.30 a. m. I continued the treatment, but increased the interval between doses to two hours. This treatment was kept up for forty-eight hours, resulting in recovery. Not having the proper appliances, I did not examine the urine, but presume I had a case of uremic poisoning to deal with.

A. W. VIDAL, M.D.,

Fruit Hill, S. C.

A Case of Puerperal Convulsions.

Editor MEDICAL WORLD:—On August 31st I was hurriedly called, at five o'clock in the morning, from my home to a distance of eight miles, to see Mrs. C., the messenger stating that she was dying with fits. The husband met me at the gate, saying: "Hurry, Doctor, my wife is dying." On reaching the bedside I found her entirely unconscious, and suffering from fearful puerperal convulsions. I made inquiry

of the midwife, and she stated that the child was born at half-past twelve a. m., and that she had a very easy time; that it was not an hour from the first pain before the child was born, and in ten minutes afterwards the afterbirth was delivered, and the woman said she had "never felt so well nor had so easy a time before," and this is the fifth child. She rested well up to three o'clock a. m., when she suddenly went off into a convulsion. She had eight up to the time I arrived. I gave her a hypodermic of sulph. morphine, gr. $\frac{1}{4}$; sulph. atropine, grains $\frac{1}{10}$, but it had no good effect. I then gave a hypodermic of eight drops of tincture of veratrum viride, which stopped them until four o'clock p. m., when they came on again. I repeated the veratrum viride, and they stopped. I then put her on aconite and gelseminum every three hours.

On this date (September 4th) mother and child are both doing well. I would like to know what caused the convulsions. Will some of the readers of THE WORLD tell me, and what you think of the treatment? If it was not the best, it acted well. She was very billious.

T. D. HAWKINS, M.D.,
King's Ferry, Fla.

Fatal Case of Post-Partum Hemorrhage.

Editor MEDICAL WORLD:—Many rush forward to your most valuable journal to display their successes, but I come to day to tell of a fatal case of post-partum hemorrhage.

I was called on July 29th, 1894, at 2 a. m., to see Mrs. D., age 17, primipara, three miles in the country. I was told before leaving that the child had been delivered, but the messenger could not tell what was the trouble; so I set off post haste, and arrived in a short time, and found the mother with uterine inertia and profuse hemorrhage. Upon vaginal examination I found the placenta in situ, having never been delivered, and the uterus and vagina filled with blood. Shock from loss of blood was very profound.

I immediately introduced my left hand into the uterus, and, with my right on the abdomen, kneaded the womb between, and at the same time gave fl. ext. ergot, dram ss, hypodermically, every ten or fifteen minutes, until two drams were given. Being so far in the country, these were the only means at hand to check hemorrhage. Slight contractions resulted, and the placenta was delivered and hemorrhage lessened, but it did not stop. Stimulation was not neglected.

At this time I informed the family that death

was inevitable, and despatched her father to town—three miles—for ice, but told him before he left that his daughter would be no more ere his return. She lay down quietly and gradually sunk into oblivion. Her respirations grew slower and slower, until death closed the scene.

Now, for the first time, could I indulge in questions. She had been taken in labor eighteen or twenty hours previously; everything progressed very smoothly until the child was born, at 1 a. m., when post-partum hemorrhage set in, so profuse that before she could be removed from the chamber, upon which she had been delivered, blood accumulated in the vessel up to half its capacity. The old woman, getting alarmed, sent three miles after me, the young mother bleeding all the while. When I arrived the bed was soaked with blood. Shock was so profound that reaction never set in. I had no perchloride of iron with me, but I did not regret it, as I felt assured that neither it nor anything else could have saved her life.

The old midwife sat down in perfect amazement, and saw her patient bleed to death; and yet, some few months ago, the Florida State Board of Health were speaking of having pamphlets printed, for distribution among these midwives, telling them of antisepsis. How can you preach antisepsis into *anti knowledge*—ignorance?

How can we, as physicians, do otherwise than condemn such laws?

Snead's, Fla. W. WALTER TISON, M.D.,

[Cases of post partum hemorrhage are occasionally so severe that nothing can check them. The Doctor being on the ground, probably did many more things than he takes time here to relate. Yet we cannot neglect this opportunity to recall for the benefit of the new recruits in the ranks, some of the measures that may always be resorted to for relief, often with success in apparently hopeless cases, viz:—Elevating the foot of the bed; hot water injected into the uterus; vinegar, or lemon juice, or turpentine, injected into the uterus or carried in with a sponge or soft cotton cloth; pouring from a height upon the abdomen alternately *hot* and *cold* water; compressing the abdominal aorta; full doses of digitalis, ipecac, or opium until effect; never give up until patient is dead.—ED.]

SEE Dr. Abbott's excellent article in this issue on "A Pocket Pharmacy." The case which we offer in connection with WORLD on page xxii includes all the emergency drugs which he mentions, and many others.

Antiseptics Not Necessary in Obstetrics.

Editor MEDICAL WORD:—As some years have passed since I appeared last in your columns, all, or nearly all, your readers have no doubt lost sight of me, and to remind you all that I still live, and am a constant reader of THE WORLD, as well as to join the general "experience meeting," I again ask for leave to say, briefly, my say in regard to the use of antiseptics in general obstetric practice. I am constrained to speak now, for the reason that last night I attended case No. 2,500 in labor. Have been in active practice thirty years, have met with all the difficult labors it is possible for a physician to meet, excepting one requiring cesarean section; I have turned thirteen times, met placenta previa six times, performed craniotomy once, and met with puerperal convulsions quite a number of times. I have never washed out a vagina after labor, and have never made use of an antiseptic agent, excepting pure water, on my hands, as a wash, and have, in these 2,500 cases, never had a woman to die in confinement, or within three months after, and these were deaths caused by diseases not involving the genitalia. Is there, in this experience, any argument in favor of meddling injections of the vagina and uterus in *post partum* cases? I have in these years seen quite a number of cases of puerperal fever in the practice of brother physicians, having been called in consultation, but never had a case of that dread disease in my own practice. My work has been among the wealthy, as well as among the poor; among some of the most cleanly as well as among those who live in filth. I attribute much of my good fortune in this respect, 1st, to my own personal cleanliness, and 2d, and by far the most important, to my persistent and emphatic refusal to take charge of a case in obstetrics while attending a case of erysipelas, or after seeing a case of puerperal fever, for the period of at least two weeks after attending a case of either of these diseases. My practice has been confined to village and country, and it may be that country air has helped the avoidance of many fatalities; yet I cannot endorse, with my experience behind me, the much lauded though meddling vaginal douché as a part of *post partum* treatment. My treatment of the woman in such cases is a dose of two tablespoonfuls of castor oil, or a tablespoonful of calcined magnesia, on the third day, a careful regulation of diet, and the recumbent position during at least ten days after delivery, keeping the room and bed as clean as circumstances will permit; though I must confess I frequently find, on making my after visits, a room and bed full of odors not as pleasant as those of roses. Any

and all advice I may give to some of these very careless people is a waste of words, for—"Doctor, you know it won't do to change bed-clothes, or open a door or window, because she might take a dreadful cold, you know."

I just now recall a case of *post partum* hemorrhage I met with a few years ago, in which, as usual, the bed was saturated with blood. On my return to see the case, on the third day after delivery, I found the patient lying among the same clothes in the same bed, with all the doors and windows closed; and this was in August. The condition of the atmosphere in that room is better imagined than described; and yet that woman, a primipara, was in fine spirits, and not a single bad symptom followed. I have attended her twice since, and with all this filthy carelessness she enjoys life and child-bearing.

It appears that, since this is a natural process, nature manages these filthy cases in her own way, and they all make a speedy recovery.

WM. B. BIGLER, M.D.,

East Prospect, Pa.

Decubitus in Labor.

Editor MEDICAL WORLD:—My patients are not *required* to go to bed until the waters break. They may change, sitting and walking, lounging for awhile when fatigued. When they do turn in to stay, they lie on their back or *left* side—for obvious reasons the side is preferred. When the head presents itself against the perineum, if the labor is progressing too rapidly—a thing that occurs more frequently than is generally supposed—my patient is *confined* to her back, the bed pressing up the coccyx against the too fast descending head. To illustrate the contrary course, I have been called with the request to be sure and bring my forceps, to find a case hanging fire for hours, the patient flat on her back, insisting on dying, the attendants worn out. The Doctor's face brightens when he sees my old forceps, which I have owned upwards of thirty years, and that have done duty, perhaps, a dozen times—half that number, though, would be nearer the mark. The patient is placed on her side, thus giving the coccyx a chance of getting out of the way. Without any forceps, and, what is better, without any laceration, the child is born within the next thirty minutes. Doubtless, this is nothing new to hundreds of the old WORLD's readers. But equally doubtless, there are as many hundreds who will do well to stick a pin here.

JEROME BRUCE, M.D.,

Sanford, Fla.

New subscribers who send \$1 now for 1895, will receive WORLD for the remainder of this year free.

A Case of Spina-Bifida.

Editor MEDICAL WORLD:—Nine months ago I attended a lady, 41 years old, in her eleventh confinement. The labor was normal, and the child, a male, weighing 7½ pounds, was perfectly formed aside from the existence of a hydro-rachis or spina-bifida. The sac resembled a large blister, about the size of a two cent piece, somewhat irregular in outline, and located over the lumbosacral articulation. Around the margin of the sac the skin was of a purplish tinge, and the finger could detect the opening where the ossification was incomplete.

I painted the sac thoroughly with two or three coats of collodion, the contraction of which diminished the size of the sac somewhat. Over this was now placed a compress of absorbent cotton, held in place by adhesive plaster. The collodion was applied twice a day for two weeks, when the heavy crust of collodion was carefully removed. The sac was almost obliterated, the skin being considerably irritated. An ointment of borated vaseline was rubbed into the skin, and the cotton compress re-applied for a few days. The collodion was again used for a week. There was now a distinct depression where the sac had been. A bland ointment was applied to the skin, and the compress continued for two months as a protection. At the end of this time the child began taking two grains of calcium phosphate three times a day. At the age of five months the skin over the site of the sac remained discolored, but the opening was closed by cartilaginous tissue, and there is no indication of further trouble from it.

Waterloo, Wis. O. C. BAILEY, M.D.,

A Monster.

Editor MEDICAL WORLD:—Dr. Sherrill's case was indeed very badly deformed. I wish to report a case which was of much interest to me, as well as to others who saw it.

I was called, May 13th, to see Mrs. F. H., aged 35, general health good, mother of six children. I found her well advanced in labor, but was unable to make out the presentation. The farther advanced the more difficult it became. I finally concluded that it was the head, with some sort of abnormal growth. Labor became very tedious, pains hard, but little advance. Finally, after two hours hard work, I succeeded in delivering her of the monster, which was at full term, and weighed about eight pounds—a boy.

The first thing I noticed was the abnormal growth on the head, which, when supported by the hand, assumed the shape of an infant's head. This was located about the nape of the neck,

extending slightly upon the occiput, being attached by a very well formed neck, though somewhat short. It was not a perfect head, excepting in shape. It had no cranial bones, nothing in the way of eyes, ears or nose, excepting a depression showing where they should have been. The mouth was very imperfectly formed, on the interior of which could be found a trace of the gums, but no tongue. By careful examination this was found to contain a soft, brainy looking substance, and an alimentary canal. Strange to say, this intestinal canal had its outlet through the child's true mouth, which gave it the appearance of vomiting the meconium.

Now, as to its true head, which was somewhat small. It would be hard to describe it fully. There was the greatest non union of bones I ever met with—none excepting the inferior maxillary being united, and it was non articulated most of the time. In any position the head was laid, the force of gravity caused it to assume a new shape.

The right eye was very well formed, the left almost entirely missing. Nose very small and short: nasal cavities extra large. The chest was very large, extending forward. Under the stethoscope could be distinctly heard two heart-sounds—one under the center of the sternum, and about the third and fourth ribs, the other to the left and below the left nipple.

The penis was of proper size, but very short. It had the appearance of having been cut off at about the junction of the prepuce.

There was only a depression of the urethra, but no passage. On the second day I inserted a small sound, it opening the way till it reached under the pubic bones, where it entered the passage of the urethra. I explored the passage, but could not find any urinary bladder.

On the third day I found an accumulation of fluid in the abnormal head. I inserted a trocar and drew it off. It resembled urine very much, which I think it must have been.

The monster lived four days.

Alba, Tex.

Dr. W. H. SMITH.

Distilled Water for Rheumatism.—Treatment for Epilepsy.—Treatment of Tetanus.

Editor MEDICAL WORLD:—Editor Joseph Medill, of the *Chicago Tribune*, has formulated some ideas as regards the cause and cure of rheumatism, which I think it would be worth while for sister Shaw to peruse.

His idea is that in the water we drink, more than anything else, we can trace the cause of rheumatism and lime deposits, and he recommends that all afflicted people drink only dis-

tilled water, or that which is most free from mineral matter.

I know for a fact that he has been a great sufferer, and from his recent utterances should say that he has been successful in relieving himself, by strictly adhering to distilled water. For my part, I use his ideas, with a little quinine and salicylate of soda—say about gr. ii of each at night. For an external application I use lard, 1 lb.; capsicum (pulv.), oz. iii; camphor gum, oz. j; dissolving the camphor in the hot lard and cayenne; then strain through cheese cloth. Keep well closed from the air. Apply with gentle friction. This, with the free use of distilled water, relieves most every case.

My cases of epilepsy do well, and keep free from any phase of the trouble on the following :

R. Ammonia bromide.....ounce ss
 Tr. belladonna.....dram ii
 Tr. golden seal.....ounce ss
 Fid. ext. ca's a.....ounce i
 M. S.—Teaspoonful every 3 hours for three weeks. Then one tablespoonful twice a day, in a little water.

If people will only be careful what they feed epileptics on, and not give them indigestible foods, they will find that they will respond more readily to treatment. I have one case that has been entirely free from attacks for five years, and I have ceased giving anything for two years.

I wish my friends would direct their letters, stating their experience with vaccine in phthisis, to THE MEDICAL WORLD—not to me. I am convinced, but others are not.

I had a case of tetanus last week, from the result of rusty nail in the foot. I have seen two cases of rabies in my life time, and I fail to see much difference in the symptoms.

Tincture of gelseminum, in 20 drop doses, with an enema of lobelia, and afterwards acetanilid, grains ten, one dose, has brought him out all right. I would advise this treatment in all cases, especially the acetanilid. I must here confess to having no prejudice against this drug. It works wonderfully, and in confinement cases, where the os will not dilate readily, and the pains are backward, a 10 grain dose does the business for me.

I am almost totally deaf from thickening of the drum. Can any one please suggest anything?

H. S. BREWER, M. D.,

Cor. State and Madison sts., Chicago, Ill.

Replies.

Editor MEDICAL WORLD:—To Dr. Bobb, Pg. 334, I would suggest that he examine her urine with the microscope very thoroughly, and also be sure she has no uterine displacement. I would not say his diagnosis is not correct, but

think the microscope will tell him with a certainty he may not doubt.

Dr. W. F., Pg. 335, does not say whether he has examined the urine or not. Would certainly do so if not. It reminds me very much of a case where I found an eroded condition of the os uteri, which I suspect he will find if he examines his patient. I would not trust wholly to a digital examination, but use the speculum. If the spinal tenderness continues I would apply small blisters along the tender spots.

Mr. Editor, would it not be a good idea to suggest to the correspondents to THE WORLD, when replying to the others, to give the page, at least, on which the article being answered is found? I many times like to refer to the cases under discussion and many times have to look through two or three numbers. It would save so much time. I have no doubt many others experience the same inconvenience.

F. H. FORSHEE, M. D.,

McGrawville, N. Y.

[The Doctor's suggestion is a good one. We have, in the past, made the request of our readers, but it seems to have been since forgotten.—Ed.]

Treatment of the Morphine Habit—Experience with Zinc Sulpho-Carbolate in Typhoid Fever.—Gastro Catarrh Treated With the Same Remedy.—Nitric Acid for Remittent Fever.—Value of Acetanilid.

Editor MEDICAL WORLD:—I was treating a case of the morphine habit by the gradual reduction method, when I read Dr. Waugh's able article in August WORLD, and as my patient at that time had taken no morphine for forty-eight hours, she was in great agony from pains in the back and head, and also complained of aching of the whole body. She had hot flushes and considerable perspiration at intervals of one or two hours. For the various pains of the body I prescribed Dr. Waugh's prescription of acetanilid, sodium salicylate, and ammonium bromide, of each five grains, to be repeated every hour or two until relief was obtained. Its effects were most gratifying, promptly relieving all pain except the neuralgia of the fifth nerve, which appeared to be rather obstinate.

I have now under treatment four cases of typhoid fever, two of which are convalescent, all of which were treated throughout the course of the disease with zinc sulpho-carbolate. In one of the cases the temperature, on the eleventh and twelfth days, ran to 103, evening temperature; bowels moving four and five times in the

course of twenty-four hours. He was taking the zinc sulpho-carbolate in 2½-grain doses every three hours. I ordered it to be given every two hours until further notice. At my next visit I found his temperature one degree lower, and bowels less active, and all of his symptoms better. This turn for the better I can only attribute to the more thorough aseptic condition of the bowels, produced by giving the zinc salt in quantities sufficient to produce the desired effect.

For a case of gastric catarrh, following *la grippe*, in an aged lady, after trying nearly everything recommended, I gave her sulpho-carbolate of zinc, 2½ grains every three hours, and had the pleasure of seeing a rapid recovery and of obtaining the good graces of the old lady, as she had become despondent, and had about concluded that her days on earth were numbered.

Some one recently asked what to give instead of quinine in remittent fever. I will speak from experience, that dilute nitric acid, given in full doses every four hours, will seldom disappoint us in curing a remittent or intermittent fever, if given steadily in ten-drop doses every four hours for two days. I frequently use it in such cases, as the patient is not troubled with the annoying symptoms of cinchonism.

I see some physicians are saying they don't like acetanilid—that it is a dangerous drug, etc. I must say that there is no remedy that I give oftener than acetanilid, and that there is no single remedy that has done as much toward giving me a start in practice, and gaining the confidence of the people, as the much-abused drug, acetanilid. Certainly, if given in doses too large, or not properly guarded by stimulants in the weak and delicate, we may occasionally have symptoms of cyanosis. But I almost invariably give it in whisky, to counteract its depressing effect. I mean in cases of fever. A lady remarked to me once that she never saw anything cool fever so quickly and so certainly as “those little white powders.” She was a very intelligent lady, and had lived in large cities, with exceptional advantages of observation, and she knew a good thing when she saw it.

Dixon, Ky.

C. M. SMITH, M.D.,

Mustard Plasters.—Acetanilid.—Pruritus Vulvæ.

Editor MEDICAL WORLD:—In the September No. (page 327), I see an able article, headed “Use and Abuse of Mustard Plaster.” But, Doctor, we do not care to put mustard plasters on dead babies. If you read my article carefully (page 276, August WORLD), you will find

that also something is done towards the central nervous system. Theories are good—sometimes right, sometimes wrong; but practical success must crown our theories, or else they belong to the gray ones. As I have not lost a single case of cholera infantum for years, treated by me exclusively, I will stand by my treatment.

“Use and abuse.” The same can be said of all internal and external remedies, and I repeat again that you achieve quicker results by using plasters than without. Only last week I had a case of cholera infantum, where I did not use the plaster. The next day I was informed that the diarrhea had improved, but there had been a steady retching until grandma put a mustard plaster on, and then it stopped. Here Doctor Grandma took the cake.

I have used acetanilid since it became known, and never had any bad results; never saw kidney lesions. Idiosyncrasy is no cause for condemning a medicine. Give small doses, hourly repeated, and you will have no ill effects. Five grains ought to be the maximum adult dose. I have used all antipyretics, but find acetanilid sufficient in all cases, and far superior to others. In the “grip” time I gave it to old and young, to strong and weak, with success. Many excellent remedies have fallen into disuse simply on account of indifferent dosage. All our remedies have different action in different doses. I hold it to be the most difficult study to master the administration of medicines. Every practitioner should have or make a selection out of the myriads of medicines now in vogue, study their actions to the fullest extent, and he will be surprised how small a supply is needed. For example: If you only could obtain opium, calomel, aconite, quinine, and one powerful germicide, can you think of any case that could not be properly and beneficially treated, with proper hygiene, and the so called domestic remedies?

Wolfgang Wedel, in his *Opiologie*, says:—*“Sacra vitæ anchora circumspicte agentibus est opium cymba vero charonitis in manu imperit.”* It is a double edged sword, a gift of heaven, in the hand of the master; the deadliest poison in the hands of the ignoramus. The same holds good of all remedies, not even aqua pura excepted.

For pruritus vulvæ.—First examine closely for causes, kidney lesions, especially; try to cure cause if possible. Wash and clean well; dry parts with absorbent cotton, vagina as well as vulva. Apply spirits of camphor on labia majora and minora, and around the clitoris and folds of the frenum. Lord! how it burns! but only for a couple of minutes; after five minutes,

paint well with fluid extract hammamelis, and you give your patient a speedy relief, and cure when cause is curable. Try it.

Colwich, Kan.

Dr. JOHN ZENNER.

Peculiar Tolerance of a Large Dose of Acetanilid.

Editor MEDICAL WORLD:—Seeing a number of articles in THE WORLD regarding acetanilid, I will repeat something I reported to your journal some years ago.

Mrs. J. B., in the habit of taking one of the effervescing granular headache remedies, took a heaping teaspoonful of acetanilid without serious results.

I dipped up a heaping teaspoonful from the same box, and found that it weighed 35 grains.

I saw her one hour after she had taken the dose, *not to administer an antidote*, but to prescribe for the headache, which was unrelieved. Her pulse rate was fair, and she suffered no inconvenience whatever from the unusual dose.

Mrs. B. is slight, nervous, and will weigh not far from 100 pounds.

JAS. M. DONBLAN, M.D.,

Glenwood, Iowa.

Acetanilid Once More.

Editor MEDICAL WORLD:—I notice in the September WORLD a communication from Dr. D. Boswell. I once more want to impress upon the family of WORLD readers the importance of this great and certain antifebrile remedy. I speak from an experience of eighteen years, and until within some six or seven years I have had fever cases of 104 or 105, which have troubled me greatly, for I have failed to reduce the fever in many cases to an extent which, to me, was, to say the least, discouraging, except by resorting to the cold pack, or bath, which, as a rule, is looked upon by the laity as a dangerous procedure, and one which they would not submit to except by holding us responsible to the extent of almost a warrant of final and rapid recovery. I was on the lookout for a remedy in just such cases, and when I saw acetanilid I watched the reports of its use with fear and trembling, but finally began its use cautiously in just these high febrile cases, and to my entire satisfaction. For some eight years I have not been once disappointed in its use. I will say, however, that for more than a dozen years I have been giving less doses, often repeated, and I used this in from 2 to 5-grain doses, according to age and necessity, and I can truly say, with Dr. Boswell, that I have never yet failed to reduce fever, and in a way entirely satisfactory to myself, and especially so to my patients. I therefore speak

with great assurance in this matter, and only hope I may induce others who are hesitating in fear and trembling, an account of reports which, I am convinced, are very much exaggerated from either fear or a too limited use of the remedy, to pass opinions so strong as I have seen passed. I would not have said more on this subject, had I not felt that a great remedy was being too little appreciated by many of the fraternity, on account of condemnation by a certain few who, I am now sure, have either used it too little or too much to be qualified to condemn it as they have.

Once more I say, in all high fevers give this a trial, and I am sure no more will have to be said as to its merits, for it will speak for itself in no uncertain tone.

I would suggest to the fraternity small doses often repeated for safe and satisfactory results—not homeopathic, but perceptible, reasonable doses.

A. R. GAREY, M.D.,

Ashland, N. H.

A Case of Rabies.

Editor MEDICAL WORLD:—The following account of a case of hydrophobia, occurring in my practice while at Avondale, a suburb of this city, nearly three years ago, may prove of interest, not because of anything out of the usual course of the disease shown in it, but rather because it may stand as a typical case of a unique and terrible disease.

On the morning of December 31st, 1891, I was called to see Henry Bankwitz, said to be suffering from difficulty in breathing. On arrival I found the patient, a strong, vigorous German, aged 34, walking rapidly around the room, swinging his arms wildly about, face pale, and with a distressed expression, staring eyes and gasping respiration, the latter so violent that he could hardly speak at all—a singular and never-to-be-forgotten sight.

After a few minutes he became calm, and related the following history in a perfectly cool and rational manner.

Five days before, he had taken a shower and steam bath down town at night, and then walked home, feeling no ill-effect whatever (as he had done the same thing many times before) until the afternoon of the day preceding (December 30th), when, while washing his hands at a watering trough, he suddenly experienced a sensation as of being plunged into cold water, and gasped quickly for breath. He then went into a saloon for a glass of beer, but was unable to swallow it. On going home immediately afterward, he found himself unable to swallow food at supper-time, but had no other bad symp-

toms. He passed a restless night, broken by frightful dreams, from which he would frequently wake with starts of terror, and bathed in a cold perspiration. The bath haunted all his dreams, and was the source of all his fears. About 6 a. m. he had begun to experience a sense of suffocation, and the gasping respiration began, and had been growing steadily worse till the present (9 a. m.).

He had always been in good health, never drank to excess, and all his habits were good, as was also his family history. His wife thought he had not been looking quite well for a week, but he was not conscious of any bad feelings till the preceding afternoon. Temperature was normal, physical examination negative. He could not remember, in answer to my cautious question, that he had suffered "any injury" lately. While he sat quietly talking I handed him a cup of coffee from the breakfast table, when a sudden and startling transformation took place. Springing from his chair, and with the cup tightly clutched, he began rushing wildly around the room, gasping horribly, and making terrific but ineffectual efforts to get the cup to his lips. Calling his wife into another room, I inquired if he had been bitten lately, to which, after a moment's recollection, she replied in the affirmative, a little calculation giving the date as six or seven weeks previous, when he had been bitten on the leg by a dog in an alley near Desplaines street, but had washed out the slight wound with whiskey, and thought but little of it. I told her my fears, but warned her not to tell the patient, as I wanted to be sure my diagnosis was not obscured by his apprehensions. My fears on that score were groundless, as, on my return two hours later, I found that she had told him, but he flouted the idea, being satisfied that the shower bath (at the mere mention of which a paroxysm returned) was the sole cause of his trouble.

He grew steadily worse during the afternoon, the paroxysms of dyspnea increasing in both frequency and intensity, and being excited by slight causes, as a sudden noise, or especially any reference to, or sight of, water. He suffered greatly from thirst, but was only able to take a few swallows of water, at the expense of the most agonizing efforts, in which, seemingly, every muscle was contorted. From 5 to 8 p. m. he struggled and raved almost constantly, rushing to the window, crying for air, and requiring the efforts of several men to prevent him from throwing himself out. He never attempted to bite any one, but frothed constantly at the mouth. A peculiar hoarse, croupy cough began during the afternoon, which gradually developed into a sound so closely resembling a bark as to

startle people who had not heard it from the first.

After 10 o'clock he grew gradually quieter (he had received about 60 grains of chloral during the evening, given by enema), and sank into a stupor, from which any slight sound would arouse him to renewed spasms, but which gradually grew deeper. His last severe spasm was at midnight, caused, no doubt, by the cannonading with which the New Year was ushered in. He died at 2.30 a. m., just thirty six hours after the appearance of the first symptom at the water trough.

To the above account there is little to add. Treatment was palliative only, the patient stating that the hypodermics of morphine and atropine given gave the most relief of anything. Chloroform by inhalation was not practicable, owing to constant and violent movements of the head. The main interest centers in the diagnosis, and in the question as to whether hydrophobia is a distinct and separate disease. How any one can doubt it who has ever seen a case like the above is incomprehensible. Surely, a disease with a definite incubation period, a definite and ascertainable cause, and a train of marked and characteristic symptoms, pursuing its unvarying career to a fatal end, has as much right to recognition as a distinct disease as tetanus or scarlatina.

It may be simulated by a patient of nervous or hysterical tendencies; so may epilepsy; so may pregnancy.

If, as Dr. Waugh says, he has never seen a genuine case of rabies, it must be set down as a curious instance of the irony of fate, to withhold from a man of wide and varied experience a sight of this rare and curious disease, and vouchsafe the same to an obscure country doctor—hiding things from the wise and prudent to reveal them unto babes. However, the Doctor is the last one, I am sure, to reject light from any source. A great and wise prophet once received instruction from his ass, and in the history of medicine it has often happened that the college has been indebted to the crossroads.

F. L. ROSE, M.D.,

5305 Halsted street, Chicago, Ill.

A Treatment of Hydrophobia.

Editor MEDICAL WORLD:—Your inquiry for experience with hydrophobia recalls to mind two cases which came under my observation in the wilds of Egypt—Southern Illinois—some thirty years ago, and which I shall never forget.

They were boys, about 13 and 18 years old, I should judge, bitten by a dog which was killed

several weeks previous to their developing the disease, unmistakably mad.

The youngest died after long hours of struggle and agony, notwithstanding heroic doses of morphine, nux vomica, etc., and a liberal use of chloroform. While unconscious under the anesthetic he was rolled tight in a stout sheet wet with hot water to await the next spasm. This only seemed to aggravate his sufferings.

The older boy, taken sick a week afterwards, was confined in a very hot room from which all liquids were excluded, and was induced to chew and eat lobelia leaves freely between the attacks. He became weak as a child, was unable to stand or sit, sweat profusely, enormously, drank nothing for two days, at the end of which time the spasms were less frequent and severe and he was able to eat a little food moistened slightly. He had no attacks after the third day, and was soon around the house perfectly well. During the three days he was kept helpless with the lobelia, using no other medicine.

This was in 1858. I have not seen a case of this disease since, but have desired greatly to have this remedy further tested.

J. H. Sanborn, M.D.,

973 Lake St., Chicago, Ill.

Permanganate of Potassium for Poisoned Bite and for Morphine Poisoning.

Editor MEDICAL WORLD:—I was called to see Miss B., June 28th, who was spider-bitten four hours before my arrival. I found her suffering with severe pains, the limb quite badly swollen, and very dark color, with lightning pains through the body. I gave her permanganate of potassium, half grain every fifteen minutes for the first hour, and after this time all pains ceased. Fearing that the pains would return, I left two grains to be given in doses of half grain each, every thirty minutes, if necessary; but learned since that the pains did not return.

Of course, with this treatment I cauterized the wound and poulticed it.

I have used permanganate of potassium in one case of over-dose of morphine, and it worked wonders

Kempner, Tex.

G. E. HUDDLE, M.D.,

Potassium Permanganate for Opium Poisoning and Snake Poison.—Queries.

Editor MEDICAL WORLD:—Communications have been coming to me from all parts of the United States since the appearance of the article on the 'confirmation of the antidotal power of potassium permanganate against opium,' July

WORLD," page 239. I here reply to the following question:

"How did you administer the pot. per.—by the mouth or hypodermic needle?" After examining the patient I found there was no time to be lost to make a known strength, but made what I supposed to be one-half a saturated solution, and administered one half teaspoonful doses every five minutes by the mouth. I did not use the hypodermic needle, for fear of an abscess, after considering the patient in question. The antidote acted like a charm soon after beginning its use.

I was called to see Mrs. D. in confinement, January 18, 1894. After the birth of the child I found that its scrotum and feet, from ends of toes up to one inch above ankle, were black, the father being a blacksmith by occupation, and of white complexion, as is also the mother. The question was asked me, "Who was the father of the child?" as her virtue was questioned. Now, will some of your many readers answer through THE WORLD, what was the cause of the black scrotum and feet, the other parts of the body being perfectly white?

On August 30th, 1894, a mother came running into my office with a child in her arms that had been bitten by a rattlesnake in each foot and in the left hand. The child was very much swollen, and screaming with pain. Its feet and hand were swollen all the skin would hold, and the body was spotted. I then remembered reading in THE MEDICAL WORLD, June No., page 191, of potassium permanganate as an antidote in snake poison; so I at once prescribed the above with very good results, as eight hours afterwards the swelling had entirely disappeared, and the child was better in general. Now the child is completely well.

I had a case of glycosuria, and all symptoms have disappeared for some time, excepting a pain in the region of the kidneys. Now it is aggravated on contracting a fresh cold. Will some of my medical brethren help me by writing me a cure, either through this journal or by letter direct?

Dr. D. M. KOONTZ,

92 Poplar st., Johnstown, Pa.

Cases of Opium Poisoning Treated With Apomorphia, Sulph-Atropia, Nitro-Glycerine, Strychnia, Nitrite of Amyl, etc.

Editor MEDICAL WORLD:—May, 1894, Charles Rhinehart, at 8 o'clock p. m., took with suicidal intent, twenty grains of sulph. morphine. I was called to see him next morning at 8 o'clock, and found him in an unconscious

condition, face livid, ears black, black and liver splotches covering the surface of the body and extremities, pupils contracted to pin-hole size, respiration labored, gasping, about one to the minute, and growing slower and more difficult; pulse 120. An empty morphine bottle was lying near. I administered hypodermically $\frac{1}{2}$ gr. of apomorphin, also $\frac{1}{30}$ gr. sulph. atropia; repeated the apomorphin three or four times in the course of an hour, without effect. Repeated atropia in thirty minutes. Continued atropia every twenty to sixty minutes during the day and night, in gradually increasing doses, until 12 o'clock p. m., giving then $\frac{1}{10}$ gr., then in gradually decreasing doses. I gave occasionally, with the atropia, $\frac{1}{100}$ gr. of nitro glycerine. Gave alternately with atropia $\frac{1}{50}$ gr. strychnia, with one or two drams of whisky hypodermically.

I gave also three or four doses of permanganate of potassium during the day and night. I administered by inhalation three drops of nitrite of amyl occasionally, to aid in sustaining respiratory powers. I resorted to artificial respiration when respiration would flag. Used counter-irritation with mustard, and flapping with wet towel.

Two hours after the first dose of atropia the pupils dilated, respiration improved, and there was some return to consciousness. I gave two tablespoonfuls of mustard in warm water; no emetic effect at any time during treatment. No stomach pump at hand. As soon as effects of atropia, etc., would begin to pass off, all the symptoms of profound narcosis would return. About 3 o'clock a. m. he became rational, and stated that he had taken 20 grains of morphine with suicidal intent at 8 o'clock p. m., twelve hours before I saw him. He made a very good recovery.

He said he was out of work and money, had no friends, and made up his mind to shuffle off the mortal coil. The druggist of whom he purchased the morphine says he sold him 20 grains for 25 cents.

I saw a case on December 31st, 1893. Six 15 grain capsules had been filled with morphine in mistake for quinine, and five of them were taken from 10 o'clock a. m. to 3 o'clock p. m. I saw the patient at 6 o'clock p. m., and gave mustard and ipecac emetics, also apomorphia, $\frac{1}{2}$ gr., which acted well.

The treatment was substantially the same as above case, except in this case all the strong coffee was given that the patient could be induced to take.

It seems to me, Mr. Editor, that by adapting the above measures to the quantity of morphine taken, we can control its effects, and prevent a

fatal issue from almost any quantity of morphine taken.

SMITH BUFORD, M.D.,

Raleigh, Tenn.

[The first case seems to present some unusual and peculiar features. 1st, that a patient who had taken twenty grains of sulphate of morphine should be found alive twelve hours thereafter unless accustomed to using morphine. 2d, that a patient should continue to live while the respirations are reduced to one per minute. 3d, the enormous amount of the principle antidote, atropine, tolerated. The same remarks seem to be applicable to the second case, also. The question as to the quality of the morphine dispensed also naturally arises.—ED.]

Strychnine for Snake Bites

Editor MEDICAL WORLD:—Strychnine has proved an antidote for bites of poisonous snakes. August 8th, we were called to see Mrs. W., who, going at noon to the cellar to get milk, felt something strike her in the temple. On looking around she saw a snake and called to her husband, who killed the snake and pronounced it a *copper-head*—which species is very poisonous in this country. We arrived at four o'clock and found Mrs. W. semi-comatose, with cold extremities, pulse irregular and rapid, and eyes swollen until she could not see. We wrapped her in flannels and gave her hypodermic injection of liquor strychnia in large dose. After a quarter of an hour we gave her another large dose, say twenty minims, and within one hour she recovered from her comatose condition, and recognized all in the room. The next day she was all right excepting some little edema of the head and face. This is the second case we have treated in the same way, only the first case was bitten by a large rattle-snake. We can, by experience, recommend the strychnine. The patient can stand large doses. No whisky was used in these cases.

Owsley, Mo. DRs. HARRIS & DRAPER,

A Needle Passing Harmlessly Through the Alimentary Tract.

Editor MEDICAL WORLD.—On page 290, last issue of THE MEDICAL WORLD, I notice the report of a case of a child swallowing a foreign body (a cent), by Dr. John M. Bingay, Canada. Having had quite a remarkable experience with a case of mine in this line, I beg to offer it to the readers of THE WORLD for what it may be worth.

In the summer of 1892 I was called in suddenly to see a little negro girl, a bright, intelligent child of some ten years of age, who had

accidentally swallowed an ordinary steel sewing needle. No symptoms of pain or other disturbances presented themselves, and the child seemed totally unaware of the possible danger she might be in. Supposing, of course, that I could do nothing for her, and had better let it alone and watch the results, treating them if necessary, I had concluded to leave her, when it occurred to me that no possible harm could result from trying an old remedy, which I had often heard highly recommended as having great efficacy in such cases. I told the parents to keep her absolutely quiet, and feed her on mashed Irish potatoes, and nothing else, for forty-eight hours, excepting enough water to enable her to swallow them with ease.

These directions were followed, and in about twenty-four hours the child had a passage, apparently, of nothing more than effete and undigested portions of potatoes. The mother, in whom hope was very strong, and whose intelligence was quite above the ordinary, looked more closely at the fecal discharges, and discovered the needle in the mass. Potatoes seem to have a tendency to cling to any hardened portion of the fecal matter, and render its passage less disagreeable, and on this occasion, literally cased the needle over and protected the alimentary canal and anus during its passage.

It is quite interesting to note that the steel had lost its high elasticity and brittleness, and could be easily bent and twisted. It had also changed color, and was an ashy blue. These changes, I judge, were due to the action of the acids and alkalies in the alimentary tract.

FRANCIS LEE THURMAN, M.D.,
Eastham, Va.

The Comfort of the Sick.

EDITOR MEDICAL WORLD:—The following hints, if mentioned in your journal, will add much to the comfort of the sick. If a child has fever of any kind or bowel trouble, always offer it water before giving milk or offering the breast. A child often takes milk which its stomach repels, because it is thirsty.

If the sick room is hot the temperature can be lowered several degrees by hanging up sheets which have been wrung out in cold water, and repeating when dry.

The mouth and teeth should be washed two or three times daily with salt and water when there is fever, and the lips anointed with vaseline to prevent cracking.

Halstead, Kan. V. E. LAWRENCE, M.D.,

Yes, we can still supply WORLD and Philadelphia Medical and Surgical Reporter, both for one year, for \$3.25.

Fatal Case.—Opinions, etc.

EDITOR MEDICAL WORLD:—I would like to supply an omission, which I inadvertently made in an article in May WORLD, page 175, inasmuch as criticisms have been made on the same.

On my first visit, recognizing the probable presence of pus and the importance of evacuating it, I examined the thumb, in view of making an incision, but it was evident that no inflammatory debris of any kind was present. The patient, however, assured me that a few drops of pus escaped the day before.

At the point of primary irritation there was a discoloration of the skin about half an inch in diameter, that seemed to be due to an excavation under the skin. The skin was not broken, except where the needle was used. On the following day, however, I made an incision to the bone, opening the entire ball of the thumb, nothing escaping but a few drops of clear serum.

Besides the treatment already mentioned, the patient was given tr. chlor. iron, in frequently repeated doses.

The husband says there never was any noticeable coldness or palor of the arm, such as an arterial embolism should produce; nor were there any symptoms of occlusion of the venous system. The swelling of this arm was not of such severity as to cause, in itself, this gangrenous process. The shoulder swelled some also, followed almost immediately by black areas. Soon after death, large dark areas formed on her right thorax. Practically, her arm did not pain her, the pain being confined to her thumb during the first two or three days. Preceding the formation of the dark areas, red infiltrations or ecchymotic spots formed, first on her wrist, and later on the anterior aspect of her elbow.

As a urinalysis was not made, a diabetic condition cannot, with certainty, be excluded, but I cannot disassociate from my mind the possibility of there having existed a condition which has been described as purpura senilis, requiring only a touch, such as a traumatism or any irritation, to set the fatal process aglow. As to diagnosis, the following opinions were expressed through the press, and otherwise:

Dr. Waugh thinks it presents the ordinary history of gangrene; Dr. Pirnat, in August WORLD, thinks it a case of malignant pustule. Others think it a case of embolism, with consequent gangrene; others, that it is a case of erysipelas of the deep fascia; and the diagnosis of blood poisoning from the felon has been made. The above may throw some light on the subject.

W. C. HONTZ, M.D.,

Leonidas, Mich.

Remarks on the Treatment of Marasmus.

EDITOR MEDICAL WORLD:—Dr. Waugh, page 314, and Dr. Todd, page 329 August No., give me and the rest of the WORLD readers very valuable suggestions in the management and treatment of marasmus and other discrasia of the system ably enumerated by Dr. Waugh. Managed as herein directed, complemented by his treatment of these intractable cases, the majority should be cured.

I know Dr. Todd's treatment will meet many indications, but in the great majority of cases we have malnutrition to contend with, and must cater to the nutritive needs of the system; and this is where Dr. Waugh's treatment is so eminently fitting, and is now being demonstrated to me in several cases. In diseases, as in all else, we must have a foundation on which to build. When this is once accomplished you may use specific, indicated drug treatment, if you choose. But note, too, that infants and children do not bear drugging well; it seems to be disorganizing. The vitality of a child is often benumbed, digestion arrested, bowels paralyzed, with metastasis to the brain, delirium and death. And then the doctor will sagely say, "It has gone to the brain."

My practice is extensive among children, and I am sure I have frequently seen diseases supplanted by drug pathology. This seems incredible, but it is true.

One more word as to the adjuvants as a great help in the treatment of all chronic diseases, especially when coupled with some profound discrasia of the system. In those cases, where drugs seem inert, vitality at a low ebb, and, may be, from some unknown factor in the system, we must first prescribe a tissue-builder, as maltine, cod liver oil, etc., etc., as pointed out by Dr. Waugh. M. R. PETERS, M.D.,
Boiling Springs, Pa.

Teething Not a Pathological Process.

EDITOR MEDICAL WORLD:—There are a great many traditions and unscientific notions in regard to the diseases of infants, and these have been perpetuated and intensified by those practitioners who care more for the number of calls that they can make in a day than they do for the welfare of the little life which is just reaching out after the strength which shall bridge over, perhaps, the only deep and dangerous chasm which lies across its entire pathway of life.

One of these is the idea which leaves them at the mercy of some tender-hearted but cranky old lady, who has had a family, of which only

those who were especially vigorous have survived, the others having succumbed, as supposed, to that great bugaboo of all the anxious mothers, that natural process of development which prepares the child to meet the increasing demands of the body for nutriment—the eruption of the first teeth, which natural process, by some, even of the profession, is classed as a disease, and treated as such, to the great detriment and perhaps torture of the patient.

We find in the advertisements of the patent medicine men, among the diseases which are cured by their concoctions, "Children's Teething." The absurdity of the idea is too apparent to need comment. As well might we class the development of the hair or nails among the ills of childhood. I know that I may be asked if I have never seen the gums swollen and the mouth sore, and the little ones irritable, and even convulsed, and after the offending tooth had become visible these symptoms had subsided? Certainly; and so have I seen all of these symptoms, and even more, when there were no teeth coming, and the teeth did not appear for three or four months afterwards.

I think it can be laid down as an axiom, that a child in good health will cut its teeth with no more disturbance than a little more drooling and biting than usual; and when there is trouble with the child it will be more reasonable to look for some pathological condition as the cause of disease than to a physiological process, which we know causes so little disturbance that, upon the first discovery of the unexpected little white incisor, the surprise and delight of the whole family is expressed in the joyous exclamation of "baby's got a tooth!"

Bridgeton, R. I. H. J. BRUCE, M.D.,

Bismuth Sub-gallate for Gastric Catarrh

EDITOR MEDICAL WORLD:—I noticed Dr. Smith's query in the September WORLD (page 335), in regard to bismuth sub-gallate. I have had considerable experience in its use, and in the class of cases where it is indicated, I believe it far superior to any other agent we have.

A. B., male, fifty one years of age, suffered from dyspepsia for two years. He tried several physicians, without receiving any benefit. His weight was reduced from 185 to 157 pounds. The last physician he had pronounced it cancer of the stomach, and with that idea he failed rapidly. The only thing that gave him any relief was washing out his stomach six or eight times a day, and this was only temporary. He was constantly hungry, and after eating would feel a little relief for about two hours. But

then his suffering would begin again, severe pains radiating over the entire abdomen. On palpation I found a sensitive spot over the pyloric end of the stomach; no evidence of a tumor, however. At night he would be hungry and distressed, as during the day. He would have milk by his bedside, taking about half a glass every three hours. Vomiting was not a prominent symptom, although he would vomit occasionally, black masses resembling coffee grounds, and usually two hours after eating. He had frequent sour eructations. I believe that this form of dyspepsia usually results from excessive mental labor and exhaustion of nerve force.

I began treatment by giving two 5-grain tablets of bismuth sub-gallate, and ten grains of soda bi-carb. after each meal, and discontinued the use of the stomach tube. I saw the patient three days later, and he had not improved. A week afterwards I saw him a little better; two weeks afterwards all symptoms had disappeared. He did not assist the treatment by a careful diet, but seemed to eat everything. After four months' treatment he was apparently without a symptom; the abnormal appetite had also left; so I discontinued treatment.

A very remarkable thing was that, after improvement began he was not troubled with a relapse, nor has he been since treatment has been stopped, and that is over seven months ago. I saw him the other day, and he said that he weighed 193 pounds.

I believe that bismuth sub gallate is the only agent that we have that will permanently correct the above condition. I have used it many times since, with the same gratifying results.

In chronic alcoholic gastritis it has no action.

If the profession will give this preparation a trial, I am sure that they will have a valuable agent added to their list.

DR. G RAY HOFF,

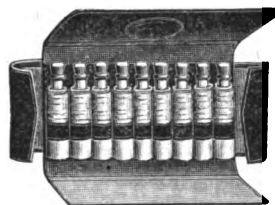
312 and 313 California Building,
Denver, Col.

A Pocket Pharmacy.

Editor MEDICAL WORLD:—To be provided with a pocket pharmacy that shall be sufficiently comprehensive to meet the variety of cases that apply in church, places of amusement, and on the street, while at the same time it is sufficiently compact to carry without inconvenience, has long been the dream of the profession, never realized until the introduction of the alkaloidal granules of the active principle.

The writer of this, some years ago, adopted a case, here shown, which has been extensively

introduced by the various granule manufacturers until it is carried, probably, by more physicians than any other one style of case on the market. Most cases are so large that they are cumbersome, and are soon thrown aside, the physician trusting to luck not to need it, or to get along with his hypodermic, or a stray vial or so that he may chance to have in his pocket.



This little case is adapted in size and style to be carried in the upper vest pocket, where it finds abundance of room (and in the writer's own pocket it leaves space to accommodate a fever thermometer, a fountain pen and a pencil). As will be seen by the cut, it carries nine vials; these are of half-dram size, and will hold 100 each of the average sized granules—900 doses. So you see it is *multum in parvo*.

With what this shall be filled depends upon the physician himself, his style of practice, and the cases he will meet. In my own case, at this season of the year (I always change a trifle to fit the season), will be found, 1st, glonoin (nitro glycerine, or trinitrin, as it is sometimes called), gr. $\frac{1}{50}$, and of all the remedies for an emergency case this stands pre-eminently the most important. To relieve spasm from any cause, to stimulate a flagging heart, to relieve syncope or pain from internal congestion, this drug stands without a peer. A granule chewed and allowed to absorb from the tongue, or dissolved in a teaspoonful of hot water, and poured between the set teeth of a spasmodic patient, relieves like magic, and is often curative in itself. Its action is to dilate the skin capillaries, causing a rush of blood to the surface, relieving congested nerve centers.

2d, and not less important, is the "king of pain," morphine, which I carry in granules of $\frac{1}{2}$ gr. each. Nothing need be said on the uses of this drug, except that where a quick effect is needed, the same is hastened by solution in hot water, and the use of the hypodermic thereby avoided.

I will mention hyoscyamine 3d, and strychnine arseniate 4th. Pages might be written on the use of these two, but I will simply suggest the action of the first to relieve pain and spasm by dilatation of constricted circular muscle fibres, as in colic, dysmenorrhoea, asthma, etc., and the sustaining action of the last, which would indicate its use to guard against relapse, with all remedies applied to the relief of acute conditions attended by a faltering of any organ. Nausea is often quickly overcome with a gran-

ule of zinc sulpho carbolate, gr. $\frac{1}{8}$, and so I number this 5th; with codeine, gr. $\frac{1}{8}$, 6th, it will not only relieve a worrying child, suffering with pain and languor from a decomposing dinner taken into a stomach not ready to receive it, but many 'other conditions that will present themselves. Aconitine amor., gr. $\frac{1}{32}$, in this naming, comes 7th, giving its usual first place to glonoin, but is none the less useful for all that. It should be added to the treatment of all conditions attended with fever. The size here given is adult dosage, but with judgment may be used undissolved at all ages from ten years up; in other cases it should be dissolved in water in appropriate quantity. This leaves two more loops, which are occupied by calomel, gr. $\frac{1}{8}$, and digitalin, gr. $\frac{1}{8}$. With this assortment we cannot only meet emergencies, but can do a large percent. of an extensive practice; and the case is so small and compact that its presence is often forgotten until the need arrives when it proves itself "a little giant," as some have called it.

To be always prepared is the duty of the physician. It pays in more ways than one, and how this can be accomplished to the best advantage should be a matter of more than passing interest.

I shall be glad to answer any questions that may arise in this connection by personal letter or through THE WORLD.

W. C. ABBOTT, M.D.,
Ravenswood, Chicago, Ill.

Discoveries Confirmed.

Editor MEDICAL WORLD:—I take great pleasure in endorsing Dr. Taylor's formula for diarrhea, which was lately reprinted by one who has used it. I have used it lately in two serious cases with "magical" results. I refer to the bismuth chalk nutmeg and zinc mixture. Try it.

I am inclined strongly, from a few cases within a few months, to attribute hemorrhage to quinine.

One man to day called, and spoke of having passed one teaspoonful of clear blood from his bladder after taking two grains of quinine every four hours for two days. I never saw such quantities of bloody expectoration in my life, as one man raised to whom I gave sixty grains of quinine in forty eight hours for pneumonia.

By the way, I endorse that treatment for pneumonia where that Western physician advises thirty to sixty grains of quinine in the first stage and first day of the disease. Since using it and also since discarding whiskey in treatment, I haven't lost one case of pneumonia.

While we are about it, why do not we physi-

cian's believe Dr. Abbott when he says that, "alcohol has no place in modern therapeutics?" I have practiced on that line for the last two years, and thank God I find alcohol is growing beautifully less in physicians' prescriptions.

Who can tell whether the alcohol kills the disease or the disease the alcohol? Prove it, if you can, either way.

Perhaps another discovery I have confirmed as valuable is the knee chest posture in changing mal presentations. I certainly can testify as to its utility from actual experience.

I have discovered that many of our old remedies are better than the new ones. We can try the new, but we should *stick* to the old ones when we have used them successfully.

The fickle minded Athenians were always looking after "something new," like our village gossips; but the practice of medicine demands a sober conservatism which is too little used.

Essex, Vt. W. W. STYLES, M.D.,

Pneumonia and its Treatment.

Editor MEDICAL WORLD:—After reading the discussion of a paper on the treatment of pneumonia, by Drs. William Baily and J. A. Larabee, before the State Medical Society of Kentucky, I am induced to contribute my mite through your valuable journal, if you will permit me the space.

Pneumonia is only prevalent in this locality in the form of an epidemic. We have a few cases of congestion of the lungs, which resemble the first stage of pneumonia very much, and renders the diagnosis difficult. This condition has induced physicians to call it sporadic pneumonia.

I believe pneumonia to be the result of the introduction of the pneumococcus during respiration. That this germ predisposes to pneumonia is evident. And, like other germs, it attacks the system when vitality is the lowest. I believe this will explain why pneumonitis attacks more frequently between midnight and day. About this time the vitality is less and the elimination of waste is less.

The treatment of this disease should vary, according to the conditions present. In the first stage a full, bounding pulse is an indication for veratrum.

While I do not believe that a weak pulse or feeble circulation contra indicates veratrum, I think quinine and strychnine should be added to the prescription.

I almost invariably use calomel in the beginning of pneumonia as a defibrinizer, and large draughts of water to promote diaphoresis.

I highly endorse Dr. Larabee's remarks in

regard to strychnine in this disease, as a stimulant, respiratory and cardiac.

I believe I have saved life by the use of this drug hypodermically, at that critical period when the fever ends by crisis, after the patient was unable to take it by the stomach.

In the language of Dr. Larabee, "I believe that there should be more attention paid to this drug, as I think it is the best respiratory stimulant that we have at our command."

I have never been able to see where alcohol is beneficial as a stimulant, in this or any other asthenic condition. Try strychnine as your stimulant, and be convinced.

Argyle, Tex. B. L. CRADDOCK, M.D.,

Diseases Cured by the Electric Light.

Editor MEDICAL WORLD:—It has been shown by careful scientific demonstration that river water usually contains fewer noxious germs than the water obtained from wells. It has also been ascertained that water contaminated by unwholesome substances or germs of disease will become reasonably pure by placing in the open air exposed to the sun; whereas, if suffered to remain stationary and excluded from the air the baneful elements will be increased and become more liable to induce disease. The purifying agent is the air and light; in more scientific speech, the actinism diffused by the rays of the sun. Scientists have conjectured other causes for this purification, but later experiment has shown conclusively that light, apart from heat, is superior to them all. Professor Ward of England has obtained from his studies the same results and has declared that among the different colored light rays the blue are the most effective in the destroying of bacteria. This fact leads to the important one, that the Electric Light will accomplish the same result. Indeed, it will exert a similar beneficial influence upon the human body, when applied properly and scientifically, destroying contagion of every character, eradicating whatever contamination, correcting diseased condition, "sweating out" the morbid elements and imparting renewed life. The law is simple; the mode of application is artful and skillful. The great question is how to conserve health and adjust diseased conditions, and any agency which can succeed in accomplishing this deserves the thoughtful attention of every true physician.

Newark, N. J. G. MEEKER, M.D.,
late of N. Y. Polylinic.

SEE page xxii for advantageous terms this month for Dr. Waugh's "Manual of Treatment by Active Principles and New Remedies"

Technique of Using Solar Caутery

Editor MEDICAL WORLD.—Dr. Horton of Batavia, N. Y. asks in last number as to use of solar cautery. 1st, purchase one, two, or three magnifying lenses (circular) of different sizes; purchase them on a day when the sun is shining brightly so that you can test them and see that the sun's rays are focused into a very small space; all glasses will not focus properly, so you may have to order a new set of glasses at the manufacturers. Having your glasses all right, provide yourself with a one half ounce vial of four per cent. cocain, with a small camels hair brush, and a few squares (two and a half inches) of white paper, common writing paper will answer, in the center of which a square hole is cut neatly. Now seat your patient in the proper light, where you can secure as direct rays of the sun as possible, arrange a towel about the neck: if the mole or wart or capillary aneurism is on the face, so that the light affects the eyes, then bandage the eyes with a handkerchief, then moisten the mole or wart thoroughly with the cocain, then place over the mole the square of paper within the opening in the center that the mole will just pass through, then with your glass focus the light and heat rays directly upon the growth that is to be removed. If a wart, you can burn it level with the skin, and it will smoke and sizzle and no harm done to the patient, and if burned level with the skin no treatment will be necessary later. If a mole, it will not smoke but you must burn to a blister, and a little beyond; a second treatment may be necessary; don't burn too deeply lest you leave a scar. Don't tell your patient it will not hurt, for it will, but remove glass as soon patient can't bear it and pain subsides almost instantly. After the treatment is completed, anoint the burned space with ointment. I use ozone ointment, and give small one-half ounce box of ointment to patient and direct him to use it two or three times a day until healing: asking him to call again in a week or ten days. Moles as large as a marrowfat pea will need two or three treatments.

Last, but not least don't, forget your fee.
Wakefield, Mass. D. S. COLES, M.D.,

For Epilepsy.

Editor MEDICAL WORLD:—In regard to the epilepsy, August No., page 334, I prescribe tartar emetic, 2 drams, in simple cerate, rubbed down the spine, until the back bone is covered with pustules. Give a cathartic daily.

Dr. W. F., page 335, might try the same thing.
Barton Heights, Richmond, Va. Dr. C. K. CULLEN,

On the Injection Treatment of Hernia.—Formula.

Editor **MEDICAL WORLD**:—I notice with pleasure the increasing interest taken in the cure of hernia by the subcutaneous injection of some kind of fluid. The objection to all these articles on the cure of rupture is the one fact that none, so far as I have met in the various journal articles, give the formula of the injection fluid in full, so that any one can make it. Now, fellow M.D.'s, let us have some of the best rupture treatments known to the profession given through **THE MEDICAL WORLD**, and give the treatment and formula in full, so that all can understand it. All, so far as I have observed, have some specific medicine to sell. This I deplore, as I don't believe it is right. I have treated a good many cases of rupture very successfully in the past twelve years. Here is the formula: Zinc sulphate c p, from grs. x to grs. xv; aqua dist. ounces j. Inject in the usual way from gtt. v to gtt. xv once a week. Apply some good truss that will hold perfectly, and continue this treatment from four to twelve weeks, and a cure will result in all well-selected cases, in all persons not over sixty years of age. This treatment cost me \$200. Like most everything in medicine, I suppose there has been much improvement in the past twelve years. If so, I should like to know it. So I hope we shall hear through **THE WORLD** the very best treatments, so that all may be benefitted.

I must say that the more I read **THE MEDICAL WORLD** the better I like it. In fact, it is one of the very best journals that I read. Wishing it every success, I remain, as ever,

Stockton, Cal. A. L. FOREMAN, M.D.,

[We referred the above letter to Dr. Walling, who sent the following reply to Dr. Foreman:—Ed.]

A number of substances have been experimented with, and, indeed, used in the treatment of hernia by the injection method. Iodine, carbolic acid, oak bark, zinc sulphate, as spoken of by Dr. Foreman, and even some of the strong mineral acids.

The difficulty has been to find a preparation that would not be apt to do more harm than good. We must remember that we are dealing with delicate structures, and an abscess, or a severe inflammation, that would be of small moment elsewhere, in the inguinal region is a serious matter.

No wonder that the method fell into disrepute, when we consider the substances injected, and the slipshod methods used, resulting in peritonitis, abscesses, or other disastrous complications.

It is just here that chemistry comes to our aid. Substances that are harmful or obnoxious

when used by themselves, may be rendered very useful, or even pleasant, by a judicious combination with other chemicals, or by combining their elements differently.

For instance: oil of rose and oil, or spirits of turpentine, are both hydrocarbons, the first having the formula $C^{10}H^{16}$, and the latter $C^{10}H^{18}$, showing the vast difference in the product, by reason of the chemical arrangement of the elements.

It is in this manner that a safe and satisfactory preparation for injection is made, i. e., by skillfully arranging the different substances so as to get the desired effect without unpleasant reactions.

I herewith give the formula for my fluid, all my preparations being non-secret:

R. Complex salts of aldehyde.....	30	per ct.
Iodo ethylate of gual. col.....	30	"
Sulpho-tannate of zinc.....	20	"
Free gualacol.....	5	"
Beechwood creosote.....	15	"

These rare and expensive chemicals are separately prepared, and then combined in strict conformity with their respective affinities and dosage, and dissolved in an antiseptic medium.

The finished product is most admirably adapted to the desired end, viz.: the radical cure of reducible hernia by the injection method. The treatment is not limited to age, if the patient be vigorous.

"Why not tell us exactly how you get this combination," says the Doctor, "so any of us can make it?" It would be almost impossible to make it plain. It requires thorough laboratory training to properly manipulate chemicals. Then too, even if I could make it perfectly intelligible, the Doctor can buy the fluid at a cheaper rate than he could possibly make it on a small scale.

The physician operating upon hernia wants, and must have, a remedy that has all the requisites—safety, efficiency, keeping qualities, and that has been well tested. He also needs a special syringe, with a trocar and canula needle. He may, thus armed, operate with safety and success.

What was considered to be good surgery ten or twenty years ago, is not allowable now. It has even been said that a work on surgery five years old is, to-day, practically worthless. This shows the rapid advances that are being made. The injection treatment of hernia, with new and safe chemicals, is one of these forward movements.

WM. H. WALLING, M.D.,

1606 Green st., Philada., Pa.

PLEASE do not send any more orders for "Official Formulae of American Hospitals." The last edition is now completely exhausted.

The Latest Remedy for Itching Gums in Teething.

Editor **MEDICAL WORLD**:—One of our local M.D.'s says that the best remedy for itching gums is the brains of a cotton tail rabbit, killed in the dark of the moon, brains to be rubbed in to the gums and held to the fire! M.D., Texas.

Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Editor **MEDICAL WORLD**:—Will some brother M.D. be kind enough to describe a typical case of paresis, giving course, duration and best treatment?

Would be glad to know the causes, also, and what symptoms constitute the differential points between paresis, nervous prostration and neurasthenia. J. I. T. LONG, M.D., Allen, Md.

Editor **MEDICAL WORLD**:—Will some of the readers of **THE MEDICAL WORLD** kindly give me advice in the treatment of patients suffering from the effects of handling giant powder, and inhaling its smoke after blasting in mines? F. K. LORD, M.D., Port Wine, Cal.

Editor **MEDICAL WORLD**:—I have a case in which I need some help. It is a case of dysmenorrhea (sometimes it is more of an amenorrhea), complicated with dyspepsia. I have used everything that I can think of, and everything I have heard of, with only temporary benefit. The patient is eighteen years of age, single, a brunette, delicate, inclined to be anemic, lacking in energy. She is not under treatment just now, but it will not be long before I will be called in again. I would like to get some new ideas on the subject.

Fruit Hill, S. C. A. W. VIDAL, M.D.,

Editor **MEDICAL WORLD**:—Can you, through your practical monthly magazine, give me your idea regarding the treatment of the following case:

Rev. A, age 29; total paralysis of both vocal cords after preaching two or three sermons a Sunday. Muscles of throat contract spasmodi-

cally, as do also the pectoral muscles, at fifteen minute intervals. Stridor on deep inspiration; no cough; general health is good.

When a boy, the whooping cough left his vocal apparatus quite weak. Five years ago he preached two sermons a day for twelve months. Then one a day for another twelve months. From that time until the present his throat has troubled him nearly all the time. Electricity, massage, heat, cold, and various gargles have been tried, but without any noticeable good resulting.

Is there anything but cessation from the use of his vocal apparatus that will bring relief?

Any information you may publish will be thankfully received.

La Fayette, Ill. W. A. WARNER, M.D.

[Such cases usually receive benefit from the abdominal respiration, as set forth in the Lemuel White system of elocution. Miss Julia Orum, 1522 Chestnut street, Philadelphia, will give necessary information.—ED.]

Wanted—Diagnosis and Treatment.

Editor **MEDICAL WORLD**:—Would you please put the following case in your valuable journal:—

Miss C., aged 27, has been delicate all her life. Came to me about six weeks ago, with pain in shoulder and slight numbness down the arm and fingers. In two weeks after I was sent for to come and see her, and found her in the following condition: One degree of fever above normal, with right arm shaking violently, which would last about two minutes, and there would be an intermission of about one minute; then the hand would begin to shake, extending up the arm; the biceps muscle would knot up like a ball. Her family history shows nervous, delicate people. My diagnosis was, anemia of the spine, and I treated accordingly. She began to improve rapidly, drawing all stopped except once every two days, in one of the limbs, and she looked much better. She said she felt better than she had in a long time. I was called again in three weeks, and found her temperature half a degree above normal, with drawing and jerking all over all the limbs; even the mouth would twitch. She thought that she was choking—something felt like a ball in the throat; and she would turn around in the bed two or three times when the muscles would draw. Pressure on the ovaries, she said, caused pain, then, again, she said not. There is one tender spot about the lumbar region of the spine. She eats well, and when she sleeps—which she does sometimes all night—there is no drawing or twitching. She complains of pain in the side. Her heart is normal.

Now, brother physicians, give me your diagnosis and treatment, either by mail or through THE MEDICAL WORLD.

H. HANSON, M.D.,
Cedar Hill, Jeff'n Co., Mo.

Editor MEDICAL WORLD:—Will some of your many intelligent contributors suggest something untried for a diarrhea occurring only at night, when the party is relaxed in sleep—a young girl, fourteen years of age, vigorous and large for her age, mentally strong, never menstruated. I have supposed it was caused by feeble contractile power of the anal sphincters. Careful attention to diet, light suppers, bowels moved naturally once daily. Have given $\frac{3}{8}$ grain of strychnia three times daily, injections of nitrate of silver, previously washing out the bowel, and lastly have given an astringent and opium mixture with the strychnia, which alone seems to help temporarily. I would say that I have tried a fractional portion of a grain of sulphate of copper, sulpho carbolate of zinc, and arsenite of copper, singly, at times. Case has continued for two years.

Will some one give me a diagnosis and cause, with treatment.

Rahway, N. J. E. B. SILVER, M.D.,

Editor MEDICAL WORLD:—Will the editor, or some one of the many readers of THE MEDICAL WORLD, give a list of the explosive medicines, and explain why the two following drugs exploded with such violence?

The first was an ounce bottle half full of C. P. nitric acid. Had been using out of the bottle at different times for the past twenty months with glass rod and pipette, but kept tightly corked with glass stopper when not in use, but had not made use of any of the acid for a month previous to the explosion, which occurred about 10 o'clock one night in July last. The temperature in the office at the time was 80° F. The acid exploded with a report of a well loaded shot gun. The bottle was sitting in the pigeon-hole of an old-fashioned desk, with the lid closed. It threw back the lid and tore out the partition between it and the adjoining pigeon-hole, breaking the bottle into thousands of fragments.

The second explosion was a one-pound bottle of peroxide of hydrogen, of thick, heavy glass and wrapped in heavy shipping paper. It occurred on the 6th instant, at 3 p. m. The temperature of the room was 82° F. The bottle had been laying on an open shelf in the office since June 6th last, and had not been opened or disturbed since. I had just left the office and was in the

adjoining room, when a terrific report was heard, with falling of glass all over the room. Four empty quart bottles were standing on the same shelf, in front of the bottle of peroxide, which was lying down, and all were broken into thousands of pieces, some of the pieces of glass imbedding into the walls of the room.

Now, what could have caused the above explosions? The bottle of peroxide passed through the long, hot summer, when the temperature of the room was 100° and upwards at different times. I consider the explosion of either very dangerous, and that I made a lucky escape with the last one.

Answer and explanation through your valuable journal would be very gratefully received.

I take eight medical journals, but I like THE WORLD the best for information. It has given me many times a helping hand in the darkest hours of need. BENJ. F. SHIPLEY, M.D.,

University of Maryland, 1883,
Alpha, Md.

Explosive compounds result from the admixture of powerful oxidizing agents with substances which are readily oxidizable. The most important members of these two classes are as follows:

<i>Oxidizers.</i>	<i>Oxidizable or combustible.</i>
Nitric acid. Chromic acid.	Glycerin, sugar, alcohols.
Free hydrochloric acid	Oils and ethers.
Nitro-hydrochloric acid.	Sulphur and Sulphides.
Potassium chlorate.	Dry organic substances.
Potassium permanganate.	Phosphorus.

Explosions have resulted from mixing fluid extract of uva ursi with certain samples of spirit of nitre, chromic acid with *glycerin*, permanganate of potassium with *glycerin*, nitric acid with *glycerin*, nitrate of silver with creasote, oxide of silver in pill with extract of gentian, potassium chlorate with *glycerin*, and tincture of the chloride of iron. Chloride of lime triturated with sulphur in a mortar has exploded, so also has calcium or sodium hypophosphite when triturated alone. Tincture of iodine with ammonia forms the iodide of nitrogen, which is highly explosive, especially if triturated in the presence of water. Catechu and potassium chlorate in a dentifice have exploded in the mouth from the friction produced by a dry tooth-brush.—*Potter*.

A constant reader sends us the following. The suggestion is a good one.

"Your journal is but one of a number that I take but I always read it with an interest second to that excited by no other. Yet its value would be greatly augmented if your correspondents would always give *dose and frequency of administration* of remedies in reporting cases. Please stir them up on this line."

Correction.

Editor MEDICAL WORLD:—In September No., page 328, "For Gall Stones, with Jaundice," you make me say, "chlorate soda," which is incorrect. It should read, "choleate of soda."
JNO. H. FERGUSON, M.D.,
Mine La Motte, Mo.

Correction.

Editor MEDICAL WORLD:—In September WORLD, page 333, in the prescription the dose of ext. opii. should be "dram $\frac{1}{2}$," instead of "grains 3." This is the fluid extract of Parke Davis & Co., strength 6 grains morphia to the ounce.
E. T.

Editor MEDICAL WORLD:—If Dr. W. F., page 335, September WORLD, will use the following prescription, he will relieve the hyperemia of the brain and spinal cord, and cure his patient:

- R. Pot. brom.....ounces ss
 - Ext. ergot.....f. drams liiss
 - Ext. gelsemium.....f. dram i
 - Elixir simple.....qs.....ad.....ounces iv
- M. Sig.—1 dram three or four times a day, in water.

If the temperature runs high, use one drop of tincture veratrum every hour, until reduced to normal.
C. H. FRANCIS, M.D.,
Lake Forest, Ill.

Editor MEDICAL WORLD:—I have long had a theory that surgical shock was caused, in a measure, by contact of metal instruments with the nerves, on electrical principles. That they do have some such effect is, I think, proved by the experiment of stopping the heart's pulsations by the mere touching of a metal point to the upper part of its septum, and which doubtlessly acts by disturbing its electrical economy.

I merely make this suggestion in hopes that some one may take the matter up and prove it by a comparative experiment, by using knives of toughened glass or other material. The neurometer would probably be the best instrument for measuring the comparative shock produced.
H. R.

Editor MEDICAL WORLD:—Can you give formula of Gray's Ointment, put up at Nashville, Tenn?
Dr. J. P. SHEARON,
Robinsonville, Miss.

Editor MEDICAL WORLD:—Will you kindly give the formula for viavi cerate and capsules, used in the treatment of diseases of women? They have agents and offices in every large city in the Union, and claim such wonders, as all do in that kind of business. It is made in San Francisco, Chicago, and New York City.
West Detroit, Mich. L. E. ELLIS, M.D.,

Editor MEDICAL WORLD:—On the 3d inst. Mrs. C. came to my office suffering intense agony with her hands. She had been making pepper mangoes, and had her hands in the peppers for several hours. She informed me that she had tried all the ordinary remedies, as lard, cream, white of egg, etc., and that all seemed to make the burning worse, nothing giving relief but immersing them in cold water.

Thinking that exclusion of air would give relief, I applied a balsam, but in ten minutes had to remove it, as it only made them worse. I then tried several things, but without avail.

Remembering how nicely fluid extract of grindelia robusta had, in my hands, relieved the pain of poison oak, I began applying grindelia, and in half an hour the burning had ceased. However, the fingers were badly swollen, and stiff.

Now, I want some one to tell me what will relieve "pepper burns."

Dover, Mo. R. E. L. HITT, M.D.,

Current Medical Thought.

The Propagation of Rabies.

People have often wondered how hydrophobia is kept in existence, since animals cannot spontaneously "go mad," but can only contract the disease from another case. A reflection on the nature of the disease itself makes the solution of the problem quite easy. In some parts of the country the disease exists among wild animals and is by them occasionally conveyed to domestic animals entirely unknown to their owners. Again, a dog, in one of his trips out at night, is bitten by a rabid dog or other animal, returns home before morning, and no one knows of the occurrence. Some weeks thereafter he develops the disease. In view of this the natural wonder is that rabies is not more generally prevalent. This may be accounted for by the fact that so small a proportion of animals bitten by rabid animals are actually inoculated, there being so many circumstances that may prevent them from inoculation.

We are pleased to note that our genial friend and co-temporary, the *Medical Mirror*, has adopted a new and improved title-page. There was no room for improvement in the contents, which are always bright, spicy and interesting.

Tablets or granules placed *under the tongue*, and dissolved there, will produce almost as prompt an effect as if given hypodermically. If first dissolved in a teaspoonful of hot water, and then taken into the mouth, as so often stated in these columns for several years past, the effect will be still more prompt.

The Influence of Alcohol, Glycerine and Olive Oil, on the Action of Disinfectants.

Lenti summarizes in the *British Medical Journal* the results of a series of researches as follows:

1. Alcohol in the absence of water neutralizes all bactericidal power on the part of sublimate or phenol, with regard to anthrax spores, and the bactericidal action is not exercised until the dilution of the alcohol with water becomes greater than two per cent. in the case of 1 in 1000 sublimate solution, or than seventy per cent. in the case of carbolic acid. The length of time to which the spores were subjected to the action of the solutions was twenty four hours in the case of sublimate, and forty-eight hours in that of phenol.

2. Glycerine has a similar impeding action, interfering with the action even of a 2 in 1000 solution of sublimate, if the proportion of water be less than forty per cent. In the case of phenol it is still more manifest.

3. Phenol and lysol dissolved in olive oil have no disinfectant action when tested as above.

4. In the preparation of a disinfecting fluid, one ought, therefore, to avoid the addition either of alcohol, glycerine or fats.—*Canada Lancet*.

Sulphanilic Acid in Catarrhal Affections of the Upper Air-Passages.

Dr. A. Valentin (*Sem. Méd.*, 1894; XIV, p. 180), according to the author, the internal use of SULPHANILIC ACID acts very favorably in coryza and catarrhal laryngitis. In acute coryza it brought about in two hours a considerable diminution, and often even complete disappearance, of the swelling of the turbinated bones, of serous secretion, and of redness of the mucous membrane.

An equally good result, it is asserted, is attained in acute laryngitis. Sulphanilic acid is said, besides, to quickly calm the pain caused by catarrh of the tympanum, without, however, accomplishing a complete cure of that affection. Finally, this medicament is reported to suppress neuralgiform pain accompanying divers other catarrhal affections—particularly those of grippal origin, but to exercise no action on genuine neuralgia.

The author prescribes the medicament in solution, as follows:

R. Sulphanilic acid, C. P. 10 grms. (2/3 dram.)
Sodium bicarbonate..... 8.5 " (2/3 ")
Water..... 200 " (6 2/3 fl. oz.)
2-4 tablespoonfuls daily, in one or two single doses.

It is stated that sulphanilic acid may ordinarily be taken in such doses for a long time without causing digestive disturbances. In some cases, however, its prolonged use ultimately provokes diarrhoea.—*Amer Med. Surg. Bulletin*.

The Value of Combining Heart-tonics.

Convallaria majalis is a simple cardiac tonic and a safe remedy. Its action is similar to that of digitalis, but not so marked. It causes slowing, and increases the force of the heart-beats. But it will frequently be found, in lessening compensation, that each of the foregoing drugs individually fails, and disappoints us after a time. Then a combination of all three often produces an effect little short of marvellous. Once or twice in recent years I have been called in consultation over cases of advance mitral disease, in which central failure has shown itself by extensive dropsy of the limbs, œdema of the lungs and liver, and a general water-logged condition of the system. On inquiry of my colleagues in attendance as to the exhibition of digitalis, the reply has been, "He has had it." A similar response has been given in the case of *strophanthus* and *convallaria*. But they had not been given collectively—and when this was done, benefit speedily accrued to the patient, and credit to his medical advisers.—Dr. Taylor, in *The Clinical Journal*.

Croup and all Croupous Diseases Curable by Pilocarpin.

Carl Sziklai, (*The Journal of Laryngology, Rhinology and Otology, July, 1894*), in an elaborate thesis read before the Ecole de Medicine in Paris, in which he describes the anatomico-pathological processes observed in croup and its differentiation from diphtheria, concludes: 1. Pilocarpin is a specific for croup and all croupous diseases, i. e., croupous laryngitis, croupous bronchitis, croupous pneumonia, croupous nephritis, croupous cystitis, etc., etc. 2. The action of pilocarpin commences at once. In laryngitis crouposa cure is obtained in a few hours; in pneumonia crouposa in two or three days. 3. The result is certain, whether taken by mouth subcutaneously injected; also applied as suppositories or globuli vaginales. 4. In an advanced stage of laryngitis crouposa, with imminent danger to life, subcutaneous injection is preferred to internal administration. 5. By pilocarpin not only is duration of disease notably shortened, but mortality is nil. 6. In suitable

cases, given early enough, it has a preventive action. 7. Pilocarpin can be given in twice official dose without fear of ill effects.

The author's experience with this drug in treatment of croupous diseases extended over one hundred cases. His conditions and observations were corroborated by Herr Hofrat Biederl of Hagenan, and Eschevich of Graz.—*Medical Herald*.

Treatment of Chronic Malaria Toxemia.

In a paper published in *Sanative Medicine* by V. Berry, M. D., of Wagoner, Indian Territory, after giving a description of Malarial disease in that locality, the author outlines treatment as follows:

The prognosis in mild cases, and many of the severer forms is good, *provided* you can control your patient. You can almost make the statement a maxim that "all cases complicated by ascites will end fatally." I love to see the first one end otherwise. Those cases in which the spleen and liver have reached the highest degree of enlargement usually terminate fatally, but may linger many months, or even years yet they finally succumb to the malady direct or some of its complications.

In treatment the old Thomsonian steam bath comes first. I had almost as soon undertake to live without eating as to treat these cases without the vapor bath. As medication I order the following (both prescriptions for adults);

R. Podophyllin.....gr. vi
Leptandrin.....gr. v
Capsici pulv.....gr. ii ss
Sili bicarbonatis.....gr. xv
M. Fiat cap. No.....vi
Sig. One every night till tongue begins to clean.

Along with this physic I order:

R. Quinine sulph.....gr. xl (40.)
Tr. capsici.....drams iv
Acidi lactici.....q. s.
M. Fiat sol. et adde.....
Tr. Gentiane.....drams lii
Tr. Warburgi.....q. s ounces iv
Sig. Teaspoonful every 3 hours throughout the day.

Before going further allow me to say that these two prescriptions have, for the last two years proved almost unfailing remedies in my hands in a great number of cases of intermittent fever. Of course in the treatment of chronic telluric poisoning our medication will have to extend over a long period of time, and it will be absolutely necessary for some cases to change climate. There are a great many cases that end fatally that would recover without medication if a high and dry climate were sought. Of course the necessary hygienic regulations have to be enforced and among the most important of these is to *never* allow your patient in the open air after sunset. If the room is a damp one a fire should be kept in the evening even in summer.

In regard to diet, all fruit should be interdicted except that that is known to be absolutely fresh and not over ripe. Milk, and fresh beef and game well cooked constitute the most wholesome food for these patients. A liberal quantity of cool, acidulated water is helpful, lemonade being the best of which the writer has a knowledge. *These patients need encouragement.* It is medicine to them."

For Pimples and Black Heads.

It is stated that a lotion of alcohol, three ounces, salicylic acid, one drachm, will cause a prompt disappearance of pimples and comedones.—*Med. Summary*.

Morphinomania Cured in Twenty-five Days.

M. Comby reported the case of a young woman, aged 22 years, who, since an attack of pelvic peritonitis that occurred in February, 1891, had contracted the habit of injecting subcutaneously 0.25 gramme (4 grains) of hydrochlorate of morphine per diem in twenty doses. When admitted on April 5 of this year, into the Tenon Hospital, she had reached an extreme degree of cachexia, and she was covered with abscesses and the scars of such, due to the use of the hypodermatic needle. From the first day the daily dose of the drug was reduced from 0.50 (7½ grains) to 0.06 gramme (1 grain), given in three doses. She was given, at the same time, a mixture containing 0.10 gramme (1½ grains) of sparteine sulphate, 0.50 gramme (7½ grains) of caffeine, and 0.50 gramme (7½ grains) of sodium benzoate, the whole to be taken in twenty-four hours. This daily dose was continued up to May 1st, when the morphine was totally discontinued. At this date the condition of the patient had undergone a complete transformation, and the improvement has continued up to the present. M. Comby considers the case cured.—*Lancet*, May 19 1894 —*Uni. Med. Jour*.

SALICYLATED IRON MIXTURE.

R. Sodii salicylatis.....drams iv
Tinct ferri chloridi.....f drams iv
Acidi citrici.....grs. x
Glycerini.....f ounces i ss
Ol. gaultherie.....minims viij
Liq. ammon. citratis.....q. s. ad. f ounces iv
M. Sol. sec. art. Dos. f dram i or f drams ij.

Dissolve the citric acid and sodium salicylate in the liquor ammoniæ citratis. To the glycerin add the tincture of chloride of iron, and then mix the two solutions, to which is finally added the oil of gaultheria. One or two drams of mucilage of acacia would be a valuable addition with which to emulsify the oil of gaultheria.

In this prescription, reaction takes place between the ferric chloride and sodium salicylate, resulting in double decomposition, giving salicylate of iron in first solution. Care should be taken to keep the liquor ammoniæ citratis in slight excess, in order to have a perfectly clear solution of salicylate of iron.

Dose.—One or two teaspoonfuls.

This prescription, known as the *Mistura Ferri Salicylata* (salicylated iron mixture) is used principally in the treatment of chronic cases of rheumatism or rheumatoid arthritis in which anemia or other evidence of impaired nutrition is a distinct feature. It is likewise employed in acute tonsillitis of rheumatic origin, and in acute articular rheumatism in anemic subjects, especially if the patient has suffered from one or more previous attacks.

The ordinary dose in chronic cases in adults is a dessertspoonful four times a day; in acute cases, the same dose is given every two hours until tinnitus is produced or decided amelioration has occurred, when the dose is diminished or the intervals between doses lengthened.—*Phila. Polylinic.*

CERTAIN ANTIDOTES.

F. Schilling states that the ill-effects of the salicylates can be counteracted by the simultaneous administration of ergot. Conversely, he has employed with success salicylate of sodium in a grave case of ergotism. He, therefore, recommends the salicylate as an antidote to ergot.

He also recognizes nitrate of amyl as an antidote to cocaine. In a case of intoxication caused by the inhalation of about $\frac{1}{2}$ drachm of nitrite of amyl the injection of $\frac{1}{2}$ drachm of a five per cent. solution of cocaine caused a rapid disappearance of the symptoms.—*Med. Bulletin.*

PAINFUL CARDIAC SENSATIONS.

When these occur in the gouty, old people, or smokers, Liegeois has derived benefit from the use of tincture of *piscidia erythrina* (Jamaica dogwood) in the daily dose of forty to sixty drops continued for three weeks or a month.—*La Méd. Mod.*

SALICYLATE OF SODIUM IN CANCER.

In a case where the bone had become involved, secondary to cancer of the breast, Aikmann obtained decided relief of pain by the administration of salicylate of sodium, in doses of ten grains three times a day. Large doses of opium had been given in vain.—*Glasgow Medical Journal.*

FOR ENLARGED PROSTATE GLAND.

(Dr. C. W. Murphy)

R. Terebene.....q. s
Sig.: Ten to fifteen drops on sugar, an hour after meals.
R. Boric acid., (5 gr. tab.).....q. s
Sig.: Two before each meal.

These two remedies in enlarged prostate with sequential chronic cystitis give more relief than any other remedies I have ever tried. Regulate the bowels with cascara.

CHRONIC CYSTITIS.

Mr. Martin Chevers writes to the *Medical Press* that in a troublesome case he witnessed prompt relief from the use of a combination as follows:

R. Tinct. collinsonia.....drams ʒj
Copaiba.....drams ʒj
Liq. morph.....drams ss
Liq. potasse.....ounces ss
Ol. menth. pip.....minims ʒj
Aq. campa.....ad ounces ʒj
Sig.: One tablespoonful every three hours.

—*Med. Bulletin.*

FOR NEURALGIA.

R. Ferri tartarati.....gr. ʒj
Quininae sulphatis.....gr. ʒj
Acidi tartarici.....
Extract nucis vomica.....aa. gr. ss
Misce et fiat pilula. Sig.: Take 1 three times a day.

—*Gross Med. Coll. Bulletin.*

Potassium Bichromate in Gastric Affections.

Dr. T. R. FRAZER.

In his address at the recent International Medical Congress, the author stated that he had cured eighteen obstinate cases of dyspepsia and nine cases of simple ulcer of the stomach, by the internal use of Potassium Bichromate (previously recommended by Vulpian against certain gastropathias).

The medicament was administered in pills or doses of 5 milligrammes 1 ctg. ($\frac{1}{2}$ – $\frac{1}{3}$ grn.) three times daily, between meals—when the stomach was as empty as possible. Its effect was shown more or less rapidly by the disappearance of pain and vomiting; and complete cures were had after variable periods—according to nature of the case.

The author states that, in gastric affections, potassium bichromate acts locally as an antiseptic and analgesic, but it does not exert any hæmostatic action in hæmatemesia.—*Amer. Med. Surg. Bulletin.*

Inula Campagna.

Elecampane has long been used by the peasantry in Ireland and on the Peninsula as a specific in consumption, whooping cough, and various enteric affections. Its active principle, Helenin, has recently, been advocated by the physicians of the general hospital at Madrid in

the treatment of tuberculosis. It is certainly a powerful, non-irritating antiseptic, of great value for intra-uterine injection, and for destroying the bacilli in ozæna, anthrax, and all purulent discharges. It is used as an antiseptic as a 1 in 1,000 or 1 in 1,500 solution, and has no toxic properties. Ferran lauds its properties in destroying the comma bacillus of cholera, and Bæza says it will cure infantile diarrhœa in doses of 1 12 gr., and the summer diarrhœa of adults in doses of 2 grs., quicker than any other remedy. Whittle says of this product, from one of our oldest friends, that "it promises from the Spanish accounts of its use to become one of our most valuable therapeutic weapons."—*Pacific Med. Rec.*

The other day I stopped for a moment in the office of a prominent specialist of this city and to my surprise found him "putting up" medicine for a waiting patient. He said the cost is so little, and the trouble so slight, while the patient pays \$3.00 for the office consultation so much more cheerfully than if merely handed a prescription, that it is the best practice to follow. And upon investigation I find that a large number of the physicians of this city are to day carrying a small stock of medicine for office practice. This is a good thing. It causes the city physician to become acquainted with the medicines he prescribes, makes him consider palatability, and use all efforts to afford a happier dosage. And it is a practice pleasing to the patron.—*Clinique.*

Resorcin for Whooping-Cough.

In a letter to *Sanative Medicine*, after very sensibly justifying the use of resorcin (a mildly toxic drug, but against which no death is charged, although as much as 150 grains have been taken) by citing the number of actively and even virulently poisonous drugs that are in authorized use among their sect (the Physio-Medicalists) as quinine, hydrastive, sanguinaria, lobelia, phytolacca etc., Dr. H. F. Nichols, of Attica, N. Y., gives the following:

"Now the use I have made of resorcin has principally been in pertussus, and in that disease it has proved itself almost a specific.

In the case of my own children, when almost the whole town was coughing, they commenced with the rest and seemed destined to follow the usual course, but I prepared a syrup;

R. Resorcin.....grs. xl.
Syr. tolu.....ounces iv.

M. Sig Teaspoonful every two hours or oftener if necessary to control the paroxysms; this for a child 4 to 6 years old. They coughed about five or six days quite hard and then the cough diminished and by the 10th day, ceased entirely.

And I have given it to babes three and four months old with like good results. (Dose about one half size.)

I should not hesitate to give more, if indications seemed to require it. I should like you to test this remedy and the profession also and report."

State Medical Examinations.

An independent State examination, aside from the college diploma, is required in Alabama, Arkansas, Florida, Maryland, Minnesota, Mississippi, New Jersey, New York, North Carolina, North Dakota, Pennsylvania, South Dakota, Texas, Utah, Virginia, Washington, and portions of the Indian Territory. The second list, we are informed, where the examination is apt to be little more than a form, simply requiring a registry of diplomas after they have been supervised by State examining boards, State boards of health, or officers of the county court, and an independent examination is not obligatory, includes the States of California, Colorado, Connecticut, Delaware, Illinois, Iowa, Missouri, Montana, New Mexico, Oklahoma, Oregon, Tennessee, West Virginia and Vermont. Maine, New Hampshire, Massachusetts and Rhode Island have no legal regulations.—*Med. Summary.*

CHEMISTRY TO REGENERATE THE WORLD.

In a recent address before the manufacturing chemists of Paris, M. Berthelot indulged in some extraordinary dreams of what chemistry is to do for this world of ours. He said that by utilizing the central heat of the earth, which can readily be procured by means of shafts sunk to the depth of 3000 to 4000 metres—which modern engineering can dig with little trouble—from these water will be obtained hot enough to keep all possible machinery going at the smallest expense, and it would be an unfeeling source of mechanical and electrical energy. With such a source of heat all chemical transformation would be easy. This production of alimentary matter will be one consequence. This production is resolved in principle, and has been for forty years, by the syntheses of grease and oils. That of hydrates of carbon is going on, and that of nitrogenous substances is not far off. When energy can be obtained thus cheaply, food can be made from carbon taken from carbonic acid, hydrogen taken from water, and nitrogen from the air. What work the vegetables have so far done science will soon be able to do better, with far greater profusion and independently of seasons or evil microbes or insects. There will be then no passion to own land, beasts need not be bred for slaughter, man will be milder and more moral, and barren regions may become preferable to fertile as habitable places, because they will not be peevish from ages of maturing. The reign of chemistry will beautify the planet. There will, under it, be no need to disfigure it with the geometrical works of the agriculturist, or with the grime of factories and chimneys. It will recover its verdure and flora. The earth will be a vast pleasure garden, and the human race will live in peace and plenty.—*New Orleans Picayune.*

Formulas.

SUPPOSITORIES FOR PROSTATITIS.

(Ullmann.)

R. Ichthyl.....gr. 8
 Extract belladonna.....gr. 12
 Cacao butter.....drams 4
 Make 10 suppositories.
 Directions. Introduce into the rectum one or two suppositories daily, after an evacuation of the bowels.

FOR PRIAPIISM.

R. Camphor monobromide.....gr. 80
 Lupulin.....gr. 100
 Label: Divide into 10 powders. One at bedtime, and one through the night, if needed.

LOTION FOR SCROTAL ECZEMA.

(Campbell.)

R. Iodoform.....drams 8
 Zinc oxide.....drams 18
 Spirit camphor.....fl drams 8
 Lime water.....fl drams 12
 Linseed oil.....fl drams 12
 Directions: Apply at night. Let the patient wear a suspensory bandage.

FOR OBSTINATE VAGINISMUS.

(De Siney.)

R. Thymol.....gr. 3/4
 Extract belladonna.....gr. 8
 Potassium bromide.....gr. 8
 Cacao butter.....drams 1
 Make one suppository.

— *Western Druggist.*

PLEURISY.

R. Guaiacum pure.....drams j
 Tinct. iodine.....drams vi

Paint the whole of this liquid each evening on the affected side. The temperature quickly falls, an abundant perspiration takes place, and the effusion soon becomes absorbed.—*Prescription.*

FOR WHOOPING COUGH.

In whooping cough try the following:

R. Ammon. bromide.....drams ij
 Fl. ext. chestnut leaves.....ounces j
 Tr. Belladonna.....drams ss
 Syr. tolu.....ounces ij
 Syr. sim. q. s.....ounces iv
 M. Sig. Teaspoonful every two or three hours.

COUGH.

In severe paroxysms of coughing from whatever cause, a tablespoonful of glycerine in hot milk or cream will give speedy relief.

PILLS FOR CHRONIC BRONCHITIS.

R. Ammonii chloridi.....gr. xv
 Ammon. carb.....gr. xv
 Pulv. ipecac.....gr. iii
 Morph. hydrochloratis.....gr. i
 Muellaginis scacis.....q. s
 M. Divide into 10 pills; one to be taken night and morning.

— *Medical Press and Circular.*

A PRESCRIPTION FOR INTERMITTENT FEVER.

R. Salicylate of quinine.....gr. xx
 Syrup of orange.....ounces ii
 Gum.....ounces iiii
 Simple syrup.....ounces iiii
 M. A demeritapoonful every hour for eight hours prior to the attack in quotidian fever, twelve hours prior in tertian fever, and fifteen hours before the attack in quartan fever.

— *Journal de Médecine de Paris.*

AN EXCELLENT ALTERNATIVE AND "BLOOD MEDICINE."

R. Syr. sarsaparilla comp.....f. oz. ij
 Ext. burdock fld.....f. oz. ii-2
 Ext. tarax. fld.....f. oz. j
 Syr. acid hydriodic (Hostelley's).....f. oz. j
 M. Sig. Teaspoonful three times daily.

Wit and Wisdom.

AGARICIN FOR NIGHT-SWEATS.

In an article in the *Brooklyn Medical Journal*, Dr. Henry Conkling, discussing in detail the various drugs that are used to control night-sweats in phthisis, thus gives the palm to Agaricin:—

Agaricin.—This was the most successful of all the drugs. It produced most excellent results in young subjects. Under its use the skin remained in a dry condition, without suspicion of any kind of cutaneous activity. It is very successful in cases where, during its use, the sweating had disappeared, and had returned after the drug had been discontinued for a time. Repetition did not weaken its power. Of all the remedies it acted best in the first few administrations. Subsequent ones sometimes failed. It can be used for any length of time and has no disadvantages.

Agaricin was given in pill form, gr. 1-12; one pill at bedtime, or a pill late in the afternoon, and a second in four or five hours. This remedy diminished the sweating in one-eighth of the administrations, stopped it in three-fourths, and failed in the remainder.

[Send 10 cents for a trial one hundred (or 90 cents for one thousand) granules of Agaricin, to the Philadelphia Granule Co., 10 South 18th street, Philadelphia, Pa.]

WHEN it occurs in the winter it is called influenza. In the summer it is known as hay fever.

MELLIN'S FOOD has become a recognized standard among those who are well informed.

SEE the offer on advertising page, and send for sample of Maltine with Coca Wine.

FOR Syphilis prescribe Mercauro. Made by Chas. Roome Parmele Co., 41 Platt street, New York, N. Y.

As a milk producer use Nutrolactis. See adv. and send for sample to Nutrolactis Co., 93 Warren street, New York, N. Y.

FOR Passiflora Incarnata, the nerve sedative, address John B. Daniel, wholesale druggist, Atlanta, Ga.

OLD LADY: What's that awful smell? Arkansas Farmer: That's the fertilizer we're puttin' on the field yonder. Old Lady: For the land's sake! Farmer: Yes, 'm.—*Ark. Tom Cat.*

COULDN'T FORGET THEM.—"Mary," said the sick man to his wife when the doctor pronounced it a case of small-pox, "if any of my creditors call, tell them

that I am at last in a condition to give them something."

SEE the handsome pocket case advertised by H. K. Mulford Co., 2132 Market street, Philadelphia, Pa.

FOR supporters, elastic stockings, and all such goods, address G. W. Flavell & Bro., 1005 Spring Garden street, Philadelphia, Pa.

HAVE you tried the treatment of the morphine habit by the use of Avena? Made by B. Keith & Co., 75 William street, New York, N. Y.

FOR literature regarding the Diphtheria Anti-Toxine Solution-Schering, address Schering & Glatz, 55 Maiden Lane, New York, N. Y.

FOR dyspepsia try the new agent, Seng, made by Sultan Drug Co., St. Louis, Mo.

PROUD MOTHER: To think I should be the mother of a Congressman. Sympathetic Neighbor: Oh, I wouldn't worry. If he's not led astray by some young school girl, people will forget it in time.

POMPOUS professor (to his class in medical university): "The patient you observe, young gentlemen, has one perfect eye, whereas the other is thrown inward toward the nose, causing a painful obliquity of vision. In this instance you, Mr. Finkbone, may rise and tell the class what you would do."

Mr. Finkbone (after a pause)—"I presume I would look just as cross-eyed as he does."

FOR trusses and other goods in that line, send to the Hastings Truss Co., 224 South 9th street, Philadelphia, Pa.

SEND for a trial box of Medicated Uterine Wafers to Micajah & Co., Warren, Pa.

SEND for sample of Dyspepsia Tablets to the P. J. Noyes Mfg Co., Lancaster, N. H.

FOR Hydrozone, prescribe Charles Marchand's

SEE adv. of Parke, Davis & Co., under table of contents, this issue.

"WHAT is the action of disinfectants?" was asked of a medical student. "They smell so bad that the people open the door and fresh air gets in," was the reply.—*New Idea*.

A doctor practices on his patients, but a musician practices on the patience of others.

FOR cut rates in surgical instruments, address I. Phillips, Atlanta, Ga.

FOR nervous exhaustion, try Horseford's Acid Phosphate.

WHEN you want a purified form of opium, use Sypania. Sample from Charles N. Crittenton Co., 115 Fulton street, New York, N. Y.

FOR fine electric batteries send to McIntosh Battery and Optical Co., 141-143 Wabash avenue, Chicago, Ill.

USE Chionia for biliousness. Sample from Peacock Chemical Co., St. Louis, Mo.

THE most important surgical operation on record is Lansing Michigan.—*Exchange*. Possibly; but Cutting South Carolina sounds as if it must have been quite an operation. As a physiologi-

cal freak, which is undoubtedly authentic, the spectacle of Sir John Suckling must have been curious.—*Record*.

MISS GOFAST:—What is good for a big head, doctor?

DR. PILLBOX.—Lobster salad and a quart of champagne. But what do you want with a big head?

FOR sample of Unguentine, the new surgical dressing and soothing ointment, address Norwich Pharmaceutical Co., Norwich, N. Y.

SYRUP OF FIGS—the family laxative.

FOR fine vaginal suppositories for the treatment of leucorrhœa, address the Abbott Alkaloidal Co., Ravenswood P. O., Chicago, Ill.

FOR TYPHOID FEVER:—B. Antikamnia, Salol, aa. dram ss. M. Make into 12 capsules. Sig. One every 3 hours.—*Dr. Rush, Va. Med. Monthly*.

WE use Weinhausen's thermometers. Send for catalogue. H. Weinhausen, 22 and 24 North William street, New York, N. Y.

SIGNS OF AN IMPROVEMENT.—"How's your wife this morning, Mister Duffy?"

"Begorra but I think she's gettin' better. She has just t'rowed me out iv her room an' I hear her chasin' his rivvince round wid a shovel!"

FOR a practical portable air compressor, address Willis H. Davis, Keokuk, Iowa.

FOR the "Common Sense" Medicine Case, address Western Leather Mfg Co., 125 to 137 Rees street, Chicago, Ill.

THE babies grow up to bless Dr. Julius Fehr, Hoboken, N. J., for his Baby Powder.

FOR hollow suppositories and for glycerine suppositories, send to Hall & Ruckel, 218 Greenwich street, New York, N. Y. Sample free.

AN incident occurred the other day in one of the bacteriological laboratories in this city that is really too good to be kept.

One of the students was asked the question: "What parasite frequently infests the vagina?"

In all seriousness the rising young bacteriologist promptly and confidently answered, "spermatozoa."

The questioner, I suppose, had in mind the trichomonas vaginalis, an ovoid flagellate infusorium not sufficiently well known if one may judge from an incident that occurred some years since. A lady patient charged her dentist with rape during anesthesia.

At the trial, a physician, posing as an expert, testified to finding spermatozoa in the vagina, and on this testimony the innocent dentist was found guilty and condemned to a long term, ten years I think, in the penitentiary, dying there while serving out his sentence.

Several years after his death the would-be scientific doctor whilst visiting the University was casually shown a slide of spermatozoa by Dr. Formad.

"Are those spermatozoa?" he anxiously inquired.

"Why, certainly," was the reply.

He said no more, left the city at once, and the next heard about him was that he had committed suicide through remorse.

One cannot help regretting that he had not shot himself before his fatal testimony.—*Times and Register*.

We have heard people say,
Turn about is fair play;
So the drinkers should now be abstainers.
Two dollars should be
The exact legal fee,
And the doctors should take the retainers.

SEND to Geo. C. Frye, chemist, Portland, Maine, for the dyspepsia remedy, Pancreo-Bismuth and Pepsin.

FOR Uric Acid cases try Lithiated Hydrangea, send to Lambert Pharmacal Co., St. Louis, Mo.

SEND for sample of Stewart's Pile Ointment to Fred. W. Stewart, Oswego, N. Y.

OUR friend, Mr. Charles H. Adams, the renowned traveler and lecturer, stated to us that, in a recent trip across the Atlantic, he and all the members of his party found Wm. R. Warner's Bromo-Soda an absolute specific for sea-sickness.

J. H. BRIERLEY, M.D., A.B., of Cumberland, Iowa, says:

Papine is a perfect anodyne. One old lady said she had not had one fair night's rest, because of chronic rheumatism, for three months. Papine, one teaspoonful, gave a good night's rest, with no nausea, nor dull feeling next day. I have given Papine to patients who knew they could not take morphia, and they never had a symptom to make them think any preparation of opium had been taken. Wherever morphia is indicated, Papine is much more so.

CELERINA is indicated in nervous dyspepsia, accompanied by severe headache, nausea, acute pain in the epigastrium, etc.

ROCHESTER, N. Y., February 25th, 1893.

Have used Frelich's Cough and Constituent Tablets in three obstinate cases with success: restoration to health. I confidently recommend them. Am using Frelich's Tonic, and get good results

S. H. MORRIS, M. D.

PHILA. GRANULE CO., 10 South 18th street, Phila.:—Be good enough to keep me advised of any changes in or additions to your list. I have learned to expect from your granules very prompt and certain results. MURRAY GALT MOTTER, M.D., 24 E. Chestnut street, Lancaster, Pa.

AN unfair thing in this world is that we never know there is an ounce of prevention until we have taken our pound of cure.

IN certain industries in which extreme and varying temperatures, and excessive dampness or dryness have caused troublesome skin irritations, Loretin has proved itself a very excellent soothing and healing medium. The chapped or irritated parts of the skin are either bandaged over night with a five per cent Loretin gauze, or preferably, are rubbed with a five or ten per cent Loretin talcum powder. All itching of the skin disappears at once. This treatment has also proved effectual in cases of Eczema.—*Phar. Rundschau.*

WHEN you have occasion to prescribe a food for an infant patient, whose mother cannot properly provide for it, or when the child is being weaned, or for a child suffering from mal-nutrition through any cause or from Cholera Infantum, Marasmus, or other troubles which affect its powers to digest and assimilate nourishment, remember that Horlick's Malted Milk, manufactured by Horlick's Food Co., Racine, Wis., is provided especially for the use of physicians in such cases and will answer the purpose if any food can.

HYDRIODIC ACID SYRUP.

A preparation once little used but now in constant demand and becoming daily more popular is hydrogen iodide or hydriodic acid. The virtues of this product

of the chemist's laboratory are coming to light, and it may in time replace, to a considerable extent at least, other forms of iodine intended for internal use. The reason for the increased popularity of syrup of hydriodic acid—it is usually prepared as a syrup—may be found in the fact of the decided improvement in the method of manufacture, by which a preparation of considerable stability is produced.

Among the more successful of the manufacturing chemical firms in producing an elegant and permanent syrup of this acid are W. H. Hostalley & Co., of Philadelphia, Pa. They have for the past six or seven years been making a preparation by direct union of the two component parts of the compound, under conditions favorable to their union, and incorporating this with glycerin; They were probably the first manufacturers to use glycerin as a vehicle for hydriodic acid, though when their preparation was first put on the market it was prepared as a syrup, and the name syrup of hydriodic acid has been retained.

The hydrogen iodide is certainly more agreeable to administer than potassium or sodium iodide, and many physicians think it exerts a more permanent alternative influence than any other iodine compound.—*Druggists' Circular.*

VARIOUS CLINICAL USES OF ARISTOL.

In a very instructive lecture on "Surgical Nursing after Abdominal Operations" delivered at the New York Post-Graduate Medical School, Dr. Robert T. Morris remarks as follows: "The dressings are not to be moved as long as the patient has not disarranged them, or pain, fever, and discomfort generally call for it. In about fourteen days they can be removed and the wound dressed; if pus is present, ferret it out with peroxide of hydrogen, dust with Aristol, cover with gauze, then a layer of absorbent cotton or wool wool, then either use adhesive strips or spica bandage to keep dressing in place; the size and condition of the wound will determine you in this."

"The sample of Ponca Compound which you were kind enough to send me gave such satisfaction that I have continued to prescribe it in the class of cases for which I first used it, namely: Chronic Metritis. I have also secured satisfactory results from its use in Ovarian Neuralgia as well as in inflammations involving those organs." WM. E. ROBBINS, M. D.

1405 New York ave., N. W. Washington, D. C.
Address Mellier Drug Co., St. Louis, Mo.

DR. I. B. GILBERT of Philadelphia writing for *Medical Summary* for June says: "I consider *Saw-ette* as a remedy for prostatic derangements on ineffectually. After two years use of it in my practice I have become very favorably impressed as to its merits. Its action upon the prostate gland comes nearer a specific than any other remedy with which I am familiar; it relieves cases of irritable bladder and difficult micturition in old men so as to make life much more comfortable. I am now using it in gonorrhoea after the inflammatory stage has passed, with good results.

NERVOUS HEADACHE.

R. Williams, Surgeon, 69 Vauxhall Road, Liverpool, England, says: "I obtained very good results from the use of Celerina in cases of nervous headache arising from general debility. The patients made rapid progress by taking Celerina in teaspoonful doses, thrice daily. Ordinary treatment had failed to give much relief or satisfaction previous to taking Celerina. In conclusion, I consider the preparation will not in any way disappoint any physician in its therapeutic effects but will be found a reliable remedy for the purposes indicated.

(Continued on next leaf.)

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The vast hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE

The Medical World.

PUBLISHED MONTHLY, BY C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D.,
J. J. TAYLOR, M. D., } EDITORS.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid invariably in advance.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

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ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1520 Chestnut Street,

PHILADELPHIA, PA.

Vol. XII. NOVEMBER, 1894. No. 11.

Uric Acid: An Important Pathological Factor.

In the practice of medicine it is of the utmost importance that we accurately estimate the various pathological factors that have caused or that complicate the disease we are called upon to treat. Formerly we recognized malaria prominently as such a factor, and the anti malarial remedies entered largely into the treatment. There is, however, a far more prevalent factor that has been almost entirely overlooked by the vast working body of the profession—the accumulation of uric acid in the system.

Uric acid is a product of tissue metabolism, and its formation, in minute quantities, cannot be entirely prevented. Its elimination in the urine in normal health, in proportion to the amount of urea eliminated, is as one to thirty-three, or a total amount of about eleven grains of uric acid daily. When the daily production of uric acid exceeds this proportion, or the daily

elimination falls short, there is a corresponding accumulation of it in the system.

Some of the causes of its over production are, that form of imperfect digestion that allows the fermentation of a portion of the food, over-eating, excess of meats and other nitrogenous foods in the diet, excessive use of fried foods, the use of malt drinks or rich wines, and sometimes even tea and coffee. Often there is no demonstrable cause other than an inherited constitutional tendency to its excessive formation.

Some of the principal causes of its deficient elimination are, habitual constipation, deficient urinary secretion, neglect to keep the skin in good working condition and deficient aeration of the blood by shallow, imperfect breathing.

The symptomatic manifestations of uric acid are legion. When we reflect that it is a chemical irritant and hence may irritate any of the sensitive membranes of the body, the possibly wide scope of its effects may be understood. In addition to that, it may be present in such quantities as to form salts and deposit in the tissues and thus become a physical irritant. Thus it may produce the various grades of irritation up to active inflammation. Its manifestations are seldom constant, but are most often periodical, as the blood varies from time to time in its degree of alkalinity, and hence in its power to hold the excess of uric acid in solution. The various pains in joints and muscles that have been called sub acute rheumatism are true uric acid manifestations. The periodic headaches are nearly always the irritation of the nervous system by uric acid. The unaccountable peevishness or irritability of a usually amiable person is generally due to the same cause. Epilepsy, neuralgia, melancholia and other nervous and mental manifestations frequently occur from this cause. Regularly recurrent throat inflammations, weakness and irregularity of the heart, cold, dead fingers and toes, frequently find their cause principally in this pathogenic ele-

ment. Urticaria and various other skin eruptions, if not originally caused by uric acid, are nearly always greatly aggravated and prolonged by it. Renal and vesical calculi are sometimes formed from this element. Thus, we see that its manifestations may be quite varied, according to the peculiar constitution of the individual. Even in many of the grave acute disorders, as inflammatory rheumatism, pleurisy, meningitis, it constitutes a strong pathological element. Moreover, the condition of fever tends to throw an unusual amount of this element into the circulation; hence all our fever mixtures should include some good uric acid eliminant.

Now, what may be done for all this?

In the first place, we should endeavor to prevent its excessive formation, and for this purpose we will give a few suggestions.

The diet, in health and disease, must be regulated as to quantity and quality. The patient must eat no more than can be completely digested. The quantity of nitrogenous foods should be limited and vegetables should largely predominate in the diet. Of course, the food should be thoroughly masticated and prepared for easy digestion. The mind and body should be free from work during the first hour of digestion. If the digestion is especially weak, the mineral acids and even peptic ferments after meals may be used for awhile, until the power of the digestive organs can be improved. However, this should not be done to enable one to digest an unnecessary amount of food. Whatever particularly disagrees should be totally avoided. Greasy pastry, fruits cooked with sugar, wines, beers, and alcoholic liquors are generally to be avoided. Yeasty bread is also quite injurious. Tea and coffee are not good for uric acid people. Milk is an excellent article of diet. If, at the close of the normal period of digestion, there is evidence of incomplete digestion, a copious drink of hot, antiseptic alkaline water should be taken. The alkali should be gradually reduced until finally the water is taken without it.

In the second place, we should endeavor to promote its free and normal elimination. Constipation must be corrected—at first by hot enemas until we train the bowels, by habit or by

laxative treatment, to become normal without them. The kidneys must be kept freely active, best by copious draughts of pure water, but with suitable alkaline diuretics when necessary. The skin must be kept in a perfectly acting condition. For this purpose avoid over-clothing and employ frequent stimulating baths. Ammonia in the water for cleansing purposes and salt rubbed on the skin for stimulating purposes are very good aids in the treatment. The occasional hot vapor bath or even the wet pack are very valuable for the purpose of eliminating this agent. The lungs should be accustomed to full, free, deep breathing, and should be furnished with pure air. The restraining influences of the corset, preventing entirely the abdominal action in breathing, is a good factor in the production of the uric acid diathesis in women. If the occupation does not require plenty of exercise, it should be taken voluntarily.

But we generally find the patient sick and requiring active treatment. For this purpose the alkaline diuretics are best, aided by the wet pack or vapor bath. The alkalies that are best, in the order of their merit, are potassium, magnesium, sodium, lithium and calcium. The salicylate or citrate of potassium, sulphate of magnesium, salicylate, phosphate or benzoate of sodium, benzoate or carbonate of lithium and chloride of calcium are the respective salts that will be found most generally useful. The lithium salts are not so valuable in this treatment as their reputation would indicate. When acute pain is present a bromide may be chosen with advantage. The alkalies should not be given too long, and no one should be used to the exclusion of others. Many of the vegetable eliminants, as podophyllin, leptandrin, stillingia, hydrangea, cascara, colchicum, rhubarb, chima-phil, are valuable in this condition, tending both to prevent the formation and also to eliminate uric acid.

These remarks are intended only to direct the mind of the practising physician to this subject, and lead him to remember this factor as a possible cause or complication in cases he is called upon to treat. The suggestions above given will furnish an out line guide for the further study of this great and important subject.

Our Profession and The People.

"In three years," says the *Cleveland Citizen*, "the people of New Zealand enacted the following reforms: Government ownership of railways, telegraphs, telephones and insurance; graduated income tax; exemption of homes from taxation; discouragement of alien ownership of land by levying an absentee tax; restoration of the land held for speculative purposes to the people by a heavy graduated land tax, * * *. Besides the hours of labor have been reduced to a minimum and a maximum rate of wages has been fixed for Government employes, a splendid system of factory inspection has been introduced, the contract system has been practically abolished, and many municipal reforms have also been introduced. * * * * New Zealand, according to Consular reports and reliable Australian newspapers, is to-day the most prosperous, contented and happy little country under the starry heavens. There are few paupers and no monopolies; there is a gratifying decrease in drunkenness, prostitution and crime, and the unwholesome practices of a few years ago have been discontinued."

Does the above quotation seem strange in these columns? Perhaps you are saying mentally, "I thought THE MEDICAL WORLD was devoted to the interests of the medical profession." So it is. And the above will be found in line. The life force of the medical profession is not confined entirely to therapeutics. Incidentally, please see editorials in the *Cincinnati Lancet Clinic* for July 7th, July 14th, July 21st, July 28th, *et seq*; also, the *Medical Mirror* for August, page 385, for patriotic expressions upon current events, in which physicians as well as all other citizens must feel an interest. The September issue of the last mentioned charming magazine is given up largely to descriptions of California life and scenery by its gifted editor. We feel certain that, on this account, the many subscribers to the *Mirror* will not underrate the value of that issue. Instead, this is the particular issue that will be passed around to the members of the family and to the friends, and finally be preserved with special care.*

The general fact that the medical profession is devoted to the prevention and cure of the physical ills of humanity is true. The readers of these pages need not be reminded of the

many instances of the almost magical relief from pain, return to health, &c., constantly occurring in their own experience. The profession is devoted to this noble work. But this is not the only side to this matter.

The profession must live while it works. Its work must be for the people whatever their condition. But that brings us to the question of the physician's interest in the condition of humanity. Let us glance over this condition during the past twenty-five years. In that time we have seen the development of the millionaire and the tramp. We have seen the resources of this country gradually accumulate in the hands of the few, leaving the many dependent or destitute. Yet the physician's work does not diminish. He must still minister to the ills of humanity; and from humanity he must get his support. But the masses are becoming less and less able to pay him. The prices received by the farmer for his produce are becoming lower and lower, and the mechanic's opportunity for employment is becoming more and more precarious. Reductions in wages and lock-outs are becoming numerous, while the piling up of profits goes merrily on. Consequently, the income of the average practicing physician has been shrinking, while his work remains as great as ever, or increases. What are we coming to? A society made up of millionaires and impoverished masses is the least desirable for a physician. A millionaire contributes only a small share of his just portion to the support of the medical profession; while the impoverished masses cannot contribute their share; yet the work of the profession remains the same. What the medical profession wants is prosperous masses. The masses produce the wealth, and why should it not stay with them? Now, look at the quotation at the head of this article again. Can we not learn some lessons from that distant isle of the sea? Does it not suggest many things that we need? Your first question will be, "How can we get them?" Certainly not by indifference and inaction. Every citizen, whatever his profession or business, has a public duty to perform. Physicians are no exception. Indeed, we have seen that their interests are especially and peculiarly

*Those who are not subscribers to the *Mirror* don't fail to send ten cents to Dr. I. N. Love, 3642 Lindell Boulevard, St. Louis, Mo., for a copy of Sept. *Mirror*.

linked with those of the masses of the people. Then let us work with those masses for their highest prosperity.*

*See Review columns of this issue for suggestive literature.

Doctors in Public Affairs.

The following physicians are reported to be congressional candidates: Dr. L. F. Weaver, of Niles, Mich.; Dr. Bernard Groesser, of Le Mars, Iowa; Dr. J. A. Hatch, of Kentland, Ind., and Dr. M. F. Merchant, of Ellendale, North Dakota. The present Legislature of Virginia is said to contain eight physicians. Dr. McCallum is candidate for Mayor of New York city. We think it eminently fitting and proper that educated, high minded physicians should take an active interest in the welfare of their native land. We hope that their influence and voting power will ever be wielded in the interest of the useful common people, and towards the overthrow of the corrupt money power.

A Most Sensible and Scientific Tendency.

It will be observed, in reading the excellent papers presented at the recent meeting of the American Climatological Association, held in Washington, D. C., May 29 to June 1, 1894, that "the whole tendency of opinion during the entire sessions seemed to be towards physiological treatment,—the use of therapeutic means which are in the line of natural processes, rather than the use of drugs,—substances which are foreign to the organism."

Children of Drinkers.

The *Quarterly Journal of Inebriety* gives the views of a specialist on this subject, with observations with 12 families of drinkers and 12 of temperate people. We tabulate the observations below:

	Drinkers.	Temperate.
Number of children,	57	61
Deaths under 1 week old,	25	6
Idiots,	5	0
Dwarfs (stunted in growth),	5	0
Epileptics,	5	0
Chorea, ending in idiocy,	1	0
Deformed and diseased,	5	0
Hereditary drunkards,	2	0

One of the above is counted under two categories, leaving only 10 of the children of drinkers showing normal constitutions.

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal only. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, so his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN

READ. REFLECT. COMPARE. RECORD.

Cases of Narcomania.—Notes on the Treatment of Alcoholism.

Editor MEDICAL WORLD.—I have thought it advisable to describe a few cases to illustrate my methods of treating narcomania, and the great variety there is in the individuals who present themselves for treatment. No two cases require the same management, moral or hygienic; while it is most difficult to lay down general principles that will not be totally out of place in some instances.

Case I. Mrs. W., 26 years old, married, had one child and two miscarriages; began taking morphine for dysmenorrhea, and had taken it for seven years, reaching 8 grains daily. She also smoked cigarettes. Before coming to me she had reduced her daily dose to one grain, taken in two portions. Examination on admission: cigarette heart; os uteri lacerated, right-ovary tender, purulent leucorrhœa. 1st day: $\frac{1}{2}$ gr. morphine, $\frac{1}{10}$ gr. atropine, at 8 a. m., $\frac{1}{2}$ gr. morphine and $\frac{1}{10}$ atropine, at 8 p. m. The atropine irritates the bladder.

2d day: $\frac{3}{8}$ gr. morphine twice to-day. Had a fair day, ate well. Took one bottle alkaline bromide water. Colden's beef tonic every three hours.

3d day: Slept none. Bowels loose; urine scanty. $\frac{3}{8}$ gr. morphine, 6 gra. quinine, in morning; $\frac{1}{2}$ gr. evening. Alternated Colden's and Bovinine all day. Ate fairly well.

4th day: Slept fairly. Abstinence symptoms marked; chilly, sneezing, aching and depression. $\frac{1}{2}$ gr. morphine and $\frac{1}{10}$ physostigmine in morning. Bovinine every 2 hours; oxide of zinc and silver; better than yesterday.

5th day: Very restless till 1 a. m., when she had 30 gra. sulphonal. Physostigmine at 9, 2, 4 and 9. Bovinine, Colden's and zinc. Ate pretty well. At 10 and 12 p. m. had 30 gra. sulphonal. Slept all night.

6th day : 11 a. m., cold bath ; milk and coffee. 12, Colden's and zinc valerianate. Very nervous and stupid. Slept till 3 p. m. soundly. 4 p. m., one drachm Fellows' syrup hypophosphitea. Bovinine every two hours. 6 p. m., appetite for dinner fair. 10 p. m., better : took a short walk ; no pain ; less nervous ; no cigarettes to-day. 15 grs. sulphonal.

7th day : No drugs to-day except Fellows' syrup and zinc valerianate. At 10 p. m., 12 grs. sulphonal. A good day.

8th, 9th and 10th days, no drugs but Fellows' syrup and rhubarb ; strength and spirits rising rapidly. Took apomorphine and bromide of arsenic to stop longing for cigarettes, which they did, completely, in three days.

During the remainder of her stay she improved steadily and returned to her home 27 days after admission. The next menstrual period passed with little pain, taking viburnin ; but at the next she suffered so severely that I gave her iodoform and codeine, relieving her and arousing no desire for opiates.

Case II. G. D., 36 years old, physician ; addiction for three years ; cause, sciatica. Height, 5 feet, 7½ inches ; weight, 178 pounds ; plethoric. On admission was taking an ounce of laudanum daily, in two doses, with occasional injections of morphine. Subject to occipital neuralgia, rheumatism and cerebral hyperemia. A large meat eater and water drinker ; of gigantic strength ; subject to uricemia. Ordered alkolo-bromide water, with half a drachm of pure sodium salicylate daily. After taking this and reducing the doses of laudanum somewhat, he determined to quit at once, and took no more. He suffered severely, but bore it with a patient endurance that won our admiration. He went home in eight days and has since continued well. He wrote us he had a bad attack of palpitation of the heart, but he "let it palpitate." The typical morphine fiend is supposed to be thin, timid, insincere and nerveless, but I have found a large proportion of them to be fat, plethoric men, robust and vigorous, with plenty of grit, and absolutely truthful and trustworthy. These men are always willing to make a gallant fight for liberty, and never return when once freed. Finer men, with better endowment of nerve, I have never met.

Case III. G. W., physician, aged 32 years. I cannot give the history in detail as it would occupy too much space. His father and mother had been opium users, and he had inherited from father and grandfather a neuralgia of the gravest form, clavus, with a rapid tapping felt on the inside of the skull in both parietal regions, the whole head becoming dark red, the

eyes congested and sight obscured by red clouds and flakes. He had been addicted for many years, and had been to several sanatoria ; each time relapsing in about seven months. The last time he went to an Eastern specialist, in whose place he learned to use cocaine, and came home uncured, but fully stocked with the tricks interchanged by patients in that school of vice. He took on entering, 30 grs. morphine and 10 grs. cocaine daily, with 8 oz. whiskey at midnight, in one dose. The morphine was taken in three doses, hypodermically ; the cocaine in little injections, taken almost continuously, every few minutes.

The cocaine was withdrawn within one week ; the morphine and whiskey gradually diminished, as rapidly as could be done without arousing the terrible headaches. Whenever the reduction was too rapid the headache would reappear, throwing into the background all the ordinary abstinence symptoms. When the dose had been cut to one grain per day, laudanum was substituted, and after a few days, codeine hypodermically. This proved at first insufficient to prevent the neuralgia, even when given up to seven grains per day, and a little morphine was added. The neuralgia came on in the wake of the ordinary abstinence symptoms, verifying an observation of Anstie that any cause of depression may serve as an exciting cause of the paroxysms. It was found necessary to establish him on a plane of, say, three grains of codeine daily, continue this for a week, then drop a little and rest there, habituating his brain by degrees to a smaller quantity of the drug. When he had taken two grains of codeine daily for a week, the dose was gradually lowered to ½ grain and then dropped entirely. The neuralgia did not reappear in the worst form, and after a day of suffering and a sleepless night, he was free. During the three months required to reach this result, many means were employed to relieve the neuralgia, but all failed. Physostigmine relieved, but occasioned toxic symptoms. Strychnine, arsenic and quinine could not be borne, his brain being exceedingly irritable. Feeding, hygienic management and a moderate use of baths were beneficial. The only tonics that were continuously well borne were the food products, Bovinine and Phospho Albumen.

After the complete withdrawal of codeine, the building up processes were continued, with rest, quiet, and by degrees easy work was allowed. This is still being continued, and it will not be judicious for him to resume full professional work for a year, and then it must be in a city. To send such a man back to a sparsely settled country district, where he is constantly driving, not seeing his bed for a week

at a time, is to push him inevitably back into the slough from which he has emerged.

This case, from the failure of the previous efforts, and the hereditary neurotic defect, is one of those rarely cured in sanatoria. It is important as showing how greatly one must modify the ordinary methods to meet the exigencies of exceptional cases. Furthermore, I have never met a habitue whom I felt to be more worthy of saving, in whom brighter possibilities were obscured by the fatal clouding of the brain by morphine. Bright, intelligent, alert, secretive, of unusual capability as a physician, and fertility in resources, this man was intended for something better than wallowing in the slough of narcotism. And yet, when one sees a man cast in such a mould, debased by drugging, losing his birthright of mentality, quenching the divine spark, lowering his manhood and becoming a self-indulgent, untrustworthy, tricky, moral weakling, one's whole being rises up in angry protest against the terrible demoniac thing that so debases and brutalizes God's noblest work. Would that I could inspire in my fellows my own horror of this thing, and my own pride in restoring such men to this world, for usefulness. If only every physician who reads these lines were to seriously bestir himself to rescue such of these unfortunates as come within his reach, and to guard against making others habitues. And if those who make a practice of treating narcomania would only give more attention to the rebuilding of character, the restoration of moral strength, and make the relief of suffering a secondary consideration. When patients have been taking the opiate a long time, and especially when they have added cocaine or other drugs to the morphine addiction, this method cannot be pursued. It is necessary then to proceed most gently, watching the symptoms closely and making the descent by a series of steps instead of a declivity. These patients cannot respond to stimuli, they do not react well, and require the utmost tenderness in their management. More time is required, and after the cure they must not be put to work for a considerable period, until the nervous system has been restored to good condition. When the dose has been reduced to $\frac{1}{2}$ grain daily, physostigmine should be substituted, and continued until the patient is ready to drop it voluntarily.

ALCOHOLISM.

An observation, new to me, may be old to many of the good, practical members of our great WORLD family. In treating a man for alcoholism I wanted to put something in his whiskey to sicken him, and so gave a little fluid extract of ipecacuanha—about 20 minims. It

did not nauseate him, but he went to sleep and slept all night. This seemed curious, as he had previously taken 40 grain doses of chloral and of sulfonal, without inducing sleep. Next day, I gave him the same dose, without the whiskey, and he slept all day. Following this, for a week I put him to sleep every night on the ipecacuanha, and he had the best week's sleep he had had for years. I gave the fluid extract, 10 to 30 minims, in a spoon with no water, and directed him to lie perfectly quiet for five minutes after taking the medicine, in order to avoid nausea and vomiting. This is the way to give ipecacuanha for the grave forms of dysentery. Now if this drug will give sleep in such cases it is of importance, for we know that very often they resist such drugs as opium, chloral and bromides, until such huge doses have been taken that life is endangered thereby.

This patient gave evidence of paresis, becoming very generous and fabulously wealthy whenever he was drinking; and it may be that in other cases the ipecacuanha may not do so well. I would like to know if any one else gets such results.

As to the appetite for alcohol, the ipecacuanha had not the slightest perceptible effect, differing in this respect from apomorphine, tartar emetic, and especially lobeline, the latter exerting a pronounced influence over some alcoholics. But in spite of all medication, this man drank until he wanted to stop, when he did stop.

How can any one dare to say any man's soul is dead? I call to mind a patient whom I attended for years for alcoholism, with varying success, with many and repeated relapses. It was his custom to retire to his room with a full supply of whiskey and drink until he could drink no more, and nature revolted. He used to say he abhorred the taste of liquor and wished he could get it down his throat with a stomach tube, to avoid tasting it. At the end of a debauch more prolonged and apparently more hopeless than any previous, this man's will awoke and he said: "I will not." Then was the time to come to the aid of the shattered nerves, and strengthen by every means known to science or to religion, the new resolution. This man kept his word, and for five years has been an honorable member of society, a total abstainer. Without suffering? No! Many a battle was fought before the fierce, overmastering thirst for rum was overcome and the demon throttled. But it taught me never to despair of the possibilities of the individual soul. It is not all physical. No one can say that the degenerated nerve tissue in that man's brain was miraculously healed. There was no mira-

cle, but a regular stand-up fight between the good and the evil in that man; and it was the power of the spirit that conquered matter.

A criticism of my recent papers on morphinism in this journal has taught me how very difficult it is for one to give an intelligible idea of his views to another, when the latter does not meet him on the same plane of comprehension. My critic objects to my remark about the secret of success being sedation. I think he never treated a case, or more than one, or he would have recognized that as the morphine is removed the nerves exhibit a peculiar hyperesthesia, that makes very slight irritation exquisitely painful. This requires nervous sedatives; and here is where experience steps in to show the difference between alcoholism and morphinism. For the toning agents, strychnine, &c., and arterial stimulants, such as gold and mercury, so useful in keeping up tonicity in alcoholism, increase the hyperesthesia of the narcomaniac and aggravate his sufferings. But the gentleman has got one idea so good that he may be pardoned for not recognizing this state, and that is the value of hyper nutrition. When he has learned to combine full feeding with nerve sedation, he will have mastered the A and B of his alphabet. But this is not all. He goes on to invoke the Divine mercy on the unfortunates for whom I prescribe the cold bath. His candid opinion has been perused with the greatest delight by the unhappy victims now languishing in my dungeons, and the amount of fun they are having over it at my expense disarms any sense of annoyance I might have felt at the evident misrepresentation. During the reduction period and at its end the warm bath is of the utmost value in alleviating suffering. But after the hyperesthesia has been subdued and the stage of languor supervenes, the time has come to rouse up the flagging energies and invigorate the body. Then the cold bath comes into use; dreaded at first, but soon a delight to the patient, as he feels its benefits. At first great care is taken to secure reaction by vigorous toweling, exercise and hot drinks; and often the first genuine drug-free sleep comes after the patient is snugly tucked in between warm blankets, after the bath. It is the rare exception for patients to leave me who are not enthusiastic in their appreciation of the cold bath.

I must acknowledge the force of the gentleman's objection to my description of narcomaniacs as weaklings, &c. This is true only of a class: the class who never come willingly to be cured. Among the cases that have come to me for release from narcotic slavery have been some of the noblest specimens of manhood I

have ever met. Men of strong will, full of grit, far above the average of intelligence, whose bondage has been of accidental origin and who display a fortitude in suffering that wins my highest respect and regard. When a man refuses to take anything to alleviate the pain, only asking of me the assurance that he will not die, I take my hat off to such men. I have never met their superiors.

Letters and letters! The charge of \$1.00 for replies by mail only increases their number. I have taken an assistant, and yet we are too busy. The inevitable end looms up: my little private sanatorium will become a large incorporated enterprise, with a corps of helpers to manage the business interests and assist me in the professional work. This will enable me to give more time to consultation and operative practice. Since coming to Chicago, I have made a number of flying trips through the country, where my brethren desired my assistance; and with the Sanatorium firmly established, I expect to make these trips whenever I can take the time. At present I am arranging for a raid into Texas, to occupy a week.

WILLIAM F. WAUGH, M.D.,
103 State St., Chicago.

The Ideal Method for the Radical Cure of Varicocele.

BY G. FRANK LYDSTON, M.D., OF CHICAGO.

Professor of the Surgical Diseases of the Genito-Urinary Organs and Syphilology in the Chicago College of Physicians and Surgeons; Medical Director and Surgeon in charge of the Masonic Hospital, etc.

Editor MEDICAL WORLD:—The radical treatment of varicocele is, it seems to me, a field for operative surgery, which has by no means received its due meed of consideration since the introduction of modern aseptie and antiseptic technique. As is well known, varicocele is not an intrinsically dangerous affection, and in view of the disastrous results which in times past have quite frequently attended attempts at the radical cure of the disease, the impression among general practitioners is quite general that the disease should be a *noli me tangere*. The consequence is that patient after patient is advised to undergo the inconvenience and unsightliness of a large varicocele and the annoyance of constant wearing of a suspensory bandage, to say nothing of the functional disturbances of the generative apparatus which the disease produces, rather than to undergo an operation. The disease may be rendered enduring if the patient be sufficiently Job-like and philosophical; *ergo*, the knife of the surgeon is a thing to be abhorred. In witnessing some of the operations

that are done for varicocele, even at the present time, I am myself inclined to believe that the patient had in some cases better bear those ills he has than fly to others that he knows not of. But this is a fault of individual surgical technique and not of radical treatment *per se*. The effort all along the line of the surgical treatment of varicocele has been to devise some means of operation which should be simple, devoid of danger and truly radical in its effect. All of the earlier operations have been open to serious criticism from all of these standpoints. The various subcutaneous operations of which the operation of *enroulement* of Vidal de Cassis was the progenitor, are open to quite serious objections. The operation is done in the dark; it is by no means so simple as would appear, and while the results are excellent, the danger of involving in the ligatures, structures which render the operation disastrous, counterbalance the arguments in favor of the operation based upon its many successes. Like most bloodless operations, it is one which the incompetent man, who is always ready to rush into danger that he cannot see, is quite likely to undertake, often with most disastrous results. Superfluous structures are always embraced by the ligatures; indeed, it is a practical impossibility to limit the embrace of the ligature to the veins which we wish to occlude. A very serious objection, anent the tendency of incompetent men to undertake the operation on account of its bloodlessness, is that there may seem to be much less necessity for radical asepsis and antiseptics than in the various forms of cutting operations, when as a matter of fact, the danger of sepsis is much greater with the subcutaneous deligation of the veins than in the open operation, if the latter be properly performed. The Astley Cooper operation, as modified by Henry, was at first hailed with delight as a safe and sure means of accomplishing a radical cure of varicocele. I confess with due contrition that I myself fell in with the procession of enthusiasts who believed implicitly in the accuracy of all the reports published upon this operation. I reported from time to time certain cases of radical cure by ablation of the scrotum. Most of the cases of my early operations of ablation of the scrotum, to which I have access at the present time, would bear reporting again as excellent illustrations of the fallacy of the operation from the standpoint of a radical cure. I will not discuss the question of my own technique of ablation of the scrotum, but to forestall the insinuation that I have not done the operation thoroughly I will state that when the operation in my hands is completed it will puzzle the novice to get tissue enough to cover the testes. My experience alone is not to be taken

as a criterion of the ultimate success of the operation, but I will state that I have at present under observation a case operated upon some years ago by a celebrated American Surgeon, and reported by him as a radical cure, in which there is not only a recurrence of the varicocele, but more functional disturbance resulting therefrom than existed prior to the operation. An illustration of this case, which appears in my monograph upon varicocele, speaks for itself. It must not be understood that I condemn the operation of ablation of the scrotum. In slight varicoceles with elongation of the scrotum in young subjects in whom the normal tonus of the dartos muscle has not been completely destroyed, and in whom there is a strong indication for a psychic impression by operative measures, the operation of ablation of the scrotum offers a means of relief which is at once sufficiently radical and perfectly safe.

Operations involving a free incision of the scrotum, exposure and resection of the veins are usually followed by severe ecchymoses, considerable swelling and occasionally by atrophy of the testes. I will acknowledge that I have performed this operation in numerous instances and have had but one case of atrophy of the testicle. Even in this case infection of the wound by the patient thrusting his fingers underneath the dressing and scratching the part with his nails was probably the source of the difficulty, but I nevertheless feel that such extensive mauling about and handling of the testicle, cord and surrounding tissue should be avoided where possible. Several years ago I began operating according to a method outlined in my monograph on varicocele. I will state that while revising the proof of this work my attention was called to an operation performed by Mr. A. B. Barrow, of London, which was very similar to my own. I gave Mr. Barrow credit for his operation in a foot note in my published work. His operation is somewhat similar to mine, but differs in some important details of the technique, the method of dressing, and the method of shortening the cord.

TECHNIQUE OF THE OPERATION.

The pubes, scrotum, perineum and thighs are thoroughly shaved, scrubbed and irrigated with a bichloride solution. Sterilized towels are arranged around the parts, so that only the scrotum and the tissues over the external inguinal ring are exposed. Cocaine is used for anesthesia. As a rule, I use not more than forty minims of a two per cent. solution, and twenty minims of a four per cent. solution of the drug. The drug is dissolved in a one per cent. solution of carbolic acid, and latterly I am incorporating $\frac{1}{8}$ of a

grain of nitrate of strychnia with it as a matter of precaution, although in some years' constant use of the drug I have never had any accidents. A few minims of a two per cent. solution are injected at four or five points a short distance from the proposed line of incision. Twenty minims of a four per cent. solution are injected with a needle directly in the line of the incision. Within five minutes, as a rule, the parts are sufficiently anesthetized to proceed with the operation. An incision from three-quarters of an inch to an inch and one-half in length, varying with the amount of fat present, is made with a scalpel directly over the external ring. This is made in the direction of the longitudinal axis of the cord. The cord and its envelopes are exposed, and a careful dissection brings the veins into view. These may be ligated *in situ* in slight cases. I prefer, however, to draw the cord out of the incision by means of a blunt hook to a sufficient distance to enable me to pass the index finger beneath it. The cord and testicle are now thoroughly under control and, if necessary, the testicle can be extracted through a one-inch incision where there is only the average amount of adipose tissue present. Should it be necessary to do so, the superficial tissues may be incised a little more freely. A careful dissection of the veins is made, the vas deferens being isolated and kept out of the way. In the simpler cases, where the cord is not greatly elongated, a ligature of aseptic silk or silk-worm gut, the former being the more manageable, is tightly tied about the veins just an inch below the level of the external ring. The second ligature is applied at a point two inches or more (according to the length of the cord) lower down. It is well not to get the lower ligature too near the testicle, else serious disturbance of its nutrition may result. It is better, in case there is a secondary plexus of varicose veins, at the lower and posterior portion of the testicle, to apply a third ligature to them than to attempt to include them all in a single ligature below. The ligatures are cut short, the cord and testicle dropped or drawn back into place, this being readily accomplished by pressure, and traction upon the testicle through the scrotum. In cases in which the cord is very long and it seems desirable to shorten it, two courses are open to the surgeon. One is to resect the veins, approximate and tie the stumps of the cord. The other and better way in most instances is to make a loop of the included veins, the extremities of the loop corresponding to the upper and lower ligatures. Where it is intended to make a loop in this fashion, the ligatures are left long so that they may be readily tied together. It may seem to some rather absurd not to excise the included

loop of veins, but I believe that in the majority of cases the results are somewhat better than after excision. In a general way, the less traumatism inflicted upon the tissues of the cord the better. I believe, moreover, that in freeing the veins prior to ligature, it is not well to make an extensive dissection of the cord. The area of veins included in the loop of cord between the ligatures do not apparently undergo necrosis, but degenerate into a fibrous cord which is apparent for a time, but finally entirely disappears. It will be understood that I have no serious objection to excision of the included loop of cord; indeed, I have followed this plan on many occasions, but I believe that allowing the loop to remain in the manner above outlined is a more conservative procedure. In case it is decided to remove the included veins the stumps may be mummified by the application of a thin film of iodoform, or the Paquelin thermo cautery may be applied to the stumps prior to tying the proximal and distal ends together.

It is permissible to irrigate the exposed structures with sterilized water before restoring them to the scrotum. This may be done as a matter of precaution, although I do not believe that it is absolutely necessary. All hemorrhage having stopped, and this as a rule amounts to very little, such small vessels as may have been cut and occluded with the pressure forceps having become closed with fine sutures of silk or catgut, three, or at most, four stitches applied very close together will suffice. The wound being thoroughly dry is sealed with iodoform collodion. No further dressing is absolutely necessary, perhaps, but it is my custom to put on a T-bandage and support the scrotum with absorbent cotton. As a rule the patient need not be confined to the bed longer than four or five days to a week. In exceptional cases two weeks may be necessary. In some instances I have had some difficulty in keeping the patient in bed after the third day. In cases in which the scrotum is very lax and pendulous, it is my custom to ablate a portion of it, either at the time of the first operation or a few days thereafter.

I unhesitatingly endorse this operation as the simplest, most scientific and safest of all the radical operations which I have tried. With an experience of twenty-six cases operated on by this method, and something like seventy-five cases by various other methods of operation, I feel that I have some foundation for my confidence in the method described. It is practically subcutaneous, having all the advantages of the subcutaneous operation,—especially where no resection of the cord is performed,—and has none of its dangers or disadvantages. In these days of aseptic surgery it is asserted that a four-

inch incision is no more dangerous than a one inch incision. This is not approximately true, but other things being equal, when the object to be attained can be as readily accomplished through a short incision, it is to be preferred. A short incision is at least much less dangerous as it is smaller in dimensions. It will be understood that I believe firmly in the free use of the knife where it is necessary in all instances to accomplish the object in view, but there are occasions where smaller incisions are surgically much more artistic and conservative.

G. FRANK LYDSTON.

Chicago.

Burns.—Maggots in Wounds.

Editor MEDICAL WORLD:—Thinking that the following cases may be of benefit to the profession, and especially to the younger members, I will briefly refer to them.

I was called to the oldest American emigrant to California (1828)—N. G. Pryor, of Los Angeles, California. During an epileptic fit in 1849, he fell down before his still and was dreadfully burned from his neck to his knees, and involving the whole skin, extending to both sides. Before I reached him the Spanish natives had applied a poultice of fresh cow's manure to the burn. This poultice moderated the agonies of pain, and with morphine in large doses the sufferer experienced some relief. A diarrhea set in, and, owing to the sphincter muscles of the anus being partly burnt off, frequent passages could be stopped only by inserting a plug of a greasy cloth.

The first two weeks was a battle for life, and, though near death's door, he commenced mending. The skin came off in three days. There being no linseed oil in the place, olive oil was used as a substitute. As the sphincter healed there was a growing contraction, and a silver tube was put in the bowels, and answered the purpose. Being compelled to go into the country for several days, the patient was unfortunately left with a doctor who neglected him. The family then called in an ignorant German doctor, who said that the patient's rectum would close entirely unless the sphincter was cut. This was submitted to, and in half an hour the epileptic fit returned, which had not been the case for over six weeks. As fast as one fit was over another would come on, and in thirty-six hours death came to the patient's relief.

During most of the six week's sickness, night and day, I was with him. He was convalescing finely, and could go about on his crutches. He had promised me one thousand dollars, and would have paid it, but for the malpractice of

cutting the sphincter of the anus. As it resulted, the administrator on the estate paid me only three hundred dollars—not a fee of one dollar and fifty cents for a prolonged visit.

On returning from California *via* Nicaragua, in 1857, Walker, the American filibuster, was near the end of his career. His forces were driven back to the isthmus between San Juan, at Greytown, and San Juan on the Pacific. The last of 10,000 Americans were dying of chronic diarrhea from want of proper food and shelter, and from exposure to all weathers. He had an armed vessel, which fired into a Nicaraguan vessel-of-war. The ball exploded the magazine, and of a hundred men on board nearly every one was more or less burnt. Many were killed outright, while many others lost their eyesight and the skin on different parts of the body. About sixty of these unfortunates were put under a shed and laid down on the filthy soil, and covered themselves with it to ease their sufferings. The surgeon had no morphine or dressings for these men, and with little or nothing to eat, they died in agonies of pain, extending over two weeks.

The guilt of Buchanan's administration in allowing this freebooter to go to Nicaragua and carry on his infamous slaughter of helpless natives, in order to form a slave empire, was well known and is a sad commentary on American civilization.

Another case of burning, from the explosion of a kerosene lamp in the hands of a lady in her seventh month of pregnancy, was not severe. But the fright brought on labor pains. These pains could not be stopped. Tried the decoction of blackham, which had succeeded in several cases, but in vain. Also tried to open the os uteri with Barnes' rubber dilators, but failed. At that time there were no metallic dilators. After six days of suffering the lady died undelivered.

Another case of explosion of a kerosene lamp in the hands of a negro woman, resulted in severe burning of the face, arms and breast. She was improving for a week, but while she and the nurses were asleep she became fly-blown. Maggots soon appeared in many of the burnt places, and came from the nostrils and from her mouth. Injections of a decoction of elderberries and leaves brought away hundreds of them, but the woman died, being eaten up by them. Turpentine killed many of them near the surface, but when deep-seated it was not used, as the killing of so many would have resulted in absorption and blood poisoning.

In crossing the plains in 1849, one of the company was convalescing from typhoid fever, but became fly-blown, but we had no turpentine

nor elderberries. Gave weak injections of salt water, and of copperas, but nothing availed.

During the civil war I attended a large number of Confederate soldiers, and treated many of them with decoction of elderberries and leaves, but no deaths occurred from this cause in my hands. While in the small pox hospital (not under my attendance) I saw many soldiers with maggots in their wounds, and doubtless many of them died from them. The stench was so great that nurses did not attend to them as they should have done.

While in California, a young man had his thigh broken by the kick of a horse. A fellow-townsmen and a doctor put on long splints, and after taking his horse and his watch, valued at three hundred dollars, left him among ignorant Spaniards, who fed him for over two months. At that time I returned from the East, and was told of the young man's misfortune. The fractured femur had mended, but with an inch of shortening of the limb. On removing the bandage from the foot, I found half of it eaten off by maggots. To save the man's life, Chopart's operation was necessary, and the fragment of his foot healed up very satisfactorily. Of course, he was lame for life.

C. R. CULLEN, M.D.,

Barton Heights, Richmond, Va.

Dentition a Physiological Process with Pathological Expression.

Editor MEDICAL WORLD:—In reference to Dr. Bruce's article, "Teething not a pathological Process," page 374, I must take some exceptions.

While I admit that dentition is a physiological process, yet owing to changed conditions, how often it becomes pathological in its expression, like parturition, etc. A condition which the tables of mortality show carry off 4.8 per cent. of children under 12 months, and 7.8 between the ages of 1 and 3, I think, should receive due attention from all careful physicians. For the benefit of those who may not have given the subject of pathological dentition much thought, I quote from the American System of Dentistry, vol. III, pages 326-327, with the editor's consent:

"Many who admit that dentition may exercise an influence on the etiology of the diseases of infancy assume that the explanation of deranged action is to be found only in the direct pressure of the advancing tooth upon the fibrous tissue, which fact is always to be determined by local signs. It is doubtless true that there is generally some such external evidence, but it

does not follow, because there is no local manifestation, that therefore dental evolution can have no relation to a pathological condition.

Hyperemia of the gums is perhaps generally caused by the eruption of the teeth proceeding more rapidly than the absorption of their integumental covering. But the direct pressure of the advancing tooth upon the fibrous integuments is not the only nor the principal factor in disturbance of equilibrium in pathological dentition. The most curious complications are, it is reasonable to suppose, caused by the resistance of the gums, and consequent pressure upon the nervous and vascular supply of the pulp, giving rise to severe and unremitting pains, a true toothache, comparable only to that exquisite torture which is experienced in after life from an exposed and irritated pulp.

The condition when a tooth is thus situated is not unlike that which is found in whitlow—vascular and resistive tissue bound down by unyielding coverings. If such a perversion of this physiological process is possible, there can be no question as to the extent of the mischief which may result—an irritability of the general system which finds expression in loss of appetite, sleeplessness, nausea, thirst, fever, diarrhea or constipation, convulsions, paralysis and other serious lesions, many of which, as strabismus or epilepsy, remain throughout life.

It is not surprising that those who hold this theory generally assumed and taught, that the direct pressure of the advancing tooth upon the fibrous tissue is the explanation of all symptoms attributable to pathological dentition, should underrate the distress and danger which may occur. But the severity of the disturbance frequently witnessed suggests a more curious complication, and a consideration of the conditions justifies a graver diagnosis.

It must be remembered that at the period of eruption the roots of the teeth are yet incomplete. Instead of the conical termination and minute foramen which characterize perfected tooth, the aperture is nearly as large as the root itself, and then when the sensitive pulp, made up of connective tissue, blood-vessels and nerves, is in a condition of irritation because of the morbid activity of the process of dentition, augmented vascular and nervous action, there may be produced a hyperemia sufficient, possibly, to cause the protrusion of a part of the mass from the incomplete aperture of the root, giving abundant cause for extreme constitutional disturbance. . . . That the resistance of the gum-tissue is the occasion of the constitutional disturbance so often seen in teething children, appears probable in view of those cases in which, though there be no local indica-

tion of trouble, every untoward symptom disappears promptly after lancing the gums over the tooth or teeth next in order of eruption."

Dundee, N. Y. J. M. OVENSHERE, D.D.S.,

Another Peroxide of Hydrogen Explosion.

Editor MEDICAL WORLD:—I had another bottle of peroxide of hydrogen to explode last night, throwing glass all over the cellar floor. The bottle was the remaining one, left from the lot bought last June (3 bottles), explained in my previous letter. After the first one had exploded, several days ago, I quickly and carefully removed this one to the cellar, where it is rather cool, temperature about 60 degrees. One bottle was opened soon after the purchase (last June) and I had been using out of it occasionally through the summer. The other two bottles were left on separate shelves in my office and were not opened or disturbed, as described, when the explosions occurred. The above peroxide was manufactured by a reliable firm of Philadelphia. What can be the cause? I have been using peroxide of hydrogen in my practice for seven years with great success and never had a bottle to burst before. Is it because they were lying on the shelf so long that the gas was generated by time and caused the explosion? If so, is it not dangerous for the manufacturer to keep on hand a stock of it for any length of time? Both of the above explosions would certainly have been dangerous to life or limb if any one had been present. Let us hear a voice from THE WORLD on the subject.

Alpha, Md. BENJ. F. SHIPLEY, M.D.,

Scutellaria for Rabies.

Editor MEDICAL WORLD:—I find several references to hydrophobia. Perhaps this might interest and also help some.

In 1833 or '34 Dr. McMillen was practising in Western New York. One day he stopped at my father's, his dog being with him. As he was about starting he pointed to the dog, and said: "About six weeks ago that dog was bitten by a mad dog." He then said that he killed the mad dog. He saw him bite his dog, a three year old colt, three cows and several sheep. He caught all the sheep, and found marks of bites on eight or ten of them, and on the dog, colt and cows. He put the second cow bitten in a pen, and also the bitten sheep in pens—two in one, and the remaining six or eight in another. They were fed and watered regularly. He prepared medicine and gave it to the dog, colt, first and third cows bitten, and six or eight of the sheep. He gave none to the second cow and

two sheep bitten. The cow, the two sheep he gave no medicine to, and four or five other sheep, had had the disease and died; but none that he gave medicine to had had any sign of the disease. The medicine he used was the *scutellaria lateriflora*. I was standing near, and heard all he said. My recollection is that he gave a decoction, about one ounce of dry herb, to the dog and each sheep, and four ounces to each cow and the colt. He thought it sure cure if given for three, four or five days before the disease commenced to show.

Burlington, Iowa. W. H. DAVIS, M.D.,

An Overlooked Symptom of Rabies.

Dr. Bruce, of Sanford, Fla., writes as follows: During my boyhood, my father kept a large kennel of fox hounds, and I became very familiar with dogs and their ways. I have seen quite a number of rabid dogs. It is a mistake to suppose that the first symptom is a disposition to ramble. On the contrary, for the first day, after the poison begins its deadly work, the dog assumes a typical coil in which he sleeps away the first day. Then he begins to ramble far and wide. There is something very peculiar about that coil. Once seen it will never be forgotten. It cannot be described.

Water Treatment of Scarlet Fever.

Editor MEDICAL WORLD:—J. C. McAllister, M.D., Driftwood, Pa., wants to hear from any one who has had similar experience as himself with the cold water treatment in scarlet fever, and in responding to his suggestion I herewith submit the following case to you for his benefit and for the medical profession generally.

I was called suddenly, January 1st, 1884, to see a girl fifteen years of age, sixteen miles away, who was having malignant scarlet fever, arriving just at sunset.

Finding that another medical brother had been treating her, who would not be present until next morning, and who had considered her hopeless, I proceeded to make the following diagnosis:

1st, profound coma, so complete that extreme agitation could not make the least impression or get any sense of feeling or evidence of life, except that she was breathing and that her body was warm. 2nd, pulse 140. 3rd, temperature 105° and the skin of a dark purple hue; throat very much swollen, bleeding and covered with false membrane. Not waiting to make any more discoveries (the other doctor having prescribed the ordinary remedies given in similar cases, without any apparent results), I immediately pro-

cured a cotton sheet, put it in a tub of cold water drawn from the well near by, and after holding it near the fire long enough to take away a possible shiver which she might get by applying it to the body, laid it on a rubber blanket and put her on it with her body entirely naked. At the same time I gave her a large spoonful of brandy and water, a small quantity at a time, for it was almost impossible for her to swallow. After having done this, she did not yet show any sign that we had done anything; still, in the short space of one-half hour the temperature stood 103°, pulse 120. We re-applied the cold sheets every thirty minutes until it was unnecessary to use them any more. In twenty-four hours the pulse was 100, temperature 100°, and her mind was all right again, and she went on to complete recovery.

By this result I am thoroughly convinced that a great many bad cases might be cured if seen in time, and if doctors would drop the idea that cold water would "drive the rash in and kill the patient." Such cases will die unless extreme measures are resorted to at once.

The doctor in attendance said he would not dare to use it, one reason being that her monthly periods were on and he feared suppression, but the treatment had no influence on them in the least.

G. W. REYNOLDS, M.D.,

Madrid, N. Y.

Another Testimonial.

Editor MEDICAL WORLD:—I can add to the testimony of J. C. McAllister, M.D., of Driftwood, Pa., as to the efficacy of the cold bath in scarlet fever. On September 21st I was called eight miles to see a girl thirteen years old with scarlet fever. Temperature 105°; sore throat and other symptoms of severity. Had been sick one day. I gave mercury, acetanilid, aconite, nux vomica and gelsemium. The patient was in a malarial section, therefore, the treatment had to be directed accordingly. Quinine was also given. I was recalled the next day and found all the symptoms more malignant, with fever 105°. The antipyritics would not control the temperature. I applied cold water sponge to spine with constant fanning; in a short time the patient became quiet and dropped into a refreshing sleep. From this time she improved. I used iron and quinine application for the sore throat.

A. B. BISHOP, M.D.,

Lockesburg, Ark.

See page xxii for advantageous terms this month for Dr. Waugh's "Manual of Treatment by Active Principles and New Remedies."

Write up Interesting Cases.—Fever of the Western Prairies.—Active Principle Granules.—Sulphide of Calcium for Glycosuria.

Editor MEDICAL WORLD:—Do you know, I have not written a word for THE WORLD in nearly a year? and I feel that one dollar is poor remuneration for all the good I get out of it. I would most earnestly advise the younger readers of THE WORLD to write. Take notes of your cases and report them. You do not know how little you do know, or how crude your ideas are, until you attempt to put them on paper. It will make you a closer reader, a better reasoner, hence a better doctor. I say this from experience not egotism. So here is my mite of contribution.

Here in the West our fevers are changing from the intermittent and remittent of sod shanty and branch-water days, to those of a continued type. In eighteen years I can only count some fifteen cases of undoubted typical typhoid fever, as to duration and classical symptoms. I have either learned to treat them better—jugulate them—or they do not come my way.

A fever that does not yield to quinine in antiperiodic doses, along with proper evacuant treatment, in forty-eight hours, has some morbid element besides malaria. So I cut down my quinine, add acetanilid, caffeine bromide and zinc sulpho-carb. in capsules. I alternate this with the improved spts. mindererus made as follows:

R. Acid salicylic (from oil of wintergreen).....
 Ammonia carbonate.....ss.....dr. ij
 Aqua cinnamomi..........ounces iv
 M. Sig. Shake. Dose; One teaspoonful every three or four hours, alternating with the capsules.

I have combined a heart tonic, an anti-thermic, analgesic and a bowel antiseptic. Now what result do I get? This. My patient has a flat belly, no tympanites, no tenderness, no gurgling in right illiac, no diarrhoea, (will some one please tell us how to spell loose bowels without the diphthong?) No delerium, once in a while a little nose bleed, with a fever of a temperature of one hundred and three to four and a half in the start, and instead of ascending, the temperature is lowered from one-half to one degree, then is stationary for a day or two, gradually declining into convalescence. They are sick for ten days or two weeks; not bad, and best of all, they get well.

Our fevers this fall (1894) have developed something new. A burning pain at the pit of the stomach with bulging of the epigastrium, intense nausea and vomiting, total loss of appetite, obstinate constipation, pulse one hundred and twenty, temperature one hundred and two and a

half to four and a half, as liable to be as high in the morning as in the evening and vice versa; tongue covered with a thick dirty white fur; in the beginning it cleans off and leaves a brown streak on the base and centre, with red edges; accompanied with a constant hawking and spitting of a thick, tenacious mucus.

This fever, if seen early, may be controlled in from five to seven days. I call it a gastric catarrhal form of fever. It is not an intermittent, remittent, typhoid or that misnomer behind which so many hide, "typho malarial."

The way some of THE WORLD family write one would think that with Dosimetry the medical millennium was at hand. Go slow, Brethren, and while I always expect to be young enough to be a student, yet I think I am old enough in practice to at least give good advice.

Now, do not, because one case recovers with granules, throw away your fluid extracts, tinctures and powders and go wild over the new system of therapeutics. You may lose your patient and have to "eat crow" mentally for awhile. Take up a few remedies at a time, try them, feel your way, and do not rush into print, lauding them, because the first case you prescribe them in recovers.

Remember that the inherent power of nature tends to recovery in most diseases. That someone writes that a certain remedy, or combination of remedies will cure certain diseases, and stops at that, makes it no recommendation to me.

But when he describes a given pathological condition or train of symptoms, and shows why he thinks they accomplished the end sought, and it looks reasonable, I copy it in my case book. Just a line (for instance, "Pertussis," see MEDICAL WORLD, Nov. No., 1891").

Then the first time I get stuck on a case, I will avail myself of a consultation that does not lessen my patient's financial ability to pay me by about ten dollars.

I am feeling my way with dosimetric granules so far with encouraging results.

Try a few of these anodynes for irritable, colicky, teething babies; the laxatives for chronic constipation; the uterine tonic for ill-defined female complaints, where they won't submit to an examination. Then there are the defervescent and trinity granules for the acute stage of fevers, they lower pulse and temperature. When that happens give your quinine or other antithermic and anti periodic.

Have any of THE WORLD readers ever tried calcium sulphide in glycosuria? I have been a prescriber of calc. sulph. for fourteen years in suppurative conditions and, acting on the analogy that in carbuncles, and those afflicted with successive crops of boils, we have a glycosuric

condition. I tried it in a case of saccharine diabetes in conjunction with opium. This patient had lost forty pounds in weight, was drinking about four gallons of water daily, urinating in proportion and had a voracious appetite. Urinalysis showed an abundance of sugar, specific gravity ten forty five. Three months treatment brought sugar down to a faint trace, her weight increased, specific gravity fell to ten twenty, urination, thirst and appetite diminished proportionally. She moved away and I lost track of her.

But the three months I treated her made more improvement than hoped for when I commenced treatment.

If any one of you have tried it please report.
Mulvane, Kan. DR. W. K. HARRIS.

[We can say to the Doctor that we have long since eliminated the diphthong from our scientific vocabulary, excepting where it is necessary to indicate Latin plurals. We spell it diarrhea.—ED.]

Merits of Acetanilid.

Editor MEDICAL WORLD:—I notice something said in your journal, as well as others, in regard to acetanilid. I find it especially good for certain troubles, such as acute rheumatism. I am able with five to ten-grain doses to control acute rheumatism within twenty four hours, but find it necessary to continue to give it, though less frequently, and finally when the pain ceases and I have stopped the medicine, I order my patients to return to it again when they feel the least sign of its coming back.

One young lady who, when I was first called, could hardly move a limb, was up and around the house the next day. Others I have seen the same. I have never had any trouble, except in one or two cases with organic disease of the heart, in which I was obliged to lessen the dose on account of its being too depressing and causing a little cyanotic appearance.

I have tested it in typhoid fever, but find other medicines better. I find that it is just like all other medicines, there are certain things it can do and certain things it can not do.

H. A. FISKE, M.D.,
East Longmeadow, Mass.

Do you know of the recent reduction in price of P. O. Money Orders? Three cents will get an order up to \$2.50, and five cents up to \$5.00. This cost is very trifling, and it is the safest way in which to send money by mail—it is absolutely safe—safer than by registered letter, and that costs eight cents.

A Suggestion in Regard to Medical Degrees and Qualifications for Practice.

Editor MEDICAL WORLD:—Permit me to add a few words to the discussion now going on in your columns on the subject of State examinations, qualified physicians, etc. I have long held the opinion that the peculiar anomaly of physicians receiving on their graduation the highest honor, the supreme and most honorable title, viz., Doctor, that it is in the power of the college to bestow, should be done away with. Others receive the degree of Bachelor on completing the course of the undergraduate. Why should the medical men be granted a higher one? I believe that the degree of M.B., Bachelor of Medicine, should be conferred on all graduates of medical schools who have completed a prescribed course and complied with certain requirements, that such a degree should permit the bearer to practice his profession for, say five years, at the end of which time he should be obliged to stand an examination for the Doctorate. This examination should be complete and exhaustive. It should be practical and calculated to show the capabilities of the candidate as a practitioner of medicine and surgery. The examiners should be men of national reputation, and when the ordeal shall be successfully passed the candidate should be a full-fledged Doctor of Medicine, free to pursue his vocation anywhere in the United States. There should be a clause making it obligatory on all Bachelors of Medicine to take the examination for the Doctorate at the time stated, and failing, to have the privilege of reexamination a year afterwards, at which time a failure would preclude the candidate from another trial in less than three years. A third failure would end the matter, and while the person would not be debarred from practicing, it would be as a Bachelor and not a Doctor of Medicine. The advantages of such a law would be a reward to strive for—a degree higher than the one held, so recognized, and more, a degree the possession of which the public would soon understand meant higher attainments. Besides this, a national board of medical examiners, with well defined functions, the license of which would confer the right to practice in any state, would put a stop to the everlasting turmoil and strife now gone through at nearly every session of the legislatures of the different States. More than all, the degree of Doctor of Medicine would have a value, would confer on the fortunate possessor thereof an honor and a prestige now unfortunately not accorded him.

Red Creek, N. Y. S. M. WARD, M.D.,

New subscribers who send \$1 now for 1895, will receive WORLD for the remainder of this year free.

Paresis.

Editor MEDICAL WORLD:—Paresis, general paralysis, paralytic insanity, and paralytic dementia, are all names applied to a variety of insanity which is also a true cerebral disease. Besides the above names, this variety of insanity is known among the laity as softening of the brain, and is the only variety of insanity in which the post-mortem examination will confirm the diagnosis. I consider the definition given by Clouston among the best. He says paresis is a disease of the cortical part of the brain, characterized by progression, by the combined presence of mental and motor symptoms, the former always including mental enfeeblement and mental facility, and almost always delusions of grandeur and ideas of morbid expansion or self-satisfaction; the motor deficiencies always including a peculiar defective articulation of words, and always passing through the stages of fibrillar convulsions, inco-ordination, paresis and paralysis; the diseased process spreading to the whole of the nerve tissue of the body; being as yet incurable, and fatal in a few years.

The prodromal period of paresis usually lasts about a year, but may be much shorter or longer. At this time the individual is full of extravagant projects, is considered a "hail fellow well met," being generous to a fault with strangers, though tyrannical, and breaking out in causeless fits of anger at home. I had a patient who spent six hundred dollars on a supper to total strangers, whom he picked up on the streets, and next day punished his little girl severely for some imaginary extravagance. The most prominent feature at this stage is a silly boastfulness, manifesting itself in boyish claims of superior qualifications for almost every and any position in life. I had an insurance agent who claimed to be the finest barber and physician in the world, and it was with great difficulty that his family prevented his fitting up a fine barber shop. He claimed that he could take out an eye and place it in the back of the head, so one could see both ways. A book agent told his wife that he was the greatest prize fighter of the age, and was very angry because she would not permit him to publicly challenge Corbett. Two physicians called upon a brother physician in a neighboring town, and left him in thorough disgust, vowing they would never speak to him again. He told them his horse could go a mile in thirty seconds, and that he was the greatest living physician, having just discovered a simple remedy which was a specific for every known disease. Two months later this man was sent to the hospital, and soon after died.

In most cases of paresis the diagnosis is easy. The principal symptoms to bear in mind are

delusions of grandeur, difficulty in speaking certain words, and the peculiar walk. All paretics believe that they are immensely wealthy, are enjoying the best of health, and are going to do something wonderful and impossible. If I had all the money that had been promised me by these people, the combined wealth of all the rich people in the world would be but as a drop in the bucket in comparison. One patient made me a present regularly every morning of a check for ten thousand dollars, good on any bank or post-office in the world. Another tells me that he has a large block in the city full of money, and that I can help myself whenever I choose. Another asked me to let him have my keys, so he could get out. When I told him I would be discharged if I did so, he became very angry, telling me I was the boss fool of the age. "Why," he said, "I will give you more money than you can make here in a lifetime."

The difficulty in speech consists in mixing the consonants, using b for p, t for d, and m for n. A paretic cannot say "truly rural," or "Peregrine Pickle." In fact, these words are the routine test for paresis. Another is, to see if he can recognize pepper by the sense of taste. A paretic has a peculiar rolling walk, caused by putting his feet far apart in walking. If you have ever seen a person walk on board ship you have it exactly.

If you once see a paretic walk, you can never forget this symptom. Another symptom is the epileptiform seizures. Nearly all paretics have convulsions resembling epilepsy, and usually die in one of these convulsions.

The cause of paresis is still an unsettled question. In my own experience, syphilis is the cause in a majority of cases. It is very difficult to get the history in these cases. When you see a paretic who has been a commercial traveler, a fast horse man or a railroader, it is not necessary to have a sworn statement from a physician that he has treated the patient for syphilis.

There is no treatment for paresis, as far as a cure is concerned. The case will move along, gradually growing worse, and the patient will eventually die, regardless of the most heroic treatment. I have had the best success in prolonging life and ameliorating the symptoms with the iodides. If you have a case, I would advise the iodide treatment, for your patient may have a lucid interval, and you will receive great credit for your skillful treatment. I have a patient now who has been out on a visit for six months. His wife thinks he is entirely recovered, but he is not—simply a lucid interval, and it is only a question of time when he will return.

One patient, a physician, had a lucid interval lasting two years, and practiced his profession during a part of the time. He came back, however, and died here. A hypodermic injection of conine, gr. $\frac{1}{100}$, will usually stop the convulsions for the time being. Sometimes there is hemiplegia after a convulsion, which passes away without treatment. The average duration of a case of paresis is from six months to three years.

No. 9465 was admitted June 6, 1893; age 45, married; nativity, Indiana; height, 5 feet 8 inches; weight, 154; occupation, horse dealer; nervous, not hereditary; no history of syphilis. For the past year he has been very busy, irregular in habits, traveled much, dissipated, kept a woman who practiced the French method on him. Has had four wives, from three of whom he is divorced. Lately very sociable, and always ready for a lark. Has joined several secret orders, and takes great interest in the meetings. Gave one order a banquet at his own expense. Indulged in excesses of all kinds. Made many expensive presents to casual acquaintances. Had a slight attack of hemiplegia. Was arrested for trying to demolish the furniture in a bawdy-house. Had on several occasions constructed a system of weights and pulleys to make horses trot fast (in truth, no horse could walk with them on). Tried to form a company to build the finest race track in the world. When admitted, had delusions of great wealth. Said he had just bought one hundred fast horses, and had the finest stock farm in the world. Has made forty thousand dollars in the last two days. Cannot say "truly rural" except very slowly. Cannot distinguish pepper by taste. Rolling walk. Had his first convulsion in October, followed by slight hemiplegia, which soon passed away. Had five convulsions in December. Died in September, 1894.

F. M. WILES, M.D.,

Central Indiana Hospital for Insane,

Indianapolis, Ind.

You naturally want your medical friends, whether living near you or in some other part of the country, to read the same journals that you read. When sending your subscription, send the names and addresses of such, and if not already subscribers we will send THE WORLD to them *three months free*, hoping that they will then become permanent subscribers. It makes no difference how many, nor where they live. Send the names and addresses of all your medical friends that you wish to become regular subscribers to THE MEDICAL WORLD, and we will give them a good opportunity by doing as above offered.

Barefooted Children.—The Cruelty of Shoes and Stockings.

Editor MEDICAL WORLD:—About twenty years ago the writer was traveling through Pennsylvania, and he recalls a sight which, at the time, caused his blood almost to boil with indignation, such as "S" seems to have felt when he saw a barefooted boy, according to the February MEDICAL WORLD, in which is a slip on "Cruelty to Children." At a little railway station, while waiting for my train, I saw a group consisting of a man, woman and three children. The children were barelegged, and wore tiny slippers and short socks, although the season was fall and the weather quite cold. I have often wished of late that I could find that man and woman, the parents, I suppose, of those three children, that I might humbly confess myself an idiot for my thoughts at that time, and the expressions I used in speaking to other on-lookers, and for neglecting to address them personally with request for their reasons for what seemed to all observers so strange and unhygienic in their management of their children. I hope that "S" has had the advantage of Mr. Farquar's explanation, and that he, or she, has already made due apology for the blundering judgment, and, moreover, that he will give his own children a fair chance to grow and thrive naturally, at least up till the age when they will naturally conform to what is regarded as the conventionalities of adult dress.

Dr. Thom's article in THE WORLD for July is a very significant contribution on this subject, and I will mention the case of a Maryland physician, whose name and address I am sorry not to be able to give, whose first three children died of diphtheria, after brief lives in nice warm stockings and high shoes, and whose next three children died of nothing, but lived healthy, happy lives, barefooted.

On one occasion the passengers on a railway train through Maryland manifested a great deal of virtuous indignation at the sight of a ten-year-old lad, barefooted, although his mother and sister, who accompanied him, gave evidence of wealth and refinement. The boy himself was a rollicking fellow, and appeared perfectly comfortable, though walking up and down the platform at every stop, and the weather quite cold, even to the point of freezing. A newspaper man had the courage and good sense to interview the ladies on the subject of the boy's queer dress, and elicited the story concerning the premature death of the boy's predecessors, who might have been his living brothers and sisters if they had had as fair a chance.

My own children—I refer to my present fam-

ily (my first three, and their mother, were all helped into the grave through my ignorance of the hygiene of clothing, my notion at that early time being that the principal thing was to keep them warm with heavy flannels, and thick stockings and heavy boots; and, moreover, I came near following them years ago, with my craze for flannels)—my three children are now aged, respectively, four years, two and a-half, and one year, and they have been barefooted all the year round, and every year since they came to us, except out of doors in very cold or muddy weather.

Our first, born in June, 1890, was kept very comfortable throughout the hot summer, and to many sensible observers she taught a lesson as to how to keep down the death-rate of infants during the heated term; but I found that my views of infantile comfort could not be carried out without something bordering on martyrdom through the tenderheartedness of certain other observers, who were shocked at our "cruelty." A complaint was actually lodged with the agent of the S. P. C. C., by some good, ignorant soul, a "lady" whose name we never learned, but who doubtless felt sure that she was doing God's service in the cause of little innocents. It chanced, however, that my little book, "How to Feed the Baby," (and how to dress it and otherwise manage it), was dedicated "to the Society for the Prevention of Cruelty to Children," and the complainant had to be content with Mr. Fay's assurance that in case the doctor's little girl got frost-bitten during the summer, he, the cruel parent, should be taken care of!

Since then two others have come to be brothers to that little girl, and all are in splendid health, while more than eight thousand other little ones, born within that time in this city, have been well-shod and stockinged and flannelled, and have died under five years of age. I might add that these little unfortunates were also "well-fed," as ours have not been (!), since we take as much pains to keep food out of them, upon occasion, as to supply it when needed; and that is another point upon which good people differ. With too many the one single thought seems to be to see how much their children can be got to swallow, and little thought given as to possible digestion and assimilation.

In warm weather we should strive to keep the children cool, and it is simply stupid to scold about the heat, and impious to pray for a cool wave, while putting on to the children a single thickness, of even cotton, more than the law demands for decency, when they are on the street, or on exhibition before a mixed company; and even then, when the company is composed of

really high minded and sympathetic friends, an absolutely naked babe is regarded as the very essence of sweetness and beauty. Only the prurient prude could imagine anything indecent about it. In winter, with living rooms at 70° F., we are in summer weather, or at least that is about the temperature we would like, and the less clothing worn by old or young, the better they will be off. "Winter flannels" have no function indoors in warm rooms, except to smother the skin and make a sort of molly-coddle of a person, and make him feel the cold more when he goes out into it. I have taught scores of the most particular sort of men to abandon the use of underwear, on the score of the nastiness of this inner suit, preventing the free ingress of fresh air needed to disinfect the foul eliminations of the skin. Enough fresh air will disinfect the contents of a privy vault thrown upon the lawn, in time; but with ordinary flannels the skin is compelled to breathe sewer-gas, so to say, and extra labor is put upon the lungs and other excretory organs. Having been free from undergarments for several years (since 1880, in fact), winter and summer, I find that I am not at all fussy about wearing an overcoat in winter, except on extremely cold days, and even then I am certain that I shall not "catch cold" if I dispense with it upon occasion, even if I shiver for want of it.

And by all the laws of consumption, taking heredity, and my condition not many years ago, into account, I ought to have been dead with that disease long ago; whereas now, at fifty-four, I can distance most of the young men for a cross-country run, long or short, and this is the result of employing the "roughing it" treatment and having done with coddling. This rule, rationally applied in the care of children, will always work well. They should be dressed according to the weather, not always according to the season of the year, by rule of thumb; for we often have "unnaturally warm weather" in winter, when the cold weather bundling is insufferable, and even barbarous. The danger from heat—fever—is always to be put before that from cold. "Colds," themselves, are really fevers, local or general, and due to excess in diet and clothing, as a rule. And on this I claim no patent, for it has been held as the opinion of the most learned men, during every generation from that of Chrysostom to the present time. Dr. Benjamin Franklin taught it. (See "Essays," p. 216.)

A visitor at Harwaden recently discovered and reported that "the hygienic treatment of little Dorothy Drew, Gladstone's grand-daughter, extends so far that she goes barefoot winter and summer, indoors and out, except in the very

coldest and muddiest times, and, living on a very plain diet, she is irrepressibly healthy and happy."

If this is good enough for the family of the Premier of England, it is also good enough for John Smith's family, and since it is not at all expensive, but rather tends to save the expense of doctors, drugs, funerals, and that sort of thing, why cannot even the plain people have the full benefit of it?

CHARLES E. PAGE, M.D.,
867 Boylston st., Boston, Mass.

Points in Rabies.

In a private letter to the Editor, after reading the editorial in September WORLD, Dr. Paul Gibier, President of the New York Pasteur Institute, writes as follows:

"The virus of hydrophobia does not appear in the saliva, as proved by experiments, before six to ten days previous to the animal's showing signs of the disease."

"It is a remarkable fact that in some cases the dog, when commencing to be affected with hydrophobia, may present a very dangerous symptom, viz: he becomes much more affectionate and tries to caress and lick the hands and face of its master. If this person has an abrasion of the skin, the licking may be just as dangerous as a bite. Another interesting detail is the paralytic form of the disease, or dumb rabies, which may affect the dog from the beginning. The animal will not make any attempt to bite anybody unless he is provoked, and he will remain motionless in a dark corner until death comes."

For the Diarrhea of Relaxation.

Editor MEDICAL WORLD:—In reply to Dr. E. B. Silver, in THE MEDICAL WORLD for October, page 380, I will say that in his case of diarrhea, if he will give his patient *fld. ext. chaparro amargoso* in five-drop doses before meals and ten drops at bedtime, and also liquor *potassii arsenitis* in five-drop doses after meals and apply electricity over the abdomen and spinal column, I think he will notice an improvement in his patient ere long.

Oak, Neb. CHAS. O. ROBINSON, M.D.,

SEE page xxii for a good chance this month to get large value for little money. Don't hesitate because your subscription is not quite out. We can credit you just as well from the time that your present subscription will expire. We would rather do it now, for it would help to relieve the great pressure of subscriptions that always comes to us in December.

Phenic Acid for Pruritus Vulvæ.

Editor MEDICAL WORLD:—On page 368, October WORLD, Dr. John Zenner gives us an excellent remedy for pruritus vulvæ, and I wish to recall to the minds of THE WORLD readers another which I think is equally efficient, and one that is always close at hand; being found on the shelf and in the saddle bags of the country practitioner, as well as in the medicine case of our city brothers. I allude to phenic acid, used as follows:

- R. Acetic carbolic.....gtts. xij
- Vaseline or lard.....ounces ss to j
- M. Sig. Thoroughly cleanse the parts with soap and soft water, then apply the ointment three or four times daily and at bed time.

The patient will complain of slight burning upon application, but this subsides in a few seconds, leaving your patient perfectly free from pain and itching. Try it, brethren, and be convinced.
 P. A. MELICK, M.D.,
 Horton, Mo.

Maternal Impressions.

Editor MEDICAL WORLD:—Dr. D. M. Koonitz, page 371, October WORLD, cites a case of maternal impression,—the father being a black smith.

The subject of maternal impressions has been discussed from time to time and is no nearer a solution than it was before. The first case excited wonder, so will the last one, because of its infrequent occurrence. In the animal kingdom it is common and dates back to bible times. God knows the cause thereof, but we don't. I don't think a negro could have begotten that kind of a baby.

What is the action of potassium permanganate in morphine poisoning or snake poisoning?
 Minerva, O. DR. C. MANTEY.

Maternal Impressions.—A Case of Poisoning.

Editor MEDICAL WORLD:—While in a country store, I was asked by the merchant to go to his house and see his baby's face, which had some kind of an eruption, and, while there to notice its ear marks. I did so, and at the point about equidistant from the top to the lobe of the ears the helix, for nearly or quite a half inch, was gone as if it had been done purposely from both ears. After I returned to the store the father told me that he had a young sow that was trying to give birth to her pigs and could not; he remarked to the mail carrier about it who told him to cut a pretty good notch out of both ears of the sow and bleed her pretty freely and she could pig all right. He did so and went to the house and told his wife. She went to the pen to see what had been done to the

little sow's ears. This was during the early part of the woman's pregnancy. Whether or not cropping the sow's ears had anything to do with marking the baby I will leave the reader to judge.

WHAT KIND OF POISONING WAS IT?

Some time ago, I was called hurriedly to see a man that was said to be very sick. Before reaching the house, which was four miles away, I met the same messenger asking me to hurry, as the man was cold and blue. I said to myself, 'He has congestion.'

History.—He left home in the morning after eating breakfast, about five o'clock, feeling in his usual health. About nine o'clock he commenced vomiting, and soon his bowels commenced to act. Vomiting and purging continued. After a while cramping of muscles came on and continued up to the time I saw him, at three o'clock in the afternoon. I found him pulseless, almost speechless and respirations shallow, very restless; skin was bathed in a cold sweat; surface was blue. He had intense thirst; had vomited blood a few times; said he could not see anything. I gave him 20 drops of laudanum, 5 grains of quinine sulph., in about 2 ounces of whiskey, bathed the whole surface with red pepper tea and used frictions with the bare hand. In the course of an hour things had changed for the better and in two hours he was in very good shape. I continued him on laudanum, bismuth and lead. I left him at five o'clock, but had scarcely got home when a messenger said that my patient's brother that I had just left was sick and wanted me to go and see him, as he was the same as his brother, vomiting and purging and cramping. I found him cramping most furiously. With the same treatment that I gave the first one I quieted all the symptoms except the crampings of the muscles; these would return when the laudanum would give out. While I was working with this patient, I was called into another room to see a little girl that was vomiting and purging the same as the others. A good large dose of tr. opii. put her to bed and I heard nothing from her until morning, when she was not feeling exactly well, but I went home and never heard anything more from her than that she got along all right. The family procured some beef on Friday. The last of it was cooked for breakfast on Monday morning, which was eaten at about five o'clock. The first patient took sick about nine o'clock, four hours after eating his breakfast; the others of his family eating the remainder of the beef for dinner, at twelve o'clock. The second one took sick about five in the evening, and the third one a couple of hours

later. They had no arsenic or antimony about the house.

Could this beef have become tainted so as to produce such a chain of symptoms? Some of the symptoms simulated arsenic and antimony poisoning. I would like to know what all these bad symptoms originated from. I stayed with my patients about eighteen hours and left them in very good shape and comfortable, when I left to see some other patients and go home, when some outside meddling was done and I was supplanted by a homeopath, and was told by parties that went there to help nurse that the second one that was taken had convulsions and most furious crampings of the muscles.

Lone Jack, Mo. R. P. KOONS, M.D.,

The Color of Negro Children at Birth.—For Abdominal Pain.

Editor MEDICAL WORLD:—In reply to Dr. Koontz, October WORLD, page 371, I would say that in my obstetric practice the scrotum in new born infants of African descent was always black, otherwise they were just like white babies. Now will some one tell us how to distinguish the new born female infants of colored people from the Caucasian.

Dr. Vidal's case, page 379. Rest in horizontal position and camphor in some form.

R. Pii opii.....gr. i
Camph.....gr. ij

or chloroform internally, the sheet anchor in abdominal pains. A good formula is chlorodyne in dram i doses. There is generally more or less gastric disturbance at time of menses.

The following formula

R. Tr. nux vomica.....minims x
Oil cloves.....minims ij
Spt. chloroform.....minims xxx
French Brandy.....dram i

This amount after meals for a few days. For anemia, elixir of iron, calisaya and strychnine. If the above will not cure, dilate the cervix.

Lansdale, Pa. DR. ANNETTA KRATZ.

Monstrosity.—Epidemic of Carbuncle.

Editor MEDICAL WORLD:—Seeing reports of monstrosities in THE WORLD, I will report one I saw in the summer of 1887. Dr. Campbell was the attending physician, and through him I was persuaded to give fifteen cents to see the curiosity. Male, born May 1887 in Logan, O., no legs; at the acetabulum it looked as if there had been an amputation, only much nicer than human hands could do. The lower end of trunk was the shape of the smallest end of an egg. The right arm off midway between the elbow and shoulder, much nicer stump than any surgeon could leave. Left arm was perfect only the hand had but the stump and index finger. The child was bright and in every other way perfect. The parents were poor and started

out to make their fortune with the babe, when it took the whooping cough and died somewhere in the Northeast.

September 3, J. B., aged 15, came to the office with quite a swelling in the right angle of his mouth; four days later I saw him again, and found a malignant carbuncle, which extended from the lips to the angle of the jaw. A few days later it opened in three places on the inside. In two weeks it was well.

September 5th, Mrs. M., aged 22, came to the office with a swelling on the upper lip, which she thought was caused from toothache. On examination I found it to be a carbuncle. Four days afterwards it broke in two places and did not heal up entirely for two weeks.

September 6th, Mrs. C., aged 36, reported at the office with a large swelling on her face just in front of the angle of the jaw, right side. On examination I found it to be a carbuncle. A few days later it broke in three places on the inside and in two weeks was well.

September 10th, Mrs. S., aged 56, came to the office with a swelling of the middle finger. On closely examining it I found it to be a carbuncle. Three days later she came to the office. The finger was swollen from the tip to the metacarpo phalangeal articulation so tight and caused so much pain that I decided to open it, which I did on the palmer surface of the second phalanx. Only a very small amount of pus with blood came out. A few days later it opened in two other places, viz: on the palmer surface of the last and first phalanges. I saw it to-day, October 5th, and it is still suppurating and looks as if the entire muscular tissue would slough away.

October 3, Mr. R. sent for me to come into the country three miles quickly, as his son, aged 20, was dying. On seeing the boy I found him with an upper lip the size of six ordinary lips. They told me his lip had been swelling for about five days. The boy had such severe pains that I suppose he fainted, as he was rational when I arrived. I have not seen or heard from him since. The treatment was only quinine with hot poultices to the part. One peculiarity about these is that all were on the right side, and each one in a peculiar place. Some may doubt the diagnosis, but I say if ever there was a carbuncle these were. Ashhurst says that carbuncles rarely come excepting on the back of the neck or the shoulder blades, but he has seen them on the face and upper lip; when on the the face or upper lip they are very serious and often prove fatal. Erichsen says the same, excepting that he has seen them on the abdomen and on the arm.

T. R. MASON, M.D.,
Sugar Grove, O.

That Boycott.

ASHVILLE, N. C., Sept. 9.—The American Pharmaceutical Association to-day voted to boycott manufacturers who furnish physicians with their manufactured products for use in dispensary prescriptions. It is claimed by the druggists that year by year the doctors are getting more and more into the habit of filling their own prescriptions and dispensing drugs from their offices, greatly to the detriment of the prescription business of the drug stores. The resolution authorizing the boycott was the work of Professor Whitney, of Boston, and was adopted without dissent.

Editor MEDICAL WORLD:—The above clipping from the daily *Chicago Inter-Ocean* shows which way the wind is blowing, and the action of the American Pharmaceutical Association should be carefully noted by physicians.

Wholesale druggists and manufacturers who will sell direct to physicians at the same prices as they sell druggists should receive our patronage and encouragement, while those who will not do so should be most carefully avoided.

The above challenge, thrown down by the A. P. A., should be taken up by the physicians of the country and most thoroughly discussed. It is becoming more and more apparent, as the years come and go, that physicians will eventually be compelled to dispense their own medicines entirely, and hence we are interested in the outcome of this question.

Brethren, let us hear from you through the columns of THE WORLD.

Lisbon, Ia.

E. BURD, M.D.,

Alkaloidal Notes.

Editor MEDICAL WORLD:—I have just spent an evening with THE MEDICAL WORLD, in which I see numerous valuable articles from old friends, to say nothing of others from those whose names are less often seen. Among these last I wish particularly to mention the letter from Dr. F. L. Rose, so graphically describing a case of rabies. In vividness of description, and clearness, aptness and force of expression, I look upon this as one of the best. It should be widely quoted as a word-picture of this dread (but fortunately rare) disease. I never saw one, and sincerely hope I never shall.

It makes me thrill with a degree of pleasure never experienced except by one who has worked long and patiently, to secure the recognition of some great truth, and see the same gradually gaining ground; to see how often the granule and tablet of the active principle is being mentioned in your pages. It is an omen dear to me, and all others who have worked with me along this line.

As I have read your pages I have noted many points on which I would like to write, but it is so hard to stop when I talk to the WORLD brotherhood, that my space is filled before I have hardly begun.

Dr. Ruff's suggestion, page 359, of washing an eczematous patient with a saturated solution of epsom salts, is new to me. I have long looked upon its internal use as my sheet anchor (using it in effervescent form, known as "Seidlitz Salt"), but this method is novel, and, no doubt, a valuable suggestion. This salt enters largely into complexion lotions, and, if good there, why not as Dr. Ruff suggests? I shall try it at the first opportunity.

He also mentions sulphide of calcium for croup. There you set me going again, Doctor, for that is a pet of mine. Early in the year I reported several cases, either to THE MEDICAL WORLD or in the *Alkaloidal Clinic*. It must be pushed hard, and supported with vital incitants.

In connection with this let me say, don't forget calcium sulphide when treating eruptive conditions, acute or chronic. I have just had the satisfaction of saving a life with this drug, properly supported. It was a case of septicemia, following vaccination. When the child came into my hands she was anemic, emaciated, and averaged a pustule for every square inch of body. These had existed in successive crops for nearly six months. She is now ruddy, in good flesh, and the sores nearly all well. Time, six weeks.

I want to thank Dr. Styles, page 376, for his support of my position on the alcohol question. We shall have more company, Dr. Styles, by-and-by, and then there will be less drunkard-making pharmacy and practice. Dr. Styles also speaks of the knee chest position for correcting mal-presentations. Good! I recall having a patient in this position to replace a prolapsed cord and applying the forceps without change. I never did it so easily. Try it sometime, friends. It will surprise you.

One word more to all the brotherhood. Don't fail to contribute your experience to current medical literature. The busiest men often write the most. We know of no better educator than putting one's thoughts on paper.

W. C. ABBOTT, M.D.,

Ravenswood, Chicago, Ill.

Editor MEDICAL WORLD:—I have been a reader of the many good things in THE WORLD for eight years, and it is the only one of my journals that I have kept regularly bound to have in my library.

Waterloo, Wis.

O. C. BAILEY, M.D.

Electricity.

Editor **MEDICAL WORLD**:—Electricity, when in the hands of an intelligent manipulator, is as docile and tractable as clay when in the hands of the potter; but it is delusive, unwieldy and dangerous when in the hands of the ignorant.

As a therapeutic agent it has no equal, but electro-medical science is handicapped by a number of would be authorities on the subject, who are endeavoring to mislead the students by recommending them to procure apparatus that is not suitable for their work, by advising methods of procedure that they have never tried, nor can they give any good authority for their recommendation, and the result is when such authorities are consulted failure is sure, or the failures exceed by far the successes.

I will not attempt to offer correction to the numerous errors that have been published on this subject, but I do desire to call the reader's attention to the main points that are essential, and that we may more readily become master of the situation and conditions and ignore all positive recommendations of electrical dosage.

We know that certain physiological effects are produced under certain conditions, the effect always varying with the conditions, and it is almost impossible to find three per cent. of the conditions alike, and dissimilar effects should always be expected.

We are told that there is no interpolar action when electricity is applied to the body; and yet if we pass a medication of any kind by the cataphoric process into the body, we find the medicine diverging from the anelectrotonic zone and again converging at the catelectrotonic zone, if it be chemically negative, and we find less of the chemical at the positive or anelectrotonic zone than at the other, but we will find traces of the medicine in the direction or path traversed by the current. Yet, in spite of this phenomenon, our authorities say that we have no interpolar action. They also tell us that a Faradic coil produces a to and fro current, which means that it has no polarity, in spite of the fact that when the terminals are placed in a solution of iodide of potassium we prove distinctly that one pole shows the usual brown deposit, while the other one is free from such discoloration.

As electro-medical science is only in its infancy, I would caution the reader to adopt information given by others with great caution, as it is not always reliable.

I would advise the beginner to learn the science of electro-physiology thoroughly, electro-medical units, electro-physics, and, after this knowledge is obtained, to administer electrical dosage according to his own judgment, and he

will soon learn the proper current for the various conditions as they present themselves, and he will be able to use it more intelligently and with better success than if some would-be authority on this subject was searched for information.

I will also say a few words in regard to the best apparatus for our work. I would advise the intending purchaser to procure a cell that will give the largest volume of current with the least possible chance of getting out of order. For an office battery I would recommend the diamond carbon, the Laclede, or any such type of cell that has the negative element made out of retort coke; but not one with the intervening porous cup, as it cuts down the volume due to the resistance of the cup.

The next thing to be considered is our switch board. What should we have on it? This question we must answer by consulting our pocket book. It is best for us to buy a good one, that we may be done buying so far as the switch board is concerned, but we must have on it a galvanic circle with a cell selector switch. We should have a button for each cell, but we could get along without serious injury to the battery with one button for each two cells. A milliamperemeter should be used, as it guides us in all of our applications, besides being a tell tale for our batteries. We should also have two proportionate coils, that is, one coil made of coarse wire and the other with fine wire, and two vibrators, one for slow interruptions, and the other should be a high tension vibrator. This is the least number of parts that should be on our switch board. We could add with advantage a coil rheostat and a galvanic interrupter. With such a switch board, it is all that should be desired. Forty cells is the number most desirable. With this number attached to such a plate as described, electro therapeutics can be scientifically practiced.

If we desire a portable battery, I recommend the bichromate of potash. While it is a constant source of annoyance yet with a little trouble on our part in looking after it occasionally, we can keep it in good order. This battery, as made by most of the instrument makers, gives about 2 volt amperes, and if we would make a note of the following facts, much trouble and annoyance would be saved: Put in new solution after using 25 times; never allow the battery to have over three days rest without use; never allow the crystals to accumulate by evaporation of your liquid; if the battery has been resting for a week or longer, clean the zincs with a solution of sulphuric acid and water, 1 of acid to 7 of water: be sure that your battery fluid contains sulphate of mercury. I think an 18 cell

galvanic is sufficient for a portable battery. As for a Faradic battery I would prefer a plate made with two coils on it, built proportionately.

In regard to a proportionate coil, I will say that its construction is made upon the following principle or laws governing induction.

(1) The application of a simple periodic impressed electromotive force produces a simple periodic current, moving under an effective electromotive force of self induction, which causes the primary current to lag behind, by an angle of lag.

(2) The field around the primary, and therefore the induction through the secondary, is in consonance with the primary current, and the impressed electromotive force in the secondary is in quadrature with the primary current.

In other words a periodic current is set up in the primary circuit, which, though of the same time or duration, the impressed electromotive force differs from it in phase.

A wave of counter force is produced in the primary circuit by the inductive action, which does not coincide with the impressed electromotive force, nor with the primary current.

A wave of magnetism is produced in the iron core which lags behind, in quadrature, with the primary current, or what is known as 40 degrees of phase.

The maximum magnetization of an iron body without molecular strain is equal to 32,000 lines of magnetic force. But molecular strain can be accomplished with 20,000 lines of magnetic force in close grained iron by interrupting the producing power. In the Faradic coil we have a variable magnetic force of from 5 000 to 20,000 lines, according to the quality of iron core. In hard iron more coercive force is required than soft iron, to produce molecular change in it; therefore soft iron is preferable for such purposes.

If we have a lag of 90 degrees in our iron core so we should have the same lag in all our currents, to produce the proportionate currents and to prevent molecular strain in any part of our coils. This can only be accomplished by making the primary coil proportionate to the iron core, and the secondary coil proportionate to the primary.

After deciding on the size of wire to be used as a primary coil, we then select a wire eight numbers finer (American gauge) and ten times the length of our primary.

The advantage of this style of coils over the long wire coils and the old fashioned or miraculous Faradic batteries are that it gives us a coil built upon scientific principles, capable of giving us the greatest volume of electricity without any strain in any part of it. Volume

being the curative part of this wonderful agent, it is certainly preferable to the practitioner.

When we make our coils out of proportion we have a loss or an apparent gain of current strength. If the length of secondary be increased, we add resistance, which uses up the volume of current, and by increasing the number of ampere turns we increase its pressure or voltage, thereby having an apparent increase of current strength, but wiping out the most essential part of the electrical current.

In Faradization electrolytic action is produced, the large wire coil being more marked than the finer one, but not as distinct as from the cell direct.

The high tension vibrator is a ribbon fastened at both ends, and is capable of producing 50 000 pulsations per minute. This vibrator, when connected with a suitable coil, is capable of producing local anesthesia, and has a great sedative effect on account of its short length of wire, comparatively speaking. A series of experiments were made by Prof. Caldwell, of this city, and myself, with long wire coils, short wire, large wire, and fine wire; but we found that the coils made upon scientific principles were the best. With a high tension proportionate coil at a seance of five minutes duration, anesthesia was produced lasting two minutes, while a coil of the same wire one mile long, with the same power, &c., lasted scarcely one minute.

All these experiments will be given in detail at some future time.

Theoretically, the effect accomplished in producing electrical anesthesia is a succession of rapid blows upon the ends of sensory nerves, a concentration and partial destruction by electrolytic action, destroying their power of conducting sensation. I think this is fully proven in such cases as ovarian and uterine spasms, in all forms of neuralgia, facial, lumbar, intercostal, brachial, or pelvic pains.

The muscular vibrator is essential for contracting the muscles. The coil is wound with coarse wire so as to more fully saturate the muscle with this agent, making the contraction more marked. The automatic interrupter is the principal part of a Faradic coil. If our interrupter is properly adjusted, we can contract a particular muscle without interfering with its neighbor, when the conductor is covering both muscles.

H. C. SAMPLE,

145 Ontario St., Chicago, Ill.

Editor MEDICAL WORLD:—I have been an uninterrupted subscriber to THE WORLD ever since the first number was published, and cannot now do without it. Sharon, Ga.

A. C. DAVIDSON, M. D.

The Injection Treatment of Hernia.

Editor MEDICAL WORLD:—The communication of Dr. Foreman, page 378, MEDICAL WORLD, impels me to say I have taken much interest in the treatment of hernia. I wrote Dr. Walling after reading one of his articles in THE WORLD. His answer was somewhat similar to that of Dr. Foreman. I sent him ten dollars, for which he sent me a syringe and one ounce of his fluid.

I have used it in one case and I believe my patient is cured, but it is too early to say positively.

A medical friend of mine bought a cure used by Dr. J. A. Comingor, a hernia specialist, of Indianapolis, with which he says he has cured five cases.

The instrument he uses and mine are the same, he says. The name of the manufacturer is not to be found on any part of my instrument or the case so far as I can see.

My friend gave me the following formula, which he says he uses :

R. Carbolic acid	
Pure glycerine.....	as drams ij
Tinc. iodine, u. s. p.....	drams i
Premanganate of potassium.....	gr. }
Caromel.....	grs. x

Mix carbolic acid glycerine, add iodine and caromel; then add potash in crystal.

Let the mixture stand two weeks and then use.

The usual antiseptic precautions should be taken with the instrument by washing it with alcohol before and after using. Also shave and wash the surface where the injection is to be made, and finally seal the wound with collodion. My friend said there was no use of doing that, but I prefer to obey Dr. Walling's instructions.

The method commends itself to my judgment and I believe, as Dr. Walling says, that any case that can be held up by a truss can be cured by this method of treatment.

I. B. WASHBURN, M.D.,

Rensselaer, Ind.

Viburnum and Veratrum for Puerperal Eclampsia.

Editor MEDICAL WORLD:—On September 12th, J. B., living 11 miles from town, sent a note to me, stating that his wife had just been delivered of a healthy child, attended by two midwives, a negro and white woman, and that his wife was having convulsions. I sent a four-ounce bottle of tr. viburnum prunifolium, adding Norwood's tr. veratrum viride in the proportion of 12 drops to the teaspoonful, and directed to give a teaspoonful every two hours till relieved. J. B. was in to-day, and said the medicine acted like a charm; that his wife had

four convulsions while the boy was gone for the medicine, that he gave her a dose as soon as he returned, and that she had no more symptoms of convulsions, and has gotten on well. The mixture was only continued for a few doses. Try this prescription. In this note he said she was not flooding, and she did not and would not with the vib. combination.

Prescott, Ark.

R. L. HINTON, M.D.

Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Statistics Wanted.

[Dr. Burnside Foster, St. Paul, Minn., asks through the medical press generally, the following information from his professional brethren. In replying kindly mention where you saw the announcement.—Ed.]

For the purpose of securing reliable statistics on the subject of the marriage of syphilitics, I desire to enlist the assistance of those of our readers who have had experience which will be of value in determining the period when this disease ceases to be communicable and inheritable. I shall, therefore, esteem it a great favor on the part of any physician who will send me answers to the following questions, and due credit will be given in a future publication to those who desire to aid me in this work.

1. What is the latest period from the date of the initial lesion that you have known the disease to be communicated by a patient who has been from the first under your observation?

2. What is the latest period from the date of the initial lesion that you have known (a) a syphilitic man or (b) a syphilitic woman to become the parent of a syphilitic child.

3. Have you ever known syphilis to be either communicated or handed down at a later period than four years from the date of initial lesion by an individual who has been constantly under your observation during that time?

In answering these questions I should like a brief but complete history of each case and an account of the treatment that had been pursued. I hope by this means to obtain the experience of a large number of observers and to reach a fairly reliable conclusion as to the time when we may safely permit our syphilitic patients to marry.

Hydrophobia—Statistics Desired.

Dr. Charles W. Dulles, 4101 Walnut street, Philadelphia, has published in various journals the following request: I wish to ask that my professional brethren will communicate to me the occurrence of cases of so-called hydrophobia in their practice for the year 1894, from January 1st, and so on until the end of the year?

I would like in all cases to learn: 1, the sex and age of patient; 2a, the kind of animal that is credited with the inoculation; 2b, its state of health; 2c, the provocation to bite (if any existed); 2d, the reasons why the animal was (if it was) deemed rabid; 3, the seat of the bite (or other mode of inoculation); 4, the fact and method of cauterization (if any); 5, the time between the inoculation and the outbreak; the symptoms of the outbreak—the occurrence of mania or imitation of dog actions; 7, the remedies used, and doses, with their seeming effects; 8, the issue of the case and when death occurred; 9, the investigations made to exclude the presence of disease other than so-called hydrophobia; 10, the findings on autopsy—if one was held.

I shall acknowledge in future publications aid received in continuing my studies in regard to this subject.

Send all replies to the Doctor direct.

Editor MEDICAL WORLD:—Please give a remedy for hot flashes, and the cause of the same, at the menopause. SUBSCRIBER.

Editor MEDICAL WORLD:—I would like information in a case of palsy—shaking of the right arm in a man of forty-five. He thinks it was caused from overwork. I hope some of the many readers of your valuable journal may give me help in his case. I find many valued suggestions in THE WORLD.

Evansville, Ind. J. F. BLOUNT, M.D.,

Editor MEDICAL WORLD:—Please tell me how to prevent the tonsils of the throat from rising every time the patient takes a little cold.

I have a patient, aged twenty years, light complexion, black hair, blue eyes, in whom the least exposure will cause the tonsils to rise. During the last eight months they have risen four times, and when they commence I cannot stop or prevent them. Sometimes they both rise at the same time, and nearly close the air passage.

Please, any of the readers of THE WORLD, help me. J. H. REYNOLDS, M.D.,

Sandy Mush, N. C.

[Chronic tonsillitis. Applications of glycerine or glycerite of tannin, or other antiseptic preparation of glycerine, the best application. In the beginning of an attack, guaiac, as an internal

remedy, and as a gargle, is very valuable.—Ed.]

Editor MEDICAL WORLD:—Coal tar preparations should be used with caution, especially with children and persons with weak hearts. Speaking from experience, I have seen a child in collapse from a 5-grain dose of acetanilid. Still, I do not think them any more dangerous than some other medicines we use—good when indicated and in proper doses, all of them.

Will some one be kind enough to give me the most approved method of treating ulcer, situated on the leg near upper end of lower third of tibia? Patient, female, white, age thirty, mother of two children, received a blow on the limb two years ago. Ulcer is very large—about the size of a man's hand.

What is good for gastralgia? Female, white, age thirty-three, no children; at times will belch up wind, and nothing agrees with her; then all will seem to be well for a time, only to return again. She is anemic.

Clarkson, Ok. Ter. J. D. KERNODLE, M.D.,

Editor MEDICAL WORLD:—Three weeks ago a child was brought to my office for examination and treatment. Age three years. Six months ago the parents noticed a slight enlargement of the abdomen, which continued to grow worse, with swelling of the feet and legs. This swelling continued till it prevented the buttoning of the shoes. The swelling remained about one month, when it disappeared. At present no swelling is noticeable of the feet or legs, but the abdomen is distended until it is very prominent and hard. There is marked dyspnea—in fact, the difficult breathing is the most aggravating symptom.

The appetite is good, but at times, after eating, vomiting comes on.

When I first saw the child its tongue was coated brown, and at present there is a light coat on the tongue. The heart seems to be all right, only slightly disturbed by pressure of abdominal contents. No organic lesions, as I can detect. Has some fever at night, but I think this fever is brought on by restlessness, due to the dyspnea. The parents say that breathing seems more difficult at night.

Bowels are irregular—at times a diarrhea, with cramping, but the child plays about the house most of the time, and looks very well.

If this brief history will afford me a diagnosis I will be very thankful. I am a young man, with only a few months of experience, and we are the ones in need of help.

Cory, Ind.

M. A. BOOR, M.D.,

[Possibly enlarged spleen. Read subject up.—Ed.]

Editor **MEDICAL WORLD**:—I have a patient one year old, a bright little boy, who seems to be healthy. But he strains and groans every time he has an action, whether hard or soft. Please advise me what to do for him. It is worse when the feces are hard.

W. B. FORMAN, M.D.,
River Junction, Fla.

Editor **MEDICAL WORLD**:—Will some one of the many readers of **THE WORLD** kindly give me treatment and diet for "bilious intestinal catarrh," with which I have been bothered all summer, the color of my stools being very changeable, sometimes greenish, yellow, dark grey, slate color, or clay color; consistency of stool always soft, sometimes frothy, passage usually twice a day. I have become considerably emaciated, with loss of strength.

Any help, either by private letter or through **THE WORLD**, will be gratefully received.

G. FREDERICK BISMARCK, M.D.,
Chauncey, Ill.

Editor **MEDICAL WORLD**:—I noticed in the July **WORLD**, '94 a treatment for expulsion of tape worm, by Dr. Hinton, of Prescott, Ark. September 3d, I tried the same on a case, a girl, 11 years old.

About twenty minutes after taking the first bottle, she became drunk, as she called it. I was called in, but when I arrived she had recovered. She had been pale, eyes protruded, talked incoherently and could not be aroused for some time. The bowels moved and part of the worm passed, but not all. The parents would not allow the second bottle to be taken.

If the Doctor will advise how to proceed with the same treatment I will be grateful.

Mitchell, S. D. B. A. BOBB, M.D.,

To Abort Syphilis.

Bichloride of mercury (10 grains to one ounce) painted on a chancre as soon as it appears kills all specific germs, and there will be no systemic manifestations. Then you will only have a local sore to heal.—*Med. Summary*.

[Important if true.—ED.]

Our supply of **WORLDS** for April and May, 1894, is exhausted, and many new subscribers want them to complete their files. Those having either of the above to spare kindly send, and we will send any other desired (except August) in return. Particularly Minnesota and California physicians, to whom we sent May number, kindly return in exchange for the present number, unless you wish to subscribe for the entire year of 1894.

Current Medical Thought.

Apparent Cure of Rabies.

The editor of *The Medical Age* very kindly calls our attention to the following presented at the Wayne County, (Mich.) Medical Society:

"Doctor Gunsolus reported a case of hydrophobia, or a disease closely resembling it. The patient, a boy fourteen years old, had been bitten on the ear by a dog. When seen he was barking and attempting to bite those around him. He had no pharyngeal spasms, and was able to swallow all through his illness. Large doses of hyoscyamus and chloral were required to quiet him. *Simaba cedron* in three minim doses was then given, and the paroxysms ceased."

Water in Typhoid Fever.

Urge your patients to drink a great deal of cold water. The more I practice this plan, the more I am convinced of its beneficial effects. In many cases I have learned my patients to drink five quarts of cold water in twenty-four hours, and I think to realize the full benefits of this plan, it should be carried to this extent. There are no contraindications to this treatment. Many observers believe that its beneficial effects on a feeble heart are well marked. In this condition it certainly can't be contra-indicated. The lowering of the fever, disappearance of the dryness of the tongue and mouth, sedative effects on the nervous system, and the eliminative functions of the kidneys are easily observed.

This plan facilitates the oxidation of toxins and aids nature in removing or eliminating the refuse material which always accumulates in the system in continued fevers, a natural result of an impaired organic function. You can observe, as evidence of the increased activity of the kidneys and skin, the great quantities of urea that is eliminated by the kidneys; its quantity fluctuates with the amount of water taken into the system. This method is very pleasant and acceptable to the patient. Of course it does not influence the course or direction of the disease.—*Charlotte Med. Jour.*

Treatment of the Typhoid State.

Dr. Juhel-Renoy, of Paris, stated that all infectious diseases may assume the typhoid aspect, and when this occurs refrigerant treatment is indicated. The method of this refrigerant medication must vary according to the result which it is desired to obtain. It is vastly superior to any other procedure in all forms of infectious fever; it reduces the total mortality of

typhoid fever to 7 per cent. ; of typhoid erysipelas to 9 per cent. ; of malignant scarlatina to 14 per cent. ; of ataxo-dynamic measles to an almost inappreciable figure. The mortality of adynamic grippal pneumonia is reduced one-half by cold baths, and small-pox, when treated in this way from the start, is much milder in its course. The ways in which cold baths bring about the disappearance of the typhoid condition are numerous, but that which seems to be the most important as well as the most constant is the urinary crisis, an indication, when it occurs, of an early cure.—*Universal Med. Jour.*

Cold Compresses in Pulmonary Disease.

M. le Gendre stated that in the course of all acute diseases of the respiratory passages, and in certain acute stages of chronic diseases of the same region, active hyperæmia is an important factor in determining the aggravation of the local and general condition. In cases where such hyperæmia occurs, he has found preferable to all other repulsive measures the permanent wrapping of the thorax in compresses soaked in cold water, wrung out so as to be merely damp and covered with a thin oil-cloth. These compresses should be renewed every quarter of an hour, then every half-hour or hour, according to the condition of the patient. This is the hydropathic method of German authors, and is of especial value in infantile therapeutics, as it may be used for the youngest child, continued as long as necessary, and resumed whenever there is a return of the congestion. It diminishes dyspnoea more rapidly than any other measure, by slowing and amputing the respiratory movements and by counteracting the hyperthæmia and the nervous disturbances accompanying it, such as excitement, insomnia, and refusal to take food.

M. Rendu has made use of the wet pack since 1884, and has found that it causes a great improvement in grave broncho pneumonia. He does not use the same method as M. le Gendre, but leaves his patient in the pack for two or three hours. In the first half hour there is a peripheral elevation of temperature, to which succeeds a stage of reaction, with perspiration and considerable diuresis. It is possible that the action is not the same as that obtained by M. le Gendre, but the effects are excellent and the procedure is perfectly harmless.

M. Richardiere has treated sixty cases of broncho pneumonia after measles, during the present year, at the Trousseau Hospital and has had excellent results with the wet pack. An important fact is that the temperature does not immediately fall, but that the nervous phe-

nomena are quieted and abundant sweating occurs.

M. le Gendre replied that he used the wet pack in certain cases, but that he believed the method he had just described to be more simple and more rapid in action; besides, it may be continued for some time. He has used fresh compresses upon the chest for eight days, in some cases. In this respect it is better than the wet pack.

M. Rendu considered it superior to blisters, in that it caused diaphoresis and diuresis.—*La Medecine Moderne.—Univ. Med. Jour.*

Specific Directions for Using Water in Nervous Diseases.

Anæsthesia (cutaneous).—Short cold jet and fan douches of strong pressure to the anæsthetic areas. Temperature, 50° to 70°. Duration, one minute. Daily.

Angio-paralytic hyperidrosis of the feet.—Prolonged cold foot-bath with chafing, or fan douche of cold water to the feet. Temperature, 60°. Duration, twenty minutes for bath, five minutes for douche.

Chorea.—Cold plunge beginning at 90°, daily reducing until 70° is reached. If anæmic, spinal spray, jet or fan douches, at first warm until patient becomes accustomed to them, then gradually reduced to 60° or 50° (Duval).

Epilepsy.—Cold shower baths and cold sponge baths daily are beneficial. The shower baths should be rain-like in character—that is not too forcible. In many cases a morning and evening bath (the "half bath") proves very serviceable. The "half bath" is taken in a bath tub only half filled with water, and when taken should be accompanied by energetic rubbing of the patients by an attendant. This bath lasts five minutes, and the temperature should not be under 60° and not over 70° F. Where there is evidence of hyperæmia and increased blood-pressure in the head, the cold cap is useful.

While these are the general indications for hydrotherapy, certain measures are often of use at the time of seizures. During a fit or during a *status epilepticus* it will be observed that there is one of two vascular conditions present: either the face is pale and there are signs of brain anæmia, and in this case warm wet compresses should be applied to the head and genitals, accompanied by friction of the trunk upward, the body being placed with head low and arms uplifted; or there is turgescence of vessels in the head, the face is red, the carotids beat strongly, and under such conditions a contrary procedure is indicated—cold compresses to the head, neck and genitals, strong wet heat-

ing of the feet, with a high position of the head. Daily applications for thirty seconds.

Headaches, neuralgias and migraines.—If anæmia, heating cephalic compresses (wring out thin linen bandages in very cold water; wrap head in capeline manner, and cover with one or two layers of dry linen or flannel.) Apply at bed-time. Upon removal, envelop head in dry cloth and rub it dry. If hyperæmic, leg bandages (a piece of toweling a yard long is dipped in cold water at one end—one third—thoroughly wrung out and wrapped closely about each leg, so that the wet surface is next the skin and the dry portion envelops the wet two or three times; or wet stockings may be put on and covered with dry towels.) These are applied at bed-time and retained through the night. In many headaches, especially of a congestive character, a prolonged cold foot-bath (twenty minutes, 60°) or the fan douche to the feet (five minutes, 60°) is very palliative.

Hysteria.—For erethetic type: Wet pack, 60° to 70°, for one hour or more, followed by massage (Putnam Jacobi); or the rain-bath at 75° to 65° for thirty-five seconds daily at twenty pounds pressure (Baruch).—Dr. F. Peterson in *Amer. Jour. Med. Sci.*

Bichromate of Potassium as an Expectorant.

At this season of the year our readers should brush up their knowledge of this useful drug in affections of the respiratory tract. Dr. J. E. Weaver, in the *Med. Record*, states that bichromate of potassium is especially useful in both laryngitis and bronchitis, if secretion is stringy and hard to raise. After the second or third dose the expectoration becomes loose and easy, and rapidly disappears, and with it the local trouble which is its cause. In tonsillitis, where the onset is rapid, the tonsils rough, raw and angry-looking, with mucopurulent secretions exuding from the follicles, he values the drug more highly; also in cases of non-diphtheretic, pseudo-membranous tonsillitis, this remedy is so sure in its effects as to merit the title of specific. In treating laryngitis and bronchitis with this remedy one must be careful not to use it too strong—not more than one grain well triturated to three or four ounces of water, a teaspoonful every one-half to two hours. But in tonsillitis the finely powdered bichromate should be added to the water until the latter is of a dark lemon or light orange shade, and of this a teaspoonful should be given every hour. In these cases the only limit to the administration of the drug is nausea. If this symptom appears, lessen the dose. After the third or fourth dose improvement should be noticed.

How to Bandage a Finger.

The bandage ordinarily put on a finger is unsatisfactory. It gets loose, slips off, and is generally bungling from super-abundance of material.

I have used the following described bandage for some years with much satisfaction, especially for fingers caught between bumpers in coupling cars. This bandage remains firm while the hand

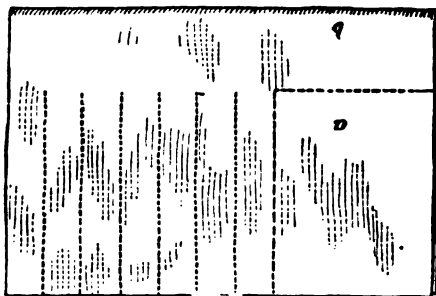


Fig. 1.

is in use. A man with a pinched finger often returns at once to work.

Measure a piece of cloth twice the length of the finger, and cut square. Fold the cloth double, and cut as shown in Fig. 1. Open the

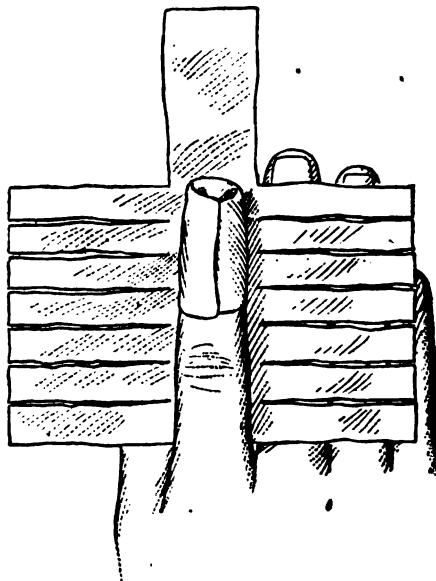


Fig. 2.

bandage and place in position, as shown in Fig. 2, the hand lying palm down on your knee. Then turn down the flap over the finger and tie the first set of tails over it in one knot, leaving the ends loose, to be covered by the tying of the second set of tails (See Fig. 3). The remaining

tails are tied in the same way, making a double knot in the last set. In tying the tails draw them snug, but not too tight. This makes a neat,

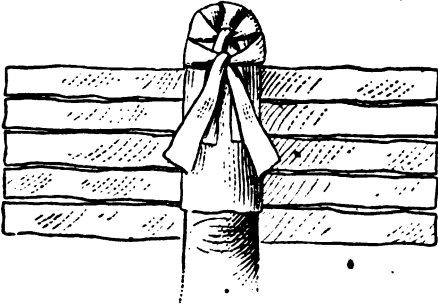


Fig. 3.

firm, and very satisfactory bandage. When once used it will demonstrate its advantage.—Dr. Hermance, *International Jour. Surg.*

Castration for Hypertrophied Prostate.

Dr. J. William White and others recommend castration as a cure for hypertrophy of the prostate gland in those past middle life. The gland shrinks or atrophies after removal of the testes. This is analogous to the removal of the ovaries in cases of fibroid tumors of the uterus, which operation, we believe, does not stand as high now as when it was first put forth.

Accidental Swallowing of a Phial.—Natural Expulsion.

By JOSEPH BENJAMIN, medical practitioner, Ahmedabad, India.

A Brahmin boy, age 12, was brought to my dispensary at about 6 P. M. on the 27th September, 1893. It was reported that he had accidentally swallowed a glass phial, about 2½ inches long, and as thick as the index finger two hours before. No pain or uneasiness was complained of. His father desired that a purgative should be given to hasten the exit of the phial, but instead, he was strictly advised to keep the boy on simple solid food, as that would in time facilitate the easy expulsion of the foreign body. The next day the boy had a stool in the morning as usual, and as the phial was not to be seen, the father seemed very anxious about it. The following morning the phial came away with the stool, 38 hours after it was swallowed, without having caused a single pang or any uncomfotableness.

Remarks.—This case is remarkable for the ease with which the phial was accidentally swallowed by the lad, as well as for its natural and painless expulsion after 38 hours.—*Indian Med. Rev.*

Insanity from Stress of Occupation.

Spratling (*N. Y. Med. Jour.*) reports fifty-seven cases of insanity occurring among silk-mill employes brought to one asylum from a city in New Jersey of less than one hundred thousand inhabitants. Fifty-seven per cent. of the cases were due to over work. He says "Stress, direct, continuous, and powerful, was the sole cause in the majority of these cases. It was applied in different ways: Long hours daily spent in managing complex and delicate machinery; one person sometimes doing the work of two or more in order to increase his earnings; insufficient mental relaxation and rest; insufficient out-door exercise; the accuracy and complexity of manual motion, and mental application constantly required. The vitiated atmosphere and poor food are the prime factors in the production of so many cases of insanity among this class of people.

"I recall the case of one young woman twenty-four years of age, bright, vigorous, and industrious, who, after doing the work of three persons in one of these mills for some months, in order to support a widowed mother and several brothers and sisters, broke down with paresis, and was placed in an asylum, where she died in less than a year after.

"The number of cases of insanity that come from these mills is increasing annually."—*Phila. Polyclinic.*

Brave Words.

In a paper in the *Bulletin of the American Academy of Medicine*, on the subject of "The Sources of the Defective, Dependent and Delinquent Classes," by Dr. Bayard Holmes, of Chicago, we find the following:

"Of the involuntary able-bodied dependents, I do not dare to speak my mind. It seems to me that the medical profession ought to bring an indictment against that method of doing business—of exploiting labor—which keeps one-fourth of our men idle all the time, all our men idle one-sixth of the time, all men at work long hours when at work at all, and still puts into factories and shops children and women. It is the settled policy of capital to have at hand a large body of idle starving workmen. When they are not at hand, capital expands itself, rushes business, imports labor, and then shuts down and starves the laborers. From this condition of warfare in business, from the idle workers necessary to wage-slavery, results our great burden of voluntary and involuntary able-bodied dependents."

Every medical man who reads this has a personal responsibility, in proportion to his influence and opportunities, to use his endeavors to bring about a rational change in this system.

New Intrauterine Electrode.

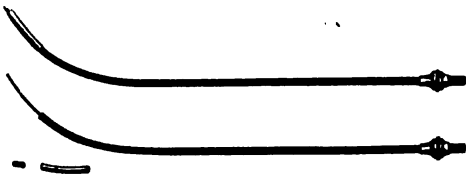
(Abstract of Lecture by C. S. Neiswanger, Professor of Electro-Physics at the Post Graduate Medical School of Chicago)

"You have been shown in a former lecture in this course the physical fact that the electric current exerts its greatest force at the point where contact is the most perfect, and during the time allotted us to day, we shall endeavor to show you the therapeutic application of this fact.

In applying the galvanic current to the endometrium for the various conditions in which it is of service, it has been the rule to use an intra-uterine electrode that will well fill the canal and insulate it with soft rubber muff or otherwise so the current cannot come in contact with the vaginal walls; but this insulation you will observe, only extends to the external os and when the electrode is in situ, it is grasped tightly at the point where it comes in contact with the os internum and we have the density of current at that point, just where, in most cases, we do *not* want it, and the result is that before the endometrium is scarcely attacked by the current above the internal os, we have at that point deep cauterization, with the after result of a tense and hard cicatrix, if the positive pole has been used, or softer and more pliable scar tissue if the negative, either of which is liable to produce its quota of suffering for the unhappy patient.

In our judgment this method of intrauterine application of galvanism has caused much after trouble, which in many cases is more difficult to deal with than the original condition for which we used the current. In other words, and briefly, we make the patient worse, and of course draw adverse criticism both to ourselves and the remedy.

To avoid this cauterization at the internal os, I have had the McIntosh Battery Company make an electrode which is admirably adapted for either positive or negative intrauterine galvanization.



The staff consists of a brass rod, No. 12 B & S. gauge, ten inches in length, insulated with hard rubber covering which has been vulcanized on the metal, thus avoiding all chance of getting septic matter between the insulation and the brass rod. A short distance from the distal end, a piece of block tin tube is slipped on that closely fits the rod. At the extreme distal

end is a hard rubber olive, screwed on tightly so as to hold the block tin tube in place. These electrodes are made with a staff having a diameter of 3 and 5 millimeters, and the pieces of block tin tubing have active surfaces varying from 2 to 4 square centimeters, which makes the electrodes of the concentration type after the style of those devised by Dr. Franklin H. Martin, which require a current of 25 ma for every square centimeter of surface exposed. The hard rubber insulation on the point prevents the possibility of making a sore and sometimes a hole in the uterine walls as you will recollect from previous teaching that the electric current is apt to concentrate at a point. The electrode here shown, however, differs from that of Dr. Martin in that it is made of block tin, while his is made of platinum wire, and we have found that block tin is almost as non-oxidizable as platinum and has the advantage of being much cheaper, and if it should be possible after long usage that the block tin becomes roughened, the tube can easily be replaced by another of similar length and thickness. The electrode also has the faculty of being easily cleaned which cannot be said of some other intrauterine electrodes.

You will observe by this method that it is possible to cauterize the cavity of the body of the uterus whether infantile or five inches or more in depth without the internal os coming directly in contact with the current."

6354 Maryland Ave., Chicago.

For Pleurisy.

A "paint" composed of one part of pure guaiacol and seven parts of tincture of iodine is applied in quantities of one ounce at a time, over and about the seat of the trouble. It is said that the temperature quickly falls, an abundant perspiration takes place, and that the effusion soon becomes absorbed.—*Drug Circular.*

The Plain Truth About Active-Principle Medication.

As is well known, our readers became interested in that advance in scientific treatment known as Dosimetric or Alkaloidal Medication, almost with its first introduction, several years ago. We at once recognized in it a distinct step in the progress of medical science, and opened our pages freely to a discussion of its merits, and also fair statements of whatever imperfections it might possess. We receive so many questions from our readers regarding this subject, which we cannot answer by personal letter, that we deem it well to give a brief résumé of the entire subject as we see it, and as it is developed up to the present date. Active practitioners are busy at work every day with

these remedies, bringing out more and more, in actual experience, the advantages of this method of medication. This practice does not require a new medical education. The physician who knows his crude drugs well must have some knowledge of their active principles, as he knows that the medicinal action is produced by them.

The purely scientific, and hence most truly practical, physician knows perfectly well the advantages in the use of the alkaloids over that of the crude drugs from which they are derived. (The profession has long recognized this principle by the use, for example, of quinine instead of the bark.) This only is accurate and scientific medication. It insures that the patient will get the remedy. If the crude drug, or a Galenical preparation, is given, this cannot be insured, as it may not be of the standard strength—in fact, it may even be entirely inert. Then the stomach, as a chemical laboratory, may be in imperfect order, and may elaborate the active principles from the drug but slowly, or even not at all; or its activity may be suspended temporarily, and when it is again resumed the patient may get a cumulative, toxic dose of the desired active principle. Hence the advantage of obtaining the active principle in the chemist's laboratory.

But the chief practical difficulty in giving the alkaloids in their powdered form is that they are so powerful, and hence require such minute doses, that it is difficult to obtain an accurate dosage of them in practical dispensing. In the case of many of them the required dose is almost microscopical. This difficulty of correct sub-division is entirely met by using accurately prepared dosimetric granules. The very name, "Dosimetric," means "in measured doses." Properly made granules are reliable, accurate, convenient and inexpensive.

We say "inexpensive" advisedly, as the most of these remedies cost the physician no more made up into granules than the drug itself would, buying at retail, and they cost him far less than the same materials would cost the patient if dispensed to him by a druggist upon prescription. Of course, this is not true of a few of the very cheapest drugs, as calomel, for example, in which the cost of making into the granule form is greater than the cost of the material. But in most of the active principles the profit of the granule manufacturer is only the difference between the wholesale and retail price of the materials. Taking the granule prices per thousand, with discounts off, we find that the average cost of the number of granules usually dispensed at one visit—from 10 to 25—is from about one-half a cent to, in extreme cases, five cents. You can easily collect from

five to twenty-five cents extra for them, if you desire to do so; but their influence otherwise on your practice will be so beneficial that you can well afford to make no charge for the medicines. However, on this subject Dr. Juettner, of Cincinnati, says as follows:

"Medicine should not be given away to any and everybody under any and all circumstances. People, as a rule, ascribe little value to that which they get for nothing. Every patient should be made to pay for every granule, pill or tablet he or she receives. The price may be made to appear nominal if compared to the enormous rates of the retail druggist, yet it may cover the actual cost of the medicine over and over again. The writer's plan of charging a certain fixed price for an office-call, including all medicines furnished, has proven very satisfactory. No patient has ever complained about the charge of a few dollars for medicine, added to a bill for services during a sick spell lasting one or more weeks. The contemplation of what the size of the drug bill would have been if the physician had written prescriptions, speedily awakened in a malcontent or disgruntled patient a sense of appreciation for his medical attendant. With a practical and methodical individual the plan of dispensing his own medicines should, under any and all circumstances, prove a paying investment, aside from the numerous other advantages it affords."

The amount you invest for granules should increase your practice to a far greater extent than the money so expended, even if it should extend to several hundred dollars a year. Have your cabinet-maker make you a neat office cabinet, with shelves, or buy one, and invest sufficient to fill it with a well-selected list of granules; then keep it constantly supplied. You are then really prepared for practice. The man who "timidly puts in one toe and draws back with a shiver," spending a dollar and a half or two dollars a month for a few granules of two or three varieties, does not really know what the general adoption of granules can do for him. Neither does he know the science of buying. The man who buys his granules by the hundred pays nearly twice as much as one who buys by the thousand. The man who buys C. O. D. in small amounts, or on credit, loses the transportation charges and the cash discounts. The saving of all this expense alone makes quite a neat sum in the course of a year. It pays a physician just as well as any one else to be a practical business man.

Being aware of the fact that there are many theories advanced by recognized advocates of Dosimetry, that to the average doctor seem too ethereal and visionary, accustomed as he is to

full dosage and positive, unmistakable effects, we applied to the manufacturers who publish the largest list in the world of these remedies—the Philadelphia Granule Company—for a frank, candid statement of the practical use of the various granules, as shown by their business experience.

The following granules are found to be the most practical, and are in every-day use by practicing physicians. The action and uses of the most of them are so well known to the profession, that it is not deemed necessary to enumerate them. The *full* dose is not intended to be represented in one granule. From two to six granules are usually required when the full physiological dose is immediately required. The better method is to give the small dose frequently, until the desired result is reached. This nearly always requires a smaller amount of the drug, and causes less shock and injury to the system.

Aconitine (amorphous). The $\frac{1}{100}$ grain is the size in almost universal use.

Atropine sulphate, gr. $\frac{1}{100}$ and $\frac{1}{200}$.

Agaricin. To check profuse sweating, especially in phthisis.

Acid arsenious, gr. $\frac{1}{84}$ and $\frac{1}{100}$.

Apomorphine, gr. $\frac{1}{100}$. Emetic, expectorant. This drug deteriorates with age, whether in tablet, solution or granule. Doctors should purchase only a small quantity at a time.

Brucine, $\frac{1}{100}$. One of the alkaloids of nuxvomica. An excellent systemic tonic.

Caffeine citrate, gr. $\frac{1}{2}$. Heart and nerve tonic and diuretic.

Calomel, gr. $\frac{1}{12}$ and $\frac{1}{8}$. The medium dose of calomel, repeated every hour or half hour, is a most efficient remedy in nausea, biliousness, catarrhal conditions of the alimentary tract, and inflammation of the respiratory passages.

Codeine sulphate, gr. $\frac{1}{12}$ and $\frac{1}{12}$. One of the alkaloids of opium. One of the best and safest nerve sedatives. Especially valuable for children, and for use in abdominal and pelvic diseases. In diabetes, to reduce sugar.

Cicutine gr. $\frac{1}{84}$. Alkaloid of conium, or spotted hemlock.

Colchicine, gr. $\frac{1}{100}$. Useful in gout, plethoric conditions and uricemia, and for the headaches accompanying them.

Copper arsenite, gr. $\frac{1}{84}$ and $\frac{1}{100}$. Very useful in diarrhea, dysentery, intestinal colic, and in all septic conditions of the intestinal tract.

Digitalin, amorphous, gr. $\frac{1}{100}$. The physician should study digitalis in his *materia medica* carefully before using this preparation. For the full action of digitalis, the powdered leaves should be given; for action upon the heart alone, digitalin; for the diuretic action only, the infu-

sion is the most reliable preparation, containing a larger proportion of digitonin, the especial diuretic agent in the drug.

Ergotin, gr. $\frac{1}{2}$. This drug is not very certain or reliable.

Emetine, gr. $\frac{1}{100}$, the active principle of ipecac.

Gelseminine muriate, gr. $\frac{1}{100}$. The action and uses of gelsemium are well known to the profession. Gelseminine well represents the drug. This granule represents only about one-fourth of the medium dose of the drug. From two to four granules may be considered the full dose for immediate effect.

Glonoïn (nitro-glycerine), gr. $\frac{1}{100}$. For spasmodic seizures, fainting, convulsions, uremia, angina pectoris, heart-failure, shock, etc.

Hyo-cyamine (crystals), gr. $\frac{1}{100}$. A most valuable granule in mania, nervous or mental excitement, chorea, nervous or irritable coughs, and as a safe sedative for children.

Iron arseniate, gr. $\frac{1}{100}$. This is an excellent form of administering iron for tonic effect.

Iodoform, gr. $\frac{1}{2}$.

Lithium benzoate, gr. $\frac{1}{2}$. As an antiseptic diuretic.

Macrotin, gr. $\frac{1}{2}$. Resinoid of cimicifuga. The well-known uses of cimicifuga are too extensive to be enumerated here, covering, as they do, a wide range of diseased conditions.

Mercury biniodide, gr. $\frac{1}{100}$; also bichloride, gr. $\frac{1}{84}$. Most useful antiseptic alteratives.

Morphine sulphate, gr. $\frac{1}{12}$, and other morphine salts.

Physostigmine salicylate (eserine), gr. $\frac{1}{12}$. The alkaloid of the Calabar bean.

Phytolaccin gr. $\frac{1}{2}$.

Potassium bichromate, gr. $\frac{1}{100}$.

Pilocarpine, gr. $\frac{1}{100}$. (See remarks under gelseminine.)

Podophyllin, gr. $\frac{1}{12}$.

Quassine, gr. $\frac{1}{100}$.

Quinine hydroferrocyanate, gr. $\frac{1}{100}$.

Quinine arseniate, gr. $\frac{1}{100}$.

Quinine valerianate, gr. $\frac{1}{2}$.

Sparteine sulphate, gr. $\frac{1}{100}$ and gr. $\frac{1}{2}$.

Strophanthin, gr. $\frac{1}{100}$. Valuable heart tonic.

Strychnine arseniate, gr. $\frac{1}{84}$ and $\frac{1}{100}$.

Strychnine sulphate, gr. $\frac{1}{84}$ and $\frac{1}{100}$.

Tartar emetic, gr. $\frac{1}{12}$.

Veratrine sulphate, gr. $\frac{1}{84}$.

Zinc phosphide, gr. $\frac{1}{100}$. Nerve restorative.

Zinc sulpho-carbolate, gr. $\frac{1}{2}$.

There are many granules besides those in the above list that the physician will occasionally need. Each one must make his own selection of remedies, suited to his peculiar methods of practice.

One of the many advantages of these granules is that they are particularly convenient to dispense, especially in office practice, where they may be given the patient in small dispensing vials or pill boxes, to be carried in the vest pocket. At the bed side they may be dispensed in the same or in domestic vessels, as table salt cellars, individual butter plates, etc., according to the ingenuity of the physician. For patients who like to think they are getting large doses of medicine the granules may be dispensed by dissolving the required number in a bottle of colored water, syrup or other menstruum, and directing it to be taken in appropriate doses.

Of course, it is not intended that the physician shall renounce all other remedies excepting those that can be procured in the form of granules. Many very useful drugs are not practical in that form; the bromides and other coarse salts, for example. These the physician must prescribe whenever he considers them necessary for the welfare of his patients.

Combination granules are a great convenience in the case of drugs that are very frequently required to be administered together. Besides being much more convenient to dispense one granule than several they are much more economical. But a combination granule is a formula, or prescription, and you must exercise your own judgment as to whether you want to use it or not. As with prescriptions in general, they may be suited to the case in hand, or they may not. Their value depends upon the ability of the physician who prescribes them, as well as upon that of the one who formulated them. Hence manufacturers usually do not guarantee the efficacy of combination granules as being *curative* of the diseases in which they are used. They only guarantee that they contain the drugs they purport to contain, and that successful physicians have found those combinations useful in the greater proportion of the conditions for which they are recommended. This fair statement is more reasonable and more truthful than the absurd claims too often made by medicine proprietors that their preparations are unfailing specifics. We have evidence that the combination granules are very valuable when properly prescribed. These granules are not a test of the value of the active principle form of medication; they are only a test of the prescription. For this reason, the manufacturers usually decline to send samples of combination granules. Hence, for a test of the alkaloidal method of medication, select only granules of well-known single drugs, whose action can be thoroughly tested.

It strikes us that there are some impractical granules on the lists of the various manufacturers; as, for example, boracic acid, gr. $\frac{1}{2}$,

creasote, gr. $\frac{1}{8}$, nickel bromide, gr. $\frac{1}{2}$, pepsin in minute doses and a number of others. We suppose that some physicians think they get results from these seemingly insufficient doses, else there would never have been a demand for them. But it is not necessary that all physicians using dosimetric granules go to this extreme. The positive therapist can find abundant material for efficient dosage in the list above given, and he will find that convenience, economy and directness will be subserved by their use.

Formulas.

FOR RHEUMATISM.

The following prescription is recommended by the *Journal de Médecine de Paris*:

R. Salol.....
Etheris.....aa p. iv
Collodii.....p. xxx

M. Sig.—To be painted about the painful and inflamed joint.

—*Therapeutic Gazette.*

AN INJECTION IN DYSENTERY.

R. Acid. boris.....ounces as
" tannic.....gr. xlv
Tinct. opii.....gtt. xv
Aguas.....Oj

M. To be given after a dose of castor oil, for the purpose of washing out the bowel.

—*Therapeutic Gazette.*

CORN CURE.

R. Cocaine hydrochlorate.....2 grs
Salicylic acid.....30 grs
Alcohol.....120 minims
Solid ext. cannabis indica.....8 grs
Collodion.....120 minims

Apply to the corn by any convenient means.

FOR BRONCHORRHEA.

R. Copaiba.....drams iij
Tinctura chloroform composita.....m xx
Mucilaginis acacia.....drams viij
Liquoris potassae.....drams j
Aguas cinnamomi.....ad ounces viij

Misce et fiat mistura.

An eighth part to be taken three times daily.

—*Western Medical Reporter.*

HEADACHE.

Magnesium phosphate, two grains every hour, has been successful in relieving obstinate hemi-crania.

A PILL FOR ANEMIA.

Prof. Ellefsen (*La Semaine Médicale*, No. 24, 1894) recommends the following pill in anemia:

R. Iron reduced by hydrogen.....
Powdered camphor.....aa 5 | 0 drams jss
Extr. gentian.....5 | 0 drams j ½
Mucilage gum arabic.....q. s

Sufficient for ninety pills. Two to three pills three times a day.

He has found this formula of value both in anemia and in chlorosis, especially when they

are accompanied by cardiac disturbances, as weakness and irregularity of the pulse.—*Med. and Surg. Reporter.*

CEMENT FOR CELLULOID.

It may be cemented by moistening it with glacial acetic acid and pressing the parts firmly together for a few minutes.

Another cement for celluloid is composed of

- | | |
|-----------------|--------|
| | Parts. |
| R. Camphor..... | 1 |
| Shellac..... | 6 |
| Alcohol..... | 30 |

—*Drug. Circ.*

FOR PAINFUL DYSPEPSIA.

- | | |
|----------------------------|----------------|
| R. Bismuthi subnitrat..... | gr. x |
| Magnes. carbonat..... | gr. xv |
| Liq. Potasse..... | minims x |
| Acid. hydrocyan dil..... | minims ij |
| Tinct. singiberis..... | minims v |
| Aq. menth. pip., q. s..... | ad. f ounces j |
- M. For one dose. To be re;eated two or three times daily. Shake well.

—*Ther. Gazette.*

FOR DIPHTHERIA.

- | | |
|-------------------|-----------------------|
| R. Caffeine..... | gr. xx |
| Sodii bicarb..... | gr v |
| Aqua..... | q. s. ad. f ounces ij |
- M. sig.—Apply locally as a spray to the membrane.

Nitrate of silver stains are easily removed by painting the part with iodine and then washing in dilute aqua ammoniæ.

FOR PYELITIS.

Dr. H. W. Moore, 724 South Twety second street, Philadelphia, Pa., used with especially gratifying results in Pyelitis :

- R. "Sander & Sons" Eucalyptol
Sig.—Three drops three times a day.

In a case of an old sore leg, the following formula had been used with great benefit :

- | | |
|---------------------------------|-----------|
| R. Hydrarg. chlor. mit..... | drams ijs |
| Eucalyptol (Sander & Sons)..... | drams ii |
| Pulvia opii..... | drams ijs |
| Vaseline..... | ounces ii |
- M. S.—Apply night and morning.

MALARIAL CACHEXIA.

In cases of Malarial Cachexia, after chills have been broken—the following will be found of much service in building up the system and preventing the return of attacks :

- | | |
|--|-------------|
| R. Tinct. cinchonæ comp..... | ounces ij |
| Ext. eucalyptus fld..... | drams j |
| Liq. potassii arsen..... | drams i j |
| Ext. capsici fld..... | drams j |
| Syr. acid hydriodic (Hostelley's), ad..... | ounces viij |

M. Sig.—Teaspoonful in water three times daily, after meals.

PASKOLA.

Dr. Eccles, in *Druggists' Circular*, states the following, after repeated careful analysis and thorough investigation, fully set forth in the article from which this is selected.

"Paskola can be practically duplicated by the following formula :

- | | |
|---|--------------|
| R. Glucose syrup..... | 1 pound |
| Hydrochloric acid..... | 50 drops |
| Sulphurous acid, u. s. p. (freshly prepared)..... | 6 or 8 drops |

BRONCHO PNEUMONIA.

For the cough :

- | | |
|--------------------------|------------|
| R. Antipyrin..... | gr. viij |
| Syrup of cinchona..... | ounces j |
| Syrup of eucalyptus..... | drams x |
| Peppermint water..... | ounces iss |
- M. Teaspoonful every hour.

If there is a tendency to collapse :

- | | |
|-----------------------------|-----------|
| R. Acetate of ammonium..... | drams ss |
| Malaga wine..... | ounces ij |
| Syrup of ether..... | drams v |
| Peppermint water..... | drams x |
- M. Teaspoonful every hour.

During convalescence :

- | | |
|------------------------------|------------|
| R. Syrup of cinchona..... | dram x |
| Syrup of terpine..... | ounces iss |
| Syrup of iodide of iron..... | ounces ij |
| Peppermint-water..... | ounces iss |
- M. A teaspoonful thrice daily.

La Tribune Méd.

Reviews.

THE PUBLIC OWNERSHIP OF MONOPOLIES. By Prof. Frank Parsons, of the Law Department of Boston University, author of "Our Country's Need," "The World's Best Books," etc. Paper, 10 cents.

We have read this work with great interest, and confess to the fact that we have re-read it several times. It treats in a most fascinating manner, and with exhaustive information, of some of the great questions that are coming before the American people for early settlement. Every American citizen should read it.

THE PHILOSOPHY OF MUTUALISM. By the same author. Paper, 10 cents.

This is a charming study of our social life, what it should be, and perhaps may sometime become. It takes an advanced view, recognizing the fundamental principle of brotherhood as it should be applied in all departments of human activity. All students of human society (and all doctors are such) should read and circulate it.

The above two books by Prof. Parsons will be sent you free, if you will send request (mentioning this notice) to Mr. B. Franklin Hunter, 1100 Pine street, Philadelphia, Pa.

TEN MEN OF MONEY ISLAND. By F. S. Norton. Paper, 10 cents.

This book gives, in a simple, narrative form, the fundamental principles of the trade relations of mankind. It may truly be called a "Primer of Finance." While as plain and homely in its style as "Pilgrim's Progress," yet it is so interesting that you will not want to lay it down until finished.

THE BANK OF VENICE. By Hon. John Davis. Paper, 10 cents.

This is a valuable historical account of the most remarkable and successful financial experiment known in the world—an experiment which conclusively de-

monstrates that metals are not at all necessary as a circulating medium, nor as a basis of a circulating medium.

These two books will be sent upon receipt of price, 10 cents each, by addressing American Economic Reform Society, 1202 Pennsylvania Ave., N. W., Washington, D. C.

THE SENILE HEART: Its Symptoms, Sequelæ and Treatment. By George William Balfour, M.D., LL.D., F. R. C. P. E., F. R. S. E. Cloth, 300 pages, price \$1.50. Macmillan & Co., New York.

This is a most admirable work, dealing in an able manner with a subject not heretofore treated with sufficient importance. The weak heart of the aged may be so treated and guarded that life may be made comfortable and considerably prolonged.

TEXT BOOK OF ANATOMY AND PHYSIOLOGY FOR NURSES. By Diana Clifford Kimber, graduate of Bellevue Training School. Cloth, 268 pages, price \$2.50. Macmillan & Co., New York.

The physician will recognize the importance of his nurses' knowing enough of the leading facts of anatomy and physiology to enable them to discharge their duties intelligently. This book fulfills the purposes of such instruction in a satisfactory manner, and will be found a very useful volume.

THERAPEUTICS: ITS PRINCIPLES AND PRACTICE. By H. C. Wood, M.D., LL.D., Professor of Therapeutics, etc., in the University of Pennsylvania. Ninth edition, completely revised. Cloth, 1,007 pages. J. B. Lippincott Co., Philadelphia.

So much has been said of Professor Wood's work in previous editions, that we can only repeat here the favorable opinion in regard to this, the ninth edition. No other author treats of the subject of physiological action in minute detail under each drug.

SYLLABUS OF LECTURES ON HUMAN EMBRYOLOGY: An Introduction to the Study of Obstetrics and Gynecology. For Medical Students and Practitioners. With a Glossary of Embryological Terms. By Walter Porter Manton, M.D., Professor of Clinical Gynecology and Lecturer on Obstetrics in the Detroit College of Medicine; Fellow of the Royal Microscopical Society, of the British Zoological Society, American Microscopical Society, etc., etc. Illustrated with seventy (70) outline drawings and photo engravings. 12mo, cloth, 126 pages, interleaved for adding notes and other illustrations, \$1.25 net. Philadelphia: The F. A. Davis Co., publishers, 1914 and 1916 Cherry street.

This will prove a most useful book for the student of obstetrics, as well as interesting to practitioners who wish to keep up with the advancements of recent years in this branch of science.

A MANUAL OF HUMAN PHYSIOLOGY: Prepared especially for students. By Joseph H. Raymond, A.M., M.D., Professor of Physiology in Long Island College Hospital. Cloth, 382 pages, profusely illustrated; price \$1.25. W. B. Saunders, 925 Walnut street, Philadelphia.

This work is not a "quiz-compend," but a clear, concise statement of the principles of physiology. As such it will be of use to those students who do not wish to read the longer treatises during the lecture course.

ESSENTIALS OF DISEASES OF THE EAR. By E. B. Gleason, B.S., M.D., of the Medico Chirurgical College, Philadelphia. Cloth, illustrated, 147 pages; price \$1 00. W. B. Saunders, 925 Walnut street, Philadelphia.

If the general practitioner cannot take the time to study the longer complete treatises on the ear, this work by Professor Gleason will prove very useful.

DOMESTIC ECONOMY. By Mary A. Spangler, M.E.L. Cloth, 262 pages. Published by the author at Canton, O.

A careful reading of this able and most charming work gives the impression that the title is not a very accurate indication of the contents of the book. It is really a philosophical consideration of woman's work in life, and its ethical and economical position as compared with other branches of work. It announces and clearly demonstrates some fundamental principles not heretofore generally recognized, the most prominent of which being that woman, in her domestic employment, is most decidedly a producer—a manufacturer—and as such her work should be recognized, properly recompensed, and, so far as possible, placed under proper economic conditions as regards improved machinery and motive power and wholesale production. Truly, a recognition of this principle will give us another distinct step on the road from barbarism toward civilization. Mrs. Spangler is to be congratulated for the brave words she has uttered. The chapter on "Co operative Housekeeping" is, in our opinion, the best one in the book. We take the liberty of adding the following quotation from the work:

"The doctrine that a temperate, chaste, and pure life, both before and after marriage, is essential, will, in course of time, be universally taught, and, as understood and obeyed, will point as a beacon light to the tree of life, whose leaves shall heal the nations."

HOME TREATMENT OF CATARRHS AND COLDS. By Leonard A. Dessar, M.D. Cloth, 118 pages. Published by the Home Series Publishing Company, New York.

This is a work giving, for the use of the laity, the methods of treatment current with the members of the profession who have given considerable attention to the diseases under consideration.

PHYSICIAN'S VISITING LIST, 1894-5. Sent free by Antikamnia Chemical Co., St. Louis, Mo.

"AN INTRA MURAL VIEW," a very artistic brochure, has been received from The Curtis Publishing Company, Philadelphia, publishers of *The Ladies' Home Journal*.

As the title indicates, the booklet gives us glimpses of the interiors of the *Journal's* offices, and some idea of the work carried on there. The numerous illustrations, showing the commodious and well-fitted offices, and the accompanying text, giving us some insight into the work in the different bureaus, requiring a force approximating four hundred employees, indicate the wonderful success which *The Ladies' Home Journal* has achieved in an almost incredible short time. The first number was issued in December, 1883, so that less than eleven years have elapsed since Mr. Curtis conceived the idea which has developed into so vast an enterprise. In this short time its merit and steady improvements in all departments have received such recognition that its circulation has reached the enormous average of about 700,000—the largest magazine output in the world. The brochure also describes at

some length the work of printing and binding the *Journal*, which is carried on in a separate building. "An Intra-Mural View" will be sent to any one who will address The Curtis Publishing Co., and inclose four cents in stamps for postage.

WE WISH to congratulate our old friend, Dr. Sam. Cochran, upon the great beauty and evident success of his *Louisville Medical Monthly*. Send for a sample copy and you will be delighted.

Wit and Wisdom.

HAIK regards a majority of cases of perityphlitis as rheumatic or gouty, and claims excellent results from the use of salicylates.—*Kan. Med. Jour.*

BARE FEET ARE HEALTHY.

Many country people go barefooted during the hot season, not for the sake of health, but as a matter of economy. The effect is to give the pedal organs a chance to grow naturally, and at the same time to promote the health of the whole body. That it has its disadvantages cannot be denied—a thorn in the foot, a bruise now and then, are the results.

Going barefooted is coming more generally into vogue, not as a matter of economy, but for health's sake. It is found that the tender feet of those who never expose them to any hardship, but keep them housed all the year round, are direct causes of ill-health, of colds, of weakness of the eyes, and many other minor troubles. So, to remedy this, patients are advised to go barefooted a little while daily, in their rooms, in the yard, at the seaside for two or three hours when on the beach, and wherever they can without trouble. Those who cannot do it can take substitutes by washing the feet every night.—*Drug. Cir.*

PINEAPPLES IN DIPHTHERIA.

A Southern writer says, in regard to a severe case: "A ripe pineapple was gotten, and the juice expressed and given in teaspoonful doses, slowly. It seemed to clear the throat, swallowing was easier, and in a few hours the child was sleeping. Recovery followed. The pineapple was used in a number of cases subsequently, with success, in the same neighborhood, and the people think it better than medicine."

WHY do the combination granules of the Philadelphia Granule Company give such excellent results? Because they actually contain the full amount of the pure and active drugs called for on their labels. You cannot depend upon this, nor upon accurate subdivision, if you have the same prescriptions put up at the drug store. Besides that, they would cost you from five to ten times as much. Address, No. 10 South Eighteenth street.

[Written for THE MEDICAL WORLD.]

A Retrospect.

TO DR. J. H. Y. BY DR. J. J. R.

I.

I've had boils and carbuncles and felons as well,
And other ills to which flesh is prone—
Ock hone! Ock hone!

But they cannot compare—they're a mere bagatelle
To the horrible, terrible tale of woe
Of a single fistula in ano—
Ah no! Ah no!

II.

The doctor comes in so smiling and nice—
"A little incision only I'll make!"
Landsake! Landsake!
You're devilish lucky if three will suffice!
To brace yourself up a horn or two take;
The effect came for me an hour too late—
Too late! Too late!

III.

Should you have an enemy, don't wish him dead!
I know a more terrible doom by far,
Ha-ha! Tra-la!
To glut your revenge just wish him instead,
As the burden of your anathema,
A fistula! A fistula-la-la!
Brooklyn, N. Y., Aug., 1894.

CURE FOR SOFT CORNS.

A good treatment is said to be to bathe and dry the foot, and then paint the offending corn with a $\frac{1}{4}$ solution of silver nitrate, repeating this application every fourth or fifth day. In the meantime the toes should be kept apart by a pledget of cotton, smeared with a zinc-petrolatum ointment.—*Southern Clinic.*

SPECIAL diploma of honor and gold medal was awarded to Mellin's Food at the California Midwinter Exposition, 1894.

NOR satisfied with offering Maltine alone to the profession, which, by the way, is an article of the highest merit in its field, the Maltine Company have offered us many combinations—as Maltine with cascara, and many others, all highly useful. Now they come with a new one—Maltine with Coca Wine. Its value at once suggests itself to you. Seldom is one needed without the other. Too much alcohol has to be taken with the ordinary coca wine. Of this combination some one graphically says: "The coca boosts the patient, and the maltine furnishes the peg that prevents him from slipping back." See advertisement on page ii, and send for samples as there offered.

THE sulphate of aluminum is the new injection for gonorrhœa—one part to 500 or 1000 of distilled water.—*Kan. Med. Jour.*

THE Chloride of Silver Dry Cell Battery Company, Baltimore, Md., make an elegant and efficient Faradic battery, complete, for only \$20. Send for descriptive circular.

SEND to W. H. Schieffelin & Co., New York, N. Y., for pamphlets regarding the new chemical products.

SEND to Micajah & Co., Warren, Pa., for medicated Uterine Wafers.

TRY the Avena Morphine treatment prepared by B. Keith & Co., 75 William street, New York, N. Y.

THE Atlas Chemical Co., 216 Main street, Cincinnati, O., make a rheumatic preparation called Mexican Bear's-Claw Berry Lotion. Send for particulars.

RESTORATION OF HARDENED RUBBER.

Rubber goods which have become hardened by age may be restored to almost the original softness by

simply soaking in a water of ammonia, diluted with twice its bulk of fresh water, and that this does not injure the rubber in any way, and restores the elasticity. Usually, soaking from ten minutes to half an hour is quite sufficient. After drying, the whiteness may be restored by dusting well with chalk or kaolin.

HABITUAL MISCARRIAGE.

Dr. Rasquinet, Jupile, near Liege, Belgium, says: "I tried Aletris Cordial in the case of a woman who had had several miscarriages at the end of five months, and who is now again pregnant, having reached the seventh month. Thanks to Aletris Cordial."

FOR the treatment of Hernia, write to the Herno-sine Chemical Co., Rochester, Mich.

THE Elixir Six Iodides is prepared by the Walker-Green Pharmacal Co., Kansas City, Mo.

THIS is the season for whooping cough. Send \$1 for a box of Pertussis Tablets, to Dr. W. H. Walling, 1606 Green street, Philadelphia.

ATROPINE, the active principle, is more efficacious than the tincture of belladonna, but the trouble is to dispense it accurately in the exceedingly small doses required. Send 10 cts. to the Phila. Granule Co., No. 10 South 18th St., Philadelphia, Pa., for 100 (or 65 cts. for 1000) of their elegant, accurate and economical granules of atropine. After using these you will never again go back to the crude preparations.

DEAL with I. Phillips, 69½ Whitehall street, Atlanta, Ga., for cut rates in surgical instruments.

THE belief is becoming more general among physicians that tuberculosis is a non inheritable disease.—*Kan. Med. Jour.*

FLUID Extract of Kola is a valuable tonic stimulant, indicated in nervous depression. Unfortunately, however, it is acrid and bitter in taste, and taken in this form is decidedly unpalatable. Messrs. Frederick Stearns & Co., of Detroit, Mich., have devised a compound which they call "Stearns' Kola Cordial," which is one-fourth the strength of the Fluid Extract, each fluidounce representing 120 grains of Kola, but is free from the acrid bitterness of the drug. It possesses the agreeable odor and characteristic taste of true Kola, and as a stimulant is prompt and active.

Physicians desiring to test this new product will be forwarded sufficient samples for clinical test on request.

FOR the antiseptic treatment of Hernia, address the Sthavara Co., 1224 Betz Building, Philadelphia.

See advertisement of Litmus Pencil. It will detect one part of acid or alkali to 100,000 parts of the fluid tested, while ordinary litmus paper will detect only in the proportion of one part to about 1400.

Will last perhaps a lifetime; always at hand and convenient.

See forms for prescription blanks, bill-heads, etc., in "The Physician as a Business Man." It is important that the physician have good printed matter. Wm. Koehl, Erie, Pa., makes a specialty of physicians' printing. See his full page advertisement, page xix, *JULY WORLD*, and his smaller adv. this issue.

Every preventive of substitution is a safeguard to the physician and his patients. Antikamnia is now protected by a very ingenious device. A monogram is

impressed upon each tablet to insure its genuineness. See adv. in this issue.

METROBRHAGIA.

T. Henson Smith, L. R. C. P. & L. R. C. S. & L. M., Reddish Green, near Stockport, England, says:—"I have found the Aletris Cordial useful, chiefly in cases of irregular and difficult menstruations. In one case, a girl of twenty, who has been under my treatment a year with irregular and painful menstruation, I have been able to afford complete relief by giving the Aletris Cordial in teaspoonful doses, commencing about two days before the period, and during the time, of menstruation. I have also tried it in a case of dysmenorrhea, with migraines. The result has been to remove the dysmenorrhea and relieve the headache. I have found it beneficial in many uterine cases.

JOHN S. LYNCH, M.D., Professor Principles and Practice of Medicine, and Clinical Professor of Heart, Throat and Lungs in College of Physicians and Surgeons, writes:

"Dr. J. A. McArthur. My Dear Doctor:—I take this occasion to say that I used the Syrup of Hypophosphites, both in the in and out-patients' departments, and in all cases with very decided benefit. In every case emaciation was arrested, and in some there was a decided gain of flesh and strength, with a corresponding improvement in the cough and other symptoms.

"I now prescribe it habitually in my private practice, and always with benefit when the cases are properly selected."

CASCARA SAGRADA FOR THE ELIMINATION OF URIC ACID.

It seems to be the accepted opinion that the pathology of uric acid is more a matter of defective elimination than of excessive formation. Osler says:—"Certain symptoms arise in connection with defective food or tissue metabolism, more particularly of the nitrogenous elements; and this faulty metabolism, if long continued, may lead to gout, with uratic deposits in the joints, acute inflammations, and arterial and renal disease."

Not getting the desired results, I was led to drop all the so called antilithics, and rely simply and solely upon a single remedy—Cascara Sagrada. Repeated trials have convinced me that the faulty metabolism is more quickly remedied with this drug alone than with any other or combinations.

Mrs. G., aged 55, was for years subject to uric acid storms, and without getting relief. I exhibited the aromatic fluid extract Cascara made by Parke, Davis & Co., in ten to fifteen drop doses, two or three times daily, as demanded, finally settling down to one single dose at the close of the day. The effect was not at once apparent, but within two weeks there was marked amelioration of the aggravated symptoms, and in four weeks the swollen joints had almost resumed a normal appearance, the soreness having nearly disappeared. At this writing (two months having elapsed) there is no complaint whatever, but the remedy is continued. No change was made in the diet, as I desired to more fully test the remedy, and am fully satisfied that the good results were due solely to the Cascara. I have tried other brands of Cascara, but they have not been satisfactory, hence I have come to regard the fluid extract above alluded to as the only one upon which I can confidently rely. It never fails, hence my preference.—DR. W. H. WALLING, in the *Medical and Surgical Reporter*, July 14th, 1894.

HORSFORD'S Acid Phosphate is a standard tonic in nervous dyspepsia or exhaustion. Sample to physicians who will pay express charges. Rumford Chemical Works, Providence, R. I.

We have been acquainted with Horlick's Malted Milk since its introduction. We regard it as a valuable article. Samples to physicians. Horlick's Food Co., Racine, Wis.

MONTHLY PAYMENTS.

A physician in Missouri has this on his bill-heads and statements:

"We must have monthly payments, if we do your practice. If there is any mistake in this account, please call on us and we will cheerfully correct it."

WHEN you want to give iodine, give Hostalley's Syrup of Hydriodic Acid.

FEMALE EXTERNAL GENITAL ORGANS.

In the *N. Y. Jour. of Gyn. and Obstet.* for August, Dr. D. S. Lamb, of the Army Medical Museum, Washington, contributes a criticism on the current anatomical descriptions of the external genitals of woman. He finds that the external genitalia, including even the vagina itself, are not covered by mucous membrane, but by a modified skin. He also finds that the fourchette is formed by the labia minora.

THE Mellier Drug Company, of 2112 Lucas Place and 721 Locust street, St. Louis, appreciating the tendency towards a general decline in values, take the initiative with their Elliott Saddle-Bags, and, as will be seen by their advertisement, make the following very low prices:—Small, 24 vials, \$6.00; large, 80 vials, \$7.00, extra large, \$8. Upon receipt of price the Elliott Saddle-Bags will be delivered, charges prepaid, to the nearest express office.

FOR Biliousness, Jaundice, etc., use Peacock's Chionia.

FOR first class Trusses and woven fabric Supporters send to G. W. Flavell & Bro., 1005 Spring Garden St., Philadelphia.

SAMPLES of Syrupus Roborans and Peptic Essence to physicians who will pay charges. Address Arthur Peter & Co., Louisville, Ky.

PAT had a sore leg, and went to the doctor. After examining him the doctor said: "Your blood is bad; I must give you some pills."

"Pfwat good will that do, docthur?" asked Pat, "pfin the sore is below the ind of me bowel?"

THE family laxative is Syrup of Figs.

THE new nerve sedative, *Passiflora Incarnata*, is prepared by John B. Daniel, 34 Wall street, Atlanta, Ga.

OF A rich old man of Boston, Mass., it is said that he has reached the age of 83 years without ever having taken any medicine. It must not be thought, however, that he never called in medical men; on the contrary, he seems to have had recourse to his doctor whenever he had the slightest ailment. He had all the prescriptions religiously executed at the pharmacist's, only he never swallowed the drugs, but carefully

put them away in his cupboard. To-day he finds himself the possessor of a most original collection—1,900 bottles of sundry medicines, 1,370 boxes of various powders, and 870 boxes of pills.

FOR a Faradic Battery, gotten up on new lines, address Jerome Kidder Mfg Co., 820 Broadway, New York, N. Y.

TRY the treatment of gonorrhoea prepared by Charles L. Mitchell, M.D., 1016 Cherry street, Philadelphia.

CHRONIC CYSTITIS AND PROSTATIC ENLARGEMENT.

I have given *Sanmetto* a thorough trial in chronic cystitis with prostatic enlargement, and find it superior to all other remedies. It not only relaxes the spasmodic condition, but has a soothing effect on the mucous membranes of urethra and bladder. All my patients speak more favorably of *Sanmetto* than of any other remedy they have ever used.

Independence, Ky. T. T. METCALF, M.D.,

REMARKABLE USE OF BICARBONATE OF SODIUM.

Dr. Robert G. Feek, of Hamilton, N. Y., writes:—"William G—, who resides in the town of Dekalb, near Hamilton, St. Lawrence County, N. Y., was suffering from disease of the stomach about twenty-five years ago. He states that he spent all his earnings in doctoring till about twenty-one years ago, when he tried saleratus, which gave him relief. Since then he has used it constantly, and is now using the twenty-second hundred pounds. He carries it with him wherever he goes. He is sixty-one years of age, the father of eleven children, and does all the work of a farm of one hundred and ten acres, except an occasional extra help. He purchases his saleratus by the barrel. These statements are authentic, as inquiry will prove. The saleratus is taken in a dry state. At first it was taken in small quantities, but now in doses of one-half ounce, and to the quantity of over two pounds a week."—*Med. Rec.*

SEND for literature regarding Tri-Iodides and Three Chlorides, to Rens & Henry Pharmacal Co., Louisville, Ky.

SEND \$1.00 for sample and formula of Amlar's Tobacco Antidote, to F. H. Amlar, Jackson, Mich.

MAY 11th, 1898.

Cough and Constituent Tablets should be in the hands of every physician. I am still using Freligh's Tonic, and there is none better. The Cough Tablets will control cough when all else fails. Constituent Tablets do their work nicely and promptly. Am still using them in my own family with best results. Prescribe Cough Tablets every day.

Class of 1874.

MASON V. HUNT, M.D.

STALE bread is much more healthy than fresh bread. Fresh bread is more palatable, but when chewed it becomes doughy, is rolled up in a ball, which enters the stomach coated over with a glairy mucus, and is very difficult for the stomach juices to penetrate.—*Kan. Med. Jour.*

SICK persons, particularly, should be kept clean inside and out. Agents should be used that will render the juices of the body aseptic internally by destroying

(Continued on next leaf.)

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

PUBLISHED MONTHLY, by C. F. TAYLOR, M. D.

C. F. TAYLOR, M. D.,
J. J. TAYLOR, M. D., } EDITORS.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid invariably in advance.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Pay no money to agents for this journal unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1520 Chestnut Street,

PHILADELPHIA, PA.

Vol. XII DECEMBER, 1894. No. 12.

The year has rolled around again, and with this issue thousands of subscriptions for this publication expire. The notice, "Your subscription expires with this number," will be found stamped on the front cover of the last issue for which you have paid. Has THE MEDICAL WORLD been worth its price to you during the past year? Do you think it will be worth its price to you during the coming year? If so, please don't procrastinate. If you wish to economize, send \$3 for four years; if times are pinching you unusually hard, send 25 cents or 50 cents (stamps will do) for three or six months, until it will be convenient for you to send the \$1 or \$3, and thus avoid missing any of the numbers. If you are too busy to send it yourself, hand the money to your postmaster, stating that you are an old subscriber, and he will send it for you. It will be easier for you to do it to-day than to-morrow.

The Typhoid State.

In the progress of a case of typhoid fever, when the intestinal ulcers are discharging their products into the bowel, to be from there absorbed and carried into the circulation, a condition of the patient develops known as the "typhoid state." It is characterized, in its typical form, by extreme debility; low, muttering delirium; dry, brown or blackish diminished tongue; dry, cracked lips; sordes on the teeth; weak, fluttering pulse; loss of control of urine and feces; impairment of speech and deglutition; muscular trembling and twitching; picking at the bed clothes or imaginary objects; breathing shallow and frequent; blunting of the special senses, as manifested by dimness of vision, slight deafness, and impaired taste and smell; capillary congestion and stagnation of the venous circulation, leading to low grades of superficial inflammation and the formation of bed-sores; loss of muscular control, allowing the patient to constantly sink towards the foot of the bed. In many cases this extreme development does not occur, a much milder form being observed.

Until recent developments in pathology were made, the cause of this condition was not known, although the clinical fact was well recognized. It was formerly taught that the cause was the long continuance of high temperature. Now it is conceded that the cause of the phenomena of the typhoid condition (as also of the prolonged high fever itself) is found in a profound poisoning of the central nervous system by the ptomaines or "anti-toxines" developed by the disease germs at the seat of their activity, and carried throughout the system by the blood. These ptomaines are the products of the life-processes of the specific disease germs, and are destined in time, if they do not kill the patient, to destroy the germs themselves. The germs of each one of the infectious diseases manufacture a ptomaine peculiar to themselves,

which is poisonous alike to the patient and to the germs. If the patient successfully resists the poisoning, he recovers.

This constitutes the "self-limiting" nature of the disease, and explains why we do not, even without treatment, go on having typhoid fever, small-pox, or any one of those diseases forever, or until death ensues, when once we contract it. This shows, also, the principle upon which we hope some time to be able to fight these diseases with their own weapons, so to speak, and to finally exterminate them, somewhat as Jenner laid down the lines in small-pox, Pasteur in rabies, and Behring, Aronson, Roux and others are now endeavoring to do in diphtheria.

The typhoid state was so named because it finds its most complete development, its typical expression, in that specific intestinal ulceration called typhoid fever, and constitutes almost a certain phase of that disease.

However, it is a fact which is too often overlooked, that it may also occur in many other diseases. Taking a view of the cause of the condition, as stated above, we can readily see that it may occur in any acute inflammatory affection in which the ptomaines found in the products of inflammation, not readily escaping from the system, are absorbed into the circulation in sufficient quantities to overwhelm the nervous system. The previous debility of the patient is a predisposing factor in the causation of this condition.

Thus we may have the typhoid state developing in typhus fever, in severe cases of malarial fever, pneumonia, meningitis, enteritis, dysentery, erysipelas, small pox, hepatitis, pleurisy, peritonitis, nephritis, cystitis, and, in short, wherever there is inflammation of such area and intensity, as to produce poisonous products sufficient, being absorbed, to seriously impress the vitality of the patient.

It is a confusing mistake to call the disease "typhoid" this and "typho" that, as if it had changed into a different disease. It is better to say that it is the disease in question with the development of the "typhoid state," or state of acute anti-toxine poisoning of the system. Of course, the coincidence may occur, although it is extremely rare, that a person may become in-

fectured with true typhoid fever germs while sick with some other acute disease.

Then let us study our cases of acute inflammatory fevers over again, always with a view to the possible development of the typhoid condition.

This brings us to a consideration of the prevention and treatment of this condition.

The diseases in which the typhoid state is likely to develop should be treated somewhat along the following lines:

1. The seat of the inflammation should be cleansed and disinfected, if it should be in a location that can be reached by appropriate cleansing antiseptic agents.

2. The fever and inflammation should be reduced and kept as low as possible. This may be done by the suitable employment of water and by the defervescent remedies, aconite, veratrum, digitalis, nux vomica (represented best by their respective alkaloids) and other drugs. Phosphorus is an excellent drug to use in supporting any fever treatment.

3. The eliminating organs must be kept freely at work.

4. A good antiseptic agent should be administered to counteract the poison in the circulation. For this purpose the hypo-sulphites and the sulphides (especially sulphide of calcium) are eminently useful. Chloral is an excellent drug for this purpose in cases where its sleep-producing property and its effect upon the heart are not contra-indicated. The antiseptic spices, as cinnamon, and the balsamic oils, are often useful in this connection. Alcohol is valuable for this purpose, wherever a better drug cannot be found. Quinine is frequently used for this indication.

5. The system may have to be strengthened and stimulated for a time, to enable it to eliminate the poison as fast as developed. Nutrition should be constantly and carefully attended to. Suitable tonics and stimulants, as arseniate of strychnine, quinine, iron, the mineral acids, etc., should be employed. Baptisia and atropine are often serviceable. Other means of treatment will suggest themselves to the ingenuity of the physician, according to the circumstances of each case.

The purpose of this article will be served if it will lead the reader to anticipate the possible danger of this state in all such cases, and to so manage his cases as to prevent, as far as possible, its development.

Accuracy in Disease Nomenclature.

Most things are given a name while our knowledge of them is yet imperfect. In regard to a disease, the name is generally derived from the most prominent and obvious symptom, regardless of what may be its true nature or cause, as subsequently revealed by scientific pathology. Thus, for example, we have cholera, derived from the Greek, "*cholas*, the bowels, and "*rrheo*, to flow"; literally, "a flowing from the bowels." Not a scientific cognomen, surely, and yet, up to the present time this name is about as good as any that could be given it; for, although the "flow from the bowels" is only an incident of the disease, it is by far the most obvious and prominent one, and may well serve as the name until pathologists have finally settled their controversy (now, we hope, so nearly settled) and have established beyond dispute the true and constant cause as well as the essential nature of the disease.

Typhoid fever affords another excellent example. Its name, given in an earlier period of medical history, simply means "resembling typhus." Now, that we have demonstrated its essential character, an ulceration of that portion of the intestinal tract known as Peyer's patches, and its specific cause, the typhoid bacillus, we are prepared to give it a more accurate name—one that will present within itself a true picture of the disease. This should always be the aim of medical nomenclature, as it facilitates accuracy of thought and efficiency in treatment. The habit, especially, of naming diseases and symptoms after the men who first demonstrated them should be discontinued. Due credit may be given by a brief paragraph of history in the consideration of the disease in works on practice. There should be a careful revision of disease nomenclature every decade by a competent committee, establishing accurate scientific names as soon as the progress of the science will justify it.

Hydrophobia in Alabama.

Dr. D. L. Wilkinson, of Prattville, Ala., recently made a very thorough investigation in regard to the prevalence of rabies in that State, publishing the results of the investigation in the *Ala. Med. and Surg. Age*. The investigation disclosed the fact that there is a great and increasing prevalence of the disease in the State—the death of twenty-nine human beings and a large number of domestic animals within a comparatively recent time being reported. The treatment by morphine, chloral and chloroform, proved, of course, of no avail. One case, treated with McDade's tincture as a prophylactic, did not contract the disease. Immediate cauterization with nitrate of silver is reported to have saved two cases. In the case of one child the incubation period was reported as only ten days. In the case of another child it was 182 days. In one case—that of a man twenty-one years old—the mad-stone proved a complete failure. Dr. J. E. Wilkinson, of Autauga County, relates the following symptoms in animals affected:

"The horse died with symptoms of blind staggers. The cows fought everything, pawed the earth, ran against fences, hooked trees and everything in reach. The hogs bit fence-rails, sticks, and everything thrust at them. Both hogs and cows were very restless prior to the attack. All food was refused. Water aggravated the symptoms. There was no fever or eruption, and no immoderate action of either liver or kidneys. The salivary glands secreted profusely. Convulsions, resembling strychnine poisoning, ensued shortly before death."

A hog rooted up one of the cows that was buried, and in twelve days died of rabies. The milk of cows, used up to the time of taking the disease, had no bad effect on those using it.

The theory of the manner of perpetuating the disease, advanced by us in October *WORLD*, page 381—wild animals in their hidden dens being the foci of recurrent infection—is apparently borne out by the history of rabies in Alabama. Methods of stamping out the disease, quite similar to those advised in our article in September *WORLD*, are recommended.

As we go to press earlier than usual this month, a great many interesting articles are necessarily held over until next issue.

Original Communications.

Short articles on the treatment of diseases, and experiences with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Affections of the Breast.—Replies to Inquiries.— Atrophy of the Penis.

Editor MEDICAL WORLD:—Watch the beginnings of disease, especially when the female breast is concerned. A young lady, just over her first confinement, applied to me for a small, tender lump in the right breast, in the gland tissue below the nipple. There was also soreness of the nipple, and pain throughout the gland when nursing. I believe there was a tendency to plastic inflammation of the milk ducts, increased by the afflux of blood occasioned by the "draught." I covered the lump with a bit of belladonna plaster, applied silver nitrate, five grains to the ounce of distilled water, to the nipple, and had the breast gently rubbed every day with warm oil, containing biniodide of mercury, five grains to the ounce. Internally she took two grains of quinine sulphate and a teaspoonful of Hostelley's syrup hydriodic acid three times daily. She got well slowly, the lump being still perceptible in three weeks, but entirely gone in two more.

Would this have developed into an abscess? I think so, as the skin over the tumor was red, and presented the appearance of approaching suppuration. In another case of sore nipples instant relief followed the application of bismuth subnitrate, mixed with water to a creamy consistency. Pencilling the cracks with tincture of benzoin is also effectual at times. The inflamed nipple should be kept clean, protected and supported. The child's mouth should be examined, and aphthous spots cured. The half shell of an English walnut is a good shield to keep the clothes from rubbing the sensitive nipple.

A woman came to me once with a scirrhous cancer on the right breast, several inches above the nipple, and entirely disconnected with the gland. She attributed it to the pressure of a dentist's elbow in extracting a tooth. The sore-

ness occasioned by this pressure was felt for a long time, and gradually the tumor appeared. I removed the tumor, but the disease reappeared in the scar.

Another woman had scirrhous of the right breast, involving the gland. The operation was very bloody, many ligatures being required for the vessels. The disease reappeared, and I was preparing for a second operation, when an injudicious visitor informed the patient her disease was cancer. That dread word killed her. She became delirious, took to her bed, and died in a week. At her death she was fat and full-blooded, the disease had not attacked any vital organ, and she was not exhausted by pain, loss of sleep, or innutrition. What killed her? Fright.

Another case: A lady, about twenty-four years old, full-blooded, as so many cancer patients are (indeed, Broadbent attributes cancer to the too free use of meat, generating a special and undue power in the epithelium, which grows in instead of out, crowds upon and chokes the weaker tissues underneath, reaches the lymphatics, and travels along these channels to the lymphatic glands. Here the hyperplastic epithelial cell establishes itself, nests, grows, and a cancer is developed). Well, this lady had two large masses in the right breast. I removed the whole organ, the tumors involving the gland substance deeply. The wound was dressed and sealed up antiseptically. At the usual time I opened the dressings, and union was perfect. Two days later the breasts swelled, the scar gave way at one point, and opened; bleeding set in, and continued four days, until menstruation began. Through the opening suppurative bacteria penetrated, converting the whole inner wound into an abscess cavity. This was washed out with Marchand's peroxide of hydrogen, the wound closed by compresses and bandages, and the suppuration soon healed. All went well until the next menstrual period occurred, when the breasts again swelled. By this time I had learned that similar phenomena had occurred at previous menstrual periods, even habitually. Strong emmenagogues were given, and the congestion of the breasts subsided. This appears to me to be a true case of vicarious menstruation, and I have not been able to find another instance of such an incident occurring just in time to spoil a beautiful operation for removal of the breast. Without it I believe there would have been not a drop of pus.

Two years have elapsed without a return of the cancer.

Is there any foundation for the belief that tomato eating causes cancer? That excess in meat eating does, I am convinced; and that it

does so by stimulating the epithelium unduly. For some persons suffer an eruption of itching tubercles or papules on the skin when they take too much meat or milk. Others suffer in this way from shell fish, and I have had more than one case of eczema that would not be cured until the patient quit the use of tomatoes, and reappeared whenever he ate them again. If the skin can be irritated into eczema, lichen or urticaria by such foods, why may not the irritation in other cases be such as to affect the epithelium, and cause that hyperplastic ingrowth of its cells that constitutes cancer? At any rate, people who find that tomatoes irritate their skins would better not eat them; and the same caution holds good as to other foods.

This question as to the epithelial origin of cancer is of great importance in operating. In my first case quoted you will see that there was absolutely no connection with the gland in the first tumor, or in the second forming after the removal of the first. When cancer reappears after removal, it is in the scar, in the lymphatic glands, or in nodules under the skin near the scar. The late S. W. Gross was accustomed to examine the chest carefully, and mark with ink every nodule he could detect. In operating, he carried his incision outside of every such mark, and removed all the nodules and the skin covering them, allowing the wound to heal by granulation.

It is a good method, and I have had fewer returns of the disease after this operation than after any other. When the skin is lifted, however, is the time to search for nodules, as many can then be found that cannot be felt through the skin. If this be done, and the axilla examined from the inside, the results of the removal are quite favorable, more than one-half the cases being permanently cured by a single operation.

Recently I have had a number of cases that present an apparent atrophy of the penis. The organ, when erect, has its usual volume, and is capable of performing its functions satisfactorily, but when flaccid is smaller than previously. In fact, more than one man has told me he feared it would disappear altogether. In each case there was a diminution of sexual appetite, and of the sensation during the orgasm. One man said there was no longer any pleasurable sensation. I have not found any constant pathological condition present in all the cases; but, like angina pectoris, it seems to accompany any affection of the organs. For instance, I have noted this atrophic condition accompanying varicocele, urethral stricture, long prepuce, enlarged prostate, disease of the prostatic urethra, atrophy of the testicles, and cystitis. My first thought was

that the atrophy was the result of diminished use as this appeared to precede the atrophy in the first case. But why does not hypertrophy follow the inordinate exercise of this organ? I think the lessened use of the organ is an effect, and not a cause, of the atrophy. The worst thing about these cases is, that instead of having the faulty condition set right by a little surgical treatment, these men are apt to resort to sexual stimulants—a most pernicious class of medicaments, that ought to be ruled out of medical practice.

"Subscriber" (page 313) wants a remedy for flushes at the menopause, and their cause. Remedy: macrotin, gr. ss, three to six times a day. Cause: the difficulty of re-establishing an equilibrium in the circulation, after the system has been many years accustomed to the monthly flow.

Dr. Blount, I understand (page 413), wants a remedy for shaking palsy. Doctor, if you find one, let us know of it. Try rubbing with hot goose-grease, daily.

Dr. Kernodle (page 413) should strap his patient's leg to support the ulcer; apply iodiform ointment if tender; if not, apply bovine, on a bit of absorbent cotton, keeping the ulcer constantly wet with it. For the gastralgie case, give subcarbonate of iron, 10 to 20 grains, three times a day, with a dram of epsom salts every third morning, in a pint of cold water, on first arising.

Dr. Boor's case (page 413) may have dropsy, when the abdomen will be dull on percussion. If so, test the urine for albumen; give milk diet, acetate of potassium and benzoic acid. If not, it is hepatic, and tapping will be necessary. The umbilicus will then project. If, however, the abdomen be tympanitic on percussion, the remedies are carminatives.

Dr. Forman (page 414) may find a contracted anal sphincter in his patient's case. Dilate by introducing the finger.

Dr. Bismarck (page 414) would find small doses of podophyllin, gr. $\frac{1}{2}$, twice daily, of value, especially if he would keep to a diet of hot skimmed milk for a week, and avoid taking cold or too much exercise. About 20 grains sulpho-carbolate of zinc per diem would be a good adjuvant.

I am writing this letter, not in my Chicago home, but sitting in Dr. Taylor's charming residence in Philadelphia, shadowed, alas, by the recent death of his lovely wife. During the week I have been attending the courts as a witness in a railway case, where some of the first medical men of this city are arrayed on either side. I have felt strongly how wise it would be if our students could attend such trials, and see

what a terror is the witness stand to the ignorant, and how easy to the well-informed.

The chilly rains of the last two days seem to have developed an epidemic of coughs. Had I the space I would like to write a chapter on coughs, their varieties, meanings and treatment; why opium helps one and makes another worse, etc., etc. But, as Rudyard Kipling says, that is another story, and my friend, the editor, says it must wait till next month. Why not have a symposium, then, on cough, and each of us contribute his favorite methods of treatment?

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Danger in Milk and Its Products.

Editor MEDICAL WORLD:—Milk and milk products are in very general use in all civilized countries. Milk is considered the type of a perfect food, containing, as it does, all the proximate principles necessary for the growth and sustenance of the human body. Infants are raised on it, and it is the basis of many prepared infant foods, whose strongest claims are that they are nearly identical with the standard average of mother's milk. Probably no one article of diet is more frequently prescribed for invalids by physicians than milk in some form. Good milk, pure milk, cannot be too highly recommended.

But current events remind us not infrequently that impure milk and its products are sources of disease, and sometimes the cause of death.

It may not be unprofitable to consider some of the elements of danger.

And first, as to the cow. Tuberculosis in cattle is widely prevalent. It occurs most frequently, perhaps, in thoroughbred cows, due, probably, to in-and-in breeding, or too much housing and pampering. During the past year many choice herds of blooded cattle in this State have been examined by official inspectors, condemned and slaughtered, because they were infected with tuberculosis. Even with the most careful official scrutiny, milk from tuberculous cows has been delivered to innocent customers for family use, and for the feeding of young children. Within the past month a well-known milk company, that derives part of its supply from Orange County, in this State—a county with a world-wide reputation for its dairy products—discovered that milk from tuberculous herds was being delivered at one of its stations.

While the high reputation of this company is a guaranty that the impure milk was detected and rejected at the earliest possible moment, there is

good reason for closely scrutinizing the product supplied by less watchful and less scrupulous purveyors.

That tuberculosis in cattle may be conveyed by milk and beef to human beings, is too well established to admit of a doubt. It has been said that in some countries, and among certain sects, where meat and milk are not used, there is no trace of tuberculosis among such people. I am unable to verify this, but I think it is possible, if not highly probable.

A well-authenticated case of tubercular transmission occurred recently, not far from New York City.

A few months since a grandchild of the late Rev. Henry Ward Beecher died from tubercular meningitis. The diagnosis was beyond doubt, but the cause or source of the disease was not evident. No probable cause presented itself to the attending physicians. The parents were healthy, the surroundings excellent. So carefully had the child been reared, that, among other precautions, a thoroughbred and costly cow had been purchased to furnish the supply of milk for the family. Finally, the attention of the physicians was turned towards the source of the milk supply. The family cow was apparently healthy, but a veterinarian was called, and on examination it was conclusively proved that the choice cow had tuberculosis, and that, beyond doubt, she was the cause of the illness and death of the child. Not every case can be so directly traced to its source, but the lesson from this one indicates that, beyond doubt, there have been many such.

Having good, healthy cows, the next thing is to see that the stables and surroundings, persons and utensils, are always scrupulously clean.

The ideal rosy-cheeked, tripping milkmaid, with white cap and apron, is found chiefly in poetry and painting. The actual milkmaid is more likely to be a son of Erin, or of the sod, who smokes his dhudeen while he pulls the taps of the waiting kine, and mingles his tobacco-smoke with the lacteal fluid. Should the cow be clean and the pail clean, the usual process of straining is little more than a formality. Unfortunately, however, many stables, yards and cows are filthy beyond description. Chunks of manure and sodden straws drop from the cows into the milk-pails, making a mild infusion of manure—a sort of lactate of feces. Straining will remove the coarser particles, but the product is not pleasant to contemplate as an article of diet for delicate stomachs.

Nor is the odor of such stables suggestive of the classical "sweet breath of the kine." It soon makes the uninitiated long for a breath of

fresh air. In this aroma, so pungent and penetrating, the milk can hardly escape being affected.

Now, this picture of dairy-stables and surroundings is strictly within the lines of truth, although it almost causes one's gorge to rise at the thought of it.

If this be true of a proportion of country and dry-feed dairies, how infinitely worse are the swill-milk stables, where cows are stall-fed on brewers' grains, until the cows become a mass of toothless, stump-tailed rottenness. Swill-milk feeding has been somewhat diminished since the notable crusades of the illustrated papers some years ago, but it is by no means totally suppressed.

On the outskirts of this city, in a land-locked basin, stands an old ramshackle cow stable, beside a nasty, stinking pond-hole, that takes the drainage from the stables and other buildings. Here, in warm weather, may be seen the cows up to their bellies in the liquid filth, fighting their natural enemies, the flies. The deadly odor from this abominable place is only too apparent a quarter of a mile away.

Near the barn stand fancy-painted milk wagons, bearing the legend, "Pure Orange County Milk." How fortunate those families that can get "one cow's milk" from this choice dairy, on which to rear the infant struggling with dentition, cholera infantum and marasmus!!

That typhoid fever is conveyed in milk is only of too common occurrence. Among recent outbreaks of this kind were those at Barnegat Bay, and Montclair, N. J.

In Montclair more than a hundred persons had typhoid from milk that came from a single dairy, and there were many deaths. If I remember rightly, the owner of the dairy himself also fell a victim to the disease.

Before the epidemic was recognized, in one family of my acquaintance several members appeared to suffer from a sort of ill-defined malaria. Partly of their own accord, and partly by the doctor's advice, they refrained somewhat from the ordinary table-food, and lived chiefly upon milk diet, as better suited to their ailing condition. This proved to be particularly unfortunate, as the more milk they used from the infected dairy, the more typhoid germs they took into their systems, for the infected milk was the cause and the aggravation of their illness. Of this family five members had typhoid fever, and three died.

How susceptible milk or cream is to putrefaction or chemical changes, is shown by the cases of wholesale poisoning by ice cream, that are of no unusual occurrence. For a long time these sudden cases of illness following picnics

and festivals were ascribed to intentional poisoning by evil-minded persons. Sometimes it was believed that the poison came in the vanilla or other flavoring extract used in the manufacture of the cream.

Finally, however, the true nature of the changes leading to the production of the ptomaine, tyrotoxinon, was definitely determined by Prof. Vaughn.

This poison is possible also in butter and cheese.

That cheese may carry the germs of diphtheria has been very recently shown by the discovery by Dr. Beebe, of New York, in a consignment of cheeses from a creamery in the interior of this State. The explanation is that a farmer, who supplied milk from which the cheese was made, had a case of diphtheria in his family. After mingling with the affected persons he milked his cows, and through him the germs of the contagion were communicated to the milk, and none of the processes of cheese-making serving to eliminate them, they appeared in the ultimate product—the cheese.

Butter may likewise be infected with various disease-germs, either by being the product of tuberculous cows, by exposure as milk or cream, in the processes of butter-making, or even by unclean storage after it is made.

It is highly probable that many germ-diseases of obscure origin have been disseminated through milk and its products. The sources and modes of conveyance of the diseases have been so remote, so subtle and unsuspected, as to escape detection, and thus, doubtless, has arisen the idea that certain communicable diseases, as scarlatina, diphtheria, typhoid, etc., have originated *de novo*—have resulted without a specific cause—a germ disease, without the essential-producing germs. The failure has been in properly tracing such diseases to their real source.

The aim of this cursory resumé of this subject is not to discountenance the proper use of wholesome dairy products. If I could, I would first reach the dairyman, and urge him to be wise, careful and discriminating, in even the smallest particular relating to milk, butter and cheese. I would arouse the consumer to the vital importance of knowing the source of his dairy-products, how manipulated, in what condition they are presented for consumption.

Last, but not least, it is the duty which physicians owe to their patients, to make themselves familiar with all the varying phases of this subject, and when milk is directed as an article of diet, to insist upon its coming from a pure source, properly handled, and properly prepared for infants and invalids.

Brooklyn, N. Y. BENJ. EDSON, M. D.

University of Pennsylvania Notes.

(Reported expressly for THE MEDICAL WORLD)

Dr. Pepper insists upon a very guarded prognosis as to duration in gastric cancer, citing numerous cases terminating in two months, others lasting five years and over. The frequent rallying from what seems imminent death is explained by the sloughing of the cancerous mass and its passage into the intestine—thus freeing the pylorus, and being followed by temporary relief and improvement only to be succeeded by fresh growth and obstruction.

Sulpho-carbolate of zinc is now named frequently in the lectures.

Dr. Hirst says that any one should be able to make a diagnosis in cases of extra-uterine pregnancy before rupture of the gestation sac, as follows:

1. An exquisitely tender tumor usually fixed in Douglas' pouch.
2. Patient gives history of regular menstruation for a time, followed by irregular flows or even entire cessation. This is followed by free or even constant bleeding.
3. This bleeding is accompanied by the passage *per vaginam* of lumps of uterine decidua, always described by the patient as lumps of flesh.
4. The fixation is due to inflammation before the presence of serious symptoms, and the doughy feel is pathognomonic when found.
5. Constant pain in the groin should put the physician on guard at once, and a thorough examination can not fail to reveal the condition.

Dr. Ashhurst says an operation should immediately follow the diagnosis of glaucoma.

Dr. Penrose seals the wound in laparotomy cases with aseptic gauze and celloidin, followed by the regulation-aseptic dressing and bandage.

To the three causative factors of pachymeningitis, Dr. Wood adds that of gout. That is, sunstroke, traumatism syphillis and gout.

In making autopsies, Dr. Cattell suggests that parties (including "our good friend, the undertaker") except those immediately engaged in the work of the post mortem, should be excluded from the room.

Dr. Ashhurst says no splints are so good as the old reliable thin wood with plenty of cotton and bandages. The results from these are better than results from the elaborate apparatus of the shops, besides, they can be procured at any home.

Dr. Penrose objects strongly to the use of tents at any time, but says if practitioners will use them, that the tupelo should be selected and subjected to thorough sterilization before use.

In spite of the Hyderabad Commission, Dr. Wood reiterates the statement that ether does kill by stoppage of respiration.

The death of Prof. Goodell was sincerely mourned by both faculty and students. The students marched in a body, with uncovered heads, in the rear of the funeral cortege to the grave.

But one University man failed in the recent Pennsylvania State Board examination.

Dr. Dubring says that the man who understands eczema, understands for practical purposes, dermatology.

The alcohol, chloroform and ether mixture, (A C E mixture), is declared by Dr. Wood to be an "abomination of abominations," because you are never sure of the composition of the vapor you are administering.

The Allis inhaler for anesthetics is used in all operations at the University.

Dr. J. W. White asserts that a positive diagnosis of chancre can not always be made without the aid of confrontation.

Replies to Some November Queries.

Editor MEDICAL WORLD:—The case mentioned by Dr. J. F. Blount, of Evansville, Ind., in the November WORLD, of a man of forty-five with a shaking right arm, that the patient himself believed to be due to overwork, is so meagre in detail that the disease cannot be classified. It may be a case of paralysis agitans. If the Doctor will look up this affection he may find what he wants. It may be an occupation neurosis. It may be due to any one of a number of local causes in the brachial plexus, or in the cord, or even in the brain. He will probably do his patient little good without judicious galvanism three times weekly. To this should be added good tonic treatment. Sleep should be insured by appropriate remedies. I would also suggest to the Doctor that he study his patient very carefully, and note whether there is commencing tremor in other parts of the body, and also to learn the exact muscle groups affected, from which he can learn the nervous origin. The sensibility of the skin must also be noted.

Dr. J. D. Kernodle, of Clarkson, Ok. Ter., desires to know a good treatment for a large chronic leg ulcer. I would suggest a daily five per cent. carbolic acid washing, and the wearing of a Martin's pure rubber bandage all the time that she is out of bed. To this local stimulating and supporting treatment should be added as much rest as possible, tonics, and the securing of free elimination. The Doctor's gastralgia case has periodicity. Is this connected with the menses?

Iron and small doses of the bichloride of mercury after meals, should help the anemia. The gastralgia and belching of gas are perhaps due to a removable cause. If not, or if this cannot be found, I would suggest $\frac{1}{2}$ grain doses of the extract of nux vomica and ten grains of charcoal after meals. To this might be added some good artificial digestant.

The above correspondents give very few data upon which to return advice. Peculiarities of soil and climate should be given, especially if the neighborhood be malarial.

The free and easy correspondence of THE WORLD gives it a family appearance, exemplifying fraternalism in medicine. I am glad to be one of you, and only regret that I came so late.

A. H. P. LEUF, M.D.,

2353 N. 17th st., Philadelphia.

Cold Water Treatment of Scarlet Fever.

EDITOR MEDICAL WORLD:—I have read with great interest letters from Doctors McAllister, Reynolds and Bishop with regard to the cold water treatment of scarlet fever. Of course, we all use it with benefit externally and internally, but we feel very reluctant to go so far as in the case narrated by Dr. Reynolds. The result justified the means; if, however, the patient had died, the doctor would have had the credit of killing her. I had a case in my own family about twenty-five years ago which came out all right, but unfortunately I could not claim any credit for the happy result. In the month of December and very cold I had two little children, the cook and nursemaid, and my groom, a lad of eighteen or so, down with scarlet fever, and it is of the last mentioned I wish to write. One day I had been away since morning on horseback, and came home dead tired about 7 P. M. I opened the stable-door, let the horse go in, and then hastened to see my sick folks. As I passed through the kitchen, the lad got up from the sofa, and seeing me so thoroughly done out, asked me to let him go and look after the horse. I, of course, forbade him, for he was then as red as a lobster, with sore throat and all the accompaniments of the disease. After satisfying my anxiety about the sick ones, I started for the stable, when I heard a voice calling "Doctor, doctor." I saw that the boy and lantern were missing, and it flashed into my mind that he had set the barn on fire. I rushed out there, when I heard the voice, much muffled, behind me. This is what had happened. Going to the well with pole and bucket, the curb being thick with ice, he had slipped in, and was in fifteen feet of ice-cold water, holding on with hands and toes, and only his head out of water. I hustled down, grabbed him by the

hair, pulled him up and dragged him indoors. Then made a rousing fire in the stove, rubbed him until he began to get warm, administered a glass of hot toddy, wrapped him in hot blankets, got him to bed, and watched him with fear and trembling all night. Next morning I found the rash all gone, no sore throat; to all appearance fit for work.

He did go to work in about a week, as there was no desquamation. I have had lots of cases of fever since that time, and have lost some valuable lives by that dreadful disease, and many times I have been tempted to try the cold water in an equally heroic manner, but had not the courage of my convictions.

AUGUSTUS ROBINSON, M.D.,

Annapolis Royal, Nova Scotia.

Death from Swallowing a Piece of Glass which Lodged in the Esophagus.

EDITOR MEDICAL WORLD:—I was called in consultation, Monday, September 24th, last, about 9 A. M., to see Miss A., age between 15 and 16 years, and found her restless, pale and no pulse at wrist. She died in a few minutes. I obtained the following history from her parents:

A year ago last August, she attended a picnic and while opening a glass sealer containing tomatoes, it was accidentally broken in several fragments. She partook of the tomatoes and in some unaccountable way swallowed a piece of the glass. She vomited some blood at the time and complained of slight pain in the gullet. A doctor was consulted, but, as he could not find any trace of it in the throat, concluded that it had passed into the stomach. Ever after she had some difficulty in swallowing solid food, particularly meat. Appetite fairly good, but has been looking somewhat pale during the past summer and complaining at times of feeling weak. A physician was not consulted, her mother supposing that all her complaints were due to her age (as she had never menstruated) thus losing sight of the real cause (as most mothers do with girls of tender years.) She had frequently complained of a soreness just back of the articulation of the clavicle with the sternum on the left side. She attended Sunday school on the afternoon previous to her death and, while on her way home, complained to her associates of a strange feeling, but ate a fairly good tea, soon after becoming quite sick at the stomach and vomited blood, which was kept up at intervals to the time of her death, the following morning. In all about one pint of blood was vomited. No blood passed through the bowels until just about the time of death.

Post mortem, 24 hours after death: Bowels

completely distended with blood, except the duodenum, which only contained a small quantity; also a small quantity in the stomach; none had escaped into the thoracic or abdominal cavities. The bowels, stomach and all other organs examined were in a normal and healthy condition. On following up the esophagus from the stomach and just about opposite the upper end of the sternum, I found an irregular piece of glass, which I removed from that organ. It measured $3\frac{1}{2} \times 1$ inch and no doubt had laid there for over thirteen months, finally causing hemorrhage and death.

The point of interest to the surgeon for consideration is, was this a fair case for esophagotomy at so low a point? and if so, the chances of success? I trust that some of your many readers may be able to give the benefit of their experience and opinions on this matter.

GEO. MITCHELL, M.D.,

Wallaceburg, Ont., Can.

Typhoid Fever.

Editor MEDICAL WORLD:—The following report is from memory of a case of a young man who was taken with a chill on August 19th, 1890:

There was intense headache, accompanied with diarrhea, pulse was 62, full and bounding, temperature 103° . This continued to the 23d, when the pulse changed to 65 per minute, with no change in character; temperature 104° . On the sixth day, pulse still bounding at 77, temperature 105° ; on the seventh day, pulse 82, temperature 106° . The pulse now seemed smoother, with temperature unaltered until the fourteenth day.

The pulse from the seventh to the fourteenth day ranged from 94 to 100 per minute, except the eleventh and twelfth, when it was 120. The bowels moved regularly once a day from the eighth to the twenty-second day, with the peculiar yellow ochre color, and semi-liquid, characteristic of typhoid fever. The bowels were tympanitic throughout the course of the fever.

From the fourteenth to the twenty-fourth day the pulse did not vary much from 100, and the temperature from $104\frac{1}{2}^{\circ}$ to 105° .

On the twenty-fourth day a profuse hemorrhage set in, showing a large amount of bowel surface involved. This lasted forty-two hours, reducing my patient to death's door. On the twenty-seventh day hemorrhage again commenced, though not so plentifully as at first, lasting forty-eight hours. On the thirty-fifth day the bowels moved tardily, but quite naturally; not much fever; appetite was fair; and convalescence declared.

The treatment was supportive: quinine, bran-

dy and milk; for febrifuge, tincture of aconite, tincture of gelseminum, and sponging with water. I could not perceive that there was any action produced by the aconite. I therefore increased the aconite, using it singly. It was increased one drop every four hours until the patient was taking five drops every hour. A mixture of turpentine and sweet oil was applied to the abdomen, which perceptibly lessened the bloating.

Suppositories of opium and tannin were used to control the evacuations. This, with ice to the head, comprised the general treatment.

Ergot was given during the periods of hemorrhage, in 15-drop doses. I write this because of the great length of duration of the case.

C. L. ORMSBEE, M.D..

Greene, R. I.

Permanganate of Potassium Again as an Antidote to Morphine.

Editor MEDICAL WORLD:—Please allow me space in your columns to report another victory for permanganate of potassium in morphine poisoning. October 11th, 8 p. m., Mrs. K., age 26, by mistake took morphine, gr. viii. I was called at 8.30 p. m., and found the patient asleep; pupils contracted, pulse 50, and we were unable to awaken her. I gave $\frac{1}{2}$ gr. muriate of apomorphine, hypodermatically; then iv. gr. of permanganate of potassium, hypodermatically; repeated the mur. apomorphine, followed by partial emesis; gave nitro-glycerine, $\frac{1}{10}$ gr., hypodermatically, and repeated the injection of permanganate of potassium. By 10.30 p. m. the patient was awakened, so that I was able to leave. The patient made a good recovery, and was about her house the 12th inst.

Keeler, Mich.

S. STEVENS, M.D..

Pneumonia and its Treatment.—Rapid Recovery.

Editor MEDICAL WORLD:—I was called to see Mrs. F. on the evening of October 11th, about eight o'clock. I found her with a distinct rigor. She was in a sitting posture in bed, with the bedding covering her body, head and face. I requested her to lie down, and she said she couldn't, on account of such awful pain she had in her side. After pleading awhile with her she consented to lie down, but with great difficulty. She said she had been chilly off and on for several days. She vomited in early part of evening. On examination she showed the following symptoms: First of all, she is pregnant four months. Headache (frontal); tongue clean; eyes suffused; bowels regular; pulse 100 (full and bounding); temperature 103° ; respirations 40 per minute; sharp, lancinating pain in left

side, running to shoulder. The pain would be augmented on inspiration. On percussion, the lungs were apparently clear. On auscultation, fine crepitant rales were found in lower part of left lung. She coughed a great deal; expectoration thick and frothy.

I ordered sad-irons heated, and applied to back and feet, to break the chill, and a mustard plaster over left lung. Internally, spts. etheris nitrosi, drams ss, and tr. veratrum viride (Norwood's), gtts iv, taken every two hours. Also, pulv. ipecac comp., gr. x, to produce perspiration and lessen pain.

I arrived the following morning, October 12, at 9 o'clock, and found her lying upon her back. She said she was still suffering pain, and that she could not move. She rested very little during the night. Had pain all night. She commenced to perspire about midnight very freely. She had headache; pulse 100; temperature $101\frac{1}{2}^{\circ}$; respirations 36. Cough still very loose, with free expectoration. The expectoration is well mixed with blood—the characteristic rusty sputum.

Loud crepitant rales over left lung (more at base than apex). Shortness of breath. I diagnosed the case as one of pneumonia in first stage, with a patch of the pleura involved, it being the pleural involvement that produced such sharp, lancinating pain.

Now I changed my treatment somewhat. I ordered a cantharidal cerate blister over the left lung, and allow it to remain eight hours. Continue the spts. etheris nitrosi and tr. veratrum viride, but instead of taking it every two hours she should take it every three hours. Also, ammonia carbonate, grains vii, every three hours.

I called again October 13th, at 10 a. m. She rested well all night. No headache.

Still cough, with bloody expectoration.

Pain very much less.

Pulse 90 (soft and compressible); heart feeble; temperature 99° ; respirations 30, very much fuller and deeper; no perspiration; bowels moved naturally; consolidation of lower left lung.

I stopped the giving of the arterial sedative, and gave tr. digitalis, gtts. vii every four hours. I added ammonia muriate to the ammonia carb. mixture. I gave, also, strychnine sulph., gr. $\frac{1}{4}$, thrice daily.

I called again in the afternoon of October 14th. She said she had rested well the previous night. In the early part of the evening her bowels became bad, and moved several times, with a great deal of gas accompanying each passage.

Cough less frequent, and not so much expecto-

ration, but still streaked with blood. No pain. Lungs beginning to clear up, but still some consolidation, which reveals itself on percussion. Pulse 72; temperature normal; respirations 26.

Not considering it necessary to call on the 15th, I called on October 16th, at 9 a. m. To my greatest surprise I found her sitting up. She said she felt real well, with the exception of some cough. The expectoration is thick, tenacious, yellow, and no blood. Pulse 84; temperature normal; respiration 24. A good, natural movement from bowels. The lung is still gradually clearing up. Here and there you will find some moist rales. Her appetite is getting good.

I gave her ammonia muriate and mist. glycyrrhiza comp., and a tonic, and discharged the case.

Now, I think I had a fully-developed case of pneumonia, with all the symptoms well delineated. On the fifth day from the time I was first called she was sitting up.

Churchtown, Pa. D. W. STYER, M.D.,

Salol vs. Sulpho-Carbolate of Zinc as an Intestinal Antiseptic in Enteric Fever.

Editor MEDICAL WORLD:—The following are two cases of enteric fever treated with sulpho-carbolate of zinc, followed with distressing symptoms, which disappeared by discontinuing the zinc preparation and substituting salol:

CASE I.—Male, age 22, previous history exceptionally good. Had never been sick in his life. After a diagnosis (which can only be made by prescribing anti-malarial treatment, and, this being followed by no abatement of the disease, the typical symptoms of typhoid fever appearing, which does not usually occur before the seventh day), the patient was put upon the usual dietetic treatment, and the amelioration of distressing symptoms, and

R. Zinc Sulpho Carbolatid.....grains xxv

Ft. cap. No. X.....

Sig.—Take one every three or four hours.

This was kept up for twelve hours, when the patient began a persistent vomiting, which could not be controlled so long as the capsules were taken, but would disappear by discontinuing them, and would reappear by taking them again.

The zinc preparation was substituted by salol in 5-grain capsules, every three or four hours. Patient made an uninterrupted recovery in thirty days.

CASE II.—Female, age 34, previous history not very good. She was very corpulent, weighing about 200 pounds. Had been treated for some "uterine trouble" and "heart trouble." But this was the most typical case I ever saw.

She had every symptom, it seemed to me, that is pictured to us in text books. I gave precisely the same prescription in this as in the former case, with the same results intensified by diarrhea and hemorrhage from the bowels. I stopped the sulpho-carbolate and gave salol, as in the former case, and the patient recovered in twenty-eight days.

I wish to say this about the use of the zinc: I believe it caused the stomachic irritation in both cases, and that it irritated the inflamed portion of the stomach, and was indirectly the cause of the hemorrhage.

I also wish to say this about the use of salol: I have used it in quite a number of cases without a bad result, and believe it pre-eminently the drug to use as an intestinal antiseptic, and especially do I believe in it in the treatment of typhoid fever, for the following reasons: It is an antipyretic, and does not affect the heart centers in medicinal doses. It is not dissolved nor taken up by the stomach; hence it does not interfere with stomachic digestion, which is a most commendable point in its favor. It does not seem to irritate the bowels. It does disinfect the stools, because it dissipates the bad odor. But there is one other fact about it, which I think is very pleasing and beneficial to the patient, viz.: The drug is partly eliminated by the kidneys, therefore I think it is antitoxic in septic poisoning. For two reasons I think this. If it is eliminated by the kidneys, why would it not have a germicidal effect upon the bacteria in the blood? It is a diuretic, consequently it assists in eliminating the toxic principles from the body.

Its physiological action on the kidneys, I think, is the only point to be watched in its administration. If at any time the urine gets smoky, discontinue the salol a few hours. I have given 20 grains per day for an indefinite time, without any bad results.

J. HUNTON PEAK, M.D.,

Louisville, Ky.

Confirmation of Remedies.—Treatment of Scarlet Fever.

Editor MEDICAL WORLD:—Some time ago I copied two prescriptions for scarlet fever in my case book—one from the January number, 1890, the other from the June number, 1891.

One is chloral hydrate, grains 30; syr. lactucarim and cinnamon water, of each 1 ounce. Dose, teaspoonful every two to four hours. This dose for a child of two or three years of age.

The other was acetanilid, grains 7; acid salicylic, grains xx. Divide in powders No. ten.

For a child four years old, give one powder every three hours.

Three weeks ago I attended two typical cases. The symptoms were a bright scarlet rash all over their bodies, strawberry tongue, swelling of glands at angle of jaws inflamed and swollen fauces, sore throat, difficulty in swallowing, membrane on tonsils and fauces; pulse 150 in one, and 145 in the other. The temperature in twenty-four hours came down to one hundred and two or two and a-half in the afternoons, and to one hundred and one to one and a-half in the mornings.

One had cloudy, scant urine for a few days, when she began to peel off. The other had rheumatic arthritis of wrists and ankles.

Could the symptoms or sequela leave any room for doubt as to diagnosis?

As there was nothing incompatible in the two prescriptions, I alternated them—a dose of one every three or four hours, then the other, giving a little closer during the afternoons and lengthening out during the mornings. They sat up in bed playing with their dolls most of the time, or else dozed, lazy and comfortable, under the influence of chloral.

As a topical application to their throats, I used double strength cinnamon water, with boric acid to make a saturated solution; spray throat and nostrils every hour or so.

With the acetanilid prescription I combined caffeine bromide, one part of caffeine to four of acetanilid.

Another thing. All this bug-aboo about acetanilid depressing the heart is nonsense (if used rightly). I always combine it with caffeine. I have used pounds and pounds in the last four years, and not the first symptom of collapse or heart failure. It is the analgesic and antithermic, above all others, combined in this way, for headache, fever, la grippe, etc. My morphine bottle has been empty for months.

Mulvane, Kan. W. K. HARRIS, M.D.,

Abuse of Clothing.

Is he a born idiot? No, the man was born all right, and he is bright enough now, but he has been misled, says an expert hygienist, Dr. Charles E. Page, of Boston. In the first place, he was born naked one hot summer day, and he was quite comfortable until the nurse got at him and piled on about fourteen folds of flannel, when he became very fussy. He was quite sick before cold weather came, and, indeed, thousands like him died outright, as has happened every summer, and "from the heat," too, as is acknowledged.

However, being too tough to kill, he grew up to manhood, and is now a lawyer (or broker, or

builder, or merchant, or brainy editor, or very likely a doctor; for there are hundreds of him), and he uses his wits in almost every other matter than that of dressing for comfort and health. He does not dare to keep comfortable in hot weather, from fear of "catching cold!"

Have you seen him—the man with an overcoat on in warm weather? "Is that all?" No, if that were all, no one could question his sanity, for in society we must be covered, though he would be a long way off in his hygiene to imagine that clothing is in itself healthful at all times. No, that is not all. The man has on a full suit of clothes under the top-coat; moreover, under this suit he has still another—an inner suit of flannel (Lord help him!), and it is of this most absurd abuse of clothing, at a time when everybody, himself included, is crying out with bitterness, even with oaths, perhaps, and, alas! many with the moanings of despair, against the heat, that I complain. Flying in the face of Providence, this man has on twelve to fifteen pounds of clothing in several layers, that you may smell him a block away.

What! is he also a dirty man? Not in the conventional sense—far from it. He bathes all over every morning; he takes a soap-suds bath frequently; a Turkish bath every week, and even sponges all over with rosewater as a finish, and he changes flannels daily; but still he cannot keep clean. He drove me out of an orchestra stall the other night. He was elegantly dressed, with immaculate linen, creased trousers, lovely boutonniere—everything, in fact, to please the eye; still, no air could reach his skin to disinfect its natural emanations. He did remove his top-coat after awhile, for he felt as though he would drop dead if he didn't shed something; but it seemed a little rash, with all the "draughts" about! To be sure, every puff of fresh air felt decidedly comforting, but "draughts" are so dangerous, you know; and if he had an attack of pneumonia within a week he attributed it to those little currents of pure air which gave him the only suspicion of comfort he had had for the entire day—pneumonia, a recognized filth-disease, the product of foul matters which accumulate within the organism, from unhygienic practices, to one of which I have alluded—the fault of misleading advice, as "Stick to your flannels till they stick to you." "Better take your top-coat along, the weather may change;" (and if a comfortable breeze should spring up, he'll bar it out by putting on the overcoat, or he may wear it, as "the easiest way of carrying it!"); "Look out for draughts" (in other words, beware of the rock-spring—drink from the stagnant pool); "Take care and not catch cold" (that is, accumulate heat till

you have a fever), and so on to the end of the chapter.

But, while we are on this topic of clothes, let me ask why we should wear an inner suit at all—we who are much of the time indoors, where it is always practically summer? The top coat is a sensible garment for cold weather, when we go out in winter, if then it is really cold enough to warrant it; but we can't remove the under-flannels when we come in, no matter how hot the living rooms may be; nor can we, like the ordinary laborer, throw off our coat and sit in our shirt-sleeves, though we often wish we might.

Even in a hot spell in winter, when the mercury remains for days at summer heat, as it does at times almost every winter, the flannel-wearer doesn't dare to change for light-weight underwear, much less wear none at all for a time. The writer settled this problem for himself over fifteen years ago, by stripping off the heaviest of Morley's Scotch flannels for good, and has worn neither undershirt nor drawers, winter nor summer, since. Moreover, he has induced a great many bright men and women to dispense with these skin smothering garments, and keep themselves comfortable indoors thereby, using outer garments as needed for out door comfort. The beauty of it is, that it works to a charm every time, and every one who tries the experiment is delighted with the results.

Intestinal Obstruction.—Diet in Intestinal Diseases.

Editor MEDICAL WORLD:—Reading Dr. C. R. Cullen's very valuable article in the July number of THE WORLD, on intestinal obstruction, calls to mind some of my own experience with intestinal obstructions.

When we consider the length of the intestines and the amount of fecal matter they habitually contain, the wonder is that they are not more frequently obstructed! Then there are certain seasons when they occur oftener than at other times, and this without any reference to the summer months, when vegetables and fruits, containing many seeds, are eaten. Last winter there were an unusual number of such cases in St. Louis and vicinity.

I followed a suggestion I found in Dr. Dobell's work, "Diet and Regimen," page 188, namely, "Pass a flexible rubber tube, well lubricated, as far up the bowels as possible; then, if the patient has strength to endure, place him in the knee-elbow position, and slowly inject a pint or a pint and a-half of warm olive oil; if he has not strength to keep in the knee-elbow position, elevate the hips with pillows, then inject the oil. Pass a tape around a clean (boiled)

sponge, about the size of a cocoa nut, and as soon as the tube is withdrawn push this sponge as far up the rectum with your fingers as you can (of course, the sponge should be wet), leave the ends of the tape outside of the anus; let the sponge remain in the bowels from six to ten hours, and when it is withdrawn and the oil acts—if it will—then follow immediately with half a gallon or more of hot water."

Last winter I was called in consultation to see a girl about fifteen, who had been suffering from obstruction several days. Some four or five of these oil enemata were given, besides a number of simple water injections. The patient recovered after a very serious illness.

Another case, in an old lady, was relieved with electricity, after the usual methods had failed. One pole of the battery was placed to the anus and the other passed up over the ascending, transverse and descending colon.

June 19th, 1894, I was called to see a large, corpulent lady, with an excessively weak heart. She was suffering with a most excruciating pain in the liver, and torpid bowels. The case was diagnosed gall-stones by Prof. R., and I thought his diagnosis correct. I had hot water enemata given, got her to drink half a glass of olive oil, and gave bryonia, in water every half hour; then, as the pain grew more bearable, lengthened the interval of the dose to one and two hours.

June 20th, she drank another half glass of olive oil, and a trained nurse injected a pint of olive oil, as described above, which Mrs. L. retained five hours; then the sponge was withdrawn, and copious enemata of hot water were given. I instructed the nurse to watch for gall-stones; none passed, but in four or five days a great deal of very black, viscid bile passed.

June 24th, her heart got very weak. I could scarcely hear it beat, and pulse was very thready; I gave her a tablet of trinitrin, $\frac{1}{80}$ th of a grain. She soon rallied, and, with the aid of liquid diet, made a good recovery. She was in my office September 10th, looking well, and said she felt perfectly well.

I have never found any medicine that gives such relief for a weak heart in anasarca, as trinitrin (nitro-glycerine). During the excessive prostration, when the heart is weak, I think nothing is as important as a fluid diet. Doubtless, full meals of meat and vegetables in this condition of the heart has caused many deaths. The action of trinitrin is temporary, but is a great thing to hold life until the tissues can take on new energy.

I have found two-grain tablets of trypsin an excellent thing for simple borborygmus. Unless we pay more attention to digestion, we will have

no means of preventing many bowel troubles. Sir William Roberts, in his little book on "Digestion and Diet," says: "Proteids are attacked by the digestive ferments at two points in the alimentary canal—by pepsin in the stomach and by trypsin in the small intestine." Roberts and Bernard "look on gastric digestion as a hasty preparatory process, introductory to the more perfect intestinal digestion." See R. on "Diet," pages 53 and 54. Pancreatic extract is a better digestive ferment for milk than pepsin. If the distress comes on within an hour and a half or two hours after a meal, I give pepsin; but if a longer interval ensues I give pancreatic extract. The food ought to be out of the stomach in two hours.

Another suggestion I get on diet in bowel troubles, from Dr. E. O. Shakespear's report on cholera in Europe and India, 1890, page 634. He says: "A simple culture of the cholera bacilli, of little virulence, by adding albumen of white of egg endows that culture fluid with toxic qualities which it did not acquire, or acquires only after a long time. Thus a culture forty-eight hours in egg albumen becomes sufficiently toxic to kill two of three guinea-pigs, and to make the third very sick; whilst four weeks of aerobic culture in bouillon produces a liquid which has scarcely any virulence." The clear deduction here is not to eat eggs during a cholera epidemic, and not to allow eggs as a diet in any serious disease of the bowels.

We do not know how many patients are killed by bacilli and ptomaines, etc. Professor W. S. Christopher says that it is proteid foods that give the putrid odor to stools in "summer complaint." He says (page 48): "I take a child six months old, with putrid diarrhea, and give it arrow-root, rice or crackers, or baked potato, but not milk."

One more case: A young assistant surgeon (R.), during the war, failing to get his patient's bowels to move with drastic cathartics and injections, gave a two-drop dose of croton oil—still no movement—and after ten days or more, in sheer desperation (to give his patient relief from pain), gave him two grains of opium. Next morning, to the doctor's great surprise, his patient had a copious stool.

Was this "a good swift simile?"

All good physicians, of any school, know that physical obstructions must be overcome by mechanical means. J. C. CUMMINGS, M.D.,

St. Louis, Mo.

Teething.

Editor MEDICAL WORLD:—The fond mother finds an excuse for the misdeeds of her baby in the time-honored plea that he is teething; and this has been held up as a shield against any

criticism of the tempers and many infirmities of small humanity. The cry of wolf we have learned may be so often raised that it loses all efficacy; and from being a sort of universal solvent, or explanation for all the ills of childhood, it has come to be scouted as of no importance at all; and so the pendulum has swung to the other side, and instead of explaining everything, it explains nothing. Physicians now are denying that it is possible for the process of teething to produce any troubles; it is, they say, a physiological process, and so they pooh-pooh the possibility of any harm coming from that source. That, however, is not very good reasoning. There are a variety of physiological processes which, nevertheless, make a good deal of disturbance in the system. Labor is a physiological affair, and is sometimes performed with a minimum of pain, but as every physician and some women know to their cost, there are cases of dystocia. The doctor who has cut his wisdom teeth may have learned that, however much of a physiological process it may be, it is yet no joke. How any one who has seen a child with gums swollen and hot to the touch, biting on anything which comes his way, with the head as hot as the mouth, rolling it in very evident distress, and then seen the same child after the gums have been lanced, with every indication of ease and comfort, will with difficulty be persuaded that there was nothing the matter, or that nothing has been done to give relief.

It is well for physicians, of all men, not to be carried off their feet by every wave of new opinion. He who is turned about by every breath of new doctrine is likely to be but a poor guide for others. There are many new notions in medicine in these days, some of one sort and some of another; and it is not always easy to know what to accept and what to reject; so it is better to be a little conservative, or even old-fogyish, rather than to be in haste to put in practice all the schemes which are evolved from the fertile brains of our ingenious friends in their speculative moods. To illustrate: Sir Joseph Lister, the inventor of antiseptic surgery, after advancing several absolute specifics for the prevention of sepsis, and chasing his theory through as many different phases, has very nearly given over the controversy, and we are led to believe that "bugs" are not so very dangerous after all. Not long ago there was a great cry about antiseptic midwifery; and every woman who was confined, no matter under what circumstances, must be subjected to the same role of douches and injections. That these injections, administered, as they are, by people often more zealous than discrete, are not without danger, has been demonstrated in some

cases of death, and in some cases of uterine colic. Of late we hear less than formerly of the extreme antiseptic method, and shall probably hear even less in the future. What a happy day it will be for the profession (not to speak of the laity) when its members learn to practice it as the painter Opie did his art when he mixed his paints—"With brains, sir."

But to return from this digression:—one of the most elaborate and pretentious of recent works on the diseases of children, Keating's *Cyclopedia*, after pages of special pleading to show that dentition is a natural and *therefore* a perfectly easy process, does at last admit that it does sometimes hurt to have wisdom teeth. Now, I am not contending that many of the ailments which are popularly attributed to teething are not fictitious; that goes without saying, but this only, that they are not entirely imaginary.

That the local inflammation of the gums should extend to the lower digestive organs, and thence we should get diarrhea or vomiting; or to the nervous system, producing irritability, or even convulsions, does not seem so entirely an unreasonable a thing as some of our friends would have us think. Loss of sleep, want of appetite, indigestion of food, are quite serious matters for the delicate organization of a child; and certainly they may, any or all of them, be due to dentition. We all know that the nervous system of a child is sensitive to impressions, which may be propagated from any source of irritation, that its stability is easily overthrown; let us not, then, make light of what may be a serious matter; and while we seek rightly to disabuse the anxious mother of her unnecessary fears, we should not forget that there are possible dangers, of which some of these symptoms are, or may be, the danger signals. If we have disregarded them ourselves, and taught the mother to do the same, it may be made an unwelcome reproach when sudden disease has stolen in unobserved, because of a false security we have given to the mother.

I have not written this for the older members of the profession, but for those who have something to learn and who may not be beyond the advice of one whose many years ought at least to "have made him sage." The practice of medicine is not easy, at best, and the fewer false notions one has to unlearn the better. The great trouble is to hold an even balance, and while we strive to have a mind hospitable to new ideas, yet we must learn to hold them in suspense till tested. But in such case what would become of all the new remedies, which are so very successful while they are new?

H. A. CARRINGTON, M. D.,
Bristol, Conn.

Antisepsis and Puerperal Fever.

Editor MEDICAL WORLD:—Dr. William Bigler says he has attended 2500 cases of labor and has yet to encounter his first case of puerperal fever in his own practice. A very fortunate coincidence, I must say, he having never made use of antiseptics in obstetric practice. He says he attributes much of his good fortune in these cases to his own personal cleanliness, and his refusing to attend obstetric cases while attending a case of puerperal fever or erysipelas for a period of at least two weeks thereafter. Good practice, indeed. Cleanliness is next to godliness, and cleanliness is the base, the foundation of asepsis; indeed, *surgical* cleanliness is a sepsis itself. There cannot be a much better record than the above. Antiseptic midwifery does not show a better one.

It is said that "it is a long lane that never turns," and "in time of peace prepare for war." So I think if the Doctor would go one step farther and make use of antiseptics as laid down by Playfair in his latest edition on midwifery, and then if he ever had a case of puerperal fever in his own practice he could wash his hands and say, as Pontius Pilate said of Jesus, "I am innocent of the blood of this man" (woman). I am doubly interested in Doctor Bigler's letters, first, from the fact that I have not been so fortunate as the Doctor has, in having no cases of puerperal fever follow my obstetric cases. I have been practicing medicine ten years, and in that time I have had four cases of puerperal fever in my own practice, and three of them the present year—one in March, one in July, and the last one in September. So, as you see, there was an interval of three months between the first and second cases, and one month from second to the third case. I was at those times not attending any cases of zymotic troubles.

The first case followed a slow, tedious labor with post partum hemorrhage. The second developed after delivery of a primipara with forceps after she had been in labor about fifteen hours, having had in that length of time seven or eight severe eclamptic attacks. She was delivered with forceps without any rupture of perineum or other accident more than a severe hemorrhage and another convulsive seizure. I immediately introduced my hand inside the uterus for the purpose of removing all clots, and also a moment later introduced a handkerchief saturated with vinegar and another with turpentine, while Dr. Hardwick who was called in consultation, kneaded the uterus, and in less time than it takes to tell it the hemorrhage had ceased. The third case developed on the fifth day after a tardy labor in a primipara. All re-

covered with an average duration of twenty-two days. Having had three cases this year, and some of my brother practitioners have had several cases, I have come to the conclusion that nothing must be left undone that would tend to prevent its further occurrence in my practice; consequently I have resolved to adhere strictly to the following rules:

1st. Refuse all obstetric cases while attending puerperal fever cases, erysipelas, scarlet fever, or any of the zymotic affections.

2nd. The use of strict antiseptic measures in each case in regard to myself and patient.

3rd. The use of Kelly's rubber pad in each case to insure more perfect cleanliness of patient and bed.

I will have each patient, on my arrival, to bathe vulva and adjacent parts with warm water and soap, then with a bichloride solution, then use a vaginal injection with a solution of the same, and, instead of using lard, oil or glycerine to anoint the fingers, use carbolized vaseline. In the meantime, I will wash my hands and forearm in warm water and soap and scrub my nails with a nail-brush and again wash my hands; this time in a solution of bichloride of mercury. And each time before making an examination dip my hands in an antiseptic solution, ready at the bedside. I will also have the nurse to use the same antiseptic precautions.

In regard to the after treatment, it is my opinion that the use of the warm, vaginal douche can do no harm, and that it adds to the comfort of the patient, and if there are perineal lacerations or abrasions it does a great deal of good toward preventing septic infection. Then, if I have puerperal fever, I will feel like I have done my duty.

Dixon, Ky.

C. M. SMITH, M. D.,

Some Uses for Hyoscyamine.

Editor MEDICAL WORLD:—I wish to state to the readers of THE WORLD a few uses I find for hyoscyamine, which I do not often see mentioned in the medical journals.

I never feel fully equipped to attend an obstetric case unless I have granules of hyoscyamine and strychnia sulphate or arseniate in my little folder. If I am called to a case and find the patient in the first stage of labor, with os and soft parts not fully dilated or dilatable, I lay down four or five granules of hyoscyamine and order one to be taken every fifteen or twenty minutes. If the pains are not strong and regular, I place beside them the same number of strychnia granules and order them to be taken in conjunction. What do I expect to accomplish? I expect to find the os soon rapidly dilating, the pains becoming regular and

strong—the former accomplished by the hyoscyamine, the latter by the strychnia—and the duration of the first stage of labor very much shortened; the good not stopping there, but the second stage is likewise accomplished with greater ease and rapidity. I am satisfied that the duration of labor has been wonderfully shortened in many cases by the above means. The *modus operandi* is very simple and need not be here given. Try them.

In a very severe case of typhoid fever which I attended two years ago, I was confronted with retention of urine in my little patient of twelve or thirteen years. To have applied the usual treatment, namely, catheterization, would have required an anesthetic or strapping down. In my dilemma I thought of the relaxing effect of hyoscyamine and gave a granule every fifteen minutes until patient voided his urine. It generally required four or five doses, but I never failed to relieve my patient. Upon the same principle of action as in above cases, I find many uses for hyoscyamine.

Stockton, N. J. J. H. FRETZ, M.D.,

Hereditary Malformation.—A Case of Atavism.

Editor MEDICAL WORLD:—On the morning of October 18th, 1894, I was called upon to visit Mrs. R., in her fourth confinement. An examination revealed the presentation of the head and the labor progressing in a normal way. The child, after being born, was found to weigh twelve pounds, and in a perfectly normal condition except a deformity of the feet, that form of club foot known as *talipes varus*, in both feet. The left foot was so much curved over toward the leg that a very acute angle was formed between the leg and inner side of foot, and the sole of the foot faced the child. I commenced the treatment of the case by electricity and splints during the first week of life and so think I shall get a good result. In the cases of two more children in the same family, there was present phimosia, for which I operated. On tracing the family history back to the third generation, I find that one or two cases of club foot were to be found.

T. E. COURTRIGHT, M.D.,

Kirkersville, Licking Co., Ohio.

YOU naturally want your medical friends, whether living near you or in some other part of the country, to read the same journals that you read. When sending your subscription, send the names and addresses of such, and if not already subscribers we will send THE WORLD to them *three months free*, hoping that they will then become permanent subscribers. It makes no difference how many, nor where they live. Send the names and addresses of all your medical friends that you wish to become regular subscribers to THE MEDICAL WORLD, and we will give them a good opportunity by doing as above offered.

A Case of Post-Partum Eclampsia.

Editor MEDICAL WORLD:—I have not before troubled you with communications, though I have received much benefit in past years from the columns of your journal; but recently a case of post partum eclampsia occurred in my practice, presenting some points which, I hope, may interest others as well as myself.

The patient was a young primipara, who had neglected my orders to bring frequent specimens of urine during the last weeks of pregnancy. She was delivered of twins after an easy labor, at eight and a half months. Amniotic fluid had a distinctly urinous odor. Loss of blood was considerable, but not alarming. Gave *fld. ext. ergot*, dram i, after labor. and dram $\frac{1}{2}$ more before leaving her (apparently all right) an hour later, because there was some tendency to uterine relaxation. Three hours later, convulsions, checked after the third by *veratrum viride* (Norwood's), dram i, by mouth. and several hypodermics of m xx each. After the second convulsion, about two p. m., I withdrew an ounce or two of urine, none having been passed since the previous evening.

Violent vomiting of enormous quantities—gallons in all, I should say!—of bile-stained fluid, came on after the third convulsion, and lasted continuously for hours, accompanied later by frequent ill-smelling, watery stools. Nevertheless, the pulse was frequent, small, rather hard, and the hypodermics of *veratrum* were continued at intervals for several hours, until six in all had been given.

By this time the vomiting was less distressing (lime water had been freely given, and mustard applied externally to pit of stomach, but nothing else), and the last two injections did not increase it. After the last hypodermic the pulse slowly went down to 60, becoming intermittent. Subsequent recovery was uneventful.

The following thoughts suggest themselves for consideration:

1. Had the ergot any effect in producing the uremic outbreak? Ergot increases the blood pressure by contracting the arterioles, we are told. An extraordinarily large amount of *veratrum* (dram i by mouth and fully twice that amount hypodermically in about four hours) was necessary to reduce the rate and tension of the pulse, and even then it did not fall below 60. I therefore think the ergot was injurious in this case, if not the direct cause of the convulsions, and that ergot should always be used with great care, if at all, in cases in which there was any edema or anything else to suggest renal insufficiency.

2. After the vomiting had set in, was it ne-

necessary to continue the administration of the veratrum?

The vomiting, and, later, the purging, appeared to be a "critical discharge," and not due to the veratrum, since it diminished in spite of the continued administration of the drug. I felt at least safe in giving the veratrum while the pulse continued hard and rapid.

3. The decidedly urinous odor of the amniotic fluid, and the unusually active condition of the kidneys of the infants for a few days, make it probable that the uremia of the mother was partly held in check by the healthy renal function of the fetuses. Perhaps that may account for some cases of *post-partum* eclampsia. I do not remember seeing this mentioned before.

"ANOS DIEZ."

An Interesting Case of Hydatiform Degeneration of the Chorion.

Editor MEDICAL WORLD:—On September 5th, I was called to see Mrs. M., a farmer's wife. She was thirty years old, had aborted in her first pregnancy, and had since borne, without much trouble, four children, now living and healthy. She stated that she had been having uterine hemorrhage for about three months, sometimes more, sometimes less, but during this period was never entirely free from a show. She did not think that she was pregnant, and I could not positively make out that she was, but I thought that she was. She had been taking fl. ext. ergot, prescribed by another physician, which I think was proper to give, but the ergot did not stop the flowing; it caused uterine contractions and unbearable pain. I gave her a few morphine pills, and next day sent her some fl. ext. viburnum prunifolium, with the direction to take it until I heard from her. I got word in about a week that she was still flowing some, but was a great deal better. This was the last I heard from her until I was called in great haste on October 6th. I found her in labor, with the membrane ruptured, and the discharge of a very great amount of fluid, and the birth of portions of a decomposed fetus. By examination I discovered a breech presentation of a second fetus, which I soon delivered. The placenta was expelled in due time, also a great amount of hydatid-like vesicles. This fetus was apparently from five to six months old, and lived a few seconds after birth. The maternal surface of its placenta was covered to a great extent with clusters of vesicles, which extended in to the sulci.

The peculiarity of this case is the continual real hemorrhage, instead of sanguineous watery discharges, and the great extent of the degenerated chorion of the second yet-living fetus.

Might this case not be an additional pointer that cystic degeneration of the chorion is not the result of a dead fetus, but that the death of the fetus is caused by the diseased chorion? Is it not very probable that the chorion of this first-born, partly decomposed fetus, was diseased while the fetus was still living, as well as the chorion of the second-born, yet-living fetus? The first-born fetus was apparently only about a month younger when it died, as was shown by the decomposed parts, but the symptoms of hydatiform degeneration date at least three months back.

G. L. STEMPEL, Med. Pract.,
Macedonia, Iowa.

Compression of the Abdominal Aorta in Post-Partum Hemorrhage.—A Safe and Ever-Ready Remedy.

Editor MEDICAL WORLD:—I am astonished that so little is said of the great value of compression of the abdominal aorta in severe post-partum hemorrhages. It is the stop-cock, and is the only reliable remedy at those dreadful moments when the life's fluid of a loving mother is rapidly (*cito et celeriter*) escaping, bringing her unto the valley of death. There is no time left for any medicine to act, not even ergot or ergotine hypodermically excepted. (Atropine I never tried.) Compress the abdominal aorta immediately above the fundus uteri, firmly with your closed fist; keep it there till nature has time to react, and you will never fail. Meanwhile you have all the time and chances to administer any and all the remedies you may wish to. My favorite prescription is a full dose of fl. ext. ergot and strychnine, with the addition of opium or morphine, to quiet the frightened patient.

J. PIENAT, M.D.,
Evansville, Ind.

Cord the Limbs for Hemorrhage.

Editor MEDICAL WORLD:—I notice on page 364, Dr. W. Walter Tison's case of post partum hemorrhage.

For nose bleed, when all other remedies fail, cord one or both arms above the elbow. For hemorrhage from the uterus or rectum, cord both legs above the knee tightly, and give equal portions of tincture of cinnamon and ergot fl. ext., teaspoon doses every hour; but you will not have to give more than one dose; the hemorrhage will be arrested before the first dose has time to take effect.

Milton, Cal.

J. R. SIMMS, M.D.,

See page xxiv, or on back of yearly index, for advantageous terms this month for Dr. Waugh's "Manual of Treatment by Active Principles and New Remedies."

Post-Partum Hemorrhage.

Editor MEDICAL WORLD:—Dr. Tison's case (page 364) calls attention to the often criminal negligence of the midwife. This is no doubt due to their ignorance. Two years ago I was called to a case in which the mother, as a midwife, had delivered her daughter some hours before. When the patient was exsanguinated, and in a critical condition, I was hastily summoned (12 miles distant). I found an adherent placenta, and, after stimulating the patient, I introduced my hand and removed it. There was no bleeding after my arrival, nor had there been any for an hour previous. The patient continued to toss her hands and arms in great agony, and in an hour after my arrival she died.

The mother finally realized her negligence in the case, and shifted the blame onto me (besides never having paid me for the night visit). A brother practitioner also told her that the "operation" I performed in removing the placenta killed the patient.

In a later case of post-partum hemorrhage, I am sure I saved the patient's life by the injection into the uterus of hot vinegar, after all other methods had failed to check the flow. These cases are desperate, and always tax the knowledge and skill of the doctor to their utmost. We should ever be prepared to meet these accidents promptly, and treat them quickly and vigorously.

In twenty years' experience this is the first time I ever used vinegar. It is an old remedy, and a very effectual one.

W. N. SHERMAN, M.D., PH.D.,
Merced, Cal.

Post-Partum Hemorrhage.

Editor MEDICAL WORLD:—Post-partum hemorrhage is said to be preventable, and therefore no physician is now justified to let his patient die from such a cause without giving her the benefit of all resources within his knowledge. To gain and to apply such knowledge, he must keep abreast of the times by reading and studying current medical literature.

The causes of post-partum hemorrhage are: Inertia and atony of the uterus, inversion of the same, intra-uterine growths, a diseased placenta, a placenta adherent, or small portions retained. Other causes may be found in a short funis, irregular contractions, and a constitutional tendency to bleed.

The treatment must necessarily depend upon the proper cause. In atony or inertia the simple introduction of the hand to remove coagula

will frequently be followed by contractions, specially if, with the other hand, pressure is applied over the uterus. The introduction of pieces of ice, or of vinegar, turpentine or iodine, within the uterine cavity, or the uterine douche with hot water, will induce contractions, but the use of the per salts, like chloride of iron, is to be deprecated. It is true that the solution will coagulate blood promptly, but it fills the cavity with a mass of hard clots of decomposing blood, which renders absorption of septic material, and the development of septicemia, possible.

But, now, suppose that, after using all these agents, the hemorrhage still continues—what then?

The writer of this has saved the life of one woman by applying one pole of a Faradic battery upon the sacrum, the other over the uterus, and using the strongest current. Another patient he has saved by Dukrzen's method. Taking narrow strips of iodoform gauze, he introduced them into the uterus till the cavity was filled, letting one end hang in the vagina. Twenty-four hours afterwards he removed the uterine tampon, washed out the cavity with a solution of bichloride of mercury, 1 in 10,000, winding up with a douche of hot water. When properly introduced, the gauze will press upon the bleeding sinuses and stop the hemorrhage.

When retained portions of placenta are the cause, they must be removed by scraping the cavity with a Thomas' blunt curette, and removing the debris by a proper douche.

An English method, as published in the *Brit. Med. Jour.*, will be of service in extreme cases. Introduce the left hand into the vagina, clenching the fist and having the palmar side uppermost. With the right hand the uterus is ante-flexed and thrown forward, so its anterior aspect rests upon the clenched fist in the vagina. Continuous pressure can now be made by the right hand upon the posterior aspect of the uterus, pressing both the anterior and posterior walls of the organ until coagulation takes place, closing the bleeding sinuses. Should the uterus be contracted, but still hemorrhage continue, then we must examine the parts, when we may find some laceration in the vulvar canal, or a lacerated cervix. In either case apply pressure by means of compresses upon the bleeding points.

Smyrna, Tenn. H. J. WARMUTH, M.D.,

Dr. Jos. C. Whitehill, of Los Angeles, Cal., a practitioner of fifty years experience and himself a veteran medical editor, writes us; "I desire to express my appreciation of your journal, and think your styling it, "A practical Medical Monthly" highly appropriate."

Alkaloidal Notes.—Hemorrhage and Collapse from Miscarriage.—Treatment.

Editor MEDICAL WORLD:—One morning, about ten days ago, I was called in haste to see Mrs. F., who had been flowing for some days in the course of a miscarriage. She had not lost an unusual amount of blood but, being naturally rather weak, was suffering considerable depression therefrom. This morning a terrific gush came on, from which she fainted and a messenger was hastily sent to summon me. I found her in complete collapse. Perfectly pulseless at the wrist, cold, clammy and as white as the sheet she lay upon, but conscious. Without a moment's delay I elevated the foot of the bed about eight inches, removed the placenta, which was lying in the cervix, introduced my placental forceps and with a quick turn cleaned the uterus of all debris, while the family was heating the water I had ordered. This occupied perhaps five minutes. The hot water being brought, I immediately dissolved two granules of glonoin gr. $\frac{1}{16}$ and four of digitalin gr. $\frac{1}{8}$ each, and injected under the skin. I then gave two granules of strychn. arseniate gr. $\frac{1}{16}$ in hot solution by the mouth, and surrounded my patient with bottles filled with hot water. This occupied some fifteen minutes. In about five minutes after the injection, a little improvement was noticed, from the quick effect of the glonoin, no doubt. I then took two glasses and put in each ten teaspoonfuls of water. In one I put ten granules of glonoin, in the other ten granules of strychn. arseniate and ten of glonoin, with instructions to give a teaspoonful alternately, every fifteen minutes. There was no more flow, and, being busy, and knowing full well what to expect of the medicines I had prepared and the procedures instituted, I left, promising to be back in two hours. The medicines were kept up faithfully and on my return I found a slight radial pulse and my patient feeling better in every way, I continued the treatment, increasing the interval between the medicines to one-half hour and gave, with each dose a teaspoonful of liquid peptonoids. Visiting again that evening, I found, as I expected, marked improvement. The glonoin was now omitted, the bed dropped nearly to a level, and my patient put upon strychn. arseniate gr. $\frac{1}{16}$, iron arseniate $\frac{1}{8}$, digitalin $\frac{1}{8}$, one each every two hours with a tablespoonful of the liquid of peptonoids above mentioned. This was continued during two or three days, but after twenty-four hours the peptonoids was replaced by oyster soup, broth, etc. With this my patient went on to an uninterrupted recovery and at this writing, ten days after the accident, she is sitting up and feeling about as well as usual.

I give this to emphasize the importance of a physician always being prepared for whatever may meet him, as well as the greater utility of the active principles and newer remedial agents.

W. C. ABBOTT, M.D.,
Ravenswood, Chicago, Ill.

Give Complete Titles to Your Articles.

Editor MEDICAL WORLD:—Johnson says "Knowledge is of two kinds—we know a subject ourselves or we know where we can find information upon it." A week hardly ever passes but that the writer is forced to refer to the files of THE WORLD for information on some subject, and he often finds it a tedious and time-taking process to get it from the index, owing to the fact that contributors to that journal fail to head their articles in such a way that any idea of the subject of an article can be had from its caption.

This is, in my opinion, all that keeps THE WORLD from being an ideal journal, and, as we all owe it to THE WORLD, in consideration of the vast amount of practical knowledge we receive from its pages, the writer would suggest that each article be so named that some idea of its subject matter may be had by reference to the index.

This would increase the value of the files (which accumulate in the office of its subscribers) more than any other improvement that can be made.

The captions that follow are from its index and convey no idea of the subject matter of the articles to which they refer: "Case Important," "A Novelty," "Notes and Replies," "Random Thoughts," "For Ourselves and Others," "Troublesome Case," "Was it Original," "My Experience," "A Question of Right," "Not up to the Mark," "A Successful Surgical Operation," "Information Given," "A Review of the Field," "Certain Antidotes," "Pointless Pointers," "How Does He Live," "Bottled Health," "Discoveries Confirmed," and so on *ad infinitum*, all of which convey no idea of the subject matter treated on.

Often wishing to refer to some article which he remembers that he has seen in THE WORLD, the busy doctor rushes to the files of that journal and, not being able to find the article in its index, and not having the time to search all its pages he gives it up with a feeling of disappointment.

The writer feels sure that the Editor will give us a little more of his valuable space (should it be necessary), if contributors will only make the captions of their articles a source of information as to the subject treated on.

Much of the information treated on in these journals can not be had from any number of text books and is too valuable to be lost by such negligence. "Half of our knowledge we must snatch—not take" is as true a thing as Pope ever said, and applies to the physician more than to any other class. So let us all try to make THE WORLD even more valuable by preserving the gems its pages are filled with available for immediate practical use.

Bellevue, Tex. CHAS. H. WHITING,

[The suggestion made by Dr. Whiting is a very useful one, indeed. Yet, like so many of the profession, the Doctor did not take his own prescription; he did not give any title at all to the above article. This should always be done by the author, fully and completely, as the editor may not please the author in giving titles to his articles. The title should name every different subject treated in the article.—Ed.]

Boycott Again.

Editor MEDICAL WORLD—I am rather glad to see the Boycott spoken of on page 409 of November WORLD, for I am very well aware what the result will be—that all sensible doctors who do not already keep their own medicines, will in the future do so.

For many years it has been very customary for many druggists to refill any and every prescription they may have in their possession, no matter whether requested to do so by the physician or not, and in fact, no matter whether it was for the original person who had it filled first. In fact, it is a common thing in some localities, for druggists to refill or put up some physician's prescriptions for another patient who may call with a case; for instance, with gonorrhoea, without even telling the patient it is best to see a doctor. Indeed, I have known druggists to tell patients that it was not necessary to see a doctor, for they (the druggist) could give them something just as good. I have to my actual knowledge known my own prescriptions to be filled 25 or 30 times; that was years ago, for I keep all my own medicines now.

Solomon City, Kan. DR. I. E. LAYTON,

Treatment of Paralysis Agitans.

Editor MEDICAL WORLD:—The following in reply to Dr. J. F. Blount's request in November number.

Your case of paralysis agitans should be thoroughly investigated as to history, both personal and ancestral, occupation and habits. Get all the data you possibly can even though they be apparently utterly worthless. Give your man the closest mental and physical examination you are able to.

Nervous diseases are traceable to apparently ridiculous (?) (to the unthinking) sources, sometimes. Is he a marble worker, brass moulder, worker in copper-smelting, brass, tinsmithing or painter, or paint mixer, or in ground materials, where lead or copper are used as ingredients or are used at all? Simple work without traumatism or shock to a part does not cause paralysis of a part, according to Gowers, and according to the teaching of my former instructor, Prof. Preston, of Baltimore. Find out all you can that can be of causative importance.

The treatment: The part itself should have as much rest as possible. Gentle massage of the muscles directed from the origin. Begin first with stroking. Then for internal treatment use Indian hemp.

Morphine, opium, hyoscyamine, hyoscin, solanin, all are temporary, but Indian hemp and arsenic give or have given in the cases I have seen, the best results. Be careful not to exhaust the patient. If he is overworking he must find some way to lessen the strain. Try the cannabis indica alone. Work up to the physiological effect, fully. You can use opium in combination, but don't use arsenic so. After the drug has had a fair trial, then try the arsenic (by mouth, not hypodermatically.) Perhaps the white arsenic will act more quickly. As to dose, no one can advise you. You can get that better yourself. Begin small and work up to the full physiological effect, then recede a little and stay there. Please report progress. I am glad to hear through THE WORLD from any brother who is dealing with nervous diseases, as they are my hobby.

W. R. AVIS, M.D.,
New Haven, Conn.

A Case of Appendicitis Cured by Medical Treatment.

Dr. H. S. Brewer, of Chicago, writes us of a case of appendicitis, in which an operation was thought advisable by the attending physician and consultants, five in all. The case was very severe, with greatly developed tympanites. Dr. Brewer, being called in as a consultant, administered a tablespoonful of coal oil beaten up with the white of an egg. This was in a very short time followed by the escape of gas, the case ending in recovery. In relating the case the doctor does not demonstrate the diagnosis, nor does he give any mention of treatment beyond the single dose of coal oil.

Editor MEDICAL WORLD:—I have been a reader of the many good things in THE WORLD for eight years, and it is the only one of my journals that I have kept regularly bound to have in my library.

Waterloo, Wis. O. C. BAILLY, M.D.

The Reason Why Peroxide of Hydrogen Frequently Explodes.—Poisoned Beef as a Cause of Dr. Koon's Cases.

Editor MEDICAL WORLD:—In answer to the query of Dr. Shipley in the November issue of THE WORLD, I offer the following well-known characteristics of this antiseptic:

Peroxide of hydrogen ($H_2 O_2$) is made by decomposing barium dioxide by sulphuric acid, the equation being $Ba O_2 + H_2 S O_4 = Ba S O_4 + H_2 O_2$. The resulting solution is concentrated by evaporation. In this state it is a clear liquid, prone to decomposition, the least rise of temperature causing effervescence due to escaping oxygen gas. Pure anhydrous $H_2 O_2$ is a chemical curiosity. On receiving samples of this article, it is a rare occurrence upon opening a bottle that the cork is not forced out by the pressure within; this, however slight, is an indication that the solution has parted with some of its oxygen, either by organic matter being present in the solution or more frequently by heat. I see that the doctor purchased his supply in June. Above $59^\circ F$. the solution is slowly decomposed; at $68^\circ F$. it changes rapidly; the warmth of the hand imparted to the bottle will cause oxygen to be liberated. Now, as the greatest factor is heat in the decomposition, it is quite evident that the temperature of a summer day is all that could be desired to effect the liberation of oxygen, and it is a mere question of the pressure increasing within the bottles until an explosion occurs. Keeping these bottles tightly corked is a fruitful source of explosions.

PTOMAINES MAY HAVE BEEN THE CAUSE.

In answer to Dr. Koon, I would say that the production of a ptomaine formed by the action of bacteria on organic matter had taken place in the beef that was consumed by the poisoned parties. The symptoms of poisoning by certain ptomaines are identical with those he describes. Pupillary dilatation and immobility, with paralysis of the accommodation, is a characteristic symptom of ptomaine poisoning from tainted meats, sausage or fish.

W. ROBERT,

Fort Meyer, Va. Hospital Steward, U. S. A.

[Peroxide of hydrogen is subject to the same kind of change as is champagne, the gas liberated being oxygen instead of carbonic acid gas. No one would think of keeping champagne in a temperature of 98° and expect to enjoy the sparkling beverage afterwards.—ED.]

Do you know of the recent reduction in price of P. O. Money Orders? Three cents will get an order up to \$2.50, and five cents up to \$5.00. This cost is very trifling, and it is the safest way in which to send money by mail—it is absolutely safe—safer than by registered letter, and that costs eight cents.

Credentials for Practice.—The Importance of the Money Question to Physicians.

Editor MEDICAL WORLD:—Doctors are talking about State and inter-State Boards of Examination. Let each State have its own law; then let there be a United States Army examination open to everybody, and let this be good in any State in the Union by consent of the State Boards. Our own schools of medicine are as good as those of other lands, and we should stand upon our dignity. It is more than amusing to hear some very common-place doctor, who is practising upon an uncertified cryptogamic diploma, imported by him free of duty, talk about the superiority of foreign schools, when two-thirds of the text-books used in his schools are written by American authors. Look over the lists of authors on surgery, gynecology and other subjects, used in the continental schools, and feel proud of our American colleges for having started, if not having made, such men. Canada discounts our diplomas. There is but one way to cure such conceit. Make every man who practices in the United States pass an examination by a State Board, or show a United States diploma. Never for a minute think that the doctors of this country are not superior to the average importation. Collegiate training is not all, however. An examination is the proper test, and if a candidate passed the *United States Board* he could be accepted by the *State Board* without examination. In this way the utmost harmony could exist between State and National Boards.

Now about money matters. Doctors are learning that they *must* think a little upon the currency question, and they must enlighten their patrons to the point that they, too, have a right to think upon political matters. No question is politics should be too complicated for an intelligent voter to understand. If professional politicians continue the tools of money speculators, it will not be long until amateur politicians will come to the front. Let us have a currency based upon our tax-rolls; upon the amount of property in the country; upon the amount of goods to be moved, and the amount of business to be transacted. Money should be issued directly by the government, and based upon actual value. We need more money now than we did twenty years ago. It takes more money to make change for a large store than it does for a candy stand. Property is plenty—is there currency enough to go between? No currency is as unstable as gold. Money is not value—it is merely a certificate of value. The assessment roll affords the basis and shows the credit of the country. We may find new mines of gold any time; then what will be the standard? The

tax-roll. Doctors, people look to us as educated men. Let us study these questions, and let us educate our clients. One point more: let no man discount the credit of Uncle Sam. No dollar in gold ever bought any more farm products than does the silver dollar of to day. How is that for honest money? Doctors, who sees more want and poverty than do we in our daily work? Shall we be with our people in their sorrow, and then delegate the power to think for them to men who sleep while we work? No! we must help our people, that they may be able to help us. Victor Hugo says poverty is darkness. Let us have light.

Michigan. A. M. ERICAN, M.D.,

Replies to November Queries.

Editor MEDICAL WORLD.—THE WORLD is always ready to defend and uphold the profession. We need something. Just feel in your pockets, and you will understand it. Our work does not grow less, but our income *does*. Let us all talk about this matter, and try to find a sure remedy.

[The doctor evidently has reference to the editorial in November WORLD, "Our Profession and the People."—ED.]

To Dr. J. D. Kernodle, page 413, November, 1894, I would recommend the following

USUAL REMEDIES FOR PAIN.

- R. Tablets of
Iron by hydrogen.....gr. ss
- Arsenic.....gr. 1-100
- Quinia sulph.....gr. ss
- Strychnia.....gr. 1-200

One to two after each meal.

For the ulcer, the treatment will depend on the conditions—whether indolent or irritable. If an indolent ulcer—and I presume it is—cauterize the edges with argenti nit., then poultice until edges are soft (use elm poultice). Then strap, and keep drawing edges closer together. Cleanse every few days with hydrogen peroxide. If edematous, keep bandaged. Keep ulcer covered with the following powder:

- R. Iodoform.....drams ½
- Ac. Boracic.....drams ½
- Cinchonidia sulph.....drams ½
- Willow charcoal.....ounces ½

M.

This has given me satisfaction in a number of cases. Some ulcers require an application of jequirity, especially those that will not start to heal with ordinary treatment.

To Dr. W. B. Forman (page 414): I have had a number of such cases in small children—one of them was my own. I have relieved all

by giving rectal injections once a day of warm water and glycerine, and giving internally

- R. Syr. rhei aromat.....ounces ½
- F. E. cascara sagrada.....ounces s.
- F. E. Juglans.....ounces j

M. Sig.—Half to one teaspoonful three times a day.

To Dr. G. F. Bismarck (page 414): Your case certainly will improve if you will use antiseptics, as naphthalin, salol or zinc sulpho-carbodate. Use also reconstructives, as iron, arsenic and strychnine.

To subscriber (page 413): Hot flashes at menopause are due to vasomotor disturbance. Give iron, valerian, bromides, zinc valerianate, and rel eve constipation.

To Dr. J. H. Reynolds, (page 413): The editor's suggestions are good. I have also had happy results from the following old formula:

- R. Tr. gualac ammon., }ss.....drams ½
- Liq. potasse, }ss.....drams ½
- Tr. opil.....drams ½
- Aq. Cinnamoml.....ad f. ounces vi

M. Sig.—Gargle every fifteen or twenty minutes.

To Dr. Koons (page 407): Your patient's sickness was, in all probability, due to ptomaine poisoning.

Dear editor: Keep talking reform in the interest of the profession, and of the laboring people generally. J. T. BARNETT, M.D.,

Hardinsburg, Ind.

Other Uses of the Finger Bandage.

Editor MEDICAL WORLD:—The many tailed finger bandage suggested by Dr. Hermance, and illustrated in THE MEDICAL WORLD of November, may be used with considerable advantage upon the arms and legs, especially in adjusting splints where it is desirable to clothe the limb as thinly as possible, in order thus to examine the fracture without disturbing the dressing, and keep the parts cool.

C. E. BOYNTON, M.D.,

Buena Vista, Oregon.

Correction.

Editor MEDICAL WORLD:—On page 367, October WORLD, to my treatment for epilepsey should be added aqua menth, q. s. ad. oz. vi. A teaspoonful in water every three hours, for three weeks, then a tablespoonful in water twice a day.

H. S. BREWER, M.D.,

Chicago.

Editor MEDICAL WORLD:—The MEDICAL WORLD binders to hand and volumes bound. Thanks. Besides making a handsome addition to the library, they make it so convenient when referring to the journals. I would not be without them now for many times their cost.

W. J. COOPER, M.D.,

Crockett, Miss.

Quiz Department.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

A Case for Diagnosis.

Editor **MEDICAL WORLD**:—Seeing an epidemic of carbuncle reported in the November **WORLD**, I am led to report a case of a carbunculoid nature, but which has left a doubt in the minds of some of the attending physicians as to its true diagnosis.

The patient, a male, age about 24 years, small and of a scrofulous diathesis, was taken with a chill on September 6th, followed with high fever. Four days later a severe pain commenced in the region of the right plura and liver. A large blister was applied, which removed the pain, to return in the left side.

About this time a swelling of the upper lip made its appearance, but in the meantime his temperature ranged from 103 to 104½ F. with a remission occurring at irregular intervals.

This swelling of the upper lip was supposed to have originated from a small papule on the lip, which was there before the initiatory chill, but had attracted no attention, as they were of common occurrence on his face and chest. After the pain in the left side of the chest had been removed with turpentine stupes, he began to complain of a severe pain near the right infra-orbital foramen, over which the swelling had extended from the papule on the lip. This swelling at about the fifteenth day was enormous, involving the upper lip and right side of face, extending to the eye and temple as high as the superior border of the ear. This swelling was of a dark red, purplish hue. It had pressed the jaws apart and protruded between the teeth into the buccal cavity.

The mucous membrane of the lip and jaw had sloughed about the fifteenth day of his illness, soon after which several openings were seen on the inner side of the lip. Notwithstanding the induration of the swelling, there were a half dozen punctures made in it with a bistory, letting out a few drops of pus at each puncture. These punctures were made in the most prominent portion of the jaw. They were dressed every twelve hours, by injecting peroxide of hydrogen into the openings, which communicated freely with each other.

A cough and expectoration soon followed this and about the 25th day an abscess of the left pleural cavity made its opening into the left

lung, almost producing suffocation; since then a profuse expectoration has been present.

About this time the inferior border of the left ulna became inflamed, and subsequently formed a large swelling, with the appearance of fluctuation, but an incision got only a few drops of pus.

This is the eleventh week of his illness. Since the first puncture was made, there has been more or less discharge of pus from the face, lungs and from the numerous abscesses formed on various parts of the body. The abscesses that are developing now are attended with pain and swelling, but no redness.

For the first three weeks there was much nervous disturbance. The face has healed, and fever almost subsided, but there are four large abscesses developing now. The jaw did not slough.

I would like very much to hear from some of the readers through **THE WORLD**. Was it plegmonous erysipelas or was it a carbuncle followed by pyemia?

B. L. CRANDOCK, M.D.,

Argyle, Tex.

Editor **MEDICAL WORLD**:—May I ask for the best treatment for membranous croup, following diphtheria? I have tried mercury, calcium sulph., pilocarpine, iodide of lime, but lost every case.

Also, what can I do to relieve creaking joints, in which there seems to be a scarcity of synovial fluid?

J. G. STEINER, A.M., M.D.,

Knox Dale, Pa.

Editor **MEDICAL WORLD**:—May I, through your valuable columns, bring a case before your many readers, which has caused me considerable anxiety and worry? The case does not present symptoms and signs enough for me to make a positive diagnosis, therefore treatment is uncertain. I shall be glad for any suggestions as to probable diagnosis and treatment, also as to any means of obtaining more light on the case.

Last March, Mr. L., age 58, previous health and family history good, was suddenly taken with peculiar sensations in his right arm, extending the whole length, down into the little and ring fingers.

Numbness, weakness, and tingling sensations manifested themselves. In a few days symptoms appeared in the head, viz: feeling of fullness, heaviness, and much confusion of ideas—"pain in the mind," as he called it. He could not express his ideas, forgetting certain words, and his memory failed to some extent; also some vertigo.

In July he went to Minneapolis, Minn., and

was examined by a doctor there, and was given some electricity, which did not benefit him any, and his arm became somewhat stiff, his hand being drawn sidewise toward the body. He has now been under my care for over two months. I have examined him three times, and find scarcely any symptoms or signs of brain irritation or hyperemia. His arm and hand are better, but he now has a sharp pain in the arm on twisting it suddenly.

The confusion of ideas, although a little better, is still very bad, and his memory is still poor.

He is up and attends to business (grain and seed business). Has no trouble with any other organ of body; appetite good and bowels regular. No fever, and average pulse 78°.

I have used strychnine sulph., potassium iodide, arsenic, besides other general tonics and alteratives, and all to no apparent effect.

Mitchell, So. Dak. B. A. BOBB, M.D.,

Editor MEDICAL WORLD:—Mrs. D., aged 20, married at 16, has one child. On July 9th she worked hard in the harvest field, got very hot and drank a great deal of cold water, but did not perspire any. July 15th, while riding, she strained her back by the horse's giving a sudden start. July 19th, headache came on, lasting three or four days, with some aching and pain in limbs. July 21st, paralysis of right limb; left limb followed next day. July 29th I saw her for the first time, and found the following conditions: Temperature 99°, pulse 88, tongue furred, some headache, severe pain in hip joints and back, soreness of last three lumbar vertebræ on the left side. I drew off three pints of dark-colored urine. Bowels constipated, pelvic organs normal, appetite poor. The bladder and rectum remained paralyzed for two weeks. Some movement of left foot. The temperature varied between 99° and 100°. At the end of four weeks the temperature and pulse were normal, appetite good, and she could sleep very well. Sensation was not impaired. Reflexes were abolished. Urine negative.

Her previous attendant said she was threatened with typhoid, and the paralysis was due to the quinine (12 grs. per day).

October 30.—She feels well in every way, sits up most of the time, but still the paralysis remains, with considerable edema of feet and ankles. No wasting of muscles. There were no symptoms or hysteria at any time.

I am using the Faradic battery, potassium iodide and strychnine. Was it due to injury to the motor tract of the spinal cord, or was it hysterical?

In reply to query in the November WORLD, page 413, the hot flashes of the menopause is a vasomotor neurosis, and can be controlled by

R. Ext. Gelsem. fld.....gt. ii
Ext. Ergot, fld.....gt. v
Pot. Bromid.....gr. x

M. Sig.—Three times a day.

In reply to Dr. J. D. Kernodle, same page, for gastralgia, I recommend two drops Fowler's solution before meals, and bismuth subnitrate several hours before.

Minerva, Ohio. DR. KARL MANTEY,

Editor MEDICAL WORLD:—I have been a subscriber to your valuable journal for the last two years, and am delighted with the practical manner in which you deal with matters

I am a physician of many years standing, but have never been able to settle in my own mind, and certainly not to that of many of my patients, what was the right course to pursue in a certain class of cases in which I have been consulted, and by declining to comply with their wishes have been coolly informed by them (sometimes my best patients), "Very well; if you will not, I know who will!" Or, "Doctor so-and-so will do it for me." In some cases it is the last I see of them; in others I have been called by them in a few days, to attend them either in abortion or miscarriage, sometimes brought on either by themselves or some one else, from the use of some kinds of drugs or mechanical instruments.

A few days ago I attended a very estimable lady in abortion, brought on by herself at the second month. She is educated and refined, and moves in good society, but they are very poor. They have already three children, and it is about all they can do to support what they have already, and to have others would be a hardship which she felt she could not endure. I could not find out what she had done, herself, or what had been done for her, to bring it on, but when called I found her flowing freely—in fact, she had nearly bled to death, but is now slowly recovering.

I have another patient, a milliner, who has all she can do to support herself and one child and a worthless husband. She is now pregnant again, and in the second month. I was consulted as soon as she found out her condition, and was besought with tears to help her out of her trouble. Unless something is done to relieve her in a *legitimate* (?) way, she will resort to some desperate measures, as she declares she *will* never bear another child at term.

What is the proper course for me to adopt in

such cases? and is there any medicine or remedy known, outside of mechanical interference, that will empty the womb of its contents in a comparatively harmless manner to the woman herself?

I shall be exceedingly thankful if you can enlighten me as to the proper and satisfactory manner of dealing with such cases, and shall be glad to hear from you, either by private communication or through *THE WORLD*, as I am certain that the information I seek will be thankfully received by a great many perplexed physicians besides myself.

PERPLEXED.

[This letter, from an earnest, conscientious physician, is of vital interest to all physicians, and to all humanitarians as well.]

It can only be said at the outset that to even consider the advisability of committing an abortion or causing a miscarriage is entirely out of the question. Every instinct of humanity is against it, and it is well, also, that the laws of society, of state and of church, all agree. Even the irrevocable physical laws of nature are against it, and follow its perpetration with the severest penalties. The medical profession has, by common consent, placed itself squarely in line with the law and the highest ethics on this question.

But there is another phase of the subject that will bear a more extended consideration—the advisability of preventing an undesirable pregnancy from occurring. Each child has a right to be born under favorable conditions for its constitutional vigor and for its proper support and training. Each child should be alike welcome and desired by both parents, and the parents should bring themselves into suitable health and financial circumstances to be able to do justice by the expected child, before they assume the responsibility of allowing a conception to occur. These principles, it seems to us, must appeal to the higher moral sentiments of all who give them serious consideration.—Ed.]

To Cause Conception.—Query.

Editor *MEDICAL WORLD*:—Is there any known means of causing a woman to become impregnated who has always been barren? Very often I have given women tonics, and by thus improving their condition barren women have conceived, and women that thought they were “free” have found themselves again “caught,” so that I have quite a local reputation; but in every case, so far, my success has been purely accidental. I know that correcting any abnormality about the uterus tends toward this happy event, but what I am anxious to know is, if there is any medicine that will tend to cause

a woman to become impregnated, when we cannot see any reason why she is barren—when there is no abnormality that we can find, when she and her husband both appear healthy and virile? I have no axe to grind, and merely ask that I, as well as others, may be benefited, and may thus bring happiness to many barren households.

I would like to get the views of the editor, and of that encyclopedia of medical knowledge, Dr. Waugh, as well as from all others who may be able to throw a ray of light on the subject.

Luster, N. C. E. H. BOWLING, M.D.,

[Sterility caused by non-fertility of the semen can be remedied only by conducting the case from the husband's stand point. Often the treatment of an old epididymitis by electricity or by massage will succeed in opening up a sealed vas deferens, and thus render the semen again fertile. The treatment of sterility that depends upon abnormal formation of the parts, as elongated, conical os uteri, must be surgical in its nature. Sterility may be caused by an acrid leucorrhœa, destroying the vitality of the spermatozoa. A cure of the leucorrhœa will remove the difficulty. A strongly alkalized vaginal injection (bicarbonate of soda) previous to coition, may occasionally protect the life of the spermatozoa. Often, when both Fallopian tubes have been sealed by inflammation, the stenosis may be removed by electrical treatment, massage, or the use of the special uterine tonic drugs, as pulsatilla, aletris, dioscorea, helonias, etc. The greatest patience and ingenuity must be observed to learn the exact cause of the sterility, and to employ remedies suitable to the case.—Ed.]

Formulas Requested.

Woolley's Morphine Antidote. Umastika Indian Remedies.

Editor *MEDICAL WORLD*:—I should like to know the best means to arrest the too free action of the kidneys with children under adult age—I mean up to puberty—during night, to keep them from drowning themselves in their own water. The patients are enjoying good health in every other respect.

Pennington, Tex. KENNETH THOMSON.

Correction.

Editor *MEDICAL WORLD*:—In the article of October number, page 368, I should have said, after quoting Wolfgang Wedel, “To this Dr. Hufeland adds: ‘It is a double edged sword,’” etc.

DR. JOHN ZENNER,

Colwich, Kan.

Editor **MEDICAL WORLD**:—I would like to ask the cause of the following described tumor, filled with a straw-colored fluid:

E. G., a man, came to me with a lump on his skull, and on examination I found it movable, and that it fluctuated. I aspirated and drew off two drams of a straw-colored fluid. I couldn't get any history of its ever having been injured in any way.

J. A. PHILIPSEN, M.D.,

Niles, Kans.

Editor **MEDICAL WORLD**:—R. P., aged 21, came to me June 16th, 1893, with an old leg ulcer. There was no history of any constitutional trouble. Have known the family personally myself for many years. No other symptom of disease except marked anemia. I have tried every remedy I have ever heard of, but without success. The anemia has entirely disappeared, but the ulcer remains the same.

Will some of the many readers of **THE WORLD** give me the treatment they find most successful?

ROBT L. GOODBRED, M.D.,

Mayo, Fla.

Diagnosis Wanted.

Editor **MEDICAL WORLD**:—Will some of the brethren diagnose my case? I was called to see a girl, age 16, taken with chill, with high fever following; very marked photophobia, with severe headache, extending down her spine; very tender all over abdomen and left side. On percussion I found marked tenderness at the apex of the left lung; no cough, no expectoration; some delirium; at first she was constipated; fever was not regular, but did not seem to be periodic, reaching 105°. This condition lasted about ten days, when the fever left her, and she seemed to make a fair recovery, but took a relapse and went through about the same train of symptoms, lasting about ten or twelve days longer. She yielded to the usual febrile treatment fairly well.

In regard to her previous history: she only has her menses about three times a year, at which times it is attended with severe dysmenorrhea. She is now convalescing very nicely, but is very weak. I did not make any examination of internal organs.

Now, will some reader of **THE WORLD** give diagnosis?

W. H. PRENTICE, M.D.,

Stanton, Kansas.

Editor **MEDICAL WORLD**:—What is meant by—or, rather, how do we make—a per cent. solution? For instance, a 4 per cent. solution, a 1 to 500, 1 to 1,000, 1 to 10,000, etc. Please

give formula in the next number of **THE WORLD**.

J. N. TAYLOR, M.D.,

Lynchburg, Tenn.

[Take the required number of units of the solid or active substance, add enough water or required solvent to dissolve it, then continue adding the water or other solvent until you bring the total amount up to 100 units. For example: to make a 4 per cent. aqueous solution of cocaine, take 4 grains of cocaine, add enough water to dissolve it, then add enough more water to bring the amount up to 100 minims. For a larger quantity take larger units, as drams or ounces. For example: to make a 4 per cent. solution of ammonium chloride, take 4 ounces of the salt, add enough water to dissolve it, then add enough water to make it equal 100 fluid ounces.

1 to 500, 1 to 1,000, etc., have a different meaning. In this case you add 1 part of the active ingredient to 500 parts (or units) of the solvent, etc.—Ed.]

Editor **MEDICAL WORLD**:—Will some one of the many readers of **THE WORLD** please give me some information in regard to diagnosis and treatment of the following case: Man, age 50, received bullet wound in top of head in 1863; has been paralyzed in lower limbs and lower half of body since that time; his general health has been, and is now, fairly good. He suffered with a diarrhea a few months last winter.

About three months ago he began to complain of a burning sensation in the tips of his toes and fingers. This has been growing worse, till now he can't rest on account of it; can't sleep; has lost flesh. No objective symptoms of his trouble. Cold water applied to the parts does more toward temporary relief than anything else tried, except to put him under influence of opiates.

I would be glad of any information in regard to diagnosis and treatment of this case. I am a young practitioner and recent subscriber to your journal.

W. E. HANCOCK, M.D.,

Pen Hook, Va.

Our yearly index accompanies this issue. Please notice that the index does not crowd out any part of the regular reading matter. Besides the index, we hoped to give some extra pages of reading matter in this issue, as much valuable matter is coming in. We will make more room or condense, in future; so continue sending your observations at the bedside. We are all members of a vast medical society spread all over the country, with monthly meetings (on paper,) and dues only \$1 per year. If you receive help from it, you owe something in return. This is the way in which our profession has been built up. It is the way in which we must continue to build. Send timely articles when possible. For example, January is the time chiefly for lung troubles; and January issue will be very interesting. Don't miss it.

Current Medical Thought.

Calcium Chloride for Pneumonia.

This drug has been repeatedly advised in these pages, and now, in the beginning of the season, we bring it forward again.

Crombie, in the *Practitioner*, recommends the employment of calcium chloride in the treatment of lobar pneumonia. Of 22 cases of average severity treated with this drug, but one (and that in a child in which both lungs were involved) terminated fatally. From 5 to 15 grains were administered to adults every four hours. The cases ran a mild course and were characterized by the subsidence of the temperature almost to the normal after the lapse of two or three days' treatment (notwithstanding the continuance of the physical signs), and by an absence of the distress and danger associated with high temperature. In several of the cases the disease was arrested in the stage that it had reached at the time the treatment was instituted. In explanation of the action of calcium chloride in the treatment of pneumonia, it is suggested that the drug may neutralize the toxic action of peptones or albuminoids circulating in the blood.

Apomorphine for Asphyxia.—Abortive Treatment for Pneumonia.

Dr. Thomas J. Pugh, of Hearne, Texas, recommends apomorphine, hypodermically, one-fifth grain, for asphyxiation by gas. He thinks the same treatment would be of great service in asphyxiation by drowning. The following is his treatment, published in *Tex. Med. Jour.*, for acute pneumonia;

"In the incipient stage of pneumonia, when the breathing is labored, the pulse rapid, skin dry, temperature high, I have found one tenth grain pilocarpine, combined with one fourth grain morphia, to be sufficient to bring about resolution and put the patient on the road to speedy recovery. Of course, the alimentary tract must be looked after, and indications filled, and there is nothing better for this purpose than six grains calomel, in two grain doses, one dose every hour and a half until all are taken, followed, if necessary, by castor oil and turpentine. This is my abortive treatment for pneumonia."

Treatment of Acute Bronchitis.

Most therapeutists say that in the first stage of acute bronchitis, where the mucous membrane is hyperemic and dry, the only appropriate drugs are the liquifying expectorants, of which

citrate of potash may be taken as the type; and above all, opium should be avoided. Experience, however, in the children's dispensary of the University Hospital, as well as in private cases, does not bear out this testimony as to the harmfulness of opium; for while citrate of potash and its analogues will safely carry the disease into its second stage, a judicious combination containing opium, in many cases, will abort the process, so that it never reaches the second stage, and the little patient may be practically cured in forty eight to seventy-two hours.

The prescription which will meet, perhaps, the largest percentage of cases when seen in the first stage, is the following: For a child four to seven years old:

R. Vini antimonii.....m. ℥j
Syr. scillae.....
Syr. Ipecac.....ss.....m. v.
Morph. sulph.....gr. i 64
Mist. glyc. comp.....q s.....f. dram i
M. Sig.—Every two hours.

If the child is not seen until the second stage is well developed, or, perchance, the disease has become subacute, opium should be omitted, and the ipecac and squills replaced by some more stimulating expectorants, as syr. senega and ammonium chloride. The following mixture will be found a good one:

R. Ammonii chlorid.....gr. ℥j
Syr. senegae.....m. v
Syr. prun. virg.....
Mist. glyc. comp.....ss.....f. ounces ss
M. Sig.—Every three hours.

If the secretion remains thick and tenaceous, potassium iodide in three grain doses may be added to the above prescription, for its known action in liquifying mucous secretions.—Dr. W. H. PRICE, in *Med. and Surg. Reporter*.

Treatment of Tuberculosis by Succinic Acid.

At a meeting of the Academy of Medicine, M. Lancereaux recalled the fact that in March of last year he had communicated to the society a work of Dr. S. Caravias relative to the treatment of tuberculosis by substances which produce succinic acid in the organism, and which, for that reason, have been called succinogenic. Among such substances are raw meat, fats, bimulate of calcium benzoic acid and its salts, non-acidified pepsin, asparagin, carrots, green peas, etc.

We may inquire, What is the action of succinic acid? Is it effective by destroying the microbe? Dr. Caravias considers it idle to think that any substance carried by the blood can exert an influence upon the tuberculous matter which incloses the microbes. As this matter is destitute of vessels, it cannot be acted upon by any drug. The succinic acid, therefore, has no effect upon the tuberculous matter,

but upon the tissue in its vicinity, where, by virtue of its antiseptic power, it prevents invasion by the bacillus. In other words, the acid modifies the soil, allowing the tuberculous deposit to pass through all its stages, and be eliminated by the expectoration which may be stimulated by the use of expectorant medicines.

Since the first communication, Lancereaux has reported to the academy the notable amelioration which this treatment has produced in nearly all the tuberculous patients upon whom it has been tried. He declared, in fact, that, excepting those cases in which all intervention was useless, on account of too extensive a destruction of the diseased organs, relief, and at least apparent cure, had been obtained at a period not far removed from the beginning of the malady. He would not venture to claim an absolute cure, because, before we can make such a positive assertion, a certain number of years must elapse. If, at the end of three or four years, no renewed tuberculous manifestations supervene, it may be surely claimed that the treatment proposed by Dr. Caravias is, in fact, efficacious. It is a rational method, and always well supported by the patients.—*La Médecine Moderne.—Med. Bulletin.*

Points to be Remembered in Rectal Surgery.

[The following are Dr. Oatman's views. Our readers may look over them, and cross out those they do not believe, in their experience, to be correct. The table is then a convenient one for future reference.—ED. MEDICAL WORLD.]

Remember—1. To operate upon all cases of fistula where there is sufficient vitality or nutrition to heal the wound, always dividing the fibrous membrane at the bottom of tract and packing wound to the bottom, for the purpose of healing by granulation.

2. To always open abscess early to prevent fistula in ano.

3. If you operate on fistula in a tubercular patient, give him the benefit of a doubt.

4. That you should never fail to examine your patient thoroughly for small arms leading out from the main track, and examine for an associate stricture, which may be the cause of the fistulous tract.

5. That you are never to cut the sphincter but once in any operation, and be careful to warn your patient of the danger of incontinence.

6. That you are to confine your patient in bed, not trusting to the care of a nurse (exclusively). Tuberculous cases should be an exception to the rule—giving them moderate exercise and fresh air.

7. That physiological rest is the first principle in the cure of all diseases.

8. That varicose veins are not hemorrhoids until they have passed through the stage of inflammation and plastic exudation.

9. That hemorrhoids that don't protrude don't demand an operation, as a rule.

10. That uncomplicated hemorrhoids have no pain.

11. That there is a differential diagnosis to be made between hemorrhoids, prolapse of the bowel, and polypus.

12. That the ligature is simple in application, free of danger, and certain in its results.

13. That you are to transfix the base of the large pile, and not the small one, cutting off two thirds, and tying tightly to prevent hemorrhage.

14. That there are two forms of external piles—one you can cut off, the other you can ligate.

15. That you are always to remove all complications at the time of removing the hemorrhoids.

16. That you are to remove all external tags during the operation for internal hemorrhoids.

17. The capillary or strawberry pile, for danger may come to the lot of your patient.

18. The Mathews tampon, which is simple in construction and easy in application.

19. Hysteria to be a disease when applied in rectal surgery, having for its causes a change in quantity or quality of blood, and a change in the solids consequent thereon.

20. The reflexes in diseases of the rectum, for you will find a pathological cause somewhere along the telegraphic line of the lumbar or sacral plexus.

21. That an operation on disease in the contiguous organ will relieve the protean symptoms in the rectum.

22. In connection with the reflexes, the small fistulous tract beneath the mucous membrane, the sensitive nerve, the denuded epithelium, and nothing but patience and perseverance by the use of the probe, will reveal the organic lesion in question.

23. The irritable ulcer or fissure, located on the sphincter muscle, caused by a denudation of the epithelium, does not heal for the want of physiological rest.

24. Divulsion cures it.

25. Ulcers in the rectum are oftener caused by constipation, and a locked-up liver action, than any other known cause.

26. That ulcers in the rectum are not caused, as a rule, by dysentery.

27. That when you give them physiological rest and remove the cause, or pull out the nail,

as Professor Carpenter has so thoroughly impressed upon your mind, they will heal.

28. The sigmoid flexure as a receptacle, and liable to ulcerations, which you may cure by medicines of a disinfecting and cleaning nature, to be used through a Wales bougie.

29. The classification of stricture: acquired, the result of inflammation; congenital, which is not a stricture proper, but an atresia, the result of an arrest of development.

30. That there are simple tubular or valvular strictures of a benign nature, that are amenable to treatment by gradual dilatation, to be used indefinitely, or we might say as long as the patient has an existence.

31. One-half of all the strictures in the rectum are syphilitic.

32. That in all malignant strictures of the rectum, nothing short of colotomy, inguinal preferred, will spare your patient's life for a short time, and no operation, only when suggested by the patient.

33. Syphilitic stricture in its incipiency should be treated constitutionally.

34. Tuberculosed strictures, where the lungs are badly involved, are to be let alone.

35. That all strictures, no matter where located, are the result of inflammation, with plastic effusion or infiltration.

36. That prolapsus ani is a disease confined more especially to childhood, and where it occurs in the adult it is the lingering result of childhood misfortune.

37. That you may mistake prolapsus for hemorrhoids, and only a clear understanding of an anatomy of the parts will lead you to a differential diagnosis.

38. You are to select Mathews' method for relief in the adult; palliative astringents, with strapping, for children.

39. Pruritus ani is the result of nervo-reflex actions and filthy habits.

40. That it is the most formidable of all diseases, as far as cure and treatment are concerned.

41. That you should relieve the cause, and by the use of campho-phenique and temperance, or total abstinence from the use of alcoholic drink and tobacco, you may cure the disease.

42. The rules that you are to be governed by, quantity and quality of blood, physiological rest, thorough asepsis and antisepsis.—DR. OATMAN, in *St. Louis Medical Era*.

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TREATMENT FOR OSTEOMALACIA.

Dr. Orthmann has collected fifteen recent cases of castration for osteomalacia, with twelve recoveries. He reports a case operated upon by himself three years ago with striking success, and believes this disease is a tropho-neurosis originating in the ovaries.—*Western Medical Jour.*

A PROMISING TREATMENT FOR CONSUMPTION.

A girl of 13, in the last stages of rapid consumption, was brought to Dr. Kremiansky, a professor in the University of Kharkov, in Russia, last February. She was treated with three preparations used simultaneously, pure white aniline, a preparation of aniline and thenol, and one of aniline and essence of pine, which she was made to inhale deeply and slowly. At first only ten to twenty inhalations a day were administered, but gradually they were increased to 200. Under this treatment and a special diet the child is now said to be in perfect health.

—*Coll. and Clin. Record.*

Bisulphite of Sodium in Acute Catarrhal Diseases.

As has heretofore been recommended in these pages, use a saturated solution of pure bisulphite of sodium, a tablespoonful every hour until the intestinal gases manifest the presence of sulphurous acid gas, in all cases of coryza, influenza, tonsillitis, etc. This treatment is advised by Dr. C. M. Fenn, of San Diego, Cal.

The Surgery of the Gall-Bladder and Bile-Ducts, with Brief Notes of Seventy-Eight Cases.

Robson (*British Medical Journal*, April 28, 1894,) speaks of the most prominent symptoms and complications of cases of cholelithiasis which have come under his observation:

1. Spasms or biliary colic without jaundice, the attacks being repeated at longer or shorter intervals.
2. Collapse due to the intensity of the pain.
3. Spasms followed by evanescent jaundice.
4. Pain followed by persistent jaundice and enlargement of the liver.
5. Hydrops of the gall-bladder without jaundice.

Codeia in Diabetes Mellitis.

Bates (*Med. & Surg. Reporter*) reports two cases in which at least temporary recovery occurred and sugar disappeared entirely from the urine under the use of codeia, strychnine, and podophyllin; with a strict diet, excluding sweets and starchy foods. In this prescription, he regards codeia as the most important ingredient.—*Phila. Polyclinic.*

Morbid Conditions of the Heart, and How to Treat Them.

Conclusion by Dr. W. C. Cahall, *American Medico-Surgical Bulletin.*

DISEASE.	EVILS TO BE MET.	DRUGS WHICH BEST MEETS THESE EVILS.
Simple Dilatation,	Muscle weak and yielding from increased intra-ventricular pressure during diastole.	Cactus, Atropia, Caffeine, Strychnia, Digitalis, Ergot. } Shorten diastole, invigorate the tone and contractile power of muscle.
Simple Hypertrophy,	Over-developed and over-acting muscle. Increased vigor and frequency of contraction, and increased arterial tension.	Veratrum Viride, Aconite, Bromides, Nitro-glycerine. } Reduce rate and rapidity of ventricular contractions and lessen arterial pressure. Reduces peripheral resistance and lessens arterial pressure.
Aortic Stenosis,	Increased intra-ventricular pressure from excess of blood retained and inflowing from auricle during diastole, venous engorgement, and lessened arterial tension.	Cactus, Atropia, Caffeine, Cocaine. } Strengthen and lengthen systole and shorten diastole. Raise arterial tension and lessen venous stasis.
Aortic Regurgitation,	Passive dilatation of left ventricle, the result of regurgitating blood during diastole. Lowered arterial tension resulting in ill-nourished heart muscles.	Cactus, Atropia, Caffeine, Cocaine, } Strengthen and lengthen systole and shorten diastole. Increase arterial pressure and deliver more blood to impoverished heart-muscles.
Mitral Stenosis,	Distention and dilatation of left auricle from inability to empty itself during diastole. Venous engorgement and lowered arterial tension.	Digitalis, Strophanthus, Strychnia, Sparteine, Adonidine, Convallaria, Ergot. } Invigorate the heart-muscle and lengthen diastole, increasing arterial pressure and relieving venous engorgement. Intra-auricular pressure decreased.
Mitral Regurgitation,	do., do., do. together with a dilated hypertrophy of the left ventricle.	do. } do., do., do.
Tricuspid Regurgitation,	Distention and dilatation of right auricle from regurgitation of blood. Venous stasis,	do. } do., do., do.

Treatment of Crushing Injuries of the Extremities.

Dr. P. Reclus (*La Semaine Medicale*, No. 41, 1894,) in these forms of injuries employs as an antiseptic salve, the following formula :

R. Salol

Resorcline, aa.....	12	0 (dram ii)
Antipyrine, aa.....	12	0 (dram ii)
Boric Acid.....	20	0 (dram v)
Iodoform.....	1	0 (gr. xv)
Vaseline.....	160	0 (ounce v)

After a few whiffs of chloroform to render the patient slightly insensible, the crushed parts are washed with water at 55-60° irrigating with sufficient force to wash out the clots, foreign bodies, dirt, etc., and to reach all the pockets. Then this salve is applied on pieces of sterilized gauze which are tucked into all the crevices, the whole wound is then covered with the salve, and over this absorbent cotton is placed. This dressing is renewed every five to six days. It is advisable to apply either a splint or a plaster of Paris bandage. When the injury has not been too severe one may sometimes, with this treatment, succeed in saving the entire limb. Otherwise amputation may be delayed until partial cicatrization has taken place and a better stump is obtained.—*Med. and Surg. Rep.*

Treatment for Varix.

1. Avoidance of standing position as much as possible. No garters.
2. Constant wearing of an elastic stocking.
3. Taking during fifteen days each month at meals a pill of

R. Ergotine
Ext. Hamamelis aa.....gr. ¼

—*Times and Register.*

Immediate Cure of Corneal Ulcer.

This consists in the application of a wafer (cachet) placed on the cornea; then closing the eyelid with iodoform, cotton and a bandage, which remains in place for several days. The cachet is made of gelatine, saturated solution of boric acid, and impalpably powdered iodoform.

It is wet with a solution of boric acid before using. Cicatrization occurs in three days even in bad cases. The rapid effects are most likely due to the destruction of the micro-organisms. *La France Med.*—*Times and Register.*

SEE page xxiv, or back of yearly index, for a good chance this month to get large value for little money.

Special Advantages of Acetanilid in Surgery.

At the close of an article on the use of acetanilid in medicine and surgery, in the *Jour. Amer. Med. Association*, Dr. G. W. Woods, Medical Inspector of the United States Navy, gives the following summary of its surgical advantages:

"It is cleanly, odorless, antiseptic, desiccant, hemostatic, stimulant, alterative, non-toxic practically, lasting in its effects, if intermitted, does not crust, easily removed, and it acts in these ways when perfect cleansing of a wound is impracticable; while it is a perfect substitute for iodoform at an insignificant cost, and is not injured or altered by moisture, as it may be saturated with water; and being drained and dried, is found to be unaltered.

"With these advantages, acetanilid should be welcomed to the outfit of all surgeons, but especially to those of the army and navy, this simple enumeration of its excellencies seeming certainly to demonstrate its special adaptation to the field and campaign work of the former, and similar duty in connection with landing parties and shore duty of the latter; in time of war, its application to all wounds being soothing, beneficial, avoiding the necessity of immediate, careful antiseptic cleansing, and permitting of delay in completing the final surgical attention in most cases a delay often as necessary as desirable on shipboard, on account of the rolling of the ship or stress of weather."

Formulas.

FOR TOOTHACHE.

R. Menthol.....	drams 2
Alcohol.....	ounces 1½
Oil of cloves.....	minims 15
Tincture of aconite.....	drams 3
Chloroform.....	dram 1

M. S.—Cleanse out the cavity thoroughly (preferably by syringing), and apply on cotton. Also, rub a little on the gums.

Hoschton, Ga. L. CYRUS ALLEN, M.D.,

—*Med. Brief, Nov., 18, page 1325.*

FOR BRONCHIAL COLDS

R. Phenyl salicylate.....	dram 1
Terpin hydrate.....	dram 1
Codein sulphate.....	grains 2
	Mix.

Make twenty capsules (or pills). Dose—One every four hours.

This formula (variously modified) is used in the treatment of "bronchial colds," of the bronchitis of influenza, of acute and subacute pleurisy, and of febrile exacerbations with pleuritic or pneumonitic phenomena in the course of pulmonary tuberculosis.

R. Ammonium salicylate.....	grains 40
Ammonium carbonate.....	grains 24
Ammonium chloride.....	grains 50
Fid. extract of coca.....	f drams 4
Glycerine (or syrup of bitter orange, or syrup of wild cherry).....	f ounces 1½
Water enough to make.....	f ounces 4
	Mix

Dose—Tablespoonful every three or four hours.

This is found to be a useful routine prescription in the ordinary run of bronchial "colds" attending the dispensary.—DR. S. SOLIS COHEN in *Phila. Polyclinic*.

FOR FETID BREATH.

R. Sodii bicarb.....	drams 1
Saccharine.....	grains 1
Acid. salicylic.....	grains 1
Alcohol.....	f ounces vj

M. Sig.—A teaspoonful in a glass of water to rinse the mouth.

—*Ex.*

Koch's treatment for erysipelas:

R. Creolin.....	dram 1
Iodoform.....	ounces ss
Lanolin.....	drams x
M. Ft. Ung.	

—*Med. Mirror.*

GENERAL DEBILITY.

In those cases of general debility characterized by loss of sleep, dimness of vision, poor appetite, tendency to shun society, patient unrefreshed by sleep, etc., the following will be found of great service:

R. Syrup acid hydriodic (Hostalley's).....	ounces vj
Hydrag. bichlor.....	grains ss
Liq. potassii arsenit.....	drams ij

M. Sig.—Teaspoonful three times daily, in water.

In chronic bronchitis the above, with slight modifications to suit the particular case under treatment, will be found to give results of the most satisfactory nature.

EMOLLIENT OINTMENT IN MEASLES AND SCAR-LATINA.

R. Anhydrous Lanolin.....	9 parts
Vaseline.....	3 "
Distilled water.....	4 "

Apply every three hours.

—KLEIN, *Ther. Monatsk*

Dr. George Brown, 14½ Whitehall St, Atlanta, Ga., used in hypertrophic rhinitis, with splendid effect, the following:

R. Olei Vaselin.....	ounce 1
Liq. Albolini.....	ss
Camphor mentholini.....	drams ij
Eucalyptol (Sander & Son's).....	drams j

M. S.—Use as a spray with atomizer (covered).

IN SEXUAL IMPOTENCE OF WOMEN.

- R. Ext. cannabis indica } of each, 2 grs. (½ dr.)
 Ext. Nux Vomica..... }
 Aqueous ext. aloes.....60 ctg. (10 grn.)
 Divide into 100 pills. Two or three daily.

—Dr. Hammond.

—Hayem* gives the following prescription for the relief of acute coryz a:

- R. Acid. carbonic.....
 Aque ammonia.....ss. dram i½
 Alcohol..... dram v
 Aque destil..... ounce j
 M. Sig. Inhale from several drops upon a piece of bibulous paper.

*Rev. de Laryngol, d'Otol. et de Rhinol, in Boston Med. and Surg. Journal.

FOR PULMONARY TUBERCULOSIS.

- R. Creosoti }
 e-Naphthol }ss dram ij
 Acidi arseniosi.....gr ij
 Strychninis nitrat.....gr. ½
 Atropinas sulphat.....gr. ½
 Extracti gentianae }
 Gummi arabic. }ss q. s. ut ft pil. no.cxx.-M
 S.—One from four to six times daily.

—Maximowicz.—I b.

St. Louis City Hospital Formulae.

DR. HEINE MARKS, M.D., Superintendent.

PNEUMONIA MIXTURE.

- R. Liquor ammon. acet.....100.0 (drams xxv)
 Spfr. ether. nitr.....50.0 (dram xlii)
 Spfr. camphor......8.33 (dram ij)
 Tr. gentian.....50.0 (dram xlii)
 Tr. belladonna......8.33 (gr. 50)
 Fl. ext. bryonia.....2.0 (grs. xxx)
 Water or syrup qu. s. ad.....500.0 (℥)
 M. S.—20cc (dram v) every two to four hours and one-twentieth of a grain of sulphate of strychnia three times daily for ten days, or until physiological effects are produced.

ACUTE INFLAMMATORY RHEUMATISM.

- R. Acid salicyl.....65.0 (ounces ij)
 Potash bicarb.....65.0 (ounces ij)
 M. Place in mortar, dissolve in water until effervescence ceases, add:
 Liquor ammon. acet.....100.0 (dram xxv)
 Fl. ext cascara sagrada arom.33.33(dram vii½)
 Glycerini.....200.0 (ounces vi¼)
 Water qu. s. ad.....500.0 (℥)
 M. S.—10cc. (dram iis) every two to six hours; when patient perspires freely, every six hours.

COLD POWDER.

- R. Camphor.....64.0 (ounces ij)
 Ammon. carb.....50.6 (dram xlii)
 Pulv. opii.....12.72 (dram iij)
 Potass. sulph.....121.75 ounces iv
 Powd. ipecac.....3.25 (grs. 50)
 M. f. pulv. S.—This powder is used whenever Dover's powder is indicated and to alleviate the cough of phthisis and pneumonia

Formulae in eye practice.

FOR MILD CONJUNCTIVITIS.

- R. Boric acid.....gr. i
 Biborate of sodium.....gr. iv
 Distilled water.....f ounce j
 Sig. Use freely three times a day.

FOR CONJUNCTIVAL HYPEREMIA.

- R. Boric acid.....gr. x
 Hydrochlorate of cocaine.....gr. ij
 Rose-water.....f ounce ss
 Distilled water.....f ounce ss
 Sig. Use freely three times a day.

FOR SUBACUTE CONJUNCTIVITIS.

- R. Biborate of sodium.....gr. viij
 Camphor water.....f ounce j
 Distilled water, of each.....f ounce j
 Sig. Ten drops applied every four hours.

The following formulae are recommended by Mittendorf :

FOR SIMPLE BLEPHARITIS.

- R. Red oxide of mercury.....gr. x
 Vaseline.....f ounce ss
 Sig. Apply to the edge of the lid at bedtime.
 Or,
 R. Ammoniated mercury.....gr. xx
 Powdered camphor.....gr. x
 Vaseline.....f ounce ss
 Sig. Apply at night.
 Or,
 R. Solution of subacetate of leadgtt x
 Ointment of rose water.....dram iij
 Sig. To be used for the more chronic forms of marginal blepharitis.

—Therapeutic Gazette.

FOR AMENORRHEA.

- R. Hydrargyri chloridi corrosivi.....gr. ¾
 Sodii arseniatis.....gr. }
 Ferri sulphatis exsiccate.....gr. xxx
 Potass carbonatis.....gr. xv
 Extracti nucis vomice.....gr. v
 Divid. in pil. xxx
 M. Sig. One pill to be taken before each meal.
 —Practitioner.

FOR PAINFUL PHARYNGITIS.

- R. Morphine sulphatis.....gr. iv
 Acidi carbonic.....dram ss
 Acidi tannic.....dram ss
 Glycerini.....dram iv
 Aque.....dram iv
 Ft. solut.
 M. Sig. Paint the throat two or three times daily.
 —Medical Press.

FOR PSORIASIS.

- R. Ichthyol.....
 Acid. salicylic.....
 Acid. pyrogallic.....
 Aristol.....ss. gms. 2½
 Vaseline.....
 Adipis.....
 Lanolin.....ss. gms. 30
 M. A powerful ointment, to be used in small quantities.
 —Med. and Surg. Reporter.

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Reviews.

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We admire this most excellent work and gladly note its arrival each year. It is like an annual medical journal, giving the best of the year's literature in the various departments of the science of medicine and surgery. It would be impossible for a physician to do the amount of reading and research that would be required to obtain the information herein presented, even if he had all the medical journals and pamphlets of the world before him for that purpose. This is the faithful work of intelligent editors, placing before the reader only the best out of the vast mass of medical literature.

A MANUAL OF MODERN SURGERY, GENERAL AND OPERATIVE. By John Chalmers DaCosta, M.D. 809 pages, 276 illustrations, 13 full-page colored plates; cloth, \$2.50. W. B. Saunders, 925 Walnut St. Phila., Pa.

We have examined this work with great care, and find that it is clear and plain in diction, up to the latest date in theory, and is in every way a desirable work for those who need a new work on general surgery.

We acknowledge with thanks the receipt of a copy of the fine artistic work "The Discovery of Hot Springs, Ark., by DeSoto" from Dr. Thomas E. Holland, Hot Springs, Ark., Chairman Committee of Arrangements of the Miss. Valley Med. Association.

THE POCKET ANATOMIST. By C. Henri Leonard, A. M., M.D., Prof. of Gynecology Detroit College of Medicine. Leather, 300 pages, 193 illustrations, postpaid \$1.00. The Illustrated Medical Journal Co., Publishers, Detroit, Mich.

The eighteenth edition of this popular anatomy is now before us; it is printed upon thin paper and bound in flexible leather so as to be specially handy for the pocket. The illustrations are photo-engraved from the English edition of Gray's Anatomy, so are exact as to their details. Three large editions have been sold in England, testifying to its popularity there, and some sixteen thousand copies have been sold in this country. It briefly describes each artery, vein, nerve, muscle and bone, besides the several special organs of the body. It contains more illustrations than any of the other small anatomies.

A SYNOPSIS OF THE PRACTICE OF MEDICINE FOR PRACTITIONERS AND STUDENTS. By William Blair Stewart, A.M., M.D., Lecturer on Therapeutics; late Instructor on Practice of Medicine in the Medico-Chirurgical College of Philadelphia; Demonstrator in the Philadelphia School of Anatomy, etc. Cloth, 484 pages, price \$2.75. E. B. Treat, 5 Cooper Union, New York, N. Y.

Our acquaintance with the talented young author of this work gives us all the more confidence in recommending it to those who need a late review of the modern facts and methods in the practice of medicine.

For interesting and important pamphlets (free) regarding your duties and privileges as a citizen, address, Mr. B. Franklin Hunter, 1100 Pine Street, Philadelphia, Pa.

Wit and Wisdom.

THE COLOR OF NEGRO BABIES.

Editor MEDICAL WORLD:—In November WORLD, Dr. Annetta Kratz, replying to Dr. Koonta, says that the scrotum of the male negro baby is always black. This reminds me of a good joke on a distinguished legal gentleman who once graced the bench in North Carolina.

In a case of disputed paternity before the judge, the lawyers were disputing as to whether the infant was white or a negro, when the judge, who was one of the "rough and ready" kind, said "don't you know that a negro child's scrotum is always black? Hand me the child," and proceeding, without ceremony, to investigate the matter for himself, to his chagrin and the great amusement of the lawyers, he found it was a female child, and that his test was not applicable in that case. It seemed not to occur to him to inquire as to the sex of the baby.

D. S. ELLIS.

Ashland, Va.

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THE state of the mouth should be carefully looked after before beginning a mercurial course. Teeth with caries, irregular edges, and deposits of tartar about the roots will show evidence of pyalism much sooner than if they were in a healthy condition.

FOR Strychnine Granules, send to the Phila. Granule Co., No. 10 S. 18th St. Only 10 cents per hundred or 65 cents per thousand.

A DOCTOR MUST NOT AND SHOULD NOT

Depend wholly upon subjective symptoms for his diagnosis or let his patient dictate treatment or remedies.

Be agitated by the praises or criticisms of the patient's friends or buoy up a hopeless case.

Make a display of his instruments or experiment, or exhibit his skill, till he is personally requested to do so.

Pretend that he is more clever than his fellow practitioner, or allow a look or act, when in consultation, show that he is displeased or thinks himself smarter than his consultant.

Encourage or initiate the slander of his professional brethren or indulge in intoxicants or narcotics.

Promise to cure a patient in any given time or that the malady will never return, or that to-morrow's fever will not rise as high as it is to-day.

Promise to call at an exact specified time or forget to pay a visit.

Be afraid to tell the truth or publicly inveigh against what he practises in private, or say one thing and mean another.

Betray his patients' trust, or take advantage of their weaknesses.—*Indian Journal of Pharmacy.*

SO FAR as the number of students is concerned, Philadelphia is the medical center of the United States. There are 2,400 students, of which 875 are in the University of Pennsylvania; 700 in Jefferson; 325 in Hahnemann; 800 Medico-Chirurgical; 200 women.—*N. Y. Med. Times.*

DR. ANGELO BELLOMI, of Italy, has good results from the use of Bromidia in vomiting of pregnancy, in delirium tremens and other nervous affections.

BROMO SODA holds its own on its merit. For nervous headache and stomach headache, insomnia, brain fire, debility, vertigo, and headache after taking opium or morphine it has but few equals, if any superiors. And it is "so nice" to take and the effect is like magic in the majority of cases. It is one of the things one does not like to be without night or day.

CHARLES L. LUMLEY, L. R. C. P. I., L. M., etc., etc., Gt. Portland street, London, W., England, says: "I have no hesitation in stating that *Sanmetto* is one of the most important remedies of the present day for diseases of the genito-urinary tract—having had ample experience of its use in gonorrhoea and acute cystitis, in both of which kind of cases it acted in a most marvelous and rapid manner. I prescribe *Sanmetto* in every case where it is indicated, and it has always been rich in results, and well deserves all that is said of it."

DOUBLE BRIDGES, TENN., June 23, 1898.

Send me by mail, one double box of your Freligh's Tablets, Cough and Constituent. Enclosed find check for same. The sample box is doing grand work for a patient with incipient Phthisis.

Class of 1886.

W. H. TUCKER, JR., M.D.

SOMATOSE IN ACUTE AFFECTIONS.

In an article on the nourishment in acute affections, published in the *New York Medical Times*, September, 1894. Dr. Alfred K. Hills, one of the editors of this journal, writes as follows:

"The most perfect preparation of the albumoses yet produced is furnished us from Germany, under the name of Somatose.

Somatose is a yellowish, fine, granular powder, readily soluble, perfectly odorless and practically tasteless, containing the nutritive qualities of meat minus, the glutinous material, fat, creatin, xanthin, etc. The usual dose of Somatose is a teaspoonful or a dessert spoonful dissolved in a cup of milk, soup, grape juice, with or without the addition of effervescing water. It has been found that this agent diminishes nitrogenous waste, replaces the albumen of the organism, and one part is equal to six parts of beef devoid of fat.

It is claimed to be indicated in all acute diseases where a food rich in albumen and readily assimilated is required, and I have found it of especial service in cases where the peptones were declined on account of their odor and taste."

UNEQUAL dilatation of the pupils is regarded by Dentree as a sign of great value in the diagnosis of pulmonary tuberculosis. It is present, he says, in the majority of cases of this disease.

We have had entire satisfaction with the goods bought from G. W. Flavell & Bro., 1005 Spring Garden St., Phila.; manufacturers of trusses, supporters, elastic goods, etc.

SEND to B. Keith & Co., 75 William St., New York, for information regarding treatment of morphinism.

THE distinguished brother of the senior member of the firm of the Hastings Truss Co., 224 S. 9th St., Phila., was recently elected Governor of Pennsylvania by the largest majority ever received by any state officer of the United States. However, The Hastings Truss Company still keeps the best of trusses and supporters at the same old stand.

MELLIN'S FOOD carried off the honors at the California mid-winter exposition.

FOR sclerosis prescribe Mercauro.

JULIUS FRIE'S Baby Powder is a distinct success.

SEND to Micajah & Co., Warren, Pa., for a sample of medicated uterine wafers.

FATS AND OILS.

If the digestive organs of your patient are unable to digest and assimilate fats and oils, then he needs *Seng*, two or more teaspoonfuls before each meal. No person will have consumption whose digestive apparatus is able to digest fats and oils.

FOR a good instrument for the injection treatment of hernia, address Samuel A. Crocker & Co., 117 W. 5th St., Cincinnati, O.

WE always keep a supply in our office of the pile ointment made by Fred. W. Stewart, Oswego, N. Y.

THE coryza, cough, rheumatism and heart tonic granules made and originated by the Philadelphia Granule Co., 10 S. 18th St., are very reliable and efficient. Only 25 cents per 100.

NUCLEIN solution is the new physiological remedy. Send to Parke, Davis & Co., Detroit, Mich., for information.

FOR cut rates in surgical instruments, address, I. Phillips, 69½ Whitehall St., Atlanta, Ga.

WE use Weinhausen's thermometers. Address, H. Weinhausen 22 and 24 William St., New York, N. Y.

ANY one who understands the formula of Celerina must have a high regard for it as a valuable nerve tonic. Full-sized bottle free if you will pay express charges. Address, Rio Chemical Co., St. Louis, Mo.

WE have always been pleased with the cases and other goods purchased of the Western Leather Co., 125 Rees St., Chicago.

WAS NOT SPOILED BY PROSPERITY.—A newspaper paragraph is going the rounds to the effect that a Scotch girl named Lithweg recently graduated from the medical school of Ann Arbor University with a very fair record. Immediately following the event came the news that an uncle had died in Glasgow, Scotland, and left her a fortune variously estimated at \$650,000 to \$800,000. The young doctress exhibited no surprise or emotion on receiving the announcement, but merely said: "That will enable me to relieve the wants of the poor, without any regret for the loss of my time and labor."—*Jour. of the Amer. Med. Ass'n.*

OF the use of Per-oxide of Hydrogen, Prof. Kastenbine says:—Of the various brands of commercial dioxides I have examined, I find Marchand's to be the one which yields the largest amount of available oxygen under all conditions of exposure, and the one which contains the minimum percentage of free acid. All the marketable articles I have seen are free from barium compounds, but the majority do not come up to the 15 volume standard, but are 6, 8, 10 and 12 volume solutions.

I WILL unhesitatingly say that I consider Peacock's Bromides much superior to the ordinary bromides, and the chionia I believe to be an extremely successful preparation of a very valuable therapeutic agent. I have used both with excellent success, John J. Shaw, M.D., Plymouth, Mass.

AT the Antwerp World's Fair Exposition, Wm. R. Warner & Co., of Philadelphia, were awarded the Grand Prize for the purity and excellency of their preparations.

STEARNS'S Kola Cordial is a new and valuable tonic stimulant. Samples free if you pay express charges. Frederick Stearns & Co., Detroit, Mich.

FOR valuable suppositories send to Hall & Ruskel,

218 Greenwich St., New York, N. Y. Sample dozen free if you mention **THE MEDICAL WORLD**.

FOR nervous exhaustion try Horseford's Acid Phosphate. Sample if you pay express charges. Rumford Chemical Works, Providence, R. I.

We have used Horlick's Malted Milk with satisfaction. Sample free. Horlick's Food Co., Racine, Wis.

DYSMENORRHEA AND METRORRHAGIA.

"An unmarried lady, aged 35, with a previously good personal history regarding her general health, called upon me a few months since, seeking relief from dysmenorrhœa and metrorrhagia. Bearing in mind the formula of ponca compound and being impressed with its application for the conditions presented, I prescribed the preparation in doses of one tablet t. i. d. The abnormal conditions very soon responded favorably to this treatment. The painful menstruation improved and the menses became more regular. She took the tablets as directed for two or three weeks and later on expressed herself as very much relieved. I saw her a few days since and she said that now during her menstrual periods, she experienced little or no pain."

Belcher Hyde, M. D., 282 Macdonough St., Brooklyn, N. Y.

THE PLEASURES AND REWARDS OF A PHYSICIAN'S LIFE.—In his commencement address at Lafayette College last June, Dr. William W. Keen, of Philadelphia, gave the following picture of the pleasure and satisfaction of the busy physician, which we reprint at the request of another eminent professor:

"Sir Spencer Wells, as the net result of his first 1000 ovariectomies added 20,000 years to human life; and so far has modern surgery surpassed this result that every thousand similar operations to-day adds not less than 30,000 years to human life! Think what one of these lives means, as the pale cheek regains its color, the feeble pulse its force, strength succeeds weakness, each day records a gain, and finally health is re-established. The tender father returns to his usual pursuits; the adored mother once more becomes the centre of loving care of her family; the beloved child is restored to the family circle with ruddy health, rescued from the valley of the shadow of death itself. The hushed voices, the soft tread of the sick-room have given place to the laughter of health; the mists of sorrow are driven away; the anxious alarms of disease have vanished. What, think you, can equal the joy of the physician, as he views this happy transformation? Who is a dearer, more cherished, more welcome friend than he? Who finds a warmer place by the fireside and in the very hearts of his patients? No one can adequately appreciate his profound joy, his daily delight, his deep gratitude to the 'Giver of every good and perfect gift.' Oh, my friends, it is a blessed profession, a divine calling, with a heavenly recompense on earth!"—*The Sanitarion*.

ASTHMA.

- R. Syr. Acid Hydriodic. (Hostelley's).....ounces iiss
Syr. Senega.....ounces ii
Fld. Ext. Vinnl. Verg.....ounces iiss
M. Sig.—Teaspoonful three times daily, in water.

BELIEF OF ASTHMA.

Believing, that as yet the physicians of this section are not fully acquainted with the successful results of the conc. tincture of *passiflora incarnata*, prepared by Jno. B. Daniel, of this city, I take this opportunity to state the effects produced by this valuable prepara-

tion in one instance that came under my personal supervision.

A few days ago I was hastily summoned to the bedside of a gentleman who was suffering with a severe attack of asthma. After examining his condition I gave the patient a teaspoonful of *passiflora* and repeated the amount at intervals of a half hour. The first dose caused immediate relief, and after the third was administered the patient fell into a quiet, restful sleep, entirely relieved of the violent paroxysm. His slumber was not broken throughout the entire night, and on awakening the following morning, he expressed himself as feeling better than he had in months. I instructed him to continue the use of the medicine, in a little water, three times a day. The gentleman is now enjoying splendid health, has not experienced a return of the asthma, and feels that he has a permanent preventive for his malady.

MISS JENNIE NEWMAN, M. D.

FOR the new Mexican remedy for rheumatism, address the Atlas Chemical Co., 216 Main St., Cincinnati, Ohio.

HAVE you seen a sample of the new ointment base—unguentine? If not, send for it to the Norwich Pharmacal Co., Norwich, N. Y.

SEE the liberal offer of the Abbott Alkaloidal Co., in this issue. The vest pocket case of nine vials is a good one, and the granules are good.

SEE the elegant 24 vial case of tablets advertised by H. K. Mulford Co., in this issue. If you carry your own drugs you will find it desirable.

FOR a fine professional suit of clothes, send your order to E. O. Thompson, 1338 Chestnut St., Phila.

FOR a handsome pair of Saddle-Bags, send to Willis H. Davis, Keokuk, Iowa.

FOR liberal samples of Dyspepsia Tablets, send your name to the P. J. Noyes Co., Lancaster, N. H.

TRY Alettris Cordial in your gynecological practice. Send for sample to Rio Chemical Co., St. Louis. You pay express charges.

YOUR dyspeptic patients will need the Pancreo-Bismuth with Pepsin, made by George C. Frye, Chemist, Portland, Maine. Sample free.

SYRUP OF FIGS is the standard family laxative.

SAMPLES of Antikamnia Tablets, upon request to the Antikamnia Chemical Co., St. Louis.

FOR Colden's Liquid Beef Tonic or for Svannia, the purified opium, apply to the Charles N. Crittenton Co., 115 Fulton St., New York, N. Y.

WORLD and *Times and Register* (weekly) for \$1.75.

Yes, we can still supply **WORLD** and *Philadelphia Medical and Surgical Reporter*, both for one year, for \$3.25.

We can furnish Peterson's or Arthur's Home Magazine to our subscribers at 75 cents each per year. Remember this when you send renewal. Remember the wants of the ladies of your family. Either would make a nice Christmas present for a niece or cousin. Both of the above Magazines, **THE MEDICAL WORLD** and the *Philadelphia Med. and Surg. Reporter* (weekly) all for \$4.75—worth \$6.

WORLD and *Alkaloidal Clinic*, both one year for \$1.70.

Louisville Medical Monthly and **THE MEDICAL WORLD**, one year \$1.75.

(Continued on next leaf.)

Substitution

(the substitutes not
containing the bromides
of the metals, and being
colored with aniline dye)
compels us to abandon
the 2 oz. and adopt for
all our preparations the

One Ounce
Bottle
with
Wire Seal
on Neck



On back of
each bottle is
this label.

Ten drops contain of Gold Bromide, Arsenic Bromide and Mercury Bromide each 1/32 gr.

Dispense in glass only. Do not use a spoon.

Should be used only upon Physician's prescription.

You want your
patient to obtain
that which
You Prescribe

We adopt this
means to prevent:

Fraud

Litmus Pencil

Not the ordinary Litmus, but Chemically Pure Litmus put in pencil form. *One half of the Pencil is for detecting Acids, and the other half for Alkalies*, and it is so sensitive to the action of acids and alkalies that it will detect them in any proportion that they may exist; about fifty times more sensitive than ordinary litmus paper. Use on unglazed paper. Price, 25 cents.

Leucorrhœa.—The next case of Leucorrhœa you have—I mean a case where other treatments have failed. Write to me for a four-oz. package of PULV. ANTISEPTIC COMP., FREE! It will make four gallons of the best wash for Leucorrhœa, Gonorrhœa, etc., ever introduced to the medical profession, and will not cost you a cent.

FORMULA:—Berate of Sodium, Alumen, Carbolic Acid, Glycerine, and Crystallized principles of Thyme, Eucalyptus, Gaultheria and Mentha.

J. S. TYREE, Manufacturing Pharmacist, Washington, D. C.

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The Best Treatment for

GONORRHŒA AND GLEET.

To any physician mentioning **THE MEDICAL WORLD** and enclosing his business card and 5 cents in stamps, I will send, postpaid, samples of the Medicated Bougies sufficient for trial, together with a copy of "THE RATIONAL TREATMENT OF URETHRITIS," (new and enlarged edition), a pamphlet containing many valuable hints on treatment and of use to every physician.

MANUFACTURER OF
SOLUBLE MEDICATED GELATIN
PREPARATIONS.

Address, **CHARLES L. MITCHELL, M. D.,**

1016 Cherry St., Philadelphia, Pa.

PRACTICES WANTED AND FOR SALE advertised in this column for parties who are not agents for the practice, for **THREE CENTS PER WORD**. Twenty-five words will be inserted one time free for subscribers. For additional words or for subsequent insertions, three cents per word required. Advertisements of books, instruments, preparations, etc., or regular business advertisements inserted in this column for six cents per word; no free words. If answers are to be sent in care of our office, an extra fee of fifty cents for each insertion is charged. An advertisement intended for any particular issue must reach us not later than the 12th of the month preceding. Cash must accompany all orders. In estimating, the name and address must be counted, and every three figures, or fraction thereof, and every letter representing a word counts as a word.

FOR SALE:—Leading drug store in a town of 2500 inhabitants; 50 miles from Indianapolis. On account of death of proprietor who has done the aristocratic practice of the town for past twenty five years. Address, 71 Lombard Building, Indianapolis, Ind.

WANTED:—A location in Texas. Good black prairie farming country preferred. Address, TOMS, Alikchi, Indian Ty.

WANTED:—A physician to take charge of a large practice. 1400 inhabitants; no opposition. J. S. DODGE, M.D., Lincoln, Vt.

WANTED:—By a physician—a pharmacist with \$2500 to take one-half interest in a drug store and take charge of the same. Address, Box 53, Opelousas, La.

FOR SALE:—Real estate and practice at value of former. Business established thirty years. City \$0,000, about 75 miles from Chicago. Rare chance for competent physician and surgeon. Owner wishes to retire. Address, "Badger," care of WRIGHT DRUG CO., Milwaukee, Wis.

FOR SALE:—Practice two thousand yearly; house eight rooms; wood house; ice house; granary barn \$2x42 two-story; all new. Fruit orchard. Wealthy farming community. For terms address, P. HYNDMAN, M.D., Tompkins, Mich.

See page xxvi for later For Sale advs.

Eclectic Medical Books.

If you want any of the standard or late publications of the ECLECTIC SCHOOL, send to us for complete price list.

We also publish the

Eclectic Medical Journal,

and sell any Medical Book Published

JOHN M. SCUDDER'S SONS,

... Publishers, ...

228 W. Court Street, Cincinnati, Ohio.



This Elixir is prepared from the chemically pure Salts. Results can be looked for from its administration that could not possibly be expected from the Commercial Salts.

FORMULA.

Each fluid drachm contains Arsenic Iodidum, 1-125 grain; Ferri Iodidum, 1-12 grain, Hydrargyri Iodidum, 1-125 grain, Manganese Iodidum, 1-10 grain; Potassii Iodidum, one grain; Sodii Iodidum; one grain, with Aromatics.

MEDICAL PROPERTIES.

The greatest value of this combination is, it relieves those obscure and chronic obstructions to gland action—the Kidney Liver, Pancreas, as well as the lymphatic system, which may exert so great an influence for evil on the economy. It enjoys the confidence of the medical profession, as its use is indicated in a wide range of diseases, particularly so in Pernicious Anemia, Skin Diseases both acutely and popular; has remarkable curative effects in Specific Diseases and other manifestations of systemic Infection, Chronic Uterine and Pelvic Diseases, and in complaints were an alterative and tonic are indicated.

This combination proves that the united action of remedies are often regulate when either, alone, is insufficient. Physicians when prescribing, will please write: **ELIXIR SIX IODIDES**—WALKER GREEN'S—ONE BOTTLE.

The druggist will please write directions on his own label. Elixir Six Iodides is always sold in eight oz. oval bottles and never in bulk.

Wholesale Price \$3.00 per doz. bottles.

We also prepare the Elixir six Bromides—Elixir six Hypophosphites at \$1.00 per dozen and the Elixir six Aperiens at \$1 per dozen. The Elixirs are kept in stock by Wholesale Druggists throughout the United States. SEND FOR CIRCULAR.

The Walker-Green Pharmaceutical Co. (Inco.)

180 W. Regent St., Glasgow, Scotland, and
Kansas City, U. S. A.

Samples of the four Elixirs will be sent prepaid on receipt of \$1.00

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or of an addition to one's library, elegance and usefulness will be found combined in WEBSTER'S INTERNATIONAL DICTIONARY



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Standard of the U. S. Gov't Printing Office, the U.S. Supreme Court and of nearly all the Schoolbooks.

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A College President writes: "For ease with which the eye finds the word sought, for accuracy of definition, for effective methods in indicating pronunciation, for terse yet comprehensive statements of facts, and for practical use as a working dictionary, Webster's International excels any other single volume."

The One Great Standard Authority, So writes Hon. D. J. Brewer, Justice U. S. Supreme Court.

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Send to the publishers for free pamphlet. Do not buy cheap reprints of ancient editions.

**Farbenfabriken vorm. Friedr. Bayer & Co.'s
Pharmaceutical Specialties**

An Albumose
SOMATOSE
Food Product

SOMATOSE is a new food-product consisting of the Albumoses and nutrient salts of meat, with a minimum of peptones. It is a powder readily soluble in ordinary fluids, and rapidly assimilated in the organism. Somatose is useful in fevers, gastric affections, phthisis, anæmia, and as an infant food. Supplied in two ounce, quarter, half and one pound tins.

TRIONAL is a nerve sedative and hypnotic which has given satisfactory results in simple agrypnia, mental excitement, and delirium accompanied by obstinate insomnia, and in narcotic habitués. It acts promptly, safely and effectively. When pain exists Trional may be combined with Phenacetine. Supplied in ounces and tablets.

Hypnotic
TRIONAL
Neurotic

Antiseptic
ARISTOL
Cicatrisant

ARISTOL is a convenient, agreeable and effective dressing in major and minor surgery, dentistry, diseases of the eye, ear, nose, and in burns. Aristol adheres closely to wounds and membranes, and may be used in powder, or in the form of ointments, oils, collodions or ethereal solutions. It is supplied in ounces only.

LOSOPHAN or Triiodocresol has given excellent results in the treatment of mycotic diseases, such as ringworm, scabies, pityriasis versicolor, the chronic forms of eczema, prurigo, sycosis, acne and pediculosis. Losophan should be thoroughly dissolved in oils, and not simply combined with ointments. It is supplied in ounces only.

Antimycotic
LOSOPHAN
Dermic Stimulant

Antipyretic
PHENACETINE
-BAYER
Analgesic Anodyne

PHENACETINE-BAYER is indicated in all acute, inflammatory, febrile conditions, and all forms of pain. It is the safest, while the most active and reliable of the antipyretics and analgesics. Phenacetine-Bayer is supplied in ounces, tablets and pills; also in pills and tablets combined with Salophen, Sulfonal, quinine, caffeine, etc.

Piperazine-Bayer - Europhen - Sulfonal-Bayer - Salophen - Lycetol

PAMPHLETS FORWARDED ON APPLICATION.

W. H. Schieffelin & Co., New York.

Passiflora Incarnata.

In the December number of the News, Dr. J. A. Hamming tells what he has used *Passiflora* for (Sleeplessness). I have used it for the same disease for the last three years with the grandest success; also for convulsions of children due to any cause; also for all complaints arising from teething; even to diarrhoea is benefitted as by magic. All nervous diseases of the bladder in adults, frequency of urinating, or coming away drop by drop, with burning or any spasmodic action of the bladder or rectum, where *Bell* or *Nux* should be indicated. I found one-half to one teaspoonful of *Passiflora* O given every thirty minutes, for a few doses, and then once in two hours or three times a day, acts like magic. It controls restlessness of nervous people better than anything I ever used.

LeSueur, Minn.

W. H. FISHER.

Passiflora in Delirium Tremens.

"In delirium tremens and in the insomnia following the excessive use of alcoholic stimulents it (*Passiflora*) acts like a charm. It should be given in full doses, say one teaspoonful every two hours, until the desired result is obtained. It is valuable in fretful, teething children, use it both internally and as a local application to the swollen gums. My colleague, Dr. Brewer, uses it in spasmodic incontinence of urine, especially in those cases where the patient is very nervous and complains of a burning sensation when the urine is voided. He also commends it very highly in the treatment of cerebro-spinal meningitis."

—(Dr. H. M. HENNEL, in Ec. Medical Journal.)

Passiflora Incarnata in Insomnia-Spasms.

From a paper, read before the Chicago Academy of Medicine and published in the Medical Era of December, 1892, we extract the following concerning *Passiflora*:

"It is a neurotic, anti-spasmodic, soporific, anodyne and sedative. It has special action on the ganglionic cells of the gray matter of the cord.

"It exerts a special influence over the ganglia of

the thorax, pelvis and abdominal regions and generally quiets the excitement of the medulla oblongata.

"In insomnia it acts like a charm, without any unpleasant after-effects. It is valuable in neuroses, and reliable in tonic spasms which are present in a great number of cases of spinal meningitis, and it will prevent chronic spasms.

"In the nervous affections following congestion of the cord and ganglionic centers, it produces a quieting effect not produced by any other remedies, in the rapid, irregular respiration, due to irritation of the medulla. It is a specific in pains of the heart, when there is a great fear of immediate dissolution and constant fear of death, with an irregular pulse.

"In the irregular pains of pregnancy its action is sure.

"In dismenorrhoea its action is decisive and pleasing, tiding the patient over the menstrual period with comfort.

"In facial neuralgia and neuralgia of the 5th pair of nerves, it is very useful.

"In insomnia from over-indulgence in alcoholic beverages it acts like a charm, given in full doses every hour until rest is produced. It relieves innervation of the nerve centres—sympathetic innervation, especially so in epilepsy, given at night when nightly attacks occur.

"In enlarged prostate, through its action upon the ganglia of the pelvis, it exerts a special action.

"In spasms of children you will be more than pleased with this remedy.

"In the middle stages of typhoid fever, in the initial stages of scarlet fever, where the great restlessness of the patient is so trying to the physician and friends.

"I have here presented quite a number of different manifestations in which the remedy is indicated, all depending in a greater or less degree upon the same conditions. They are only given as pointers, as it were, showing the large number of different manifestations, depending upon the same parts as fault in which it is admissible by its action upon these certain parts of the nervous system, by either not performing their functions or from an over action."

Concentrated Tincture *Passiflora Incarnata*.

DR. F. G. WELCH, No. 77 W. 45th St.,
NEW YORK CITY, Jan. 1, 1894.

MR. JNO. B. DANIEL, Atlanta, Ga.

Dear Sir: Enclosed find check for another dozen Conc. Tr. *Passiflora Incarnata*. Ship at once and oblige.

F. G. WELCH, M.D.

DR. S. BRUMBAUGH, 421 S. Jefferson St.,
DAYTON, O., Dec. 29, 1893.

MR. J. B. DANIEL, Atlanta, Ga.

Dear Sir: *Passiflora* received and fully tested, and my verdict is simply this: *Passiflora* has been given a place on my office medicine shelf to stay. I care for nothing more effectual in all conditions indicating its use.

Yours gratefully,
S. BRUMBAUGH, M.D.

Office of J. H. KIME, M.D., Physician and Surgeon.
BANDON, COOS CO., OREGON, Dec. 16, 1893.

J. B. DANIEL, Atlanta, Ga.

Dear Sir: Please send me by express five pounds Conc. Tr. *Passiflora*. The pound bottle received from you about a year and a half ago was the best preparation I have used from this plant. I have used the remedy which was prepared by other reliable drug houses, but the result was not satisfactory.

Respectfully yours,
J. H. KIME, M.D.

E. M. CARRELL, M.D., 675 Braselton St.,
BOSTON, May 26, 1893.

MR. DANIEL, Atlanta, Ga.

Dear Sir: Send me one dozen bottles of Conc. Tr. *Passiflora Incarnata* as soon as you can. Enclosed find check. Do as well as you can; I will be quite a customer.

Very respectfully,
E. M. CARRELL, M.D.

Office of Dr. A. E. NEUMBIESTER,
KANSAS CITY, MO., Jan. 10, 1894.

MR. JNO. B. DANIEL, Atlanta, Ga.

Dear Sir: I used up the last bottle of the fifteen bottles of *Passiflora* you shipped me in November, '93. I am well pleased with the tincture. I find it to be A No. 1 and the results from it are the same, when the remedy is indicated. Please ship me three dozen bottles.

Very truly yours,
A. E. NEUMBIESTER, M.D.

J. L. MCNEELY & Co., Druggists,
COVINGTON, TENN., Jan. 13, 1894.

JNO. B. DANIEL, Atlanta, Ga.

Dear Sir: You will please send us per express half dozen bottles Conc. Tr. *Passiflora*. Will make a larger order next time.

Very truly yours,
J. L. MCNEELY & Co.

This Preparation is prepared and sold by JOHN B. DANIEL,
Wholesale Druggist, 34 Wall Street, Atlanta, Ga.

· A · DIGESTIVE · SECERNENT ·

S E N G

Active Constituents of Panax Schinseng in an Aromatic Essence.

SENG increases the secretion of the digestive fluid by causing the digestive organs to perform their natural function. It is, therefore, the best remedy

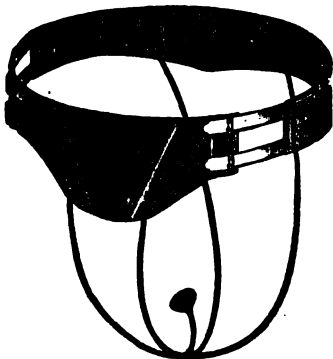
== FOR ==

INDIGESTION, MALNUTRITION, AND ALL WASTING DISEASES

DOSE:—Adults, one or more teaspoonfuls three times per day; for babies, one to ten drops during each feeding. For Colic, Flatulency, etc., the dose can be repeated every half hour until relieved.

SULTAN DRUG CO., ST. LOUIS
AND LONDON

FLAVELL'S IMPROVED UTERINE SUPPORTER.

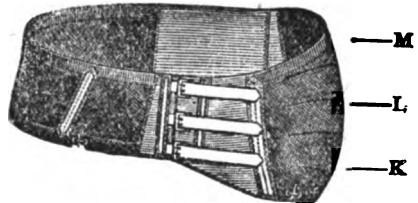


PRICE TO PHYSICIANS, \$2.00.
SATISFACTION ASSURED.

Directions for ordering.—Give circumference of abdomen two inches below the navel and state if for Prolapsus, Anteversion or Retroversion.

Flavel's Abdominal Supporters.

Directions for Measurement.—Please give exact circumference of body at K, L, M.



PRICE TO PHYSICIANS.

SILK ELASTIC, Each, \$2.75
THREAD ELASTIC, " 2.00

Elastic Stockings, Etc.

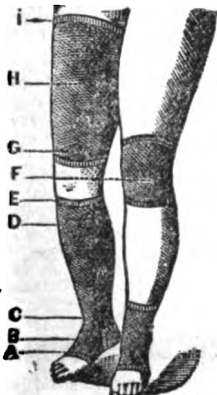
PRICES TO PHYSICIANS.

	Best Silk—Each.	Best Thread—Each.
Stocking from A to E,	\$2 50	\$1 50
“ “ A to G,	4 00	2 50
“ “ A to I,	5 50	4 00
Knee Cap from E to G,	1 50	1 00
Legging “ C to E,	1 50	1 00
Anklet “ A to C,	1 50	1 00

Directions for Measurement.—Give exact circumference and length in all cases. We allow for expansion.

Goods sent by Mail upon Receipt of Price or Express C. O. D.

G. W. FLAVELL & BRO., Manufacturers,
1005 Spring Garden Street, PHILADELPHIA, PA.



Morphine **CURED**
Habit . . . **BY THE USE OF**
KEITH'S CON. TINC. **AVENA SATIVA.**
(FROM COMMON OATS),

A Powerful Nerve Stimulant, Tonic, etc.

IS ALSO EMPLOYED IN THE TREATMENT OF

Paralysis, Epilepsy, St. Vitus' Dance, Chloral and Tobacco Habits, Sleeplessness, Nerve Exhaustion, Neuralgia, Alcoholism, Painful and Deficient Menstruation, Headache, Hysteria, Convulsions, and Prostration from Fainting, and the Convalescent Stage of Acute Diseases.

DOSE—From ten to thirty drops or more, as often as may be indicated to meet the urgency of the case. Administer in hot water when quick action is desired.

Messrs. B. KEITH & Co.,

BARNESVILLE, GA.

Gentlemen:—The con. tinc. avena sativa has been more successful in the treatment of the opium habit than anything I have ever tried, and I have tried various other remedies, among them the advertised nostrums.

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Messrs. B. KEITH & Co.,

ADAMSVILLE, O.

Gentlemen:—G. M., aged 33 years, Merchant, had circumscribed peritonitis and thickening for some time. On account of pain and tenderness, his physician prescribed morphine in small doses, but he used it afterwards, of his own accord, until the habit was established. He tried hard to break off, but he would always be taken with great prostration and irritation of the stomach. vomit everything he took and would get down, and finally in about thirty-six hours would take morphine again, and in a short time feel all right. While under its influence he commenced to take whisky and beer to keep from the morphine. He also tried different doctors, but all the same. When I was consulted he would take stimulants and then increase the morphine to keep off *big head* (as he called it), taking one drachm of morphine every two days. He was miserable, and when trying to quit it said if the suffering and agony of *hell* was as bad he wanted to steer clear of the place. I tried valerian, and nearly all nerve tonics and nerve stimulants, and to diminish the dose of morphine, but all did no good. I then told him of the *avena sativa* about which I had read, and he said if he could quit without so much suffering he would, if not, he could not bear the agony, and would take it and die as soon as possible. I obtained the avena and prescribed it in fifteen drop doses whenever he felt the need of morphine which was four times a day; and for two nights I gave him about a one-fourth grain of morphine, when he said he could do without it he did not suffer any more. Thus he left off taking morphine, and has never taken another dose of it. The first night without morphine he slept reasonably well, and each succeeding night better, until five nights, when he slept well; then I gave him only three doses of the avena for three days, then two doses for three days, then only one dose in the evening for one week. All this time he rested very well, said his suffering was nothing to what he had expected, and that any one could go through it with half grit. [His own language.] Since then he has taken neither avena nor morphine, and is now well and has no desire for any stimulant, and says that "he would not have the habit for the world." He has gained thirty pounds, namely, he has now his original weight. He never was an intemperate man until the morphine was prescribed for him by a physician, through which he was ruined, losing nearly all his property and a great deal of self-respect. He had never been without morphine for more than thirty-six to forty hours since he had contracted the habit, namely, during three years.

A. L. JACKSON, M. D.

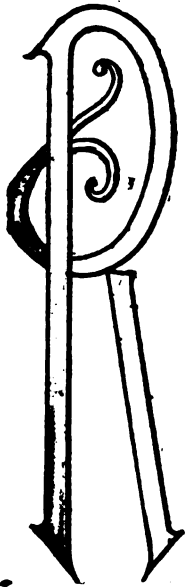
Send for printed matter on CON. TINC. AVENA SATIVA in the Morphine or Opium Habit, and certificates from different members of the Medical Profession citing cases under their charge treated by it, also REVISED AND ENLARGED MANUAL, to

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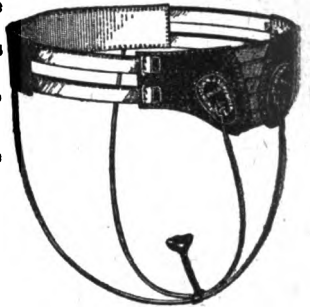
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See Page xxviii

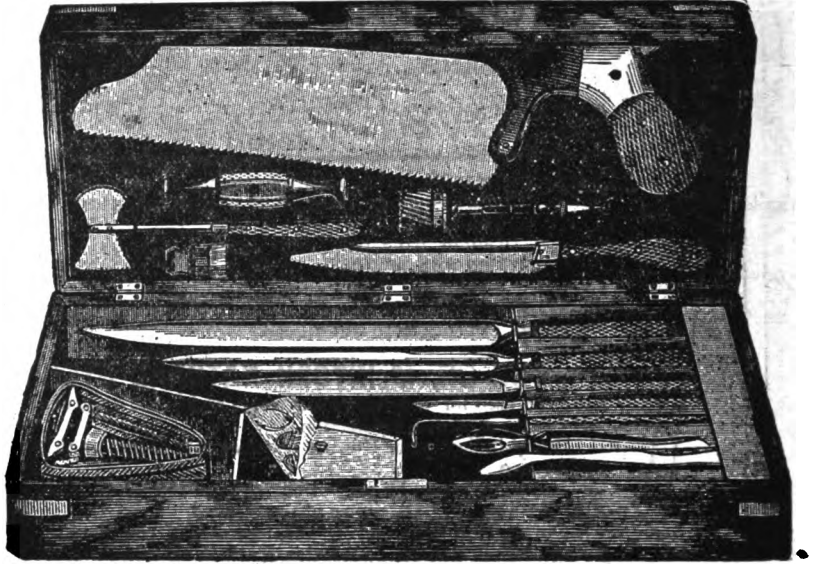
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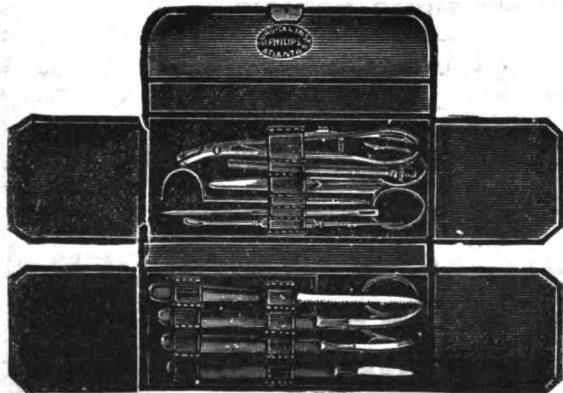
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Saw. 1 Liston's Bone For-
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Forceps. 1 Amputating
Scalpel. 1 Tenaculum. 1
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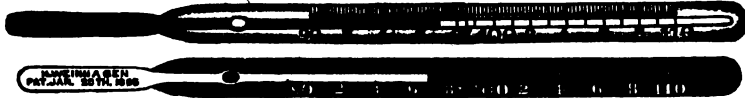
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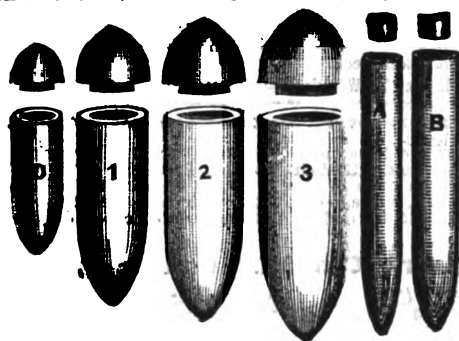
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IN SKIN AFFECTIONS.

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"I have used your Pineoline in affections of the skin for some time, and find it so efficacious in eczema that I cannot do without it. A case of twenty years' standing has yielded to its influence and has not appeared on the parts affected for nearly four months. I now have another bad case in a child whose family has suffered through four generations. It is a typical case and has baffled the skill of the best physicians. Pineoline is curing it. W. H. VEATCH, M.D.,
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SEASONABLE SUGGESTIONS.

With the opening of the winter season, and its attendant bronchial and pulmonary troubles, we are having from many sections, reports of a recurrence of the La Grippe epidemic which for the past six or seven years has afflicted the country.

This fact makes particularly pertinent a recalling of the salient points of Dr. V. W. GAYLE'S paper first published in the *Medical World* in the midst of La Grippe's most malignant visit. It will be well to note closely his recommendations and experience in connection with the recurrence of the epidemic which is now apparently upon us. He says: "This disease by proper treatment of an attack can be so modified as to be almost aborted. If not properly managed, influenza is particularly liable to grave complications, even in mild cases the tendency is towards prostration, and often the nervous shock is such as to materially debilitate the patient. Where there is much angina with acute bronchial irritation, the following is indicated:

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 Sodii Bicarb scrup e i
 Lactopeptine (Genuine) ℥ ss
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Gayle concludes his paper as follows: "What is mostly needed is an antithermic analgesic to relieve the pain and reduce the fever. These properties are found in antikamnia. This with the germ destroyer quinine is all that I really needed in the treatment of this disease. I advocate the use of stimulants in nearly every case. They are frequently needed in the onset of the disease. Sprays of carbolic acid, turpentine or resorcin are frequently efficacious in the laryngeal troubles. The diet should be light and easily digestible. By careful attention and avoidance of exposure, together with the line of treatment mapped out, the vast majority of cases will recover. Of course, there are occasional cases which present symptoms which require other remedial agents, but these of necessity must be left to the discretion of the medical attendant.

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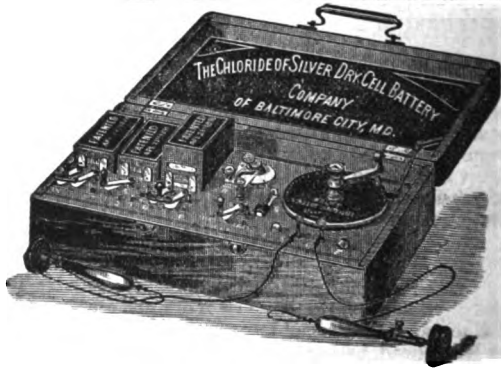
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Which is REASONABLE at first cost, and ECONOMICAL to maintain, which is DRY, PORTABLE, CLEANLY, CONSTANT in action and ALWAYS READY for use.

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ANTISEPTIC,
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LISTERINE

NON-TOXIC,
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LISTERINE is a well-proven antiseptic agent—an antisymtotic—especially useful in the management of catarrhal conditions of the mucous membrane; adapted to internal use, and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of

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LISTERINE destroys promptly all odors emanating from diseased gums and teeth, and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eructations of dyspepsia, and to disinfect the mouth, throat, and stomach. It is a perfect tooth and mouth wash, **INDISPENSABLE FOR THE DENTAL TOILET.**

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DOSE.—One or two teaspoonfuls four times a day (preferably between meals).

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A tasteless powder, has been used for the past 20 years, with the utmost success, in the practice of an old physician, for all diseases, and abnormal conditions of the throat, as Pharyngitis, Chronic Follicular or Acute Tonsillitis, Ulcerated, Diphtheritic, etc. Contains No Poison or Potash. References and Formula, upon application. Price reduced to \$2.00 per ounce, postpaid; one dram or less generally sufficient to cure ordinary cases. Address,

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I used Sanmetto with the best of results. Its action was so perfect that I have since used it with success on some fifteen different patients, as all are recovering from old chronic troubles. In fact I cannot say one-half that is due Sanmetto. I shall, in the future, in all cases of lost manhood, and in all uterine troubles think first of Sanmetto as *the* drug.

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A Good Word for Sanmetto.

I have a good word for Sanmetto. Am using it in the third case. I have under my charge a gentleman, sixty years of age, who has had cystitis for some ten years, and has been gradually growing worse, until I prescribed Sanmetto for him. He is now on his third bottle—sleeps all night, has no extra calls through the night to urinate, feels good, says he is well and has a good word for Sanmetto. I have a case of a young lady who has had chronic cystitis for three years from the effects of la grippe. A short time ago she came to me for advice, and I prescribed Sanmetto for her, with happiest results. She says she is now quite as well as ever, and passes her time in helping perform household labor, and says that being on her feet gives her no uneasiness. I am prescribing Sanmetto in a third case for a gentleman suffering from chronic catarrh of the bladder. He is now on the fourth bottle, and claims that he can perform manual labor all right, sleeps all night, suffers no pain or soreness about the region of the bladder, and speaks in the highest terms of Sanmetto.

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I gave Sanmetto a fair test in my own case. I had been confined to my bed for four weeks with inflammation of the bladder and prostate gland, causing my testicle to swell to an enormous size. I began on Sanmetto, and can heartily say that it did for me all that is claimed for it. I expect to use it in my practice so long as it proves as efficient as it has.

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I put Sanmetto to a severe test in three different cases, that had defied all the treatment I could think of, and it has given me the most remarkably good effects of any medicine I have ever tested—*no failures*. I have been active in the practice for thirty years, and have used a great many if not the most of the special preparations, but Sanmetto has given me uniform good results in every one of the several cases in which I have tried it, after having tried many other medicines without success.

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I have used two bottles of Sanmetto. One for too frequent micturition, in which case Sanmetto filled the bill. The second was used on an old lady about sixty years of age for nervous debility and pain after voiding urine, and it had the desired effect, as the patient recovered.

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I have used Sanmetto in cases of cystitis and enlarged prostate, in vesical and urethral irritation, and in gleet, and am thoroughly satisfied with the excellent results in all. I consider Sanmetto a therapeutical agent well worth the trial of the medical profession.

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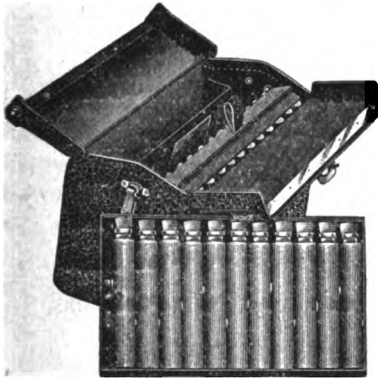
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Dimensions—5½ in. wide, 6 in. high, and 11 inches long. Made of best Black Grain Bagstock, leather covered steel frame, with nickel trimmings.

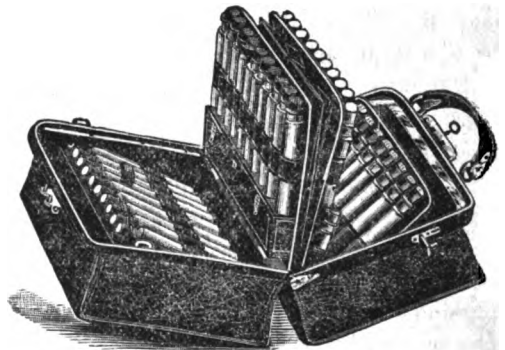
Contains 22 one-ounce and 22 three-dram vials, pocket for powder papers and space 2 x 6 x 11 in. for sundries. The advantages of this bag are, that the partitions holding the

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Made of best black grained Leather, steel covered frame, nickel spring lock, with key, name-plate, etc.

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Has center partition, protected around the corners of each by nickel-edge trimmings; pockets for papers, etc., on one side of flap, loops for instruments on the other side; also box on one partition for sundries, hypodermic syringe, etc.

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This is a small, compact case. As a hand-satchel it is not excelled by any on the market. For construction and appearance, see cut of No. 740.

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A REMEDY FOR THE LOCAL TREATMENT OF DISEASES PECULIAR TO WOMEN, AS

Chronic Inflammation and Engorgement of the Womb, Ulceration, Leucorrhoea, Irregular, Suppressed, and Painful Menstruation, Prolapsus, and the Irregularities Incidental to Change of Life.

Applied in the manner directed:—The remedy is quickly absorbed and acts by stimulating the Hypogastric Plexus of nerves, and by this means restores and maintains the healthy functions of the organs to which this plexus of nerves is distributed.

Climacteric *
Metrorrhagia

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On September 21st, I was called to meet a brother M. D. in the case of Mrs. R. Diagnosed the case Climacteric Metrorrhagia.

Had been wasting the three preceding weeks, without even temporary cessation; during each of the three last nights had saturated the bed. The Doctor had used all of the usual remedies, including ergot and astringents.

Prescribed Micajah's Medicated Uterine Wafers to be introduced every third day, aided by ergot and acetic acid equal parts—F3ss every three hours. By Tuesday evening the flow was under complete control, and the patient has done well since that time.

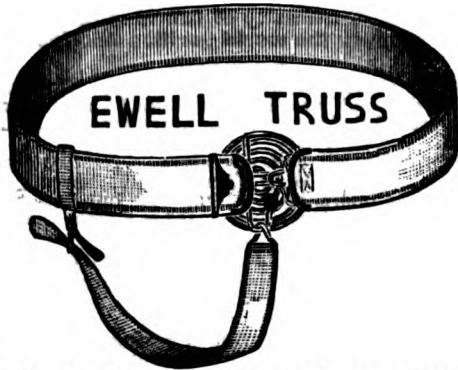
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The price of a box, sufficient for 3 months' treatment is \$1.00.

To physicians not acquainted with the merits of the Wafers, a sample will be mailed free on application, mentioning this journal.

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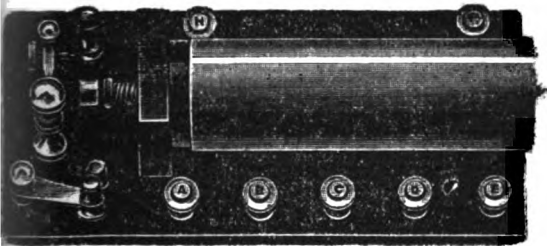
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Send measure on line of rupture, and whether light or heavy pressure is needed.

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DON'T DO IT!



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OR UNG PETROSELINUM SATIVUM

Hemorrhoids Successfully Treated.

This ointment is rapidly assuming the lead of Pile Remedies. A sample box often cures several cases. Physicians who have ordered their trial order, have ordered again and again, and praise it for its truly marvelous qualities, which the following extracts show plainly.

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FRED. W. STEWART, Oswego, N. Y.

Dear Sir:—You will find enclosed one dollar for which you will please send to my address four boxes of Gypsy Pile Ointment, and oblige. Dr. Okitwood recommended it as the surest and most speedy cure known to him.

E. C. JACKSON.

BENTON, MO., June 17, 1896.

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Received my last order about fifteen days ago all O. K. I have used up all the suppositories (one doz. box). I have been in the practice twenty years, but never found any eye ointment or any recipe equal to your Pile Ointment when used for eye ointment.

Please send me half pound box of the pile ointment by mail to M. A. CURTIS, M. D.

BUSHNELL, ILL., Nov. 9, 1896.

FRED. W. STEWART, Oswego, N. Y.

Dear Sir:—I find your Gypsy Pile Ointment all that is claimed for it. I have been using it in my practice for over four years, I cannot call to mind a single instance wherein it has disappointed one. You will find enclosed one dollar, please send me the amount in your Pile Ointment, and oblige,

R. A. PINKLEY, M. D.

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MR. STEWART.

Dear Sir:—Find enclosed money order for seventy-five cents, for which please send me that much of your celebrated Pile Ointment. I have used three or four boxes of it, and it does as much, and more than you recommend. I have cured two or three cases of piles of long standing, which had been doctor for years with no success. Please send at once.

Respectfully, L. E. ALLEN, M. D.

EDINBURG, MISS., Jan. 9, 1896.

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Dear Sir:—Enclosed find postal note for one dollar for which you will please send me the worth in your valuable Pile Ointment. I find it the best thing I have ever tried, and good for more things than Hemorrhoids. Send by mail at your very earliest convenience, and oblige.

Yours truly, W. T. HUTCHINS, M. D.

EAST JAFFREY, N. H., March 29, 1896.

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Dear Sir:—Some half dozen years ago, more or less, I bought quite a lot of Stewart's Gypsy Pile Ointment of you; if you still prepare it, please send me four boxes. I have retired from practice, but occasionally want to use some. I regard it as the best Pile Ointment I have ever used, in a practice of more than forty years.

Yours truly, O. H. BRADLEY, M. D.

NOTICE.—I will send a sample box of the ointment free, to any physician writing for same and mentioning **MEDICAL WORLD**.

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There is no advertising on letter or package.

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Should convince the most skeptical physician of its value in ALL LANGUID OR DEBILITATED CONDITIONS OF THE SYSTEM, SUCH AS LOSS OF NERVE POWER, NERVOUS HEADACHE, NEURALGIA, PARALYSIS, IMPOTENCY, HYSTERIA, OPIUM HABIT, INEBRIETY, DYSMENORRHEA, PROSTATIS, DYSPEPSIA, Etc.

And the Testimony of the Medical Profession all over the world verifies this fact.

J. W. CHARLES, M. D., Kansas City, Kan., says: After thoroughly testing CELERINA I am pleased to state that I find it a splendid nerve tonic and stimulant.

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S. BARKER, M. D., 24 Caton Place, Brighton, Eng., says: CELERINA gave prompt relief in languor, nervous headache and dyspepsia.

THOS. S. BULMER, M. D., C. M. Canada, L. S. A., L. M., R. C. S. Eng., late Quarantine Supt. for Victoria, Australia, says: Having experimented with CELERINA, on both myself and others, I am of opinion that it is an excellent article, when administered judiciously. It relieves tension after excitement, gives relief in distressing headache, and removes the craving for strong stimulants.

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W. M. CUNNINGHAM, M. D., Corona, Ala., says: I have used your preparation, CELERINA, with marked success and I am highly pleased with it.

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DR. MARCHEAND LINGE, Belgium, says: CELERINA is unsurpassed in nervous debility.

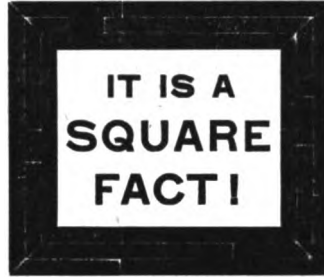
DR. BERLIOZE, Brussels, Belgium, says: We have in CELERINA a magnificent combination for all forms of neurosis.

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Rio Chemical Company

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Which every physician knows, that nearly every woman has some trouble with her menstrual functions at some period in her life, such as

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DYSMENORRHEA, Etc.**

In these cases ALETRIS CORDIAL is peculiarly indicated, and by its use all menstrual derangements are speedily overcome and the uterine system restored to its normal condition.

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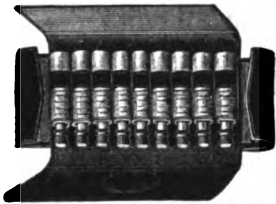
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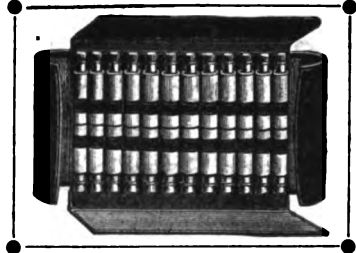
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I received the pocket case a few days ago and 'he first copy of the ALKALOIDAL CLINIC, to-day. Am well pleased with both. I. S. HOLLOWELL, M.D.
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I have received O. K. the copy of the ALKALOIDAL CLINIC and the filled case. Am pleased with both.
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DISTANCE IS NO OBSTACLE. WE CAN SERVE YOU WHEREVER MAIL GOES.

THE ABBOTT ALKALOIDAL Co.

....Ravenswood, Chicago, Ill.

PEACOCK'S BROMIDES

(SYR: BROM: COMP: PEACOCK.)

Each fluid drachm represents 15 grains of the Combined O. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium.

Uses: Epilepsy, Uterine Congestion, Headache, and all Congestive, Convulsive and Reflex Neuroses.

*This preparation produces results which can not be obtained from the use of commercial Bromide substitutes.

DOSE.—One to two FLUID drachms, in WATER, three or more times a day.

CHIONIA FROM CHIONANTHUS.

Uses: Biliousness, Jaundice, Dyspepsia, Constipation, and all Diseases Caused by Hepatic Torpor.

CHIONIA stimulates the Liver and restores it to a healthy condition, without debilitating the system by Catharsis; does not purge, per se, but under its use the Liver and Bowels gradually resume their normal functions.

DOSE.—One Fluid Drachm three times a day.

SAMPLES SENT TO ANY PHYSICIAN WHO WILL PAY EXPRESS CHARGES.

PEACOCK CHEMICAL CO., - ST. LOUIS.

CACTINA PILLETS.



Indicated in abnormal heart action, mental depression, and general debility.

Cactina is the best cardiac and general tonic in the materia medica, and, therefore, indispensable in the treatment of every form of weakness.

Each Pillet represents one one-hundredth of a grain of Cactina—the active proximate principle of Cactus Mexicana.

DOSE.—One Pillet every hour, or less often, as indicated.

PRICE, PER BOTTLE (100 PILLETS), 25 CENTS.

Samples Mailed Free to any Physician Sending His Address.

SULTAN DRUG CO., St. Louis and London.

Without a Scar!

A REMARKABLE SURGICAL CASE OF A SEVERE BURN TREATED WITH UNGUENTINE.

OFFICE OF
H. ENTON, M. D.,
308 Clinton St.

BROOKLYN, N. Y., January 23, 1894.

NORWICH PHARMACAL CO., Norwich, N. Y.

GENTLEMEN:—I really owe you an apology for not sooner communicating to you the result achieved by me with Unguentine. I was obliged to use the entire box in the case of a lady who badly burned one hand and arm, the injury extending above the elbow. I saw the case three days after the wounds had been ignorantly dressed, and the entire superficial area of hand and arm was one foul smelling aggregation of discrete and concrete ulcers, foetid in the extreme and beginning to slough. After careful washing with warm water, Unguentine was applied on sections of old linen, each section about six inches long and two inches wide, strips of this conformation enabling me to secure contact at all points for the Unguentine. Then a broad roller bandage was used to envelop the smeared sections. This operation was repeated every third day, and in twelve days the arm was well, without a slough, without scar tissue, without contraction, and presenting a new pink skin that I regarded as a surgical triumph. The foetor disappeared after the second application and the pain also.

This is my experience with Unguentine, and you are welcome to use it as you please. H. ENTON, M. D.

Unguentine

an alum ointment with the irritating properties of the drug eliminated, with carbolic acid and ichthyol added, combined with Petrolatum base. Modified formula of Sir Astley Cooper. Used in the leading hospitals and dispensaries of New York City.

A Soothing Ointment.

Unequaled as a Surgical Dressing.

Samples and literature sent upon request.

Sold only in one pound boxes, One Dollar per pound. Made only by

NEW YORK OFFICE,
140 William St.

The Norwich Pharmacal Co.,

NORWICH, N. Y.

J. FEHR'S Compound Talcum Baby Powder

THE
"HYGIENIC DERMAL POWDER"
FOR
INFANTS AND ADULTS.

Originally investigated and its therapeutic properties discovered in the year 1868, by Dr. Fehr, and introduced to the medical and the pharmaceutical professions in the year 1878.

COMPOSITION: Silicate of Magnesia with Carbolic and Salicylic Acids.

PROPERTIES: Antiseptic, Antisymptomatic, and Disinfectant.

—USEFUL AS A—
GENERAL SPRINKLING POWDER.

With positive Hygienic, Prophylactic, and Therapeutic properties.

Good in all affections of the skin. Sold by the drug trade generally.
Per Box, plain, 25c.; perfumed, 50c.
Per Dose, plain, \$1.75; perfumed, \$3.50.

THE MANUFACTURER:

JULIUS FEHR, M. D.,

ANCIENT PHARMACIST, HOBOKEN, N. J.

Only Advertised in Medical and Pharmaceutical prints.



Line 3

of the total number of American Physicians are using and have confidence in Mulford Co's Tablets. Such popularity does not come by chance. We have merited confidence by exercising the most scrupulous care in selecting and manufacturing every article bearing our name.

To get all in line we make this "SPECIAL Introductory OFFER" of Seasonable Fall and Winter Remedies, in Tablet form, for

Regular Price, \$2.35.
\$1.00

Cash with order. Duplicate orders filled only at regular list prices. We pre-pay charges.

COCAINE, CUBEBS COMP.
FOR TACKLING COUGH AND BRONCHIAL IRRITATION.

Cocaine Muriate.....1-12 gr.
Potass. Chlor.....3 grs.
Ammon. Muriate.....1 gr.
Ext. Glycyrrhiza.....1-8 gr.
Ol. Resin Cubeb.....1-8 gr.
Dose.—Allow 1 to dissolve slowly in throat every two hours.
100, PRICE 50C.

HYDR. ACID, HYPOPHOS. COMP. and CREOSOTE.

A MOST VALUABLE REMEDY IN PHTHISIS AND FOR THE REGULATION OF GASTRIC SECRETION, ESPECIALLY WHEN MANIFESTED BY STRENGTHENED NERVOUS DEPRESSION AND EXHAUSTION.
Syr. Hydrilic Acid.....1-4 dr.
Syr. Hypophosphites, U S. P.....1-2 dr.
Syrch. Hypo.....1-24 gr.
Creosote, Beechey cod.....1-3 gr.
Dose.—1 to 2 after meals.
100, PRICE 50C.

EXPECTORANT (Tonic).

ESPECIALLY VALUABLE IN "WINTER COUGH" OF AGED OR INFIRM.
Arych. Sulph.....1.00 gr.
Tr. Digitalis.....3 min.
Terp. Hydrate.....3 grs.
Fcod. Opium.....1-24 gr.
Ext. Hyoscyamus.....1-8 gr.
Dose.—1 to 2 tablets 3 or 4 times daily.
100, PRICE 50C.

CORYZA (IMPROVED).

Camphor.....1-4 gr.
Quinine Sulph.....1-4 gr.
Morphine Sulph.....1-64 gr.
Atropine Sulph.....1-2000 gr.
Ext. Glycyrrhiza.....1-3 gr.
Dose.—1 to 2 every half-hour or so.
100, PRICE 30C.

KERMES' MINERAL COMP. (Croup.)

INVALUABLE IN CROUP AND CAPILLARY BRONCHITIS.
Antimony Sulphuret.....1-4 gr.
Powdered Ipecac.....1-12 gr.
Dose.—As expectorant, 1 every half to 1 hour; as emetic, 3 to 4.
100, PRICE 20C.

AMMONIUM CHLOR. COMPOUND WITH CODIENE.
(Anodyne Expectorant.)

Ammon. Chlor.....1-4 gr.
Ext. Glycyrrhiza.....1-16 gr.
Fcod. Cubeb.....1-8 gr.
Sodium Chloride.....1-4 gr.
Cod-ine.....1-25 gr.
Dose.—1 to 2 every 3 or 4 hours.
100, PRICE 25C.

H. K. MULFORD COMPANY,

CHICAGO OFFICE,
112 and 114 Dearborn St.

Factors of Reliable Tablets,
PHILADELPHIA.

N. Y. OFFICE,
12 Gold St.

WRITE FOR COMPLETE LIST AND RESUME OF WINTER REMEDIES.

A Valuable Remedy for Dyspepsia.

CONTAINING THE DIGESTIVE PRINCIPLES

PANCREATIN AND PEPSIN.

COMBINED WITH THE CORRECTIVES

Bismuth and Bi-Carbonate of Soda, and the Corminative Stimulant Ginger.

This preparation is a valuable remedy in the different forms of Dyspepsia. The Pepsin which is used in this preparation is of the highest digestive power; its combination with Pancreatin increases its value as a synergist in meeting the varied requirements of a digestant in disordered states of the digestive functions.

THE GREAT FAVOR IT HAS GAINED IN THE PROFESSION ONLY GIVES EVIDENCE OF SATISFACTORY RESULTS OBTAINED FROM ITS USE.

In fermentative Dyspepsia and Diarrhea it will be found an invaluable remedy.

DOSE:—20 grains or 1/2 teaspoonful, mixed with a little water, before or after meals, as directed by the physician. In cases of greatly impaired digestion the dose may be increased to 1 teaspoonful. We will send a sample to any address upon application.

Manufactured by **GEORGE C. FRYE, Chemist, Portland, Me.**

SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization—Potsah and Lime;

The Oxidizing Agents—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup with a Slightly Alkaline Reaction.

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, *finds that no two of them are identical*, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, *in the property of retaining the strychnine in solution*, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. *Fellows.*"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Medical Letters may be addressed to:

Mr. FELLOWS, 48 Vesey Street, New York.



The Demand For

a pleasant and effective liquid laxative has long existed—a laxative that would be entirely safe for physicians to prescribe for patients of all ages—even the very young, the very old, the pregnant woman, and the invalid—such a laxative as the physician could sanction for family use because its constituents were known to the profession and the remedy itself had been proven to be prompt and reliable in its action, as well as pleasant to administer and never followed by the slightest debilitation. After a careful study of the means to be employed to produce such

A Perfect Laxative

the California Fig Syrup Company manufactured, from the juices of True Alexandria Senna and an excellent combination of carminative aromatics with pure white sugar, the laxative which is now so well and favorably known under the trade name of "Syrup of Figs." With the exceptional facilities, resulting from long experience and entire devotion to the one purpose of making our product unequalled, this demand for the perfect laxative

is met by Our Method

of extracting the laxative properties of Senna without retaining the griping principle found in all other preparations or combinations of this drug. This method is known only to us, and all efforts to produce cheap imitations or substitutes may result in injury to a physician's reputation, and will give dissatisfaction to the patient; hence, we trust that when physicians recommend or prescribe "Syrup of Figs" (Syr. Fici Cal.) they will not permit any substitution. The name "Syrup of Figs" was given to this laxative, not because in the process

of Manufacturing

a few figs are used, but to distinguish it from all other laxatives, and the United States Courts have decided that we have the exclusive right to apply this name to a laxative medicine. The dose of

"SYRUP OF FIGS"

as a laxative is one or two teaspoonfuls given preferably before breakfast or at bed time. From one-half to one tablespoonful acts as a purgative, and may be repeated in six hours if necessary.

"Syrup of Figs" is never sold in bulk. It is put up in two sizes to retail at fifty cents and \$1.00 per bottle, and the name "Syrup of Figs" as well as the name of the California Fig Syrup Company is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP COMPANY

SAN FRANCISCO, CAL.

LOUISVILLE, KY.

NEW YORK, N. Y.

ELASTIC - TRUSSES

Worn Day and Night with Comfort. No Displacement.

PRICES TO PHYSICIANS.



FIG. 14

	Single Trusses			Double Truss's		
	Adults	Youths	Childs	Adult's	Youths	Childs
	Sizes 28 to 42	23 to 28	12 to 21	28to42	22to28	12to21
A. Plain, each,	\$1.50	\$1.25	\$1.00	\$2.50	\$2.00	\$1.50
B. Fine, "	2.00	1.75	1.50	3.00	2.50	2.00
C. Silk, "	2.50	.	.	4.00	.	.



FIG. 16.

DIRECTIONS FOR ORDERING.—Give circumference of abdomen on line of rupture. State if for single or double, right or left. Goods sent by Mail upon receipt of price, or Express C. O. D., charge for returning added.

G. W. FLAVELL & BRO., No. 1005 Spring Garden Street, Philadelphia, Pa.

Syrupus Roborans.

Syr. Hypophos. Comp. with Quin. Mangan. and Strych. 1-128 gr. Strychnine 1/2 teaspoonful

Syrupus Roborans as a Tonic during Convalescence has no equal.

As a nerve stimulant and restorative in wasting and debilitating diseases, as a constructive agent in Insomnia, Pneumonia, Tuberculosis, Bronchial Asthma, Marasmus, Strumous Diseases and General Debility, this compound has no superior. **SYRUPUS ROBORANS** is in perfect solution and will keep in any climate.

Dr. W. O. ROBERTS says:—In cases convalescing from "La Grippe" Syrupus Roborans has no equal.

Samples sent upon application.

Express Charges at your Expense.

For Sale by all Wholesale Druggists.

ARTHUR PETER & CO., Louisville, Ky.

Peter's Peptic Essence.

A Powerful Digestive Fluid in Palatable Form.

Please note that Essence and Elixir Pepsin contain only Pepsin while in Peter's Peptic Essence we have all the digestive Ferments.

It is a Stomachic Tonic, and relieves Indigestion, Flatulency, and has the remarkable property of arresting vomiting during pregnancy. It is a remedy of great value in Gastralgia, Neuralgia, Cholera Infantum, and intestinal Derangements, especially those of an inflammatory character. For nursing mothers, and teething children it has no superior.

NO DRUG-HABIT INDUCED - NO TOXIC EFFECT

Antikamnia

OPPOSED TO PAIN

10 Gr.

5 Gr.

3 Gr.

2 Gr.

1 Gr.

AND CODEINE AND QUININE AND SALOL

OUR TABLETS WILL HEREAFTER BEAR MONOGRAMS SHOWN IN EACH FAC-SIMILE ABOVE.

--NONE OTHERS ARE GENUINE--

Doctor! YOU question **WHY** this precaution? **WE** answer: **BECAUSE YOU** have the highest and best right to insist that no worthless **SUBSTITUTE** be imposed upon **YOU** or **YOUR** defenseless patient.

The Antikamnia Chemical Company
ST. LOUIS, MO.

SPECIFY: ANTIKAMNIA "GENUINE"

Tablets

A SUCCEDANEUM FOR MORPHIA.

Rheumatism

MEXICAN BEAR'S CLAW BERRY LOTION

PREPARED from Bear's Claw Berries, Sulphuric Ether and Oils of Turpentine, Origanum and Citronella, according to the formula of Dr. W. R. GILLESPIE. See *MEDICAL BRIEF*, June, page 680. This is a recent discovery and in every case in which it has been employed the results have been marvelous. The only local application which instantly relieves all forms of Rheumatism and Neuralgia. Its effects are permanent and will warrant every physician in giving this Remedy a trial.

READ WHAT THE FOLLOWING PHYSICIANS HAVE TO SAY OF IT:

Davis, W. Va., July 17, 1894.

Dear Doctor:—The Liniment was received and I have used it in six cases; five of them it did well, the other had no results from it. My belief is due to the fact, that the man would not use it as directed and wanted me to prescribe for him for nothing, while he could raise money for *patent medicines*. Yours etc.,

B. M. SMITH, M. D.

Bemus Point, N. Y., Aug. 23, 1894.

W. R. GILLESPIE, M. D.

Dear Doctor:—I can truly say the Liniment is all you recommended, and is doing what many different doctors did not do in the case. The patient was almost helpless, unable to walk except being carried on the shoulders of some one as support. Leg and shoulder drawn up. She can now straighten out leg and is getting much better use of shoulder; is in good spirits, says she is going to get well; is taking on flesh and has only used half a bottle. Want more when you are able to furnish it. Will inform you as the case proceeds. Hoping you succeeds,

I remain yours,

E. A. SCOFIELD, M. D.

Columbus, Miss., Aug. 24, 1894.

W. R. GILLESPIE, M. D.,
Covington, Ky.

Dear Doctor:—Your favor of August 21st received, will state in reply that my patient used the last of the Mexican Liniment the other day, and will state further that since she commenced the use of the Liniment she has steadily improved. Now she is free from pain, but still has some swelling of the wrist and knee joints. She has but little use of the lower extremities, but I think this trouble will be gradually overcome. She went visiting the other day, something that she has not done for twelve or fourteen months. You should by all means prosecute the study of the plant. If the plant has ever been described by procuring a dried specimen of the plant, you could readily find out the botanical name. I am satisfied from the effects of the Remedy on my patient that it possesses valuable curative properties for Rheumatism.

Should you write an article on this Remedy, please forward me a copy.

Yours truly and fraternally,

J. W. SPILLMANN.

See also a letter from Dr. W. R. CLEMENT, *September BRIEF*, page 1071.

Put up in pints only, at \$8.00 per pint, net. One pint is sufficient for the treatment of one chronic, or from three to five acute cases, as but very little is required for each application.

ATLAS CHEMICAL CO.
216 Main Street, Cincinnati, Ohio, U. S. A.

