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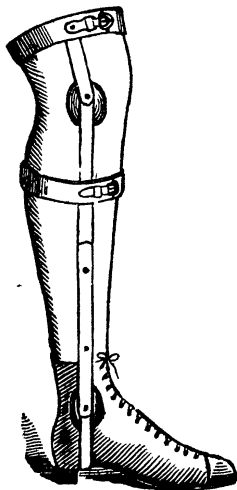
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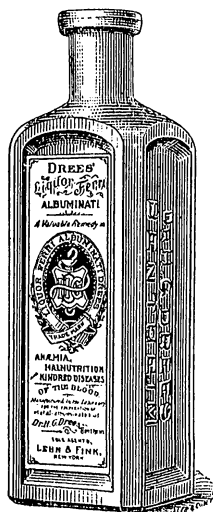
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—OF—

Physicians and Surgeons.

VOL. III.

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NO. 2.

EPIDEMIC INFLUENZA.

BY WILLIAM PORTER, M.D.

Professor of Laryngology and Diseases of the Chest, St. Louis College of Physicians and Surgeons.

[Read Before the St. Louis Academy of Medicine, January 8, 1890.]

Mr. President and Fellows of the Academy:

In compliance with your request to open the discussion upon this subject, I find myself somewhat at a disadvantage. The absence of reliable statistics regarding the prevalence and progress of this now wide-spread disease, makes its exact study somewhat difficult. Doubtless many cases have been reported as of epidemic origin, which were but ordinary catarrhal conditions, and certainly the number of cases in many localities has been greatly exaggerated.

After making due allowance for error, there is little doubt but that a very large proportion of the population of cities visited by the epidemic, become its victims. This fact alone justifies a close examination of the clinical history of this disease, but there is an additional incentive to such investigation from the knowledge we have, that while epidemic influenza is not in itself a grave disease, yet its complications and the sequences are sometimes most important.

It is interesting to note that several forms of epidemic disease are now existing in the old world. Cholera is now reported to be ravaging Persia at Hamadan, advancing towards Teheran and Kurdistan, and thus threatening Eastern Europe. Dengue (Father of the knees as the Arabs say), well known in its epidemic form in this country, has been epidemic along the east-

ern coasts of the Mediterranean since last August. Dr. Glover, the attending physician to St. John's Hospital in Beyreut, Syria, writes, that at the latter place 75,000 of the 100,000 population have suffered from dengue during the last five months. Many of the symptoms which he finds in the epidemic are similar to those seen in the early stages of influenza. There is a chill followed by fever and severe pain in the knees and back, and headache and sometimes swelling about the throat. Catarrhal ophthalmia is a frequent complication, though the marked catarrhal conditions of epidemic influenza are absent.

Is there more than a coincidence in the fact that influenza is epidemic in Russia and has rapidly advanced Westward through Europe to America, while cholera is, as the *Lancet* states, threatening Europe through the familiar Caspian channels, and epidemic dengue has extended from Alexandria to Constantinople?

There is something suggestive in the date of the outbreak of these three epidemics. As nearly as I can learn, the cholera in Persia only attained much headway late in the past summer, the epidemic dengue in September, and the first cases of influenza were noted in St. Petersburg in October. While these diseases are clinically distinct, yet as far as we know, have we not in the date of origin, the general prevalence and the westward advance of each, a reasonable premise for the hypothesis that there is a common climatic or atmospheric factor, which influences their progress and direction?

The history of epidemic influenza has been repeatedly given during the last few months in the columns of both the medical and daily press, so that I need not detain you long in here reviewing it. Nearly all the accounts seem to be founded upon a book published in 1848, by Dr. T. B. Peacock, of the Royal Free Hospital, London, entitled: "The Epidemic Catarrhal Fever of 1847 and 1848," or taken from a later article by the same author in Quain's "Dictionary of Medicine."

Through the courtesy of Dr. A. S. Barnes, I am able to present to you a book which ante-dates that of Dr. Peacock by more than half a century, in which our subject is treated with an exactness that would do credit to any observer of the present day. "The First Lines of the Practice of Physic," by William Cullen, M.D., of Edinburg, was published in 1792. I quote from his second volume, sec. 1061-1063:

"There are two species of catarrh. One of these as I suppose, is produced by cold alone, as has been explained above; and the other seems manifestly to be produced by a specific contagion.

Of such contagious catarrhs (these epidemical catarrhs have been lately termed influenza,) I have pointed out many instances occurring from the fourteenth century down to the present day. In all these instances the pneumonia has been much the same; and the disease has always been particularly remarkable in this, that it has been the most widely and generally

spreading epidemic known. It has seldom appeared in any one country of Europe, without appearing successively in every other part of it; and in some instances, it has been even transferred to America, and has been spread over that continent, so far as we have had opportunities of being informed.

The catarrh from contagion appears with nearly the same symptoms as those mentioned (1047-1049). It seems often to come on in consequence of the application of cold. It comes on with more cold shivering than the catarrh arising from cold alone and sooner shows febrile symptoms, and these likewise in a more considerable degree. Accordingly it more speedily runs its course, which is commonly finished in a few days. It sometimes terminates by a spontaneous sweat; and this in some persons, produces a miliary eruption. It is however, the febrile state of this disease especially that is finished in a few days; for the cough, and other catarrhal symptoms, do frequently continue longer; and often, when they appear to be going off, they are renewed by any fresh application of cold.

Considering the number of persons who are affected with catarrh, of either the one species or the other, and escape from it quickly without any hurt, it may be allowed to be a disease very free from danger; but is not always to be considered as such; for in some persons it is accompanied with pneumonic inflammation. In the phthisically disposed, it often accelerates the coming on of phthisis; and in elderly persons, it frequently proves fatal."

Is not this classical description by a master mind worthy of attention, especially when we remember how comparatively limited were the opportunities a century ago for such collective researches as are needed in the study of all epidemic diseases. From the fourteenth century until the eighteenth century many epidemics of catarrhal fever are spoken of by the older writers, and we have the records of nine, which occurred in the eighteenth, and four in the first half of the present century. The epidemic of 1782 extended all over every country of Europe, affecting more than one half of the inhabitants and frequently proving fatal.

The present epidemic seems to have been more rapid in its progress from country to country than any of its predecessors. Some believe this due to the more rapid means of travel in these days.

This brings up the unsettled question of its ætiology. Is the present disease contagious or is it due to miasmatic influence? The answer may not yet be positively given. The equal distribution of the disease has prevented the entire relegation of its cause to the idea of contagion and the rapid spread and transitory effects of the causative agent suggests a miasm. It is true that Cullen believed that this form of influenza is deseminated by contagion, but as Tanner pointed out in discussing the epidemic of 1833, "the influenza pervades large tracts of country in a manner much too sudden and simultaneous to be consistent with the notion that its prevalence depends exclusively

upon any contagious properties that it may possess." He adds: "The occurrence of epidemic catarrh is unquestionably connected with some particular state of contamination of the atmosphere."

In harmony with the proposition let me refer to a statement in the third Vol. of the "Transactions" of the College of Physicians." On the 2nd of May, 1782, Admiral Hempenfelt sailed from Spithead with a squadron, of which the Goliah was one. The crew of that vessel were attacked with influenza on the 29th of May; and the rest were at different times affected, and so many of the men were rendered incapable of duty by this prevailing sickness, the whole squadron was obliged to return into port about the second week in June, not having had communication with any shore, but having cruised solely between Brest and the Lizard. This happened in one part of the fleet. In the beginning of the same month, another large squadron sailed, all in perfect health, under Lord Howe's command, for the Dutch coast. Towards the end of the month, just at the time therefore when the Goliah became full of the disease it appeared in the Rippon, the Princess Amelia, and other ships of the last mentioned fleet, although there had been no intercourse with the land. Similar events were noticed in the epidemic of 1833." The curious will find much more of interest upon this subject in these "Transactions" in Cullen's "Nosology;" in the "London Medical and Physical Journal, Vols. IX and X; in the compilations of Dr. Hancock in the Cyclopaedia of Practical Medicine;" and in the farther discussion by Tanner in his "Practice," Vol. II. p. 39 *et seq.*

Let me here offer the proposition already hinted at, that the dissemination of all far reaching epidemics does not depend alone upon contagion, and that there may be a causative factor common to all epidemics. Gairdner's observations as quoted by Flint, "go to show that during the prevalence of influenza, other diseases are unusually severe, and the rate of mortality from all diseases is increased." The reports from the large cities affected by the present epidemic, seem to confirm the statement.

The symptoms of epidemic influenza are now quite well understood by every physician who is in any sense a student. A sudden attack, a chill more or less complete, a succeeding fever, frequently severe pains, general prostration, more or less dryness of the throat and nares often followed by free catarrhal secretions with convalescence in from five to seven days, is perhaps an outline of the average case.

Many variations are seen generally dependent I believe upon personal characteristics of the patient. In some instances the nervous symptoms predominate, and while the respiratory and digestive tracts seem unaffected, there are neuralgic pains most intense, resembling those of dengue. These, according to St. Petersburg authorities, are sometimes erroneously thought to be incipient typhoid fever cases.

A large proportion of the cases exhibit catarrhal changes of the naso-

pharynx, larynx, and bronchial tubes. These are the cases in which I believe there is the most danger of serious complications, such as capillary bronchitis in the young and catarrhal and even croupous pneumonia in the aged. The inflamed mucous membrane of the respiratory tract, denuded of its epithelium, offers slight resistance to diphtheritic germs. I have recently seen a very severe attack of diphtheria, suddenly develop in a child that had not fully recovered from influenza, and I think we will see more of such cases in our city.

A number of authors speak of a variation of influenza in which the gastric symptoms are severe, where there is more or less jaundice, and sometimes persistent vomiting. I have seen but one such case, and it was scarcely typical. Notwithstanding the severity of the symptoms in this class of cases, the record is that most of them do well.

In the ordinary case of epidemic influenza the prognosis is favorable, exceptions being those in which serious complications arise or disastrous sequela result. The average patient is well in a week. The danger from influenza is more in the complications than in the disease itself, and the increased death rate during the epidemic must necessarily put every careful physician upon his guard in the care of such cases.

The treatment of this disease, depends largely upon the special symptoms as they arise. In brief let me mention the use of acetanilide to quiet the patient and reduce the temperature, combined with quinine in all cases where the fever is persistent. If the pains simulate those of rheumatism, one of the salicylates, preferably the salicylate of ammonia in full and repeated doses. I have not hesitated to order sponging with tepid water where the skin has been hot and dry and have, in several instances used pilocarpine to meet the same indications, but such a remedy should be used very carefully where there is much depression. The administration of belladonna in repeated one drop doses of the tincture, gives a most happy result in those cases where there is excessive secretion from the mucous membrane of the upper air passages, or atropia may be used instead of the belladonna. The belladonna should not be used to secure its toxic effect, but only in doses sufficient to act as a tonic to the vaso-motor system, and so diminish the capillary distension.

Some cases, especially those in which there is gastric irritability or hepatic fault, administration of a mercurial is demanded in small doses once or twice repeated. All depressing agents should be avoided, simple nutritious diet should be used, and after the acute symptoms have passed, I have thought it best to substitute a good tonic for all other medication.

I am not aware that much dependance has been placed in any plan of prophylaxis, but if protection can be offered it will probably be by the use of small doses of quinine, and the avoidance of exposure and fatigue. I have not much faith in the use of sulphurous acid fumes or the inhalation of eucalyptol and similar agents.

I need scarcely add in closing that in this, as in all diseases, we should

not be over zealous in our medication. Just enough of the proper agent—not too much—to meet the indications. This condition is in itself essentially self-limiting; it is better judgement to care for the symptoms than to attempt to attempt to cut short the disease.

2830 Locust street.

A FEW POINTS ON THE MANAGEMENT OF TYPHOID FEVER.

BY I. N. LOVE, M.D.,

Professor of Diseases of Children, St. Louis College of Physicians and Surgeons.

We are safe in saying that it is an established fact, that the cause of typhoid fever may be referred to some specific poison or germ. "Investigations of Koch, Ebarth, Friedlander, Gaffky and Mire have revealed a specific variety of short rod-shaped bacilli, which were discovered in this disease alone. They take up the aniline dyes; and have been found in the lymphatics of the intestinal canal and the canal itself, as well as in the spleen, liver and kidneys." It is not our object to give points which will aid in the discovery of this bacillus. The work of the bacteriologists is a noble one and is bringing forth abundant fruit of practical value to the busy practitioner; and the latter will do well to keep step with the progress made by the former, and avail himself of the knowledge and information they develop.

There can be no question that certain individuals are at certain times more susceptible to the influence of typhoid germs, as well as other bacteria and deleterious influences than another.

If any mistake has been made in the past in the consideration of typhoid fever, or in classification, I think it has been in this, that we are too prone to be on the look-out for classical cases. We certainly cannot expect in this disease any more than we can in any other to find all of the diagnostic symptoms present in each and every case. Time was when we had to have decisive evidence of the involvement of the glands of Peyer, a disposition to sordes on the teeth or other supposed characteristic typhoid symptoms, before a diagnosis of this character was made. There can be no question, that the effect upon the organism is to produce disturbance of nerve centers (including heat centers, possibly), which result in high temperature and also engorgement, inflammation, and sometimes suppuration of certain glands, by preference the glands of Peyer; however, we know now that we may have a mild case of typhoid fever, wherein the glands of Peyer do not appear to be affected at

all; and wherein many of the usual diagnostic symptoms are absent, just as we have had many times cases of diphtheria of a mild type, wherein the cervical, submaxillary and sublingual glands are but slightly involved, so too we may have cases of scarlet fever (another one of the diseases dependent upon specific cause—(germs, probably), where many of the pronounced diagnostic signs are absent.

As to the management of typhoid fever (I believe that management is the proper word to use), in the conduct of our cases above all things we should make a diagnosis as early as possible; in fact, we are safe in fearing typhoid fever whenever we have a case where the fever is inclined to be prolonged beyond twenty-four or forty-eight hours without interruption. I think the first thing of importance is to thoroughly and completely clear out, in as gentle and agreeable a manner as possible, the alimentary canal, as well as all other glandular excretory organs. This cleansing process puts our patient in the best possible position to escape auto-infection, or poisoning from the absorption of ptomaines and other objectionable accompaniments of the excretion.

The danger of high temperature should be guarded against. I do not believe in ignoring this temperature on the ground that it is simply the conservatism of nature and the expression of the fact, that nature is doing her work in throwing off the disease, as some writers have stated. A high temperature may bring about a fatal result, very promptly, if unreduced. I do not believe in reducing the temperature suddenly, or in too great a degree. The disposition to return is more pronounced; and the up and down variations, if extreme and sudden, are dangerous. It is preferable to reduce the temperature gradually and sustain a reduction by a continuance of the measures instituted. Baruch, of New York, has written recently very interestingly and ably, presenting clinical reports which are very favorable to the use of the cool bath as a reducer of temperature.

In considering the reports of any observer, we must bear in mind the field of his observation. Hospital practice varies very materially from private practice; and cases in private practice differ very much from one other. A case of typhoid fever in a luxurious home, with trained nurses, a properly warmed house; and all the facilities for giving a cold bath, is very different from the home of the poor with the reverse conditions. If the surroundings be favorable, use the bath alternating with antipyretics; and of this class acetanilid stands at the head of the list. In using the bath, I do not favor the severe, sudden cold bath. The water should be warm, and when the patient is placed in it, it should be gradually reduced to a temperature of say fifty degrees, cool, but not uncomfortably cold. The patient may be kept in the water ten minutes. They often go to sleep while the bath is being given, soothed and comforted and the temperature brought down about two degrees. The temperature of typhoid fever which can be maintained in the

neighborhood of 101° or 102° is within the bounds of safety. I do not give antipyretics in large doses, but in doses of from three to five grains, repeated every two to four hours, as may be required. One great advantage of the acetanilid is that, it not only reduces the the temperature but it is a great soother of nervous irritability; and it, like all of the the coal-tar products is disposed to render the alimentary canal antiseptic.

Permit me at this point to say that I think the alimentary canal should be kept as nearly antiseptic as possible throughout the entire period of the sickness. Having in the beginning given a full dose of mild chloride, I am partial to the administration of small doses of the same drug, say one-tenth of a grain accompanied by one-twentieth of a grain of ipecac, and one grain of bicarbonate of soda, three or four times a day, two or three days at a time, followed by two or three days cessation, and then a resumption and so on, This combination also acts in the direction of being antiseptic, also as a stimulator of the excretory organs and the various glands of the alimentary canal, thus aiding in digestion. This latter word brings me to that which I consider a very important part of the treatment of typhoid fever — digestion — which is naturally associated with nutrition.

I believe nutrition to be a very reliable reed, upon which we can lean with safety; and by nutrition I mean a food which is acceptable to the absorbents of the alimentary canal. The food should be largely predigested; and to this end peptonized milk together with beef peptonoides, raw beef extracts, wine and brandy, are the best form of nutrition that we have. Up to a few years ago our hands were tied when it came to feeding our patients. Food that was not digested was likely to prove an irritant to the alimentary canal and as a result all form of food was tabooed, and our patients were permitted to burn without our being able to furnish them fuel for consumption. Now all is changed. Fortunately capital and the brain of men have developed various forms of nutriment which are of great value to us in many forms of disease, but particularly in typhoid fever. Tranquilization is of vital importance to the typhoid fever patient. There is no disease more demoralizing to the nervous system than this, and we should save the nerve force all that we can. The more quiet and sleep our patients get the better, and to this end we should on the outstart absolutely forbid the attendants to allow visitors and impress on their mind the importance of the fact that at no time should there be more than one person beside the sick one in the sick room. All visiting should be prohibited. Friends coming in disturb and annoy the patient, even though in many cases the patient may express a desire to see them.

The physician should guard his patient against his own lack of judgment as well as that of the family. They are not accustomed to the dangers of a long illness. We should ever be on the alert to provide against such dangers. The physician may feel that his position in the management of such

cases is somewhat similar to that of the policeman; he had to guard the patient against dangers, and the over zealousness of friends. Figuratively speaking he must needs, like the policeman, sometimes use his club in properly protecting his charge. In connection with antipyretics quinine should be ruled out of consideration altogether. If a malarial fever present itself, in the progress of the case, it may be sometimes desirable to administer quinine judiciously, but on general principles the less quinine our typhoid patients get the better, in fact, the less medicine they get the better; but I do believe that we should treat symptoms as they present themselves. Pain should be antagonized; restlessness should be removed, and proper attention to the hygiene of the sick room is of vital importance. Pure air should be the rule, without drafts. The proper temperature and the proper guarding of the surface of the body against chilling and having rubber bags for the application of hot and cold water, as may be desired, hot water to the extremities, sometimes to the spine, ice bags to the head, sometimes to the spine. In this connection I think the coil of rubber tubing made to encircle the head having been filled with ice water is an admirable thing.

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

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

of coffee and tobacco. I question whether we are safe in ignoring the existence of these habits and probably denying our patients their customary stimulants.

I have often found great satisfaction in the realization of this latter point.
GRAND AND LINDELL AVES.

A RARE CASE OF TYPHOID FEVER.—REMARKS ON TREATMENT.

BY W. W. GRAVES, M.D.
St. Louis, Mo.

[Abstract of a Report to the St. Louis Academy of Medicine.]

The case presented the symptoms of typhoid fever until the evening of the sixth day of the attack, when on the abdomen in the right iliac region was observed several dusky red, irregularly shaped patches, varying in size from a split pea to that of a thumb nail. They were slightly elevated; would disappear on pressure, but would quickly return. The adjacent skin was normal. There were also points of normal looking skin within the patches where was also observed from two to eight vesicles not larger than a pin's head.

In five days the rash was at its maximum intensity.

It became confluent only on the abdomen and the flexures of the joints. On the flexor surfaces it was well marked. On the extensor surfaces scanty. On the face it was entirely absent. Many of the vesicles observed at the commencement of the attack became pustular. The skin was hot, dry and leathery, and of a dusky red color. During the development of the rash the patient at no time complained of burning or itching of the skin. There was at no time delirium; and notwithstanding the continued high temperature (ranging from 104° F. to 106° F.) the condition of the patient was excellent. She partook of nourishment regularly, and slept well; constipation was the rule throughout the attack.

After this time desquamation progressed rapidly, proceeding in the order of the development of the rash. In five days exfoliation was complete, the epidermis peeled off from the back, abdomen, and extremities in laminæ varying in size from a gold twenty-five cent piece to that of a silver quarter dollar, while that from the palmar and plantar surfaces was detached in perfect casts.

As exfoliation advanced there was a corresponding decline in the temperature and pulse rate so that by the sixteenth day of the disease the tempera-

ture was normal; emaciation was not great and the patient could sit up in bed without assistance.

The temperature remained normal for two days when it rose rapidly to 102.5°F. Tenderness of the abdomen, which had entirely subsided, returned and on the third day of the relapse the rash, again made its appearance, and by the sixth day had reached its maximum intensity. As before, the rash was confined principally to the flexor surfaces. It was not so intense, the color more faint, and the skin was not so hot and dry and there were fewer vesicles and pustules.

On the fourth day capillary bronchitis developed as an additional complication. The temperature during the relapse ranged from 104°F. to 106°F, and antipyretics, cold packing and bathing had a slight or evanescent effect.

Delirium, which was present early in the relapse, became more marked; respiration more embarrassed and frequent; the pulse more rapid and feeble—death occurring on the ninth day of the relapse. The epidermis was detached in the same manner as in the former attack.

Notwithstanding the fact that a diagnosis of typhoid fever had been made at the commencement of the attack, after the appearance of the rash it was greatly shaken. Scarletina is not infrequently associated with typhoid fever, but this was easily excluded as none of the characteristic phenomena of scarlatina were present. After a thorough search of the literature at my command I am unable to find but a few recorded cases like the one here presented; and all have terminated fatally. Dr. A. H. Ohmann-Dumesnil saw the case with me and concurred in the diagnosis of typhoid fever and called the eruption scarlatiniform erythema. Believing with me that the exanthem was due to the typhoid poison and apparently taking the place of the rose spots so commonly seen in typhoid fever.

At the post-mortem, which was held twelve hours after death by Drs. Geo. A. Krebs, Geo. W. Cale and myself, we found the characteristic lesions of typhoid fever. The liver, spleen and kidneys were all somewhat enlarged. Mesenteric glands opposite the ilium were much swollen. Peyer's patches showed all the different stages of ulceration, infiltration and cicatrization.

In conclusion I desire to make a few remarks on the treatment of this disease.

DIET—COLD AND HYGIENE.

The proper carrying out of the meaning of these three words in my opinion fulfill all the indications in the treatment of this disease. Many remedies have been lauded as exerting a favorable or curative influence in typhoid fever. Now, I am not an abolitionist in medicine—for, I believe, much good has been accomplished by it, but in the treatment of this disease I take the stand that more patients have been killed by the use of it than have been cured.

And in proof of this position I desire to present for your consideration, sta-

tistics as tabulated by Dr. Baruch in an article on "Typhoid Fever," appearing in the February number of the *New York Medical Record*, of 1889, page 175.

From this we learn, that where medicines have been used we find the greatest mortality. In other words just in proportion as medicines were abolished and supplanted by cold water in that ratio does the mortality of typhoid fever diminish.

AVERAGE MORTALITY, UNDER VARIOUS METHODS OF TREATMENT,
IN TYPHOID FEVER.

Reporter.	Source.	Treatment.	No. of Cases.	Percentage of Mortality.
Brand.	Various sources.	Expectant.	11,124	21.7
Delafield.	New York Hospital, 1878-1883.	Mixed expectant.	1,305	24.66
Brand.	Various sources. Red Cross Hospital, Lyons, France.	All kinds of cold baths.	19,017	7.8
Tripier, Bonveret and Teissier.	1866-77. 1873-81. 1882-87. 1887. Military Hospital, Munich.	Expectant. Intermediate. Exclusive cold baths in severe cases. Strict cold bathing.	229 629 376 139	26.2 16.5 6.9 5.0
Vogel.	1841-68. 1868-81. 1875-81 (Second Division.) 1880. 1882-87. 1882-87 (Second Division.)	Without water, expectant (?). Intermediate, with water. Baths, and antipyretics. Strict cold baths. Strict cold baths. Increasing baths and abolition of antipyretics.	5,484 2,841 702 428 141 144	20.7 12.2 7.6 2.7 3.5 4.1
Ziemssen.	Tubingen University Clinic for 1877-87.	Graduated cold baths and antipyretics.	2,000	9.6
Naunyn.	Konigsberg Univ. Clinic, collected from various sources,	Strict cold baths.	145	6.9
Brand.	same cases, omitting those	Strict cold baths.	2,198	1.7
Brand.	not treated before fifth day.	Strict cold baths.	2,150	0.0

STATISTICS.

From the pathology of the disease we must know that medicine cannot possibly be curative. We know that this disease is microbic in origin. That these microbes by insinuating themselves into certain glands and tissues caused certain results. That there are certain definite changes in the structures involved. That it takes a certain time for the various processes to be accomplished. The disease, as we all know is self-limited, therefore all medicines which interfere with the natural functions of the organs and the normal processes of repair, must be of evil. This being the case, does it not seem more natural in the treatment of this disease to be governed by the enormous accumulated experience as laid down in the statistics quoted above? The lessons taught by these statistics, is that medication was harmful, and that with its abolition and with the introduction of nature's only remedy

against heat—which is cold, that the mortality of typhoid fever has been reduced from 26 per cent. to almost nil. The cold bath treatment of Brand cannot be strictly enforced in private practice, but I have found that cold spongings, and where the temperature was excessive, the cold pack answers every indication. During the present season I have treated thirty-one cases of this disease and with the exception of the case reported to-night have not lost a case. The only medicine administered was at the commencement of the attack and then, a single large dose of calomel.

As to Hygiene, we can not always have it as we would like it, but even in the most unhygienic surroundings we may at least make the patient comfortable by keeping the person and bed linen clean, And of prime importance in the treatment of typhoid fever, is *diet*. All of us meet with cases, in practice when the cold water part of the treatment can not be satisfactorily carried out. And when a change of bed clothing can scarcely be had, but in any case we can nourish our patient, In typhoid fever it is eat, or die. Therefore it behooves us as, physicians to keep ever in view the nourishment of our patients. Food is what they need to give them strength, to combat the effects of the poison,

Food in proper form, and amount, and at proper intervals. Food that will be assimilated. If the digestive powers are weak predigest all food, or as I frequently do administer pepsin immediately after food, Milk is, I think, the best possible diet for a typhoid fever patient. Have the family buy the purest milk possible, and boil it. I have them add lime water, this renders the milk alkaline, and prevents the formation of indigestible curds. Milk is administered every two hours during the day and every three or four hours during the night, and when I say every two hours I mean that it is to be given by the clock, just as medicines are administered, by so doing we establish a regularity of the digestive functions, which is a cardinal point in dietetics, When the patient tires some what of milk I have frequently used Bovinine or Valentines Meat Juice, alternating with the milk, Chicken soup, beef soup and beef tea as generally made, I discard entirely until convalescence is fully established. Administered during the attack, soups, as they are generally made are prone to cause indigestion, diarrhœa, etc. And with the poet "'Tis better to cling to the ills we bear than flee to others we know not of."

The various complications which may arise should be treated according to the indications in each case; with proper diet, proper hygiene and the proper use of cold, complications will be rare.

ICHTHYOL.

The following ointment is said to be very advantageous in acute, chronic rheumatism, eczema and erysipelas:

℞	Ichthyol	.	.	dr. iv.
	Lanolin	.	.	oz. ii.

A CASE OF GANGLION OF THE GREAT TOE

BY A. C. BERNAYS.

Ganglion or Hygroma thecæ tendinum is a rather common disease in certain parts of the body. Its most usual seat is the dorsum of the hand, next the palm of the hand, then becoming rarer in the order in which I name them. This disease is found on the flexor side of the forearm just above the wrist, then on the flexor side of the thumb, and the index and the little finger have been found affected. Mr. Tatum of London has described one on the outer part of the dorsum of the foot forming a flat, bandlike, hard elastic tumor.

The literature which I have examined gives no description or illustration of a case similar to the one which forms the subject of this paper. I am glad to be able to give not only a history and description of my case, but also two excellent engravings. In reporting surgical cases it has always seemed to me to be a great advantage for the readers if the report is accompanied by a good illustration and I am pleased to note the great progress and enterprise shown in contemporary medical literature in this respect,

John Cornwall, aged sixty-three, Englishman, by occupation a manufacturer of sodawater, of excellent family history, has always enjoyed good health. About sixteen years ago first noticed a nodulated enlargement of the great toe of the right foot. At first it gave him no pain or inconvenience. It gradually increased until it became about twice the size of its mate on the left foot. After having existed about four years it burst and discharged a gelatinous mass. Since this time it has ruptured spontaneously five times at intervals of about two years. He has never submitted to treatment of any kind.

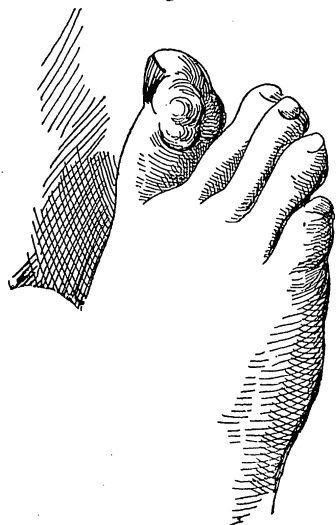
The toe began to pain the patient considerably in December, and as he thought was somewhat larger than it had ever been. At the first examination in my office I was struck by the singular appearance of the toe and a careful examination brought out the following facts. On the lateral side of the great toe (Fig 1) opposite the interphalangeal joint was a tuberos projection as large as a filbert. A similar tuberos, full elastic tumor was situated on the plantar surface near the lateral margin of the great toe (see Fig 2,) which is of a more oblong shape the size of an almond. Between the toes towards the interdigital skinfold was a third, smaller tumor of similar structure as those just described. This portion of the tumor seemed to be the one which gave rise to the pain which the patient experienced when walking, because it became compressed between the great toe and the second, and against the sole of the shoe at each step. The surface of the tumor at several places was translucent, the skin having become very much attenuated, seemed ready to burst on slight pressure. Fluctuation was plain and a communication of the three cavities could be made out. The diagnosis of ganglion in connection with the flexor tendons was made and an operation proposed. The case was exhibited by me to the Academy of Medicine on Dec. 19th, and on the following Sunday morning I operated on it at the patient's home, being assisted by Dr.

Geo, A. Krebs. Under strict antiseptic precautions an incision about one-half inch long was made into each one of the three prominences. The contents consisted of a dense gelatinous substance very much resembling the crystalline lense in appearance and firmness. A few small corpora oryzoidea (melon seed bodies) were found. The contents being carefully and completely pressed, out a piece of carbolized gauze saturated with Campho-Phenique was placed over the cuts and the whole tightly bandaged with a starched crinoline roller. The dressing was left untouched, there being little or no pain, until complete healing had taken place.

Should this plan of treatment fail to cause a shrinkage of the sac a more radical measure such as extirpation or even ablation of the toe may become necessary.

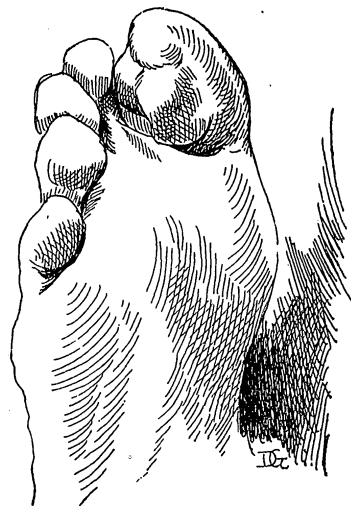
The pathology of this disease is not as clear as it should be, and as a consequence the treatment also varies and is not always satisfactory. All surgeons

Fig. 1.



From a Photograph.

Fig. 2.



From a Photograph.

have had to complain of returns, following the various methods of treatment even in simple cases of ganglion on the back of the metacarpus near the wrist. I have seen a return follow the complete excision in one case. The scar tissue became distended by a sac exactly similar to the one that had been removed, within a twelve months after the operation.

The disease has been defined as a partial, or total hernia-like ectasia of the sheath of the tendons, with a dropsical or gelatinous effusion within the sac. I have never seen a dropsical watery effusion in any case. The fluids that I have found, have always been thicker than ordinary synovial fluid. I can not deny that in some of these cases a communication with the sheath of the tendon has appeared to me to be wanting. It may be possible that in some cases there is a genuine new formation of a cystic tumor parallel to the tendon, which may originate in the lymphatic tissue surrounding the theca of the tendons.

518 Olive street, St. Louis, Mo.

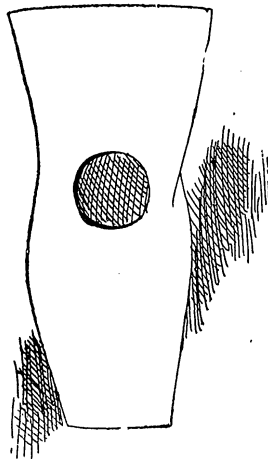
FRACTURE OF THE PATELLA—A NEW SPLINT—RECOVERY,
WITH MOTION RESTORED.

BY HUGO ROTHSTEIN, M.,D.,
Waterloo, Ill.

[Being a case reported to the St. Louis Academy of Medicine, December 11th, 1889.]

On 17th of December, 1888, I was called to see Eddie S., aged two years, who had sustained a compound comminuted fracture of the patella, whilst running against the point of the runner of a rocking chair. The child being very restless and in great pain, I put the limb in a posterior splint and plaster of Paris, leaving a fenestrum extending above and below the patella. I went to a carpenter and procured a piece of wood out of the center of which a circular piece was cut out, the hole remaining approximating and

Fig. 3.



Patella Splint.

equaling in form and size the patella of the uninjured limb. I placed a thin layer of surgical cotton covering the fractured portions and then pressed each fragment into apposition and placed the piece of wood into position, thus holding the fractured portions intact, the wood was held in position by means of rubber elastic bands. In order to control the inflammation resulting from the fall and fracture, small bags of ice were placed upon the exposed patellary surface of the skin. On the twenty-first day the anterior splint was removed; on the thirty-fifth day the posterior splint was removed. Union was perfect and mobility completely restored. I have made a diagram upon this paper delineating the nature of the splint.

CLINICAL CASES.

A CASE OF UNCONTROLLABLE VOMITING AND ALBUMINURIA DURING PREGNANCY.

By A. A. HENSKE A.M., M.D.,

Prof. of Clinical Gynecology and Obstetrics, College of Physicians and Surgeons; Physician in Charge of St. Ann's Lying-in-Hospital, etc.

Mrs. M., of this city, a primipara, æt. 22, menstruated last in the beginning of July, 1889. During August she began to suffer from nausea and vomiting; at first only in the morning, from 7 A. M., to 11 A. M., immediately after rising; but during September, the vomiting became more severe, commencing during the night and lasting all morning. She vomited everything she took. At about this time she came under my observation; and all the ordinary remedies were prescribed in succession but without result and the vomiting became almost continuous.

Dec. 4th. When I saw her again after an interval of several weeks she was much emaciated and looked very ill, her face wore an aspect of anxiety and there existed slight jaundice. Her bowels were unusually constipated, but sometimes her motions were loose and black. No physical sign of hepatic disease. No fever, heart and lungs healthy; uterus presented normal characteristics of five months pregnancy; urine contained albumen and bile pigment, but no casts could be discovered. I prescribed hydrate of chloral, in one grain doses, every quarter of an hour, and iced milk.

Dec. 7th. She was much better, had only vomited a few times, had kept down a considerable quantity of milk, and had slept fairly well.

Dec. 8th. When called in I found her in convulsions. I at once administered chloroform to her and the convulsions ceased, having lasted for one hour and a half. After a coma of several hours she awoke quite confused, talked unintelligibly, and would not answer when spoken to. A few hours later she had another attack of convulsions which lasted about an hour and was followed again by coma from which she awoke in similar condition as before.

Vomiting had ceased; the urine was very albuminous and contained casts. Chloral and bromide of potassium were administered; and I, now, decided to induce miscarriage which terminated, naturally, five hours later. During labor she had another attack of convulsions and had to be kept, more or less, under the influence of chloroform. There was considerable

post-partum hemorrhage; the foetus was natural. She had no more convulsions after confinement, but remained comatose for about four hours when she became gradually conscious, and when I saw her six hours after labor, she was quite rational. She made an uninterrupted recovery. The urine became gradually less albuminous, and on the seventh day, after confinement the albumin in the urine had entirely disappeared.

I called this case of vomiting uncontrollable, because all the usual remedies had failed to relieve it and it affected the health of the woman seriously. The hydrate of chloral, which appeared to relieve the vomiting somewhat, when prescribed, Dec. 4th, had failed when I prescribed it at an earlier stage. Numerous theories have been advanced to account for this obstinate vomiting of pregnancy. It has been regarded as peculiar to the rigidity of the uterine muscular fibres, to a rigid state of the os, to uterine lesions, to flexions and distortions of the uterus, etc.; but all these conditions though so frequent in pregnant women are often not present in cases of vomiting. I have seen this vomiting in multiparæ where the uterine tissues are lax and where the os is soft, easily dilatable, and even patent enough to admit two fingers.

In every case of rigid os I have met with, vomiting was absent. How many cases of pregnancy do we not meet which are complicated with cervical endometritis, flexions, etc., and which are uncomplicated even by simple vomiting? And, if they should be so occasionally, how do we explain the disappearance at the end of a few months' pregnancy of even severe vomiting, and that too, spontaneously, often even suddenly. I rather think that it arises simply and purely from an idiosyncrasy in the individual, predisposing her to morbid reflex actions. Vomiting, of course, may be aggravated by other conditions present such as irregularity in the diet, undigested matters in the alimentary canal, etc. Therefore we often may cut short the vomiting and prevent the severer form by regulating the diet in the beginning. The case I reported here was entirely free from any uterine abnormalities, but was complicated by albuminuria; but I do not think that the vomiting and the albuminuria stand in any causal relation to each other; on the contrary, they occurred together in the same individual accidentally. It has been shown that even in normal pregnancy the liver and the kidneys undergo what is called by pathologists cloudy swelling and occasionally this change may proceed farther and pass into acute fatty degeneration. The same may occur in other glands. Whether this has something to do with the vomiting in pregnancy, as some think, is very questionable.

CHLOROFORM.

Lauder Brunton has demonstrated that the safety of chloroform anæsthesia depends upon the purity of the article and the amount of chloroform used.

SURGICAL CLINICS.

Service of LOUIS BAUER, M.D.,

RAYNAUD'S DISEASE OR SYMMETRICAL GANGRENE.

CASE I.

A representative case of this singular lesion was exhibited to the class at the City Hospital, but a few days ago, which gave rise to some diagnostic speculation. None of the medical staff had seen anything like it before and it was the first that had come under our observation. Besides, neither the anamnesis, nor the preceding clinical facts could be fully ascertained. About a week previously, the patient had experienced severe pain in his extremities and soon after had noticed some discoloration of his toes and fingers.

Since then, the former have mortified to a greater or lesser extent and a line of demarcation is now forming. On the fingers no gangrene has ensued; there is but slight shriveling of small cutaneous isles.

Without the investigations of Raynaud we should be at a loss to understand and to explain the existing phenomena. For, all the causes are wanting, which usually determine the loss of vitality and structural disintegration in the periphery of the body. We are therefore forced to assume neuritis in the vaso-motor and trophic system as the pathological basis so clearly demonstrated by Raynaud.

CASE II.

Another case has recently come under our cognizance which points to a similar character, although it has not been attended so far by necrobiosis.

About a couple of weeks ago, a little boy was attacked with intense pain at the volar surface of one of the large toes. The ordinary marks of local inflammation were entirely wanting. But the tenderness was disproportionately excessive though not precluding the use of the foot; but not tolerating the gentlest touch. In a few days the hyperæsthesia moderated and gradually disappeared. The child returned to school and to the play ground. Suddenly, he was again laid up with a similar trouble, which, however, centered about the internal malleolus of the same foot. Without swelling, discoloration, heat or any change in the contour of the affected locality, the pain again was so excessive as to deprive the patient of both rest and locomotion, and kept him moaning for hours. The surface was very hyperæsthetic and intolerant to the gentlest touch. Narcotics internally and locally admin-

istered failed to subdue the pain. The clinical observation of some typical aggravation of the symptoms led to the administration of quinia, which eventually gave some relief. Neuralgias growing out of malarial infection are by no means a rare complication;—but the local hyperæsthesia is certainly no attendant upon them. Hence our diagnostic suggestion of neuritis.

The child is certainly above suspicion of either exaggerating or pretending. What the future may have in store for this poor boy is a matter of conjecture; at any rate polyneuritis is not improbable.

At one of the recent meetings of the St. Louis Academy of Medicine, I related two cases of vaso-motor and trophic neuritis. The interest of the members in the subject is my excuse for submitting the following instances of the same disease, in evidence that its occurrence is not as rare as presumed at that time.

In the "Contributions to Clinical Surgery," by Bruns, Czerny, Vol. IV., Dr. Helbing reports a case of this singular affection with microscopic details: clumsy deformity of the fingers; paresis of sensibility and a spontaneous ulcerative perforation of the elbow joint. Amputation of the arm. The three main nerves of the extremities, more particularly the median nerve, were found to be considerably swollen and thickened. The microscopic evidence of interstitial neuritis complete. The case presenting a striking analogy to that of Peraire "Mal perforant plantaire" in which the microscope disclosed a similar peripheral neuritis.

In *Hygeia*, July, 1889 (Swedish) Dr. Warvinge reports a case of "Symmetrical Gangrene" which is still more exceptional. It concerns a baker, aged forty-four. Patient will have been tolerably well, notwithstanding that he was addicted to intemperance; that he had passed through a light rheumatic attack and had been infected with chancre and gonorrhoea. In June, a boisterous catarrh of the alimentary tract with vomiting and purging. In July, numerous small red and itching maculæ over the extremities, soon followed by intense pain in the same localities. Thereupon the maculæ became confluent and assumed a bluish hue; the extremities swelled, the patient lost in vital powers and fevered toward night; the urine disclosed albumen and blood; the mucous membranes were dry and pale, weak heart's action. Gangrene of fingers and toes with loss of sensibility above the line of demarcation. Intense pain continues, the discolored parts mummify. Under a severe attack of rigor, death ensues.

Post-mortem by Prof. Wallis, no atheroma, thrombi or emboli in the afferent arteries of the diseased parts; no microscopic changes in the nerves; some change in the musculature of the heart, grey yellow discoloration; no defects in the valves; lungs hypo-static and oedematous; spleen enlarged (typhoid spleen of the second week.) Liver and kidneys slightly enlarged and fatty; brain healthy but the lumbar portion of the spinal cord firm; the white substance grey, abundant pigment in the ganglionic cells.

In the *London Lancet*, of July, Dr. J. E. Morgan publishes a case of "Raynaud's Symmetrical Gangrene." The patient is twenty-eight years old; six years ago a hard chancre with secondary symptoms; two years ago a necrosis of palate; then fifteen months of tolerably fair health. At the close of that period violent pains everywhere but more so over the sacrum, in the hips and legs so as to keep him bedridden for several months. Prickling sensation followed the pains; coldness, anæsthesia, and analgesia in the hands and the ears; cachectic appearance, yet seeming good nutrition and muscular power. Loss of power and coldness of the fingers for two months steadily increasing; then discoloration and superficial gangrene. Similar conditions of the toes but not quite so severe, blood is observed in the urine. Nothing notable in the arteries.

Rapid improvement under the administration of bi-chloride of mercury. After three months violent frontal neuralgia, optic obscuration, light paresis of extensors of the hand. The symptoms yielding also to the sublimate treatment.

The author adds a series of ninety-three similar cases of which ten were luetic—five inherited and five acquired. In most of them textural changes in the various peripheral parts of the nervous system were disclosed, more especially in the vascular ganglia, the peripheral minor branches of the sympathetic, etc.

CASE III

CONSTITUTIONAL PERIOSTITIS.

The little patient comes from good stock. His hygienic surroundings and alimentation are fair. Nevertheless his constitution is below par, being both feeble and hydræmic.

Without any apparent provocation an abscess has formed at the base of the large toe and for several months had discharged an ichorous matter. Since then another abscess has sprung up near the right shoulder, and lately a third one has developed over the lower part of the tibia; every one has disclosed its connection with subjacent bone.

The multilocular manifestation of the trouble is another and irrefutable proof of its constitutional character and points at tuberculosis. But where he ever derived that grotesque supply of the tubercular bacillus will remain with us an ætiological enigma.

We have removed the first metatarsal bone, which we found almost completely isolated from its surroundings and bare of periosteum. An incision over the upper third of the humerus revealed a large dead chamber around a sequestration, not yet movable. Its extraction had to be deferred.

Though the microscope has furnished us the diagnosis the treatment we have to adopt in accord with general principles. We shall recommend the most sustaining food as the only tonics we recognize. Iron comes under

the same caption, because it is one of the physiological components of blood. If the demand is supplied in our case, it will be eliminated by the bowels. Fish fat is a commendable article of diet and preferable to cod-liver oil, because the latter is easily decomposed and offensive to the taste.

To scrupulous cleanliness of the sores we should add applications of iodoform oil, Peruvian balsam and injections of carbonate of lime into the granulations.

CASE IV.

CONGENITAL WRY-NECK.

The patient, now 18 years old, has been, at different times, presented to surgeons of our city for relief, but rejected by them as beyond remedy. Hence, she has advanced to her present period of life subject to a very objectionable disfigurement and its disturbing influences upon her features and frame.

You can readily notice that she is a well developed and vigorous person above average size. The material shortening and contraction of the left sterno mastoid muscle is the sole cause of the malposition of the head and effectually resists the effort of correction by mechanical contrivances. Not only has it given rise to an unequal development of the face but to lateral deviations of the spinal column.

It is rather surprising that surgical interference should have been declined in her case when the remedy by myotomy was available, effective and free from any risk. There is no danger whatever on account of the large vessels and nerves behind the sterno-mastoid muscles. By extending it forcibly it may be materially raised and separated from its subjacent connections as to render the passage of Bouvier's tenotome either behind or in front of the muscle entirely harmless.

The latest modifications of the operation is considered still more safe by some surgeons. The lower insertion of the muscle is laid bare by an incision of two inches. A director is passed behind the muscle and upon it the resisting portion divided. If scrupulous cleanliness is observed and the wound properly closed by sutures and dressed, the task is completed in a few days.

Then massage, distention and mechanical contrivances may come in for their share.

The operation was then successfully performed by a narrow-bladed tenotome whilst the muscle was put on a stretch by an assistant by depressing the shoulder and turning the head in an opposite direction. The patient lost no blood by the proceeding.

After three weeks the patient was again presented to the clinic. The improvement was notable but not complete. Notwithstanding all mechanical efforts, the muscle had again so rapidly united that it still offered resistance to the correction of the deformity.

Hence it had to be divided a second time. This time it was done from outside to inside by a Bouvier, and as thoroughly as before. No anæsthesia was resorted to. Since then, this patient has been repeatedly exhibited to the class. The position of the head is completely corrected, but the experienced eye can still notice a marked change in the form of the face.

CASE V.

LATERAL CURVATURE OF THE SPINE—RESECTION OF FALSE RIBS AN INDISPENSABLE PALLIATIVE.

The patient is advanced in life and has suffered from the mechanical effects of an aggravated scoliosis for many a year. Of late a new trouble has developed. The two false ribs of the right side come with their ends in painful contact with the right ilium, the iliac muscle and the structures in general occupy the left iliac fossa.

The contact is so frequent and painful as to seriously interfere with the ordinary motions of the body. Though we have not the slightest hope of reducing the existing spinal deformity, we are certainly able to relieve the patient of the last most irksome symptoms by operatively shortening the offending ribs to such an extent as to effectually prevent their collision with the ilium.

The suggestion of that operation is certainly original on our part, for we had heard of nothing similar up to this time. But we have learned since, that Prof. R. von Volkmann had preceded us and he mentioned the fact at the October meeting of Berlin surgeons. The result was moreover quite satisfactory.

ACUTE ASCITES IN CHILDREN.

Calomel is advised by M. Rondot as an efficacious remedy in acute ascites of children. He also advises electrization, which addresses itself to the contractility of the abdominal muscles, which are frequently overtaken by an inertia in consequence of the effusions of infantile ascites, and not infrequently by an atrophy analogous to that observed in pleural collections; an atrophy which should favor the reproduction of the effusion, and which we must combat with the sole efficacious agent in our possession, the application of Faradic currents.—(*Archiv. of Gynecol., Obstet., etc.*)

NOTE.—Why not? Calomel is certainly one of the most efficacious diuretics in our possession.

ANTIFEBRIN—ACETANILID.

The use of this remedy should not be prolonged, lest potent mental disturbance should ensue.

ORTHOPEDIC CLINIC.

ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

Service of JOS. L. BAUER, M.D.,

Reported by ALGERNON S. BARNES, JR.

CASE I.

PARETIC FLAT FOOT.

The case before you represents one of the most frequent deformities. By examining both feet carefully you find that the arch of the foot is entirely obliterated, owing to over strain of the tibialis anticus muscle, and its resultant paretic condition.

If you again examine the outer portion of the foot you will notice an undue prominence of the peronei muscles, the antagonists of the tibiales. If you question the patient you will find that locomotion is seriously impeded owing to the excessive pain along the inner border of the scaphoid bone as also between the articulations of the cuneiform, cuboid, and fourth and fifth metatarsal. This pain frequently amounts to torture and is probably due to compression only. The interesting point for you to consider is whether this valgus is due to inflammation or the diminished tonicity of the tibialis anticus muscle. This can be determined in favor of its paretic nature by, 1st. The occupation of the patient; 2d. Implication of both feet; 3d. Absence of any traumatic history; 4th. Prominence of the two tibial spines; 5th. Wasting of the tibiales muscles.

The interesting point in this case is the treatment. If you are at all acquainted with the history of orthopedic practice, you will remember that the undue prominence of an antagonistic muscle, like that of the peronei in this case, producing the least degree of deformity, was a sufficient incentive for its subcutaneous division, and we must affirm that the practice was followed by immediate relief. But later experiences have demonstrated, that with the assistance of anæsthesia, we are enabled to place the foot in its normal position without tenotomy or other adjunct; provided however, the valgus is not combined with an excessive projection of the head of the scaphoid bone.

Hence the contraction is passive.

You will find in this case some displacement of the bone in question, but not sufficient to warrant the additional use of forcible reposition by manual manipulation, or the Thomas wrench. (The patient was thoroughly anæsthetized). You notice, that the feet are easily returned to their normal position, which means, that the peronei muscles must yield under the anæsthetic. The assistant will hold them in that position, whilst I apply a plaster of Paris bandage, compromising the feet and ankle joints, and extending to the middle of the limbs. You will find that as soon as he recovers from the anæsthetic, he will soon be able to walk without the least pain.

If this patient were able to purchase a valgus apparatus and to attend our clinic daily, for the purpose of having electricity applied, we might have suggested some other form of treatment; but as this case seems to be due solely to a weakness, a lack of tonicity, as it were, of the tibiales from over use, I am satisfied that rest, immobility, and the prevention of the play of the peronei muscles will eventually overcome the difficulty.

CASE II.

KYPHOSIS AND PSOAS ABSCESS.

Since the late Dr. Richard Volkmann suggested the injection of iodoform into tuberculous abscesses connected with diseased bones and joints, particularly into the psoas, dorsal, abdominal abscesses connected with Potts' disease of the spine, surgeons have surrendered much of their conservatism. And therefore, what was formerly *a noli me tangere* has now become an almost settled principle. You have heard so much upon this subject, that I was loth to engage in repetitions, but the recommendation of a local surgeon to aspirate all such vertebral abscesses, has led me to present a typical case in order to show the general uselessness of such a procedure. This young man called on me, eight or nine months ago, suffering from spondylitis of the lower dorsal vertebræ, the result of what I believe to be a *sufficient traumatism*, but what some of my friends might term a tubercular disintegration. Besides the deformity, he manifested the usual symptoms common to such cases, as also a distinct psoas abscess.

I suggested, our usual treatment, absolute recumbency on a water bed, until all the irritative phenomena disappeared, including the psoas abscess. I continue this treatment until I assume that consolidation of the diseased bones has ensued, That is the status in this boy's case, and I predict that he will never have any further trouble traceable to the vertebral affection.

May I not ask you at this stage of our lecture, what good could possibly be derived by either injecting iodoform into a vertebral abscess, or to remove its *surface manifestation*, by aspiration? For, it is not essentially an abscess, but simply a terminal reservoir fed by a diseased focus and will so continue to be unless some measure—resection of vertebra, injection directly into the diseased nidus, recumbent posture—is contrived, to eliminate the

producer. You can therefore readily appreciate the futility of any interference. You very properly ask under what conditions then would you attack the external manifestations of vertebral caries?

First, when irritative phenomena lead you to believe that the abscess is producing local injury.

Second. When the diseased bone has recovered integrity and a localized abscess remains and does not show evidences of resorption. Otherwise, any interference though doing no direct injury, will result in no benefit.

CASE III.

REMOVAL OF FEMORAL SEQUESTRUM.

This case presents the results of the operation we performed two weeks ago the removal of a sequestrum of the upper third of the femur; you remember that it was a cortical sequestrum, the result of periostitis. You observed also, that numerous cicatrices representing old fistulous tracts were visible lower down, showing that the periostitis had commenced in the lower aspect of the thigh and had extended up to the point at which the one in question was found. The minuteness of the remnant is accounted for by assuming the solution of the sequestrum as the suppuration progressed. The operation was performed in the usual manner. The only antiseptic used being hot water. The fistulous tracts were curetted with Volkmann's spoon, and the bone with a bone curette.

515 Pine Street,

DERMATOLOGICAL NOTES.

By A. H. OHMANN-DUMESNIL, M.D.

THE HERPETIC DISEASES may be distinguished from other vesicular affections of the skin by means of one characteristic which seems to be constant in the former. This consists in the peculiar grouping of vesicles. If herpetic eruptions are closely examined it will be found that the vesicles occur in clusters, or groups, each one containing from three or four to as many as forty or more. If the eruption be extensive short lines of vesicles will connect one cluster with the other. In addition to this there is a greater or less tendency for the vesicles to coalesce. In other vesicular diseases the lesions are more or less irregularly scattered; and, where closely aggregated large areas will be affected and no intervening bridge of vesicles will join them. This peculiarity of distribution is no doubt due to the nervous influence which is exerted in herpetic forms.

DERMAL PLASTERS are very useful in the treatment of affections of the skin providing that they are properly applied. Failures attending their use are most often due to the fact that their method of action is not fully understood. In making these plasters one of two methods is employed: One consists in laying a very thin coat of rubber upon the cloth and, over this, the plaster mass is spread. The other method is to incorporate the rubber of the plaster mass and then spread it upon cloth. The result of this is that the plaster is water-proof. When applied to the skin the perspiration escapes but becomes condensed underneath the plaster, the horny layer is softened and the cells become succulent and swell up. In consequence of this the drug that has been incorporated in the plaster mass is absorbed to a greater or less extent. So that, where a purely superficial effect is desired it is best to use an ointment spread upon a cloth or have the drug incorporated in a tallow "stick." Where it is desired to reach the deeper layers of the epidermis; or the corium the dermal plaster is the form of medication which is indicated. It is also useful where the intention is to soften the horny layer.

GENERAL MEDICATION is frequently of more importance in the treatment of skin diseases than local measures. An example of this was lately furnished at the college clinic. A little girl was brought with eczematous crust upon the left side of the head, involving the hairy scalp, and of the size of a silver dollar. In addition to this there existed tinea tarsi. The child, aged about eight, was pale, thin, with lymphatic glands and presented the clinical aspect of scrofula. But little was done in the way of local medication, except the removal of the crust and application of a slightly stimulating ointment. Cod-liver oil, internally, was ordered, and in three weeks the little girl had perceptibly gained flesh, the skin lesion was cured and she looked lively. A continuance of the oil was ordered and, in the course of time, there is no doubt that this patient will grow stout and hearty. In these cases, however, it is absolutely necessary to enforce a long continuance of the internal medication in order to obtain anything like a permanent result.

HAIRY MOLES are far from being rare but certain forms are not frequently seen. These examples are the cases which are likened to mice, rats, *et id omne genus* and attributed to fright caused to the mother during pregnancy. A few days ago I had occasion to see a curious example in a gentleman. The area occupied by the hairs is very slightly pigmented, non-elevated and well provided with hairs. It is ovalish in form, its diameters being one and one-fourth, and one and three-fourth inches. It is situated upon the right side of the face below the malar eminence and about an inch posterior to the ala of the nose. It is a constant source of annoyance on account of the attention it attracts, strangers kindly informing him that he has some dirt on his face. This appearance is due to the fact that he shaves this portion of the face and a day's growth of the hair presents the appearance he complains

of. The electrolytic destruction of the hair is the only remedy and will be followed by a permanent removal of the blemish.

INDOLENT SUPERFICIAL ULCERS constitute one of the banes of the practitioner. Patients cannot understand why such a trifling lesion cannot be quickly healed and the physician himself is often puzzled at the obstinacy of the process. The citrate of iron and quinine, internally, is a very helpful adjuvant to the local treatment and seemingly exercises a very beneficial effect upon the tissues. Locally, campho-phenique applied pure and continuously is followed by a rapid *restitutio ad integrum*. I have seen a number of cases which resisted ordinary treatment, rapidly heal under this method of treatment. Strong, well-formed crusts, which adhere well, make their appearance, the discharge of pus ceases and in very short time the crusts fall off leaving a surface which is in good condition. The pain is also greatly lessened and the internal treatment, which has been given, has a tendency to create a greater resistance to the destructive effects of traumatism of the integument.

5 South Broadway.

GYNECOLOGICAL NOTES.

BY A. A. HENSKE, M.D.

FEVER DURING PREGNANCY.

Dr. Bertaceini, of Forli, Italy, reports the case of a young woman, 21 years of age, who during the fifth month of her pregnancy, commenced to suffer every evening from a fever. The temperature rose above 104° F., but no pathological changes in any organ could be discovered. All remedies employed failed, and the patient became very emaciated. At the end of her seventh month, premature labor was induced, and the fever ceased immediately. After a normal puerperium the patient convalesced rapidly. As there was a complete absence of any organic pathological change to account for the fever, Dr. B. thinks that pregnancy itself produced a peculiar change in the heat-centers of the brain. This hypothesis he considers to be sustained by the fact that the fever ceased with the pregnancy.

(Raccoglitore, 1889, April 10th.)

[It is a common occurrence that malarial fever which exists during pregnancy and is obstinate to the ordinary treatment, ceases after confinement. In such cases the patient may remain to be free of it entirely, or the fever returns within one or two weeks after confinement.]

HYPODERMIC INJECTION OF SALT IN POST-PARTUM HEMORRHAGE.

Dr. Muenchmeyer, of the Dresden Lying-in-Hospital, has employed the plan of introducing a large quantity of a solution of common salt under the skin with success in several cases of severe post-partum hemorrhage. The solution is of the strength of 0.6 per cent. (16 grains to a pint), and the quantity injected is somewhat less than a quart. The spots selected for the injection are the infra-clavicular and the infra-scapular regions. During the operation the swelling produced under the skin must be manipulated by a shampooing movement so as to disperse the liquid as much as possible. The water with which the solution is made must be sterilized by being well boiled. The advantage of the plan is that it can be easily carried out by any medical man, as it is far less difficult than transfusion and less dangerous.

METRORRHAGIA.

French pills for metrorrhagia :

℞	Pulv. ergot	.	.	gr. 75.
	Subcarb. of iron	.	.	" 75.
	Sulphate of quinine	.	.	" 75.
	Extract of digitalis	.	.	" 7.

Mix, and make into 50 pills of which two may be taken three times daily.—(*L'Union Medicale*, Nov. 7, 1889.)

TREATMENT OF PELVIC ABSCESS.

In regard to the treatment of pelvic abscess Dr. Wiedow suggests very useful hints. He says that it is easier to detect fluctuation in extra- than in intra-peritoneal abscesses. Explorative puncture is dangerous; it is safer to rely on the general symptoms of suppuration. If an abscess lies just beneath the skin, it should be opened thoroughly and drained, while if it is deep within the pelvis, a counter-opening should also be made. To reach deep-seated abscesses it may be necessary to resect the sacrum, to open up the ischio-rectal fossa, divide the levator ani muscle and to split the pelvic fascia. If the peritoneum is healthy and can be pushed upward, it may be advisable to reach the abscess by an incision parallel with Poupart's ligament. [This has been performed successfully by Dr. Bernays, of this city.] It is useless to try to close abscesses with fistulous tracts, except by attacking the focus directly and draining the sac in another direction.—(*Archiv fuer Gynækologie*, Bd. XXXV., H. 3.)

PAIN IN OVARITIS AND PERI-OVARITIS.

To relieve the pain due to ovaritis and peri-ovaritis Dr. Broese recommends the high-tension faradic current. The anode should be introduced into the vagina, while the cathode is a large plate placed on the abdomen.

He uses a bipolar electrode. The sitting should be prolonged until the sensitiveness of the ovary is noticeably diminished. From four to thirty-five applications may be required. The effect of this treatment is permanent. Broese reports twenty-five successful cases: besides, he considers the faradic current useful in cases of subinvolution and dysmenorrhœa, but says it has no effect on pelvic exudates, though the accompanying pain may be relieved by it. — (*Centralblatt fuer Gynækologie, Oct. 19, 1889.*)

DISTURBANCE OF DIGESTIVE FUNCTIONS IN UTERINE AFFECTIONS.

DR. M. ROSENTHAL, of Vienna, differentiates two types of disturbances of the digestive functions due to uterine affections: 1. Cases in which exists vomiting and pneumatosis. 2. Cases where we have an insufficiency of hyperacidity in the stomach due to gastric irritation. Here we have cardialgia, hydro-chloric acid in the stomach. In order to adopt a rational treatment it is necessary to distinguish strictly between the hyperacid and anacid form of dyspepsia. In the former class of cases Rosenthal recommends Karlsbader Wasser, borax, bismuth, carbonate of potash, etc. In the anacid cases he recommends hydrochloric acid and pepsin. — (*Internationale klin. Rundschau, 1889, Nos. 16 and 17.*)

TREATMENT OF ABORTION.

DR. PORAK has collected 326 cases of abortion, in which fever occurred in 10 per cent. and death in $\frac{3}{10}$ per cent. Delivery was artificial in 25 cases 16 of which had no complications. Treatment of these cases was prophylactic; asepsis in the great majority. In a few cases in which intrauterine douches were unsuccessful, the curette and the douche were employed, but generally to no advantage. Porak believes that the curette, if used at all, should be used promptly, and that it is generally inferior to the simple douche; occasionally it gives brilliant results. — (*Journal de Medecine de Paris, No. 38, 1889.*)

DELAYED LABOR.

DUEHRSEN reports 10 cases of labor delayed by rigidity of the cervix. As these cases, if left without interference, result in foetal death and septic maternal infection, incision of the cervix to the level of the vaginal attachment was practiced. The os and cervix were tamponed with iodoformgauze, to check bleeding and prevent infection. All the mothers recovered, although three had septic infection; eight of the children survived. — (*Muenchener Med. Wochenschrift, No. 43.*)

[This procedure is especially demanded in old primiparæ, in whom the mortality rate is usually high.]

TREATMENT OF GYNATRESIA.

Dr. F. Krug, of New York, in an excellent article under the heading, "*Zur Behandlung der Gynastresien*" (*Medicinische Monatschrift*, H. 12, 1889), classifies the cases of gynatresia in two groups:—

1. Cases of atresia of the single or double genital canal which are not complicated with or do not lead to accumulation and retention of menstrual or even mucous secretions.

2. Cases of atresia in which above the seat of the atresia accumulation and retention of a menstrual, or mucous secretion occurs.

To the former group belong the atresia, with rudimentary uterus and ovaries; to the latter, those cases in which the accumulation of the secretions above the seat of the atresia has taken place, the seat being at the orifice of the vagina (hymen), in the vagina, or in the uterine canal itself. In the first group, surgical treatment is seldom indicated, mostly even contra-indicated. The cases are more or less free from symptoms and are often discovered by accident only. On the other hand, the cases of the second group become sooner or later complicated by symptoms of retention and require surgical interference.

The essayist reports two cases belonging to the first group. He agrees with those authors who advise not to attempt to make an artificial vagina to accommodate coition in certain cases of rudimentary, or absent uterus. First, because the technical difficulties are very great unless the above situated retention tumor indicates the direction; secondly, the danger to injure the bladder, rectum, ureters and even the perineum is great; thirdly, the best results obtainable will be unsatisfactory. In such cases where the atresia has been discovered in young girls before puberty and when even with normal uterus and ovaries no retention of fluid exists, he advises to operate at once only in cases of simple hymenal atresia. In other cases he advises to wait until symptoms of retention of the menstrual fluid or accumulation of mucus sets in.

In regard to the second group of cases of atresia when we have retention of the menstrual or even mucous secretion, Dr. Krug considers operative interference always indicated, as these cases on account of this pathological condition necessarily will end fatally. The object of the operation consists in opening the closed portion of the genital tract, in emptying the retained fluid, and in keeping the canal permanently open. Or, in other words:—

1. In removal of the present, urgent symptoms; and
2. To make the exercise of the sexual function of the women, menstruation, conception and parturition possible.

The only real danger in such an operation he considers to be septic infection. Injuring the bladder and other organs can easily be avoided, and if it should happen, it is not dangerous. He also does not believe that the sudden opening of the filled sac endangers the patient. In cases of hæma-

tosalpinx from extension of the contents of the uterus and where rupture of the Fallopian tubes has occurred, this was not due to increased contractions of the uterus itself, but, according to him, due and subsequent to a septic peritonitis. Therefore, antisepsis is unconditionally necessary in the operation.

He always makes the opening complete in one sitting and at once with the bistoury in the usual manner, and does not use the trocar first. In his after treatment Dr. Krug abandons the regular irrigation of the vagina, the introduction of the drainage tubes, glass tubes, etc. Immediately after the operation he washes out the cavity, with Thiersch's solution, and fills it with a tampon of iodoform gauze. The vulva he covers with corrosive sublimate gauze.

He reports two cases in which he operated, successfully: —

1. A case of uterus duplex bicornis, with hæmatokolpos and hæmatometra unilateralis congenita, caused by atresia vaginalis superior; and
2. A case of atresia vaginalis congenita, hæmatokolpos and hæmatometra.

OPHTHALMOLOGICAL AND OTOLOGICAL NOTES:

BY C. BARCK, M.D.

TERMINATIONS OF THE TRIGEMINUS NERVE IN THE CORNEA.

The latest investigations on this subject were made by Dr. Emil Brand, Germany. Amongst the previous investigators there existed a difference of opinion only as to the real termination in the epithelial layer. Whilst Kœl liker and Cohnheim asserted that the terminal branches end in a free filament or with a little swelling, Waldeyer and Klein said that they terminated in a network between the epithelial cells, which they called "inter-epithelial plexus." But they all agreed that the terminal nerve-twigs pierce the anterior elastic membrane and can be traced in the epithelial layer between the cells. This is disputed by Brand. The old-fashioned method of staining the nerves in the cornea was the chloride of gold method. Now B. asserts that the chloride of gold stains not only the nerves, but the cement-substance between the epithelial cells and the fissures between the two, and he pretends that nerve-filaments found in the epithelial layer are misrepresentations. He uses chromic acid in a 5 per cent. solution. The cornea, or total eye-balls, are hardened in it for about four weeks. Then sections are made, best horizontally, and, when examined in glycerine, exhibit the nerves as reddish glittering structures upon a greenish background. He finds that the terminal twigs

end in fine oblong swellings in the proper corneal tissue just below the elastic membrane, that none pierce this and none are found in the epithelial layers. His pictures of specimens are very striking. But reviewen has seen sections which showed the nerve-filaments between the epithelial cells so distinctly that there was no confounding with cement or fissures, and before accepting the view of Dr. Brand against those of so well-known investigators as Cohnheim and Waldeyer it will be better to await the confirmation from another side. Besides, the high sensibility of the cornea to the slightest touch is hardly compatible with an entire absence of nerves in the epithelium and the anterior elastic membrane.

A CASE OF RETROBULBAR NEURITIS, WITH COMPLETE RESTORATION OF VISION.

Mrs. L. P., aged 20, called at my office on October 24th, 1889. She is a stout, healthy-looking woman, married since three years, has a child 10 months old; always enjoyed good vision. Since about two weeks slight pain in and around the eyes and frontal headache, besides rheumatic pain in the back, the limbs and fever. During the last week the sight declined rapidly; she saw worse every day, till she was hardly able to find her way.

The examination showed no injection of the eyeballs; the pupils were dilated nearly *admaximum*, and there was hardly any reaction upon light. The vision was reduced in the right eye to $\frac{10}{100}$, and with the left eye she could only recognize movements of the hand. The visual field was contracted; the color-perception highly diminished; cannot distinguish between green and blue, yellow and red. The ophthalmoscopic examination showed all the media transparent and the pathological changes confined to the optic disk and the adjacent retina. The disk was highly injected, swollen, the contours uncertain, so that the disk appeared nearly four times as large as normal. The eyes could be moved in all directions, but every movement was painful, especially upward. Besides, there was a painful sensation when the eye-balls were gently pressed backward into the orbit. The pain was located deep behind the eyes. The last mentioned symptoms were important for the diagnosis. They indicated an inflammatory process behind the eyes, and taken together with the changes in the fundus, the process was located around the optic nerve between it and its sheath. The compression of the nerves, due to the inflammatory products, fluid or solid, gave rise to the swelling of its intra-ocular end. The disease was most probably of a rheumatic origin, compared with the history of the case: a rheumatic neuritis.

The treatment consisted in the application of Heurteloup's artificial leech at the temples, the internal use of quinine and a decoction of Folia Jaborandi in the evening, to produce sweating. Later iodide of potassium was administered. In spite of the treatment the swelling of the optic disk increased in both eyes during the following days, and the vision decreased accordingly, so

that on the 28th she could see only movements of the hand, but was not able to count fingers with either eye. The sight remained in this condition for two days, then gradual improvement set in, the changes in the optic disk becoming less pronounced and the vision increasing. The process of repair was a regular and rapid one.

I give the notes of the acuteness of vision, viz.:

November 2—Can count fingers.

“ • 4—R. (right eye) = $\frac{3}{50}$; L. (left eye) = $\frac{3}{100}$

“ 6—R. = $\frac{18}{50}$; L. = $\frac{6}{40}$

“ 8—R. = $\frac{20}{70}$; L. = $\frac{20}{100}$

“ 11—R. = $\frac{20}{50}$; L. = $\frac{20}{70}$

“ 19—R. = $\frac{20}{40}$; L. = $\frac{20}{50}$

“ 29—R. = $\frac{20}{30}$; L. = $\frac{20}{40}$

December 5—R. = $\frac{20}{20}$; L. = $\frac{20}{30}$

“ 15—R. and L. = $\frac{20}{20}$

At this date the disks were of normal color, sharply defined. Only slight irregularities around the margin were the residues, which indicated the previous severe inflammation. With the normal central vision the visual field and the perception of colors, which was nearly abolished for a length of time, had likewise returned to normal.

A complete restoration of vision after retrobulbar neuritis is not frequent; in most cases it remains more or less defective. This is due to a partial atrophy of the optic nerve as a consequence of the pressure. On the other side, even when there was complete blindness for a few days, a portion of the vision always returns, as the disease leads only exceptionally to a complete atrophy of the optic nerve.

OPENING OF THE MASTOID PROCESS.

Severe *inflammations of the middle ear* are very frequent in St. Louis, at the present time so that I was compelled to open the mastoid process in three cases during the last weeks. They are briefly as follows:

1. Agnes Wrobel, aged nearly two years. Robust child, in spite of poor circumstances. Neglected otorrhœa from the right ear since a couple of weeks. Seen first on the 22d of December, '89. Large swelling and redness behind the ear; external canal filled with decomposed pus. Operation the same day. A section behind and parallel to the conchra opened a large abscess, which contained about two tablespoonsful of pus. An opening in the bone was already existing just at the root of the mastoid process. So chiseling was not necessary. The opening was enlarged by sharp spoons and led into a cavity filled with decomposed pus and necrosed bone particles. It was nearly of the size of a hazle-nut. Communication with the middle ear was established at once; fluid injected into the external canal came back through the opening in the mastoid, and *vice versa*.

The case progressed favorably. The child could be brought to the office on the fourth day after the operation. The wound closed rapidly. There is now a small fistula which is kept open by a lead nail. It must of course, be kept open till the caries of the bone has healed completely which might take months. The discharge from the ear is scant; there is still communication between the middle ear and the abscess cavity.

11. Otto Semmler, aged 14. Seen on the 1st of January. Violent pain in the right ear since two days; accompanied by headache. Region behind the ear somewhat swollen and mastoid process painful upon pressure. Examination revealed acute inflammation of the middle ear; the drum-membrane bulged outward. At once paracentesis of the drum-head was performed in chloroform-narcosis and pus evacuated from the middle ear, But in spite of careful treatment during the following two weeks and whilst the perforation in the drum-membrane was always kept open, the general symptoms aggravated. There was fever up to 100½ in the evening, constant pain behind the ear and headache. The region of the mastoid was always somewhat infiltrated and the pain upon pressure increased steadily. So the operation was deemed indicated and performed on the 16th of January.

Section behind and parallel with the conch and a smaller one perpendicular to this at its upper end. After the periosteum was scraped off, one portion of the base looked somewhat discolored. Here a square piece of the external plate, one centimeter in each direction was chiselled out. Then working with the sharpened spoon. Cavity containing some pus was found at a depth of 4-5 lines. Total depth, to which the probe entered, nearly two centimeters. But communication with the middle-ear could not be established. The patient is doing well. The headache disappeared entirely after the second day. Wound closed up to a round canal, which is kept open by a drainage-tube, But communication between the cavity in the bone and the middle-ear was never present.

111. Hattie Elbing, eight-months old. Neglected otorrhœa since a couple of weeks. Right ear seen on the 15th of January. Large swelling behind the ear. Operation on the 16th. No chiselling necessary. Large cavity in the base. Communication with the middle-ear established at once, which is present still. The little patient is doing very nicely; slept well immediately after the operation, whilst she hardly slept for two weeks previously. Wound in good condition, kept open so far by drainage-tube,

SAN ANTONIO, TEXAS.

Our friend Dr. Julius Braunagel is to be congratulated upon the state of health of the City of San Antonio, Tex., of which he is the Health Officer.

Annual death rate, per 1000, for year 1889	. . . . .	18.80.
For December,	. . . . .	16.80
Estimated population	. . . . .	50,000

SURGICAL NOTES.

LOUIS BAUER, M. D.

IODIFORM AND ITS UTILITY IN COLD ABSCESSSES, AND TUBERCULAR DISEASES OF JOINTS AND BONES.

I.

The introduction of iodoform as an antiseptic agent, by Prof. Mosetig, of Vienna, was greeted by the profession with more than ordinary favor and expectation. Very soon the medical press warmed with the reports of the extravagant efficacy of the new specific, which left the warm recommendation of Prof. Mosetig far in the background.

In accordance with the old adage that "Extremes are sure to touch each other," opposite views were advanced which rendered iodoform as an antiseptic more than questionable—adding that its use was inseparable from poisonous effects if liberally applied upon fresh wounds;—and last but not least, that its odor was simply horrible.

A period of suspense and hesitancy followed. Its advocates relinquished their self-assurance and its opponents moderated their polemics since some very influential surgical authors joined in its defence. Without denying some of its objectionable qualities, they observed that it deserved the confidence of the profession on account of other therapeutical virtues, as a local application. Among the latter, Prof. Richard von Volkmann, of the University.

In the treatment of tubercular, more especially of psoas abscesses, he opens them freely, cures their cavities and fills them with iodoform and iodoform-gauze.

Although we attach great weight to the practical examples set by so competent surgical leaders, we have always held that the plan was not up to the sagacity of its author, and for this reason we have abstained from imitating it in our cases. We consider it too severe a proceeding and the inevitable loss of blood too much for the reduced patient. Next, the consecutive abscess, is a mere reservoir, a depository of pus, derived from a distant bone-lesion. Now, as long as the purulent supply exists, the abscess will either re fill—or, obliterated, reform at another available locality. Such a plan might be rationally entertained at a time when the idiopathic disease has terminated and the supply is arrested.

Aside from the obvious difficulty of accurately determining that condition, the abscess may be safely left to the automatic process of repair by resorption of the fluids, water, etc., by fatty degeneration of the cell elements and the

elimination of the caseated residue, to softening and spontaneous perforation of the integument, as we have witnessed it in numbers of instances.

Our views have been affirmed by no less a man than Volkmann himself.

In No. 49, of the *Berliner Klinische Wochenschrift*, which has but lately reached us; we find an article by Dr. Fedor Krause, the first clinical assistant of the late Prof. Volkmann, under the caption of:

THE TREATMENT OF TUBERCULAR DISEASES OF JOINTS
AND BONES BY IODOFORM INJECTION.

We are not at all surprised to find material modifications of the former plan, but still the same reliance is placed upon iodoform in the like disorders.

In cold abscesses as well as in purulent collections the management is the same, namely:

1. Aspiration of the pus;
2. Repeated injection and aspiration of the articular or abscess-cavity with a 3-per cent. borax solution until it returns pure.
3. The following mixture is injected in sufficient quantity so as to moderately distend the cavity.
4. The trocar is then withdrawn, and the cavity, or joint, so moved and united, that the liquid comes in contact with every part or diverticulum of the cavity.
5. A plaster of Paris bandage is applied.

Dr. Krause informs us that the plan is relatively painless during and after the operation. A temporary increase of temperature is of no significance. In most cases a single injection suffices. But rarely a second is needed and exceptionally only a third. The next aspiration may be instituted in about a month. The fluid then withdrawn presents greatly improved composition.

The author speaks in the most positive manner of the utility of the adopted clinical plan. He will have seen good results in most aggravated cases and hence commends it earnestly to the profession. We do not see any objectionable feature in the treatment and shall test it on the earliest occasion.

The injection-fluid represents a 10-per cent. iodoform mixture. In preparing the same, the iodoform ought to be carefully triturated with glycerine before other ingredients are added.

This formula is:

℞	Iodoformi	.	.	.	oz. viiss.
	Muc. acaciæ	.	.	.	oz. iij.
	Glycerinæ	.	.	.	oz. x. dr. iij.
	Aquæ, dest	.	.	.	oz. lxiiss.

Mix. — Well shaken before used.

It will be seen that the mixture does not dissolve, but mechanically suspends the iodoform, and it is thought that in that shape poisonous effects are obviated.

In support of this method Dr. Krause adduces several severe cases in which it has rendered most notable service.

THE TREATMENT AND AFTER TREATMENT OF RESECTIONS OF THE HIP-JOINT.

The first clinical assistant of the late Prof. R. von Volkmann, now Prof. Fedor Krause presents the readers of the *Archiv fuer Klinische Chirurgie*, Berlin, Vol, XXXIX, 3, with a detailed account of "*The Treatment and After Treatment of Resections of the Hip-joint.*" We learn from this important publication that in a period of twenty-one years, ending in 1888, 308 resections of the hip-joint have been performed at Volkmann's Clinic, of which 270 were for caries.

This is an average of 14.014 per annum, Considering the circumscribed area from which Prof. Volkmann had to draw his clinical material and the competition he had to meet with, Magdeburg, Erfurt, Leipzig and other prominent places in Germany, well stocked with competent surgeons, that average seems rather exaggerated if we did not know, that the prominent reputation of that gentleman entitled him to a larger share of public confidence

Withal, it seems to us that so unusual large percentage of articular resection as the hip, exposes a neglect, or inefficiency in the treatment of coxitis. American surgeons and some of the English, particularly Hugh Owen Thomas, of Liverpool, may justly pride themselves of having reduced the unmerited necessity of resection.

In comparing the American practice with that of the University Clinic, at Halle, we cannot fail to notice very material differences and it seems to us, that Cis-Atlantic surgeons meet the objects with clearer eyes and more rational means, However, freely we may use plaster of Paris bandages in coxitis, or Thomas' splint, or extension by pulley and weight, we drop them all without exception in favor of the wire-breeches which the author introduced many years ago, which does not seem to be known in Halle, notwithstanding that our treatise "*Orthopedic Surgery*" has been translated into German. Nor could we understand why the pulley and weight is so persistently resorted to, after the resection of the joint. For the operation itself should remove or divide all resisting structure, and the contracting matter should have been subcutaneously divided before. As long as the latter are allowed to exist, no rest and proper position of the affected extremity can be enforced and they are the most important remedies in the successful treatment of coxitis. No extension can correct the deformity however powerful by 12-15 or more pounds and be effectually substituted for myotomy, and that may even act mischievously. The author admits that in "*antiquated adduction*" the di-

vision of the adductors is an excellent procedure" and regrets that it is *too rarely* resorted to. But the reproach reacts however. For if he did not neglect it himself, he needed no powerful extensions. And then again, if they resort at all to myotomy it is done by a large wound which at least is unnecessary as subcutaneous division is just as safe and certainly less injurious.

The assurance of the author, that by their method a movable joint sometime even a *freely moveable* one can not fail to excite astonishment. We certainly cannot comprehend the possibility of a freely useful hip-joint, after one has removed head and neck of the femur below the large trochanter and besides curetted the acetabulum. The best union to be achieved is of that fibrous composition as is mentioned, but too often inflexible by osseous deposits. In one of my cases, the intermediate substance remained so flexible as to double up as soon as the body's weight was thrown upon it.

When Prof. Krause advises that extension should be continued for years, in order to secure such results he must be blessed with very docile patients to follow such directions,

Taylor's Contrivance had to be given up after persistent trials for years, as "totally useless."

The case, the author details is certainly a master piece of surgery although it does not belong to the genuine species of coxitis and encroaching caries of femur and acetabulum.

The patient was exhibited to the XVIII Surgical Congress in April last, and no doubt did attract deserved attention.

In conclusion we may state that the incision was always a straight one, right over the major trochanter.

Hueter's anterior incision was properly excluded.

PERMANENT WARM BATH ARRESTING THE SPREAD OF ERYSIPELAS.

Dr. A. Rose, of New York (in No. 1, Vol. 2, of the *Medicinische Monatschrift*) recommends warm baths as the most reliable counter-agent in erysipelas. His cases prove the efficacy of the suggestion.

DEATHS AFTER LAPAROTOMIES.

If the anatomical facts elicited by the experiments of Dr. Strassman upon animals, are but approximately of a similar character in men, the use of chloroform as an anæsthetic, presents some dangerous features, which have not as yet been fully recognized or appreciated.

The article of Dr. Otto von Herff in the last number (50) of the *Berliner Klinische Wochenschrift* on the varied causes of death from laparotomy is a very timely and appreciable contribution on the subject.

The question of sepsis is of course eliminated from the discussion, as being fully known and guarded against. He refers to the so-called incidental

causes and first points out *death soon after the operation* accompanied by phenomena that seem to be indicative of syncope or collapse. These cases are fortunately but rare and are likely to happen in persons afflicted with some cardiac trouble. But healthy individuals are not exempt.

The autopsy reveals fatty degeneration of the muscular apparatus of the heart, brought about either by protracted chloroform narcosis and the free use of poisonous antiseptics.

This *subacute chloroform-intoxication* is due to the entrance of phlogogenic substances into the air passages. Frey has pointed at the aspiration of wound secretion, saliva, nasal discharges and appropriate substances from the stomach in the act of vomiting and to these incidents bronchitis, broncho-pneumonia, etc., must be ascribed to the use of chloroform.

Dr. von Herff thinks that a dose of morphine with or without atropine may contravene the impending unfavorable effects, inasmuch as it greatly diminishes the quantity of chloroform and at the same time shortens its effect.

GENITO-URINARY NOTES.

JOS. L. BAUER, M.D.

NOCTURNAL EMISSIONS,

Nocturnal emissions may be due to a paretic condition of sexual innervation, or may follow as a result of a deep urethral hyperæsthesia. If we interrogate our patients closely, two ætiological factors will appear prominently in view:

1. Masturbation and sexual excess.
2. Gonorrhœa.

Consideration of other causes is omitted, owing to their infrequency,

Great stress must be placed upon the cause; for, not only is there an entirely different symptomatology, but different therapeutic maxims must be applied. In the former, the symptoms are indicative of a sexual paresis; in the latter sexual irritability. In the former, the condition is one of flaccidity; in the other, that of active excitement. In the former, the introduction of a sound will not, or rarely produces pain; in the latter, pain is always present. In the former, urethral coarctation *does not exist*; in the latter, frequently. So it follows from this differentiation, that treatment to be successful, must give due credit to its active or passive character. Thus if passive, and coexistent with impotence (very frequent), nerve stimuli are necessary; and I have been in the habit of prescribing Fowler's solution, five drops, three times a day after meals in water. Faradic excitation (gentle at first) to the parts in

volved. The positive pole along the spine, the negative on the perineum. If the impotency is a feature of importance, the negative urethral electrode is passed to the veru montanum. We should not forget an important ally in the treatment of these cases namely, lumbar massage. This should be done daily. Hot and cold douche to the spine is frequently a valuable aid.

In the active variety an opposite treatment is necessary. Thus local irritability, is to be relieved, by rectal suppositories of ext. of opium $\frac{1}{2}$ gr. and ext. of belladonna $\frac{1}{4}$ - $\frac{1}{2}$ grain, or morphia in place of the opium. Deep urethral injections of local sedatives, as for instance, cocaine or hydrate of chloral, a blister to the perineum, or the galvanic current of sufficient strength to exert its sedative property, to the perineum, urethra or rectum (negative pole), and the positive pole to the lumbar spine. We may resort to hyoscine, $\frac{1}{12}$ of a grain three to four times a day. If a stricture of the meatus urethræ is made out, it should be divided; if deeper stricture is present, progressive dilatation with cold sounds. Should none of these means suffice, cauterization of the prostatic urethra may be demanded.

There are some cases of course which cannot be cured at all, though we may alleviate the more prominent symptoms.

Prof. Kaubner of Berlin, advises the following, for chronic prostatitis:

Potass. iodid.	. . . . .	grains 4.
Ext. belladonn.	. . . . .	grain $\frac{1}{4}$.
Butyr. cacao.	. . . . .	q s.
Fiat supposit.	. . . . .

One or two to be daily introduced into the rectum. In order to tranquilize the sexual propensities occurring during an acute or chronic prostatitis, or the inflammation of the urethra incident to it, he prescribes the following:

Potass. iodid.	. . . . .	grains 45.
“ bromid.	. . . . .	grains 40-45.
Ext. belladonn.	. . . . .	grains 5.
Aq. destil.	. . . . .	ounces 6.
F. mistura.	. . . . .

A tenth part to be diluted with 3 ounces of tepid water and used as an enema once or twice a day.

TREATMENT OF SYPHILIS.

The treatment of syphilis forms the subject of an article by Dr. R. W. Taylor of New York, in the *Medical News* of Dec. 7th, We may glean the following points:

- 1st. Mercury is the remedy, and the “tangible results” are shown in the “attenuation of the dosage and in the systematic and more lengthened course of treatment.”
- 2nd. Comparatively small doses of mercury over longer periods of time are more radically curative.

3rd, Hypodermatic injections, by which is sought a minimum quantity of the drug. Accuracy and precision of dosage, rapidity of action, greater potentiality, a more permanent effect—all combined, if possible, with simplicity and convenience of medication,

4th. Local method or excision of the chancre combined occasionally with extirpation of the lymphatic ganglia, active mercurial dosage during the primary period. The author places little reliance upon either the excision of the chancre, cauterization or mercurial dosage during the primary stage, though evolution of the secondary stage is somewhat delayed after excision. Indeed Dr. Taylor argues at great length to show why we should begin our mercurial dosage at the beginning of the second stage? The secondary stage of syphilis is characterized by roseola, papules, plaque muqueuse, syphilitic fever, etc., and represents merely the subjective and objective symptoms of a general disease existing in *the body*. What portions of the fluids of the body are primarily attacked, we are not certain of. We know, however, that after the localization of a certain specific contagium, some time elapses, before the external symptoms are made manifest. Now, this proliferation of young, round, infecting cells, represents one of the products of a disease which we term syphilis. Whether these proliferations represents in their cellular interior the specific contagium or not we do not know. If such a position is admissible, what objection can be raised against anti-syphilitic treatment, *i. e.* through mercurialization. For, if mercury is only of value against the cellular proliferations, it certainly can not be curative, but must be a palliative remedy. If, however, mercury is curative by virtue of its influence upon the specific contagium *per se*, our mercurialization should certainly begin then when we have reason to suspect that infection has taken place, whether it be the initial lesion or the gland infiltration.

5th. The author considers cure possible.

6th. Three forms of treatment:

- a. The expectant, or symptomatic.
- b. The continuous, or so-called tonic treatment.
- c. Treatment by interrupted courses.

At any rate the author is a believer in the efficacy of the proto-iodide one-fourth to one-third of a grain administered four or five times a day until effect is pronounced. Hypodermatic injections, inunctions and potass. jodide are suggested for later evidences.

Many cases of primary syphilis have been treated in my private practice as in my clinics at the college. I had been favorably impressed with the efficacy of the proto-jodide treatment from the glowing accounts I had received whilst a student. When opportunity offered itself, I put it to a thorough test, and with unsatisfactory results. Then again, the combination (Ricord) of hydrarg, bichloride and potass. jodidum was faithfully tested, and with fair result. At the present time I pursue something like the following:

If the chancre is only a few days old, it is excised where possible and otherwise cauterized. If the inguinal glands are implicated to a marked extent they are removed; when the patient presents marked primary syphilide, I then resort at once to hydrarg bichlor, one-eighth grain thrice daily until the manifestations begin to disappear. (Facial syphilides are treated locally by oleate of mercury and lanolin). As soon as this is accomplished *inunctions are started* and applied every third day for a period of three months. At the end of that time eliminants and baths are prescribed to get rid of mercurial excess. One month has elapsed and the mercurial treatment is begun again. This is followed for one year, and the second year, resort is had to potass. jodidi. I desire to emphasize the importance of the attending physician applying the inunctions in his office for the results will certainly be improved.

INCONTINENCE OF URINE AND ITS TREATMENT.

A solution of one grain of atropine sulphate to the ounce of water is advised. For a child one year of age, one drop is given at 4 P. M. and at 7 P. M. For each year's increase in age one drop is added. The treatment is continued for one month. If at the end of this time, recovery has not ensued, the dose should be doubled.

ANTIPYRIN IN URINARY INCONTINENCE.

Dr. M. Perrit (*Brit. Med. Journal*) advises the use of antipyrin fifteen to thirty grains every evening divided in two equal doses, for children from five to eight years of age. The treatment should be pursued for eight days, a week should then elapse, then the remedy should be given again. Treatment of two weeks usually suffices to accomplish a favorable result-

GONORRHŒA.

O'Brien of Dover has reported some interesting results (*Brit. Med. Journal*) from the use of sea-water in the treatment of gonorrhœa. He has treated thirty-two cases in males with warmed undiluted injections. The average duration of treatment was 8.87 days. Only in one case did a relapse occur. Injections 7 to 8 times daily.

LOTION FOR VULVAR PRURITUS (PERCY).

R.	Phenic acid	.	.	grs. 18.
	Tinct. of opium	.	.	" 225.
	Prussic acid	.	.	" 105.
	Glycerine	.	.	" 225.
	Aquæ	.	.	" 1800.

M.

—*Gas. de Gynecol. Times and Reg.*

EDITORIAL.

ANNOUNCEMENT.

The CLINIQUE will henceforth appear as the official journalistic representative of the College of Physicians and Surgeons.

We have no hesitation in making an announcement of this union of two strong forces for the upbuilding of the medical profession in the West. The large and rapidly increasing number of alumni of the College, and the many friends of the principles represented by this institution, render it almost necessary that there be a regular medium of communication with them.

The clinics and methods of practice as demonstrated at the College and its hospitals will furnish a large amount of useful material for just such a journal, and, though the CLINIQUE has passed through the experimental stage of journal life, we believe this new arrangement will make it even more valuable to its readers.

We will always have room for a kind word for all institutions which are trying, by honest work and honorable methods, to aid in that professional advance which is the aim of the best men in our ranks to-day.

The different departments in the CLINIQUE will be under the direction of the members of the faculty of the College, who will spare no pains to make this part of their work a success.

We ask the alumni, and all the members of the profession, to whom the CLINIQUE shall come, to aid us by contributions of short, practical papers and reports.

To the profession at large, we say that, although the CLINIQUE is conducted by the faculty of the College of Physicians and Surgeons, and shall have the interests of the alumni of that institution ever in view, yet it will be none the less a journal for the earnest practitioner, who, though not a graduate of this college, is endeavoring honestly to make progress in that calling to which he has devoted his life, and, in so doing, honors his alma mater, whatever her distinctive name or geographical location. W. P.

ADIEU!

MEDICAL CHIPS has lived two years as the property of the Editor, and has satisfied his hopes in every particular. In withdrawing from the field, we do so whilst at peace with the world and suffering no regrets.

Having been established for the sole and only purpose of presenting to the profession the superior educational advantages of the St. Louis College of Physicians and Surgeons, it was thought that this intention would be much more rapidly and more effectively realized by transferring the property

interests of the journal to the Board of Trustees, and the literary management to its faculty. This the Editor has done, and, bidding good-bye to the many friends who sustained me, I feel that their interests will be far better subserved by the intellectual work of the gentlemen of the College faculty.

JOS. L. BAUER.

RICHARD VON VOLKMANN

One of the greatest surgeons of Germany has succumbed to an incurable nervous affection which has rendered the latter years of his life, at most, unendurable. In spite of severe suffering he was one of the most ardent students and progressive investigators in both the science and practice of surgery.

Equally distinguished in the literature of the profession and in teaching surgery at the University of Halle, Prussia, he enjoyed a rare reputation and confidence.

When H. Langenbeck resigned the chair of surgery at the University of Berlin the position was tendered him as the foremost man entitled to succeed that great man, but he had so endeared himself to Halle, he reciprocated to such a degree in that feeling, that he declined and thus left the field open for von Bergmann. The funeral of the deceased took place on the 2d of December, and was attended by a galaxy of scholars from all parts of Germany, besides high dignitaries of State, the army and the universities. The magnitude and the quality of the funeral procession could not have been improved if the object of mourning had been of royal station. Indeed, he had occupied the throne of gratitude in the hearts of thousands, rich and poor, who will not forget their benefactor.

In the annals of surgery, his name will endure for all time to come.

L. B.

DEATH OF DR. DAVID PRINCE.

In the death of DR. DAVID PRINCE, of Illinois, Western medicine and surgery lost a man who, for years, was regarded as one of its most brilliant men. He was everybody's friend, and the announcement of his death proved sad tidings, particularly to medical men. He was a modest, manly man, plain and unassuming in every relation of life, and possessed extensive professional attainments. He was a surgeon of excellent judgment, and his eminent ability in this respect was nationally recognized. As an operator he achieved wonderful success, and his ability in this line was often the subject of complimentary remarks. He was the author of an entertaining work on orthopædic surgery, and a liberal contributor to surgical literature.

He was a silent man, and neither announced his course in operation, nor after their completion boasted of their achievement. We have often reflected that it might be equally as well for humanity if, in a grand and kindly character like this, that we do something to exhibit our appreciation of them while they live, instead of raining a shower of complimentary resolutions upon them after death.

FRENCH.

NOTES OF INTEREST.

TREATMENT OF CROUP.

Dr. A. Brothers, of New York City, writes entertainingly on the treatment of croup, in the *New York Med. Journal*, January 18th, 1890. Steam, for its softening effects is insisted on. A combination of heat and moisture, the flaxseed poultice on the neck, not forgetting to surround it with flannel and oil-silk. Temperature of sick room should be at 70 deg. F., thorough ventilation and disinfection. Nasal injections recommended at the outset. Author uses ordinary glass syringe tipped with soft rubber. The liquid employed is a solution of common-salt in water, less than one-half per cent. When I resort to the hand spray, through the nose and mouth, I use a weak solution of corrosive sublimate (1:5.000 or 10.000). Nasal injections are repeated once in two hours or oftener. Bichloride of mercury is all important, A child two years of age may be given one-eighth of a grain to a grain in twenty-four hours for days in succession. An eye must be kept on the stools. Stomatitis, from large doses, not met with. With this the usual mixture of potass. chlor., and tinct. ferri chlor. Fever, if present, should be controlled by anti-thermics. Heart failure, a common occurrence, should be forestalled by early administration of alcoholics. Emetics should be avoided as much as possible, on account of their weakening effect. If necessary, syrup of ipecac, wine of antimony, or subsulphate of mercury. Urgent dyspnoea and beginning or advanced cyanosis, intubation or tracheotomy.

ULCERATION OF OS UTERI.

ARGOS, IND., Nov. 21, 1889.

PHENIQUE PHARMICAL CO., ST. LOUIS, MO.:

GENTLEMEN—Having received samples of your CAMPHO-PHENIQUE, I take pleasure in recommending it as superior to any application I have ever employed in the treatment of obstinate cases of ulceration of the os uteri; in fact, it is the only agent I have ever found that would cure obstinate cases of ulceration. Two cases were of two years standing and had resisted the most skillful treatment. Each was healed nicely with CAMPHO-PHENIQUE, and patients relieved of what had been a loathsome disease. This has been the extent of my experimentation, but I am thoroughly convinced that it is *the* antiseptic germicide *par excellence*.

Very truly yours,

D. C. KNOTT, M. D.

BROMOFORM IN WHOOPING COUGH.

Steppe, of Nuremburg, has used this remedy in a number of cases. 5-10-15-20 drops are mixed with 100 grams (1500 grs), to 120 grams (1800 grs), of liquid. A teaspoonful every hour is prescribed. Or better, as suggested by *Med. Press*:

R. Bromoform . . . m. x,
 Alcohol . . . dr. j.
 Syrup . . . oz. ss.
 Water . . . oz, iij.

M. S. Teaspoonful every hour.

—*Med, Wochensch.*

INFLUENZA,

Tannin has been suggested as an almost infallible remedy in influenza,

EMENAGOGUE PILLS,

R Pulverized valerian,
 " saffron aa gr, xxx,
 Blackdeutoxide of iron " lx.
 Syr, of acacia
 Pulv. gum , qs.

Make forty pills. One pill after meal, to be increased to two or more, (Op, citat.)

ELECTRICITY IN UTERINE FIBRO-MYOMATA.

Dr. H. T. Rutherford, of the Chelsea Hospital for Women has treated since the year 1887 a, number of cases of uterine disease, including uterine fibroids, dysmenorrhœa, amenorrhœa, endometritis, and chronic inflammatory diseases of the appendages by electricity. But he confines his remarks to the fourteen cases of uterine fibromata treated with electricity from 1887 to 1889. He summarizes the results:

a. In one case the tumour entirely disappeared, though not in a manner I should have chosen.

b. In four cases urgent symptoms were relieved, and the tumors decreased in size.

c. In three cases temporary amelioration was noted.

d. In two cases no effect whatever was noted, either upon the symptoms or size of tumor.

e. Three cases discontinued attending after a short course of treatment.

f. In one case the treatment had to be abandoned owing to certain circumstances (much burning pain, shocks). It is impossible to state the result as "cured" and "relieved." A better classification, if such it can be

called is (1) favorable, (2) uncertain, (3) unfavorable and the results then are as follows: Favorable, five; uncertain, six; unfavorable, three—cases under (c) and (e) being classed as uncertain.”

The author looks upon electricity in these cases as useful, though limited. He has observed such dangers as sloughing of the tumors and septicæmia, peritonitis, abscesses of the abdominal walls and constriction of cervical canal (in his and the practice of others), but thinks they may be avoided by short sittings and low intensities.

It acts favorably by checking hemorrhage. Diminution of the growth is well marked and constant in some instances. Pressure symptoms are at times greatly relieved.

The author says further: “It is by no means necessary to treat every case of fibroid tumour that comes under our observation. The difficulty to contend with is to distinguish what class of cases should be treated electrically with any chance of success, and when to desist if the treatment is not favorable. This last point is extremely important, for by continuing too long with no result we may pass by the time when surgical interference might have offered a reasonable chance of success.”

The author limits the method of treatment to “cases

- (1) in which the symptoms are severe, and call for active interference;
- (2) in which the tumor is not too nodulated;
- (3) in which the tumor is not subperitoneal;
- (4) in which the tumor is not of the soft œdematous variety;
- (5) in which the patient bears the treatment well.—*Prov-Med. Journal.*

TREATMENT OF DYSMENORRHŒA,

Dr. Cheron (*Semaine Medicale*) injects hypodermically, a few days before the appearance of the menses, seventy-five grains of a 2-per cent. solution of carbolic acid, either into the sacro-lumbar region, or the belly. The injections are repeated 2–3 times a day until menses appear. The same course is begun eight days prior to the next menstruation, a daily dose of 150 grs. being used. Even in the intensest dysmenorrhœal attacks the author has been successful.—(*Berl. Klin. Wochen.*)

PROLAPSUS RECTI.

At a late meeting of the surgeons of Berlin, Dr. von Bergmann presented a child ten years of age, that was afflicted with a prolapse of the rectum, as large as a man's fist. The protruding mucous membrane was covered with more than fifty polypi all having a pedicle, differing in size, as large as a plum and cherry pit, with smooth hemorrhagic surface. The pedicle of the larger is very thin, of the smaller ones thicker. The entire mass has the appearance of a red boil. They are glandular polypi originating almost in toto from the glands of Lieberkuhn.—(*Berl. Klin. Woch.*)

PERSONAL NOTES.

We regret to have been informed of the serious illness of our alumnus and friend, Dr. C. G. Nagel, of Buckley, Ills. His sickness is of a nature which prevents him from attending outside practice. The Dr. has a practice of about \$1200 per annum, and a horse, buggy, medicines and other et ceteras, which he would like to dispose of. Buckley is a charming place and a good location for an active, energetic College of Physicians and Surgeons man. Address the Doctor, Evangelical Luth. Hospital, St. Louis.

We received a pleasant visit from Dr. J. L. Short, one of the enterprising, progressive physicians of Rolla, Mo. The Doctor would like an assistant who can speak English and German; a Catholic physician preferred. The Dr. guarantees a living, about \$100 per month. This is an opportunity which should not be lost, and the Editor of this journal will be pleased to hear from applicants for the position.

Dr. S. L. Flannigan, of Olympia, Washington, graduated at the St. Louis College of Physicians and Surgeons in 1882, and is the only St. Louis graduate in medicine who appears among the charter members of the Medical Society of the State of Washington, which was organized Oct. 22, 1889.

We note in "The Standard," of Ogden City, Utah, that our old friend, Dr. John Driver (1888), has dipped deeply into surgery, and receives quite lavish praise for the successful performance of a mammary operation.

The Bond Co. Medical Society met at Greenville, Ills., Jan. 2nd, and elected the following officers for the year 1890: President, W. T. Easley; V. P., Dr. W. A. Allen; Sec'y, Dr. J. E. Groves; Treas., Dr. D. Wilkins. The Society is in a very flourishing condition, and had the opportunity of listening to a very able paper on Puerperal Convulsions, by Dr. J. H. Gordon, of Pocahontas, Ills.

On page 421 of the November CLINIQUE, we credited the books, Indigestion and Biliousness, by Fothergill, and Insomnia and other Disorders of Sleep, by Lyman, to P. Blakiston & Co., of Philadelphia, when it should have been W. T. Keener, of Chicago. We may say *en passant* that both are jewels in their way.

We take pleasure in announcing that the International Medical Annual for 1890 is in press. The prospectus gives promise of excellencies surpassing all former editions. Its thirty-seven editors in the several departments

are to give a summary of new remedies alphabetically arranged, also a resume of new treatment in dictionary form, with references to the medical literature of the world pertaining to the year's progress of medicine.

Such a practical and helpful volume is of inestimable value to the medical profession. In one volume of about 600 octavo pages; price, \$2.75, post-free.
E. B. TREAT, Publisher, 5 Cooper Union, N. Y.

Dr. I. N. Love has fulfilled his promise of presenting a journal which will do credit not only to himself but to the medical profession. It is useless to make reference to the good taste which has been displayed in the make-up of the journal. This part is in keeping with the æsthetic taste of the editor. A careful examination of the *res gesta* convinces his friends that the literary quality of the first issue is excellent, and one fact seems to be striking, at first glance, and that is the individuality of the editor, the strong affection which the editor displays for his profession and those engaged in its practice. And we predict that this very *esprit du corps* will make the "Mirror" a welcome visitor.

One feature is new, and we believe an admirable one, too, of each month presenting a sketch of representative men of our profession, with their photographs. The first issue contains an etching of the late Dr. John T. Hodgen, and, we believe, the first biographical sketch of this representative man of our profession. We once more congratulate our friend Love, and welcome him to the editorial arena.

Dr. David Prince, of Jacksonville, Ills., surgeon, well known throughout the West, died Dec. 19, 1889, in the 74th year of his age.

The profession of Germany has reason to regret the death of Dr. Richard Von Volkmann, of Halle, which occurred Nov. 28th, 1889.

The marriage of Dr. R. Schmidt ('89), of Hannibal, Mo., to Miss Minnie Frederick, is announced. Our charming friend will no doubt receive congratulations on all sides. None can wish him a greater success and a happier life than the Editor.

The annual election of officers of the St. Louis Academy of Medicine was held Wednesday evening, Jan. 8th, 1890. Dr. Rodolphe T. Etavard was elected President; Dr. Henry Summa, Treasurer; Drs. Edw. Borck, C. H. Hughes and Y. H. Bond, Members of Executive Committee.

The graduates of the St. Louis College of Physicians and Surgeons organized an Alumni Association a few weeks since, by electing the following officers: President, John W. Vaughan, M. D. ('84); Albert Fulton, M. D. ('83), Vice-President; Secretary, Rodolphe T. Etavard, M. D. ('89); M. D. Jennings, M. D. ('87), Treas.

ACADEMY OF MEDICINE.

DECEMBER, 4th, '89

[Discussion of Paper Read by Dr. Graves, Reporting a Case of Typhoid Fever.]

Dr. Ohmann-Dumesnil: As Dr. Graves mentioned, I had an opportunity of seeing the case and of examining the eruption, and I believe we have two interesting points in connection with it. The eruption was limited to the flexor surfaces of the body below the lower margin of the jaw, and was very sharply defined. The skin of the face was normal in color. There was a very sharp demarcation at the middle portion of the limbs defining the eruption, which looked very much like scarlatinaform erythema.

I have read of an analogous case reported by Dr. Allen, of New York. The flexor surfaces were all involved and the extensor surfaces not at all. Another point in common presented in both cases was bluish areas suggesting localized cyanosis. There was also another coincidence in the two cases. Dr. Allen gave to his patient large doses of antipyrine, as I believe was done in the case of Dr. Graves. The fact that those large bluish areas were present, would seem to point to the effect of the antipyrine. It is known that if you give a patient continued doses of antipyrine he will become cyanosed after a time. Erythemata, are divided into three classes: those of nervous origin, those of toxic origin and those of infectious origin.

The question in this interesting case, is as to whether the eruption was due to the infection of the typhoid fever, or to the antipyrine, or to both? If so, why was there local limitation? In general terms, erythema and a number of inflammatory diseases have a tendency to affect the flexor surfaces on account of less thickness of the skin in those portions of the body. In the case under consideration, I should call it most probably a mixed form of eruption—a form of eruption due to antipyrine and typhoid fever.

Dr. Graves: No antipyrine was given in the first attack of the fever at all.

Dr. Dumesnil: The papules were due to the fact that there was no sweating at all, and the eruption was caused by the typhoid infection,

Dr. Jos. Bauer: What antipyretic was used in the first attack?

Dr. Graves: I will state that in the first attack no antipyretic was used whatever, save the cold sponging. No quinine or antipyrine or anything of the kind was administered.

Dr. Dumesnil: I would like to make an addition to what I said. In Dr. Allen's case there was excessive desiccation, his case being scarlatina and the other typhoid fever, both being infectious disorders.

Dr. Joseph L. Bauer: A logical consideration of the subject of hyperpyrexia can lead to but one therapeutic deduction and the reader of the paper has fully understood it.

Typhoid fever is ushered in by vaso-constriction and continues until vaso-dilation represents the beginning of convalescence or defervescence. But this vaso-dilation must occur in a physiological manner and not be produced suddenly by the administration of remedies, or we would then have a condition similar to many of the dangerous features which manifest themselves during the course of a disease characterized by intense fever. Now, any of the antipyretics, such as salicylate of soda, salol, antipyrine, acetanilid, quinine exert their influence by this very sudden vaso-dilation and are therefore not a logical remedy in this disease; for the nervous phenomena produced by antipyretics in antipyretic doses are conditions which are opposed to the very principles governing the treatment of infectious diseases. Every function of the body upon which depends the elimination of either the infectious agent or its product is prevented by the conditions produced by the antipyretics named. More than that, it has been my experience, that in large doses, trophic changes go hand in hand with the administration of such drugs. And besides that, it has been shown that there is in these prolonged hyperpyretic conditions an inflammatory zone around the origin of the pneumo-gastric nerve, which in itself interferes with its physiological function, and no remedy, which has a tendency to materially depress this function, should be used under any circumstance. Now, I have always found that the use of the cold bath not only reduces the temperature, but holds it within safe limits a greater length of time without causing any painful influence whatever. The momentary depression that follows the bath is not lasting. Any one who has observed the immediate relief in all the alarming symptoms that follow the judicious use of the cold bath, can not but fail to appreciate its value in the treatment of all diseases characterized by persistent and prolonged high fever.

Dr. Bernays: I have one suggestion to make, and that is this: in reading recently, my attention was called to a distinction that is made now by medical men between antipyretics and "antithermics," and I thought at the time that the distinction was a very excellent one. The author took the ground that the treatment with antipyretics, antifebrin, salol, salicylic acid, carbolic acid, quinine and all that class of remedies, which we know will reduce the temperature of 105 degrees within a few hours to 101 or 102 degrees, should properly be called "antithermics," because we do not know anything else about their action further than they reduce the temperature. He held that it had not been established that the administration of this class of remedies was beneficial

in the treatment of exanthematous, or rather infectious fevers. We know when a man has high temperature, we depress the temperature by these remedies, but is it not possible and probable that the fever is nature's remedy? Is it not also probable that the high temperature is the method which nature adopts to get rid of certain poisons in the system? I am not going to dispute the fact that subjective relief is given to the patient by the administration of these drugs, but I do ask for more proof to show that the administration of these drugs shortens the attack of a typical fever like typhoid fever. I think it is to be proven yet. At present, it is only a hypothesis that medical men seem to act upon and they take it for granted that it is good practice to give the patient antithermics. I favor in those cases administration of cold. My experience in fevers is limited almost exclusively to surgical fevers.

I know that since I have stopped the administration of so-called antipyretic medicines, my patients have done better. For instance, after hyperæmia when the fever runs up to 102 or 103 degrees, I used them both ways. I soon ceased dosing by the month. I found that big doses of quinine, 20 or 15 grains, was not well borne by delicate women. The stomach would reject it. For a long time, about two years I think, I adhered to the administration in $\frac{1}{2}$ -drachm doses, 30 grains dissolved in acid mixtures and injected into the rectum with a few drops of opium to make it remain there. I found that that was bad. When I found the temperature high after an operation as the result of infection, then I resorted to cold sponging and to the ice-bag and I have found that it is the best plan and gives the best results in the treatment of fevers which I meet in my surgical experiences.

Dr. Barnes: I would like to ask Dr. Bernays why he uses the cold water. What is the object in view, but to reduce the temperature?

Dr. Bernays: There was no other object except to reduce the temperature. I reduce the temperature by simple and natural means. I do it by purely mechanical remedies which are certainly as sure as the knife in an operation, and is not such a round-a-bout way as the administration of quinine. You know you reduce fever with antipyretics, but how do you do it? That is where our knowledge ceases. We do not know what kind of tissues it affects. We do not know whether it acts through the nervous system, or directly on the circulation.

Dr. Jos. Bauer: I wish to say a word with reference to a statement made by Dr. Bernays in his preliminary remarks. He says that probably fevers were simply an effort made by nature to get rid of infectious products. Without it, the system would not eliminate the ptomaines. Now, Dr. Bernays contend: that surgical fever is due to the action of infectious germs or their products in the system. If it is due to that effect, why use cold at all? Why use cold bath? Why use any remedy to combat the fever? Clinical experience will show that theory of no value.

Dr. Berpays: I wish to read an extract from the *New York Medical Record*:

“Cold bath treatment yields the most triumphant results in combating the effects of the infective toxic agents with whose true entity we have not yet been brought face to face. It has been administered by numerous trustworthy observers for the reflex stimulus which is aroused by the shock to the peripheral nerve endings, which so energizes the nerve centers, which furnish innervation for circulation, respiration, digestion, tissue formation and excretions, that the system is enabled to tide over the dangers, which would ensue from these functions.” This is the effect of cold bathing in a nut shell. The simple cooling effect of the bath occupies a secondary, although not unimportant office.’

Dr. Barnes: I did not intend to take part in the discussion but the exclusiveness of the therapeutic recommendations forces me to state my position. According to the statements, we are led to believe that the symptoms presented by a case of typhoid fever are due solely to high fever and that the cold bath is the specific remedy. It seems as if we are retracing our steps. I am loth to accept these statistics presented by Dr. Baruch. As they read they are misleading; for I am free to state that such a vast array of typhoid cases must have presented symptoms demanding positive therapeutic treatment, besides the high fever, which we are too apt to credit with so much power; statistics of that character must be accepted with considerable modification,

Dr. Graves: The speaker should not have inferred that my remarks referred to all cases of typhoid fever, but I meant simple cases should be treated solely by cold sponging and judicious nourishment; that when complications arise they should be treated accordingly.

Dr. Barnes: Typhoid fever is, as I understand it, an infectious disease, which attacks the glands of the intestines primarily and may affect the other glandular structures of the body, it is therefore not a simple condition. It is not unusual, however, for typhoid fever to present a variety of symptoms. I have three or four such cases under treatment at the present time. I have rarely seen what may be termed an uncomplicated case of typhoid fever, and I therefore find some other features to combat than that of high fever. I can not conceive of a case, which could be relieved by simply regulating the diet and administering cold sponging. When such cases are reported, the record omits the giving of a little of this and a little of that and the remedy, which seems to stand forth prominently and which also represents the bias of the individual is credited with whatever good results ensues.

I do not use cold water at all, I can reduce the temperature without it.

Dr. Joseph L. Bauer: What do you use?

Dr. Barnes: I will mention that later. I think it is a bad idea to undervalue the power of a remedy; it begets a condition of uncertainty that will ultimately lead to a species of nihilism, by which a physician is rendered unfit. They tell you in one breath that typhoid fever is produced by an infection of the glands of the body by germs and then tell you to annihilate them by sim-

ply alleviating one of the prominent symptoms which their existence has produced. A temperature of 30 to 40 degrees below zero will not affect them and it requires a temperature of 212° F. to produce the same result. The remedy, upon which I have relied to hold the temperature within safe bounds is the application of hot water and I find by experience that the temperature will be as rapidly reduced as by cold water. For this reason, I think that I am justified, in claiming an equal advantage for my remedy. I have a basin of hot water kept by the bedside as hot as they can keep it without burning their hand when dipped into the basin and as soon as they can bear that heat I then have it renewed with water of a high temperature. I kept that up, night and day, for three weeks when both of my sons were attacked by the disease.

Dr. Joseph L. Bauer: I have a few words to add. It does seem to me that it matters little whether we believe it is a germ or something else that is responsible for the clinical picture which we designate as typhoid fever. As long, therefore, as we cannot reach the virus peccans, we must tide our patient over safely by paying due attention to those symptoms which are prominent. Believing that the pyrexia is responsible for all the symptoms, for the mass of the symptoms, which occur now and then during the course of the disease—intestinal hemorrhage excepted possibly—I direct my therapeutic energies to what I believe to be the enemy; in that sense, the cold treatment of typhoid fever is the only logical treatment. I will certainly not deny that my friend, Dr. Barnes, did secure good results from hot water. I have not used it and can therefore express no opinion. If the logical inferences from the physiological state are of value, my friend, Dr. Barnes, will certainly not drink hot coffee and hot lemonade in the summer time to cool off, nor will he drink ice-water in the winter-time to warm a frigid organism. I am aware of the superstitions and fears of the mass of the people, where such a remedy is suggested and I fancy that this feature has much to do with its unpopularity, but this is not to-day as it used to be and this remedy is fast supplanting other remedies of the past.

Dr. Graves:—I have been very much edified this evening by the discussion. With all due deference to Dr. Barnes, I must say that when he tells us that typhoid fever is a symptomatic disease, when he tells us that typhoid fever is a glandular disease, when he tells us that typhoid fever shows so many varied symptoms, I must beg leave to differ with him. We know that typhoid fever depends on certain causes. We know that certain structures are involved. We know that certain processes go on within the diseased structures. We know it takes a certain time for these processes to be complicated. We know that, whatever medication you may administer, the course of the disease is not shortened one day or one hour. Brandt, in his statistics has shown that while he has not particularly altered the course of the disease, yet the mortality is much decreased, and we are to accept

the statistics which are due solely to cold bath treatment—for he uses nothing but the cold bath and diet.

Another point of greater importance is the nourishment and regularity in administration. It is a very common thing to be asked what shall my husband eat, or what shall my wife eat? I give milk with regularity. It is not the high temperature that causes death in typhoid fever, but often it is the manner in which we are in the habit of giving instructions in regard to diet. I did not come to the Academy thinking that my statistics of 31 cases would be doubted. I came here to report these cases as I feel that in the line of reason discovered, it should have been reported. If there is anything in the world that a physician should shake off, I think we should cut loose from empiricism as much as possible. We know that medication cannot possibly alter the course of typhoid fever a single day. That it does absolutely no good; that medicine by interfering with normal processes will not do good, but will do harm.

Dr. Barnes:—I would like to ask the question, how long typhoid fever has to run?

Dr. Graves:—The whole course of the disease must necessarily continue so long as there is inflammation of Peyers glands or the solitary glands. Post-mortem changes prove that it is not self limited. Usually it runs a course of three or four weeks. Cases differ. Some cases get well in two weeks. In the case I reported to-night, where convalescence seemed before established, where there had not been any fever at all for two days, the disease returned, and run a course of several weeks before death.

Dr. Barnes:—I want to correct one impression that the doctor has which is wrong, I never intended any reflection upon his statistics. I did not really understand that Dr. Graves had given everything he had done in these cases. I thought he gave the result of a special treatment.

THE OLD HABIT.

How a little success does puff some men up! With an entire disregard of the rights and privileges of others, they seek to create the impression that all mankind who act with manly independence or who with intelligence, honesty and with faithful friendship support the claims of others, possessing equal merit and worth are designing men. To the average sensible person this is certainly placing an exalted estimate upon the integrity of the members of the medical profession. It is cheering however to know, that charges possessing such peculiar characteristics are not justified by past history and until it is, the real friends of true medical men need not feel uneasy.

FRENCH.

BOOK REVIEWS.

INSOMNIA AND OTHER DISORDERS OF SLEEP. By HENRY M. LYMAN, A.M., M.D., Prof. of Physiology and Diseases of the Nervous System. Rush Med. College, Chicago, Ill., 1885: W. T. Keener.

The author devotes Chapter I to the nature and cause of sleep, in which he ascribes it to failure of cerebral energy and final abatement of the reflex functions of the spinal cord. His observation upon the respiration, circulation, temperature, secretion and nutrition during sleep confirm the idea of general reduction of normal activity in almost all organs of the body.

Chapter III is devoted to an analysis of the remedies for insomnia including hot and cold baths, massage, electricity, counter-irritants, food and drugs to produce artificial sleep, discussing the effects of sedatives and stimulants upon the brain and tissues generally.

Chapter IV is a resume of remedies for sleeplessness incident to special disorders which do not respond cleverly to ordinary sedatives. He gives due credit to a quite familiar combination of bromides, chloral and henbane in the vigilance of alcoholic subjects; endorses Ringer's advocacy of morphia in cardiac dyspnoea, the brilliant effects of which we have abundant cause to confirm. The insomnias of the parturient state are not forgotten, indeed, the little book is quite full of useful hints upon individual forms of wakefulness which text-books omit. Clairvoyant dreams, hypnotism, revelation, somnambulism are ably descanted upon by the learned author together with the recital of many interesting and instructive examples of psychological phenomena hitherto unexplained. Besides the graceful flow of the writer, the book is eminently practical and attractive.

A. M. C.

A COMPEND OF THE PRACTICE OF MEDICINE. By DAN'L E. HUGHES, M.D., LATE DEMONSTRATOR OF CLINICAL MEDICINE IN THE JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA, ETC. PHYSICIANS' EDITION. THOROUGHLY REVISED AND ENLARGED. Philadelphia; P. Blakiston Son & Co., 1889.

Following the plan of more exhaustivetreatises on pathology and practice of medicine, this book of 400 pages forms a useful and convenient epitome of current thought and expression on the leading topics of the day, furnishing the essence of what busy doctors need for quick reference and appropriation to their wants. With much labor our author has critically winnowed and blown aside all useless verbiage, so that the reader may get in compact form the information required without having to wade knee deep through the fog of mul-

tifarious and conflicting theories to get at the gist that refreshes and sustains. Attached to each subject discussed the reader finds appropriate formulæ in common use and quite abreast with ideal treatment; therefore, the student will hail it as one of the most admirable of its kind, for the purpose of following the teacher, feeling assured that the therapeutical applications are in accord with American diseases. The seventy-five pages devoted to skin diseases with formulæ for each will be profitably consulted, since that section alone is well worth the price of the book to any practitioner who is not supplied with a recent work on dermatology, a branch of practice but little understood by the average man in active employment, who fails to remember that about once in every five years there comes a very revolution in therapeutics all round, an earnest of the growing progress towards the apex of special perfection.

The style of the book is not less attractive than the matter, paper fine, type clear and the edges gilt. Altogether it is the most acceptable hand-book to own, because it tells you what to do

A. M., C.

THE PRINCIPLES AND PRACTICE OF SURGERY. By John Ashhurst, Jr., M. D., etc. Philadelphia: Lea Bros. & Co. 1889.

Either one or both, author and publisher, have courteously submitted the volume for our critical estimate. Such compliment is well calculated to meet with appreciation and to neutralize the caustic accumen of reviewers,

Moreover, we have heartily welcomed the new edition for various reasons. One is, the want of a student's text-book. Another was our hope that the experience of a teacher and a writer on surgery would have assisted the author to produce just such a text-book as wanted, for brevity, terseness, plainness and exactness.

Such a text-book would have received from our pen the warmest commendation. After a cautious perusal, we have laid it aside as falling rather short of the requisite standard. And its very sensational dedication:

"To the Surgeons and Students of Surgery of America," cannot be admitted as a *captatio benevolentiae* for its shortcomings. For, the vacuum is not filled by Prof. Ashhurst's latest literary efforts in surgery.

In the Chapter 1st the author spreads his views on *inflammation*. The subject as set forth is in a similar condition as the present quality of Mississippi water, rather *cloudy and opaque*.

Yet, inflammation is one of the best known topics. Thanks to the services of the microscope and pathological experiments, however, diversified its theory may be conceived by varied writers.

We look likewise in vain for a rational compass of therapeutics. Thus, for instance, the author heads very properly, his antiphlogistics with cold temperature. But instead of referring to the well known virtues of diminishing the morbid rise of temperature; of contracting the afferent vessels to the inflamed structure thus lessening the hyperæmia and reducing almost to an-

nihilation its sensation, the author unnecessarily places himself under the authority of Erichsen, Esmarch and Petit.

The second chapter concludes the treatment of inflammation, and the third takes up operations in general, *certainly a very unusual arrangement*. From the fifteenth to the nineteenth chapters inclusively the injuries are discussed. But in the twentieth chapter the author resumes, "*Diseases resulting from inflammation.*"

In the twenty-third chapter and under the head of "Diathetic diseases" Dr. Ashhurst imparts his knowledge on *scrophulosis*.

He ignores the fact that to the better informed, the strumous disease was nothing more than a pathological cameleon, a pons asinoræ. He seems not to be cognizant of the solemn declaration of the very father of pathological anatomy, Prof. Rokitzky, at the medical society of Vienna physicians in the University in 1866 that *he never came across of anatomico-pathological evidences of scrophulosis*. Nor does he pay due attention that the "*bacillus tuberculosis*" has entirely crowded out the strumous divinity and now so completely occupies its throne as to find it no more in any of the recent works on pathological anatomy.

On page 995-96 the author refers to "Recto-vesical Lithotomy" and mentions Prof. Bauer as its "prominent advocate" leaving it however to the reader to find out what a method, or modification of plan, Prof. Bauer advocates.

In Orthopædic Surgery the author prefers to drawing from Dr. L. A. Sayre instead of tapping the original supply-source. However, we better stop here. L. BR.

THE PHYSICIANS' LEISURE LIBRARY. DIABETES MELLITUS AND INSIPIDUS, By ANDREW H. SMITH, M. D., Professor of Clinical Medicine and Therapeutics at the New York Post-Graduate Medical School, etc., etc. 1889. George S. Davis, Detroit, Mich.

An excellent monograph upon a most interesting subject. Therapeutic suggestions, dietetic and hygienic management are discussed with good judgment, and hence gives the little book more than passing value to the general practitioner.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONERS' INDEX: A WORK OF REFERENCE FOR MEDICAL PRACTITIONERS. Thirty-seven Editors. Seventh year. New York: E. B. Treat & Co., 1889. Price, \$2.75.

The first part of this work is devoted to the subject of New Remedies, under which title appears not only the more important remedies of our *Materia Medica*, but all additions of the past year.

In the second part, the names of diseases are arranged in alphabetical order. Every new point is given in respect of treatment.

The third part is devoted to professional miscellany.

The book is practical throughout, and edited by the most representative men of our profession, and as a ready reference book can not be excelled.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS: A PRACTICAL TREATISE ON BALDNESS, By GEO. T. JACKSON, M. D.; THE SPHERE, RIGHTS AND OBLIGATIONS OF MEDICAL EXPERTS, By JAS. J. O'DEA, M. D.; PATHOLOGY AND TREATMENT OF RINGWORM, By GEO. THIN, M. D.; NOTES ON DENTAL SURGERY, By J. SMITH, M.D., LL.D.; ON SOUNDING FOR GALL STONES; AND THE EXTRUSION OF GALL STONES BY DIGITAL MANIPULATION, By DR. GEO. HARLEY, F.R.S. Vol. IV., No. 3, Dec., 1889. Wm. Wood & Co., Publishers, 56-58 Lafayette Place, New York.

A continuation of the scientific and practical monographs which has characterized the whole series. There is not one of the subjects treated of in this issue but will enlist the interest and approval of every intelligent medical man. The essays by Drs. O'Dea and Harley are of more than usual interest, and should be carefully studied.

In perusing the issue a little further, we discovered an excellent essay on The Pathology and Treatment of Scarlet Fever, by Dr. H. Von Ziemssen; we say discovered, because the essay is not mentioned on the first or title page of the cover. This error is an unfortunate one. The essay itself is an admirable one, and no doctor can be *au fait* on this subject without reading it.

DISEASES OF THE KIDNEYS, By DUJARDIN-BEAUMETZ, M. D., and BRIGHT'S DISEASE, by ALFRED L. LOOMIS, M. D., are two issues of the Leisure Library for 1888, which we have but lately had an opportunity of perusing. Both books are practical, and represent our knowledge of these subjects at the present time.

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MISTURA THIELEMANNI IMPROVED.

(Swedish Pharmacopœa.)

A combination of Chloroform, Oil Pepperment, Denarcotized Opium, Ipecacuanha and Valerian.

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DOSE—From 10 to 30 minims (20 to 60 drops.)

DILUTED.

It should not be given to children only in very small doses.

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WITH HYDRASTIA.

A Concentrated Compound for Acute and Chronic Catarrh, containing

TISIA, GAULTHERIA,
BAPMENTHA-ARVENSIS, THYME,
HYDRASTIS, EUCALYPTUS.
with 3 grs. Pheno-Benzo-Boric Acid in each fluid drachm.

The vehicle is Dist. Witch Hazel.

Directions for use with Semple's Automizing Inhaler and Cooper's Vaporizer.

Remove metal or rubber top and pour 2 ounces of the Phenated Antiseptine, full strength, in the jar, adjust the top and use 3 or 4 times a day.

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INDICATIONS: Neuralgia, Rheumatism, Nervous Headache, Caut, Sciatica, Dysmenorrhoea, and where the use of the Salicylates is indicated.

FORMULA:—Each fluid drachm represents Tonga, thirty grains; Extractum Cimicifuga Racemosa, two grains; Sodium Salicylate, ten grains; Pilocarpin Salicylate, one-hundredth of a grain; Colchicin Salicylate, one five-hundredth of a grain.

Anti-Neuralgic, Anti-Rheumatic, Sedative, Anti-Spasmodic, Diaphoretic, Laxative.

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ALTERATIVE—OXYTOCCIC.

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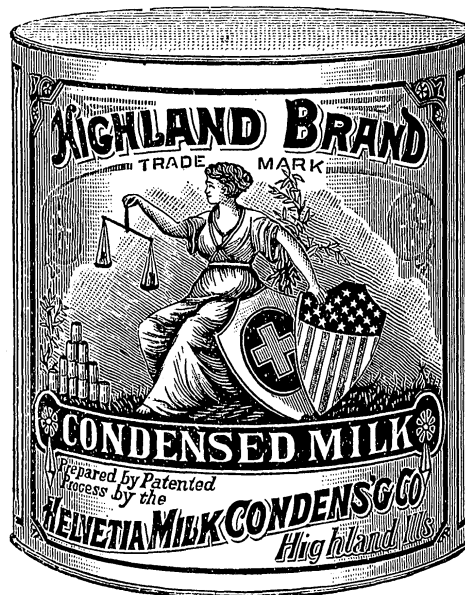
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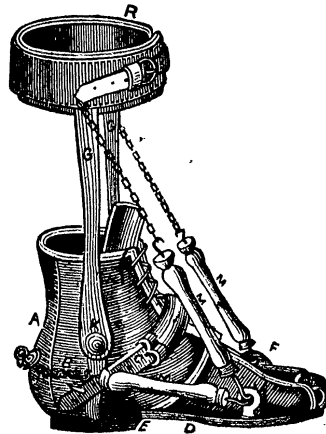
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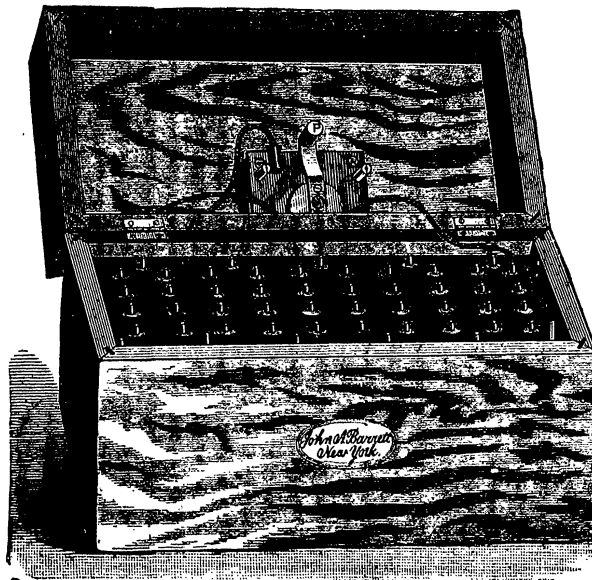
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A Monthly Journal of Clinical Medicine and Surgery.

(FOR TABLE OF CONTENTS, SEE ADVERTISING PAGE XV.)

VOL. IV.

NOVEMBER, 1891.

NO. 11.



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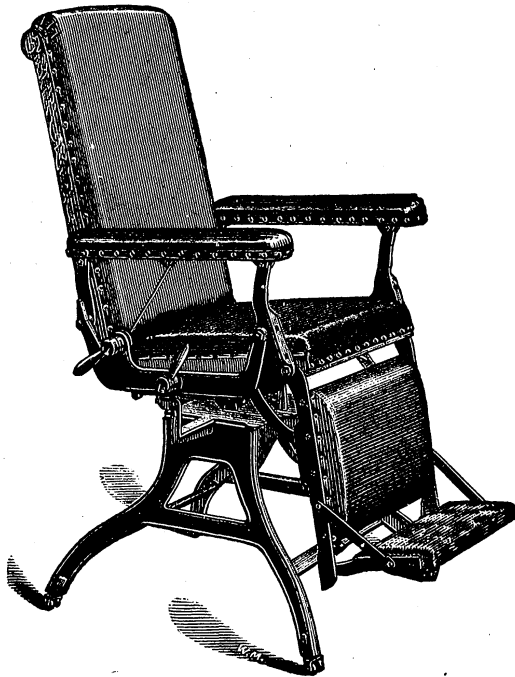
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Chronic Metritis and Its Treatment.

BY A. A. HENSKE, A. M., M. D.

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The term "chronic metritis" is applied to a hyperplasia of the fibrous tissue of the uterus accompanied by hyperesthesia. We are not dealing here with what we ordinarily define to be a chronic inflammation; but still, as this hyperplasia of the fibrous tissue of the uterus in its progress is at times accompanied by inflammatory processes, most frequently if not always, by chronic endometritis, and often enough by chronic perimetritis, we may retain the term "chronic metritis"; the more so, as the treatment of this affection is based upon the therapeutical principles involved in the treatment of chronic inflammation anywhere.

This chronic hyperplasia may affect the entire uterus, or be confined to the body or neck. If we examine the structure of the tissues of a hyperplastic uterus, we notice a difference in their appearance at the different stages of the affection.

At an early stage, the organ is enlarged hyperemic and soft: at a later stage, it becomes indurated, anemic and

hard. On section, the tissue is soft and hyperemic in the early stage,—of a whitish color in a later stage. The uterine walls are increased in thickness, and from the stiffening of the walls, the cavity becomes more roomy.

In the first period, the microscope reveals a great number of embryonic elements throughout the whole thickness of the muscular walls. In the second period, we have marked dilatation of the lymphatic spaces and a localized hyperplasia of the connective tissue around the blood-vessels. Therefore, the second stage consists of an increase in the amount of connective tissue, with relative (and perhaps absolute) diminution in the muscular fibers. The muscular fibers have partially undergone fatty degeneration or are lying in irregular bundles surrounded by fibrous tissue. The blood-vessels are varicose in some places, their caliber is decidedly reduced in other places, or strangulated entirely by the surrounding connective tissue. Thus the nutrition of the organ is interfered with and a true sclerosis of the

uterus develops in consequence. The whole organ is considerably increased in size,—it may be as large as a uterus three months pregnant.

In order to treat chronic metritis rationally and successfully, we must keep in mind its etiology. As favoring a predisposition to it, we must consider a deterioration of the vital forces from any cause. The exciting causes may be summed up under two headings:

1. Causes which operate through interference with the normal involution of the puerperal uterus (*i. e.*, result in subinvolution);

2. Causes which operate through the production of repeated or protracted congestion of the uterus.

Now, in treating chronic metritis, we must bear in mind that not only the different stages of the affection require different treatment, but that, also, the treatment must be directed to the cause. As experience proves, chronic metritis is in most cases a preventable disease, and may be successfully treated during the first stage. When once those changes in the tissues of the uterus which constitute true fibrous hyperplasia or sclerosis have taken place, it is still a question whether any known treatment can entirely relieve it.

Subinvolution is the most frequent cause of chronic metritis; therefore the proper management of this condition is absolutely necessary as a prophylactic. When not complicated with any well-defined puerperal affection, it is apt to pass for a time unnoticed. But sooner or later the patient will complain of pelvic tenesmus, backache, leucorrhœa, etc., and a physical examination will reveal a subinvolution. Then it is high time for proper treatment. The patient should be put back to bed and kept there for a time. Vaginal injections of hot water should be employed, to which tannic acid or sulphate of zinc may be

added. Besides, tincture of iodine should be applied to the cervix, cervical canal and the upper portion of the vagina. If these measures should fail, I would advise the application of the galvanic current of moderate strength. If subinvolution should not yield readily and there should be lacerations of the cervix, as is usually the case, the lacerations must be repaired before involution will be completed. If the subinvolution has been recognized soon after confinement, ergot given in full doses (3j of the fluid extract) will be useful.

As mentioned above, chronic metritis may also be the result of repeated and protracted congestion of the uterus. Such congestion may be produced:

1. By displacements of the uterus;

2. By pressure of the distended rectum and bladder, or of tumors in or near the uterus;

3. As active congestion by the increased flow of blood to the uterus, due to chronic endometritis, to free use of caustics, and excessive sexual activity. This shows to us the importance of rectifying any displacement of the uterus; and of the early and proper treatment of chronic endometritis. Distended rectum and bladder, due to habitual constipation and the bad habit of unusually long retention of the urine in young women approaching puberty, especially when the general health and habits of life are bad, not seldom result gradually in chronic metritis. Correction of these habits is absolutely necessary. For young married people, temperance in regard to sexual indulgence is to be recommended.

When chronic metritis is once well established, our treatment must be first directed to the relief of the symptoms, and, secondly, toward [establishing a cure. The most prominent symptom we meet with is pain. There is a dull, heavy, dragging pain through the pel-

vis, increased by locomotion. There is pain on defecation and coition. The pain increases a short time before and during menstruation, being very severe during that process. If there is much endometritis, we have in addition a copious leucorrhœa. Besides, we meet disturbances of the general system. These symptoms and concomitant affections require as a rule immediate attention and treatment for relief. Rest in bed, especially during menstruation, warm applications to the abdomen, warm vaginal injections, and narcotics internally, will generally give the patient some ease.

The treatment of fibrous hyperplasia of the uterus proper depends a great deal upon the length of time it has been existing. When still in the early stage, we may expect great benefit, if not complete cure, from hygienic, internal and local treatment. The hygienic treatment requires that the patient be careful of herself in the most comprehensive sense. Particularly, such injurious influences as incite congestion of the internal genitals are to be avoided. Dancing, horse-back riding, climbing up stairs, physical exertion, etc., are to be interdicted. Pre-eminently, however, coition must be abandoned because the pathological condition is made worse partly by the hyperemia during the orgasm, partly by eventual pregnancy and abortion. Absolute rest in bed during menstruation is necessary. Particular attention has to be given to the condition of the bowels. Constipation, which is in these cases obstinate, ought to be prevented by suitable laxatives. Saline purgatives and even drastics are very often useful in relieving the congestive condition of the organs of the pelvis.

Internal remedies that act curatively upon the disease are not known. The bromide of potash has been lauded by

Tait, but I did not derive any benefit from it. The same may be said with regard to iodide of potash and corrosive sublimate, which have been prescribed for their alterative action. Watering-places, among others Carlsbad, Kissingen, Kreuznach, etc., have been highly recommended, but a direct influence of any definite bath on chronic metritis must be decidedly denied.

The only treatment from which we may reasonably expect a cure of this affection is the local treatment, and I shall mention the local measures which we should adopt, in succession.

Vaginal injections will stimulate the pelvic circulation and thus assist in relieving pelvic passive congestion. Tepid water should be used, although cold water is a more effectual stimulus; but, few patients can stand it. The injection should be continued, using a fountain syringe, from 10 to 15 minutes. Carbolic acid, acetate of lead, corrosive sublimate, etc., may be added to the water.

Local depletion, especially near the menstrual period, is very useful in relieving the pain and other symptoms due to the hyperemic organ. In many more recent cases I have observed that after a single application of the scarificator, followed by a glycerine tampon, the portio vaginalis was reduced to half its size.

If the case is of long standing, all the above-mentioned measures will fail and prove more or less useless. In such cases, we have to resort to a surgical procedure, which consists of a partial or total excision of the vaginal portion of the cervix. With such an operation we not only ease the patient by reducing the weight of the uterus directly, but we also cause a change in the uterine tissue similar to that of involution after confinement. Rokitansky and C. Brown were the first to establish this

fact after observation of many cases. Martin recommends the amputation of the posterior lip; but in old cases with considerable enlargement of the uterus, the amputation of the whole vaginal portion of the cervix is inadvisable. In several cases I simply excised a V-shaped portion of the cervix, and then closed the wound with sutures like in Emmet's operation. In the cases that came under my observation and in which I excised part or the whole of the vaginal portion of the cervix, I met with decided suc-

cess. Involution and rapid improvement followed the operation.

As the record shows, even sterility due to this affection had been removed by the operation, and the patients conceived and carried to full term. In all cases complete involution of the uterus took place.

Lately galvano-chemical cauterization has been employed in chronic metritis, and some successful cases have been reported.

1504 St. Louis Avenue.

Letters from a Young Physician to Another.

BY EMIL WESCHKE, PH. G., M. D.

In perusing our medical journals we encounter as a rule only the favorable results attained by others, while the many failures and often ludicrous mistakes committed are securely locked away in a secluded section of the contributor's brain. Were it otherwise,—were we allowed to follow the relator from his first visit to the bedside to the closing scene, how much more would we be benefited, and how grateful would the novice be could he profit by the mistakes of others and learn to avoid them in the treatment of his own cases!

To you, my young confrères, who have like myself, devoted yourselves since a comparatively recent date to the practice of our art and science, I shall make a few confessions, which I hope may contain some atoms of interest and perchance "smoothen" your paths to some small extent. And you of the more accomplished class of readers, may perhaps smile in having brought to your notice the feeble efforts of one, who

is not afraid to confess his demerits.

CASE NO. 1.—During an epidemic of diphtheria, was called to see a 3-year old girl. Respirations loud and wheezing were heard when I stepped into the door. The atmosphere was oppressingly hot, due to a fire in the kitchen stove. I stepped to the window and lowered the upper sash to allow, without a direct draft, free ventilation. The little sufferer lay on her mother's lap, was half cyanosed and stared helplessly. Forehead was hot, mouth half open, alar nasi dilated and then closed, little chest spasmodically heaving and the hands trying to grasp the neck: a vivid picture of impending strangulation. Having been informed of the character of the case, I had brought with me sulpho-calcine, the formula of which appears to me rational; and, opening the mouth far back, thoroughly washed the tonsils, the faucial pillars and pharynx, removing with the probang a tenacious, characteristic coating. Some ease was ex-

perienced, of course, and ordering a solution of mercuric bichloride with tincture ferri muriatis, and repeated doses of brandy, I left, the little one seeming brighter. On the strength of the latter fact I had foolishly given a favorable instead of a guarded prognosis, and when I returned a few hours later, I met one of the attendants on the steps, lamenting. I knew enough, went in and was thoroughly reproached by the poor mother, who had done as I had directed. I cautioned her regarding the other children, left precautionary gargles, isolated them from the corpse and was informed some hours later that another physician had been called in, who had thrown my medicine to the dogs, ordered inhalations of steam from slacking lime and had the satisfaction to stop the disease in that family. The mother, of course, said that he would have saved her little one, etc., and I was ruled out entirely. Was I to blame? Certainly; a guarded prognosis on my part would have given me a better chance and right to minister to the needs of the others and my reputation would not have suffered. Ought the other doctor to have acted as he did with my prescriptions? Well, he was a "bigger gun," cared nothing for me, and besides what could I say? I profited however by repeating and repeating: *give a guarded prognosis!*

CASE NO. 2.—Having moved into the country I soon found out that I had to practice dentistry, besides having become a specialist in every department of medicine and surgery. I had pulled but a single tooth before, and that was an incisor in a child, which easily came away with a short bullet-forceps I luckily possessed. The case now under consideration was an upper molar in a healthy lad of 15, accompanied by his father. I had read up in Wyeth on the mechanism in extraction of teeth, and

recognized that there was comparatively little danger in fracturing the superior compared with the inferior maxilla. I applied the forceps to my own astonishment well enough, and now came the tug of war. I rotated and rocked, and rocked and rotated, and the poor boy howled, but I did not give up till the tooth and some of the gum actually came away. My hand trembled from sheer muscular exhaustion, and I pronounced the tooth the largest I ever pulled, which was the gospel truth of course, it being the first molar drawn in my dental experience. The boy washed his bleeding gum with cold water and I discharged him proudly, to be hastily summoned at midnight three miles into the country to find the boy very pale and vomiting, the pillow saturated with blood. I had wounded an arterial twig and although the parents had used vinegar, turpentine and spider's web, the hæmorrhage did not stop till I cauterized the wound with lunar caustic and inserted a plug. Now, by this time, I have become a fair dentist through constant practice, and *invariably* use a tampon of liquor ferri after pulling a tooth. It is safer, you know, and saves midnight calls.

CASE NO. 3.—This was my first obstetric experience in the country. Was consulted by a young married man regarding his wife, who he said, had for the last few days a vaginal discharge, amounting to perhaps half a cup full of watery liquid. I visited the patient, found an anæmic but otherwise bright woman; on examination I discovered a closed womb and learned that she was six months pregnant with her second child. She complained of erratic pains and I told her to retire to bed for a few days and ordered a prescription of dioviburnia in repeated doses. Was hastily summoned two days after and found the woman in the third stage of labor, the fœtus, de-

livered in a breech presentation, having been arrested at the symphysis pubis by the extended chin and the cord around the neck. I immediately placed the child astride my arm, ran my right hand index and middle finger along its spine and pushed backward, unlocking the head and quickly then releasing the cord, which was tied. The woman was bleeding frightfully, due to a loosened but retained placenta, and I was forced to hand the baby to the father, while I compressed the womb from above and luckily succeeded in at once securing the placenta, when the hæmorrhage ceased, the womb contracting well and permanently, due also to a few doses of liquor ergotæ normalis, which I use after every *third* stage. The child, an apparently seven months' fœtus, was asphyxiated and certainly was so before I delivered it.

On inquiring why I had not been called earlier as the woman must surely have suffered hours previously, I was told that they momentarily expected the pain to cease, and that they had not even thought it necessary to get the medicine, which I afterward found at the druggist's. To say that I was indignant puts it mildly, but what was the use! I had explained to them the nature of the discharge previous to labor as hydrorrhœa, and taking the anæmia of the woman in account, felt satisfied as to the truth of my diagnosis. Now as there is danger of abortion or miscarriage with an existing hydrorrhœa coupled with pains, my course as adopted, *i. e.* rest and a uterine antispasmodic, was practical and might have given better results.

The woman made a good recovery.

CASE No. 4.—Was summoned to a woman in labor, who had previously suffered a forceps delivery and lacerated cervix, which had been repaired. On examination I can just make out the

os externum as large enough to admit my finger. Pains weak and the patient worried. Having read somewhere that hot poultices would invariably hasten them, I had them applied without an apparent effect save to annoy the woman. On a side-table in another room I had my "armamentarium obstetricum" which always goes with me and consists of: long forceps, surgical pocket case, including needles and wire for perinæum if needed, specula, bivalve and others, ready-made tampons of corrosive sublimate cotton, twine for cord and some clean soft towels, which by the way are often missing in a poor country home where you are hastily summoned. Besides my instruments I have as medicaments: A large bottle of C. P. acid aceticum, to be diluted and used for hæmorrhage if manual compression etc. fails, liquor ferri, liquor ergotæ normalis, fld. extract. viburni, f. e. matico, liquor iodini compositus and phenolum for antiseptis, vaseline, and a rectal and then a general syringe. With these accoutrements I feel as though I can stand a siege, and, besides, my regular medicine-chest with tinctura veratri viride for eclampsia, and sp. vini and tinct. digitalis is also at hand.

Well, to come back to my case; I now did what dear Professor Barnes never would allow, and I hope you will never do, I gave *ergot in the first stage!!*

Gentlemen, I am ashamed to confess it and yet I was speedily punished, as you will see.

The pains which had been weak, immediately grew strong and then so violent and tumultuous that the woman cried out wildly and yet on examination I found no true benefit resulting and became nervous myself, especially as the two kind sisters, began to lament and question me as to what I gave. Soon the poor sufferer fainted from exhaustion and then I used brandy often, as a vio-

lent pain would be followed by faintness. Finally in sheer desperation I gave her laudanum and the pains were better stood and did not come as violently. We then made her more comfortable, the bag of waters finally presented, ruptured, and soon I delivered her of a 10 pound girl without rupturing the perinaeum, of which I was afraid, but against which I of course fought by restraining the advance of the head.

CASE No. 5.—When our authors assure us that the occurrence of placenta praevia or needed application of the forceps is as one in so and so many hundred, we do not for a moment think that this solitary mishap will come first and all the good opportunities later. We simply think of so and so many easy labors and then after a long, long list this one pathological, abnormal case will appear. It was most gratifying to me that my Alma Mater taught us to consider the obstetrical forceps as the greatest boon ever invented for the relief of woman, since I approached my first forceps case not with the belief that I was about to inflict torture and use the instrument as a *dernier ressort*, but that I would ameliorate thereby the intense suffering of the poor creature in labor.

She was taken with pains at 8 p. m., and I so found her at midnight, when I arrived at the house. Labor progressed normally, pains good and regular, the head well engaged in the superior strait. But nevertheless advance was exceedingly slow, and as she was a primipara

past 35, I thought of an immovable coccyx and waited patiently. After five hours of suffering and after the membranes had been ruptured an hour before, I calmly told her and the attendant that I would use the forceps, which would be no painful procedure and speedily deliver her. She confided in me and after having thoroughly warmed and greased the blades I applied them, and was gratified, by utilizing the pains to extract the head over an uninjured perinaeum in five minutes. The shoulders I delivered by hand and after the cord was tied turned to inspect the new-born, on whom I found no undue compression of the head. I began to exercise Crede's method of placental delivery, but must have used too great traction on the cord, for it suddenly gave way and hæmorrhage ensued. As I could not ligate, the rupture being too high up, I passed my hand quickly into the womb, and peeled off the placenta which was very firmly attached. This was the most painful step in her delivery, but soon over, and the woman and babe recovered quickly.

Out of the given cases, my brethren, shine a few good lessons, and you may be sure that they are indelibly impressed on my memory. As a consequence I believe to have become more guarded, more of a philosopher, and perhaps trodden a step nearer to that goal which we all, as faithful disciples, strive for—perfection in our art. The truth is that our mistakes teach us most.

Point Arena, Cal.

PARALYSIS FROM HYPODERMIC INJECTIONS OF ETHER.—It has been shown by Arnizan and Salvat, and also by Petres and Villard, that hypodermic injections of ether may produce a local destruction of the nerve-fiber, just as if a section of it with a knife had been made. Of course, paralysis and anesthesia may

follow. A good many cases of such accidents from the injection of ether have been reported. The patients recover, but still there is harm done; and physicians who inject ether hypodermically, should never insert it in the arms or legs, but always in the trunk; and the injections should be superficial.

Dermatitis Exfoliativa—Report of a Case.

BY GEO. W. IRA, M. D.

The rare affection of dermatitis exfoliativa, as described by authors, is said to last from four months to a year. Aside from that my case seems to me to be a typical one, as described. Having never before seen or known of a case of the kind, I thought a brief description of it might interest others.

Willie Thomas, male, age fifteen years; previous general health good; no known exposure to injurious external agencies. Parents state, however, that the boy had four distinct similar attacks but comparatively mild, at the age of seven, eight, nine and ten years, but none since, until the present attack. These attacks would tend to establish a predisposition to the disease. The symptoms for the first three or four days were those of general malaise with slight headache. The redness of skin was first noticed on the third day about the genitals and in the flexures of the joints, thence spreading progressively. The trunk and upper limbs were first involved then the lower limbs, and finally the face; the feet and hands, still later. The eruption followed in the same order covering the entire body in about eight days. After the redness of the skin had developed, the latter remained dry except in the flexures of the joints where there was a noticeable moisture; considerable itching all over the body; redness diminished under pressure, leaving a yellow tint, indicating hyperæmia and infiltration. Marked œdema followed later all over the body, with subsequent thickening of the integument. A feeling

of tension was felt as if the skin had grown too small for the body and the least movement would make it crack. Temperature from the third to the fourteenth day varied from 99° to 102° , at which time the fever subsided. The epidermis began to desquamate, at the end of about the tenth day after the appearance of the eruption. The scales on most parts of the body were quite large, sometimes roundish, the size of a quarter dollar, attached at the center with free borders; at other places they were square or oblong, several inches in area or smaller, and attached by one end, somewhat like shingles on a roof. These scales were larger on the limbs than elsewhere, while on the scalp they were more bran-like. The epidermis of the feet was thrown off in the shape of casts. The shedding of the hair was gradual but I think nearly, if not quite, complete. The eyelashes were also shed. The fingers and toe nails all became loose, some came off outright while others seemed to tighten again but I think they will all eventually come off.

The mucous membrane of the mouth and gums was very red; the lips were dry, cracked and peeled off; tongue normal.

There was rapid emaciation with loss of strength; the appetite was remarkably good throughout, except for a couple of days during the height of the attack; bowels constipated; urine normal throughout the attack. About the twentieth day, when there was every indication of rapid recovery, without the

slightest apparent cause or provocation, fever returned and the same process was gone through with as before. Thus the entire attack, including relapse, lasted about six weeks. When the relapse occurred, the casts had not yet become separated from the feet, so that at the time of the second shedding, both casts came away together. I have kept one of these double casts in my office as a curiosity.

The treatment consisted of frequent inunction with carbolized vaseline; internally, fluid extract digitalis in four drop doses every four hours, as a diuretic; an occasional mercurial cathartic, and six grs. sulph. quinia daily, in divided doses as a tonic. The diet in the early stage was mostly milk, but later more sustaining and varied fare was allowed, as soups, eggs, beef steak, etc.

Santee Agency, Neb.

On the Local Treatment of Strangulated Hernia by Ether.

In 1882, in the *Berliner klin. Woch.*, No. 30. Dr. Finkelstein gives from his own practice, sixty-three cases of strangulated hernia. Of these five yielded to taxis. In fifty-eight he employed "local etherization," taxis having failed, and of these fifty-four proved successful. On the four unsuccessful cases two underwent surgical operations and two died refusing operative treatment.

Since then (*Berliner klin. Woch.*, May 18, 1891,) he has numerous successful cases reported from others and six in his own practice. As he remarks himself, the number of cases is sufficiently great, and the successful results speak plainly enough to give his method a status in the practice of medicine—or, at all events, a more extended trial.

The method is simplicity itself. The patient is placed on his back, with the hips slightly raised and legs flexed, and then every ten minutes or quarter of an hour a tablespoonful of sulphuric ether is poured on the hernia-ring and tumor. The application of ether is carried on for, as a rule, from three quarters to three hours (or even four hours) until the tense tumor relaxes and lessens a little. As soon as this occurs, and if the strangulated bowel does not reduce itself, several light efforts are made to reduce it, and almost "always" it slips

with a gurgle and amazing ease into the belly cavity.

If the omentum alone be strangulated, the ether method is absolutely useless. As the ether causes an after feeling of heat and burning on the penis, labia, etc., Dr. Koch (America) protects these and other sensitive parts by previously smearing them with olive oil, and in addition covering them with pledgets of cotton wadding.

The ether seems to act thus: Richter, Velpeau and others, hold that strangulation may in some cases be caused by spasm of the abdominal orifice. In these cases the ether may act by relaxing the spasm and thus rendering the bowel movable. That may be so, our author remarks, but he himself lays most stress on the property ether has of producing intense cold by rapid evaporation. The intense cold condenses the gas in the bowel, and by so doing diminishes its calibre. Possibly also, the cold stimulates the peripheric nerves in the bowel sheath, and excites it to a natural peristaltic action, more likely to empty it of gas, fluid, and semi-fluid contents than the rude manipulation in taxis.

Hence it follows the less the vitality of the bowel is impaired by taxis, the more successful will be the etherization process. The method deserves a trial.

Congenital Defects of the Lower Extremities and their Reconstruction.

BY LOUIS BAUER, M.D., M. R. C. S. E., ETC.

Professor Surgery in the St. Louis College of Physicians and Surgeons

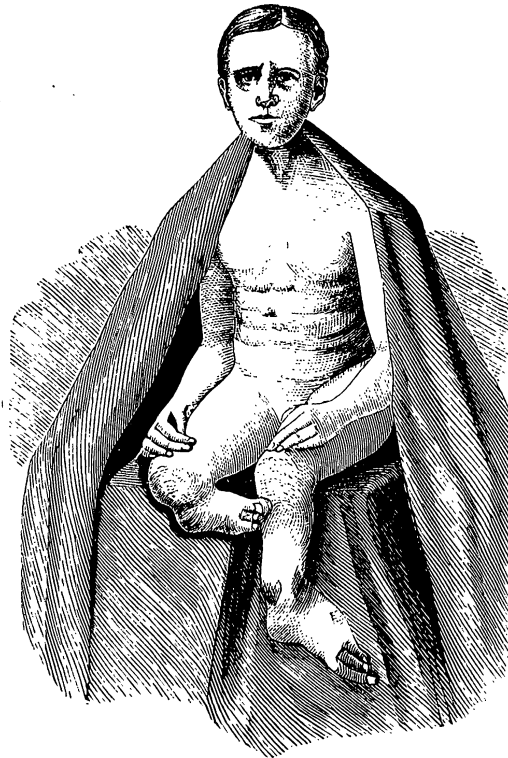


Fig. 1.

Among the congenital malformations of the human body, those of the lower extremities are by far the rarest. Thus we find not a single representative case mentioned in the works of Cruveilhier, Von Ammon, Vrolik and others. Roberts, only, refers to the case of Duval in which the fibula was wanting and the two cases recorded by Billroth* are as interesting for their manifold anatomical defects, as for their rarity.

* Archiv. fuer Klinische Chirurgie Bd. 1850, p. 251.

I have seen but three during almost three-score years under advantageous clinical opportunities. One of these cases was *in extremis*, and I had to content myself with a cursory observation. Aside from divers malformations of the extremities, the child presented hydrocephalus, double hare-lip, and a complete cleft of the hard and soft palates. In the next one, the defects were limited to one limb, in which fibula, astragalus and calcaneus were entirely wanting, whilst the internal malleolus was present in a rudimentary shape.

The foot dangled from the tibia and on stepping down was half turned and pushed aside, so that the tibia touched the floor. The patient had already passed his fifteenth year. Symes' amputation was advised, but rejected.

The last case is worth recording on account of both the numerous anatomical defects and the operative correction of the malformations to render them available for prothesis.

The boy was just ten years old. Down to his knees, not only was he perfectly formed, but of an uncommonly fine and

the femur. The connections are rather loose. The longitudinal straightening of the foot is effectually resisted by some of the tendons descending from the thigh and inserting in the pedal appendix.

At the left extremity, the knee-joint is almost perfect so far as the patella and the articular bodies of the tibia and femur are concerned, but the tibia is imperfect and short, and tapers nearly to a point as it approaches the ankle. There is no fibula and a rudimentary foot articulates with the tibia, the toes pointing backwardly.



Fig. 2.

vigorously developed frame and musculature. A handsome face and brilliant intellect for a child of so tender an age, made his condition particularly deplorable to his estimable parents. There was no prototype among his ancestry or the other members of the family.

Fig. 1 exhibits the deformity in its general outlines. On the right extremity the entire leg is wanting and the rudiment of a foot in rectangular adduction movably attached to the lower end of

A careful examination reveals the following anatomical details: on the right, flat epiphysis of the femur; the condyles not sufficiently developed, both patella and its ligaments absent; astragalus, calcaneus and some other of the tarsal bones wanting.

There are but three of the metatarsal bones, and correspondingly, there are but three toes. The bones hang loosely together, and therefore the dorsum is not convex, nor are the ordinary plantar

arches noticeable. The pliability of the foot and the action of the gracilis muscle force the foot into the rectangular adduction referred to.

At the left extremity the anatomical condition is very different. As stated, all the component parts of the knee are present in almost normal shape. The biceps muscle inserts partly into the capsular ligament, partly at the tibia (on account of the absence of the fibula). About the tibial protuberance the bone

of the foot. The latter is of an analogous shape and as defective in construction as its fellow. The large toe exhibits, however, three phalanges, hence it is abnormally long. Circulation and innervation seem to be normal. The most conspicuous feature of the case was the locomotion. Commonly, the body of the child rested on the front of the left leg, being in a rectangular flexion to the thigh and on both hands, the phalanges of which had become callous



Fig. 3.

is massively enlarged and covered with horny layers of cuticle, being one of the places upon which the body rests. The muscles of the leg are in a diminutive state, hence a cylindrically shaped leg. Their tendons cannot be traced to their respective insertions and seem to lose themselves in the capsular ligaments

from the work. Using the arms as two poles, the patient could move forward and backward. Besides, he could swing himself upon a chair, from the latter to a table, and *vice versa*, some distances, and thus go up and down stairs with an agility and precision that filled me with astonishment bordering on terror lest

the little artist miss his aim and sustain injury. I was informed that double amputation of the knee had been suggested but declined.

Fig. 2 shows the result of my procedure. Having subcutaneously divided the tendons of the gracilis muscle, I succeeded in bringing the right foot into a continuous position with the axis femoris and thus spared the patient one amputation.

On the other I performed Syme's operation by appropriating an anterior flap, thereby simplifying the surgical correction, preserving then the greater part of the leg as a preferable stump, and rendering the operation less dangerous.

Fig. 3 represents the patient with artificial legs applied. I am happy to say that the surgical achievement gratified patient, parents and the writer of these notes.

Cancer of the Uterus and its Rational Treatment.*

BY G. WILEY BROOME, M. D.

In contemplating innocent and malignant growths the most important distinction, from a practical point of view, which it has been attempted to draw between different classes of new growths is, that which is expressed by saying that they have, or have not the properties called malignant.

This distinction was originally made without reference to structure, on the basis of the physiology of life-history of tumors. Pathologists agree that malignant growths have the following properties:

1. Recurrent—that is, if removed from the organ in which they are growing, they are liable to recur, and sometimes to be followed by the production of other growths of the same kind in other parts of the body.

2. Destroying the part in which they are growing; and immediately fatal consequences are avoided only by the removal of the entire organ.

The analogy, between the process of malignant tumor-growth and that of spe-

cific or infective inflammation, has naturally led to the supposition, that some specific poison may be the cause of the former as it is of the latter. It would be rash to say that such a mode of causation is impossible, but at present no such poison has been found to exist in the case of malignant diseases, and little or no evidence has been given, pointing to the probability of the existence of any such virus.

The chief arguments in favor of the theory that malignant growths are produced by some specific virus, like those of infective inflammation, such as pyæmia or tubercle, or those of specific fevers, are somewhat as follows. All other alleged causes of tumor growth in general, or of malignant growth in particular, are inadequate to explain the phenomena which we have called local and general infectiousness. The growth and extension of malignant growths do, on the other hand, resemble the corresponding phenomena in the diseases before mentioned. In the one class, as in the other, the morbid process begins at one spot and spreads; in the first in-

*Address before the Tri-State Medical Association at Chattanooga, Tenn., October 27, 1891.

stance, by direct contiguity to neighboring parts, afterward, by the lymphatic and blood channels, to distant parts. It must, therefore, be supposed that in all cases some specific excitant of growths is conveyed from one part to another. Sir James Paget supposes that there is, in the first instance, a constitutional infection, of which the growth, called cancer, is the local manifestation. But the more usual and, perhaps, rational way of presenting the parasitic theory, assumes that the disease is local in the first instance, and

The anthrax bacillus has been shown to engender a substance of the nature of an albumose, which is supposed to be fatal to the bacillus itself, while upon the affected animal it has a duplex action; in large doses it produces the symptoms of the disease; in small doses it confers immunity.

Should it be shown, even at an early day, that malignant growths are the result of microbial action, and may be destroyed, as the bacillus of anthrax, by their own products, we might see something hopeful, were it not that



afterward becomes more or less general.

It has been shown that anthrax, tuberculosis and leprosy have foreign organisms associated with them, and we may be sure that before long many more will be in the same position. We may find the essential principle of syphilis, and can scarcely fail to find those of the infective fevers and malignancy. The discoveries of Woolbridge and Hankin with regard to the chemical products of the anthrax bacillus open a vista to new fields of view, while they show much that is old in a new light.

these products, if sufficiently active and abundant, are likewise noxious to the host.

The evil bringing its own cure is the realization of the old superstition according to which a viper's bite is cured by its fat, and virtue found in the hair of the dog that bites. It may, indeed, be thought that the life products of every organism are injurious to itself. The atmosphere which man creates around him is fatal to him; a fish poisons its own element, and even plants render their soil unfit for their

maintenance, not only by exhaustion, but, as some have thought, by excretion.

In the light of our present knowledge of the subject under discussion, we can do no better than to proceed upon the theory that cancer is a disease of a local nature at first, becoming constitutional or general in its later stages; and acting upon this theory, we must eradicate it completely, by removing everything well beyond all diseased tissue as quickly as possible.

How shall we best do this? The history of the operation of vaginal hysterectomy for this disease is, to me, exceedingly instructive, because of the one fact, if no other, of its astonishingly rapid development and exceedingly brilliant results secured in so short a period of time.

It is true that Soranos, of Ephesus, in his book on "Diseases of Women," published a century before Christ, speaks of the operation. It is also true, I believe, that Sauter, of Constance, in 1822, successfully extirpated a cancerous uterus per vaginam, but it is almost certain that the operation had not been performed more than a half dozen times before the year 1879, when Czerny, struck with the report of Langenbeck's case re-introduced the operation with success. Billroth, Mikulicz, Schroeder, Hennig, Freund, Olshausen, Price, Tannen, Péan, Martin, Kaltenbach, Leopold, Bernays, and others soon followed, and the operation now took its place among the established procedures in surgery.

In October, 1889, when Greig-Smith completed the third edition of his great work on abdominal surgery, the operation had been performed about 380 times throughout the world. To-day we have the records of about 1,200 vaginal hysterectomies, and with a mortality very little over 8 per. cent., notwith-

standing the operation is performed in all civilized countries, and, perhaps, by untrained operators; and it is possible that the operation has suffered at the hands of these; yet, with a constantly improved technique, even better results will surely follow. Can more be said for even simple ovariectomy?

The absolute necessity of a diagnosis unequivocally correct cannot too much be insisted upon. For the operation contemplated, as all know, is one of the highest in the entire domain of surgery, and one upon which the issues of life and death depend. The beneficence of a successful operation is in proportion to the malignancy of the affection. If however after the ablation of the organ the condition of benignancy should be ascertained, there will be revealed the fact, that an operation attended with great hazard has been needlessly performed. The eclat consequent upon the performance of so grave an operation for a benign condition, will not, before the mental tribunal of the operator, atone for the remorse—consequent upon the consciousness of having inflicted an irreparable and inexcusable mutilation. I am disposed to agree fully with and indeed adopt the conclusion reached by Dr. J. F. Binnie of Kansas City, who recently contributed a valuable paper upon the subject of vaginal hysterectomy with perhaps but one exception.

Dr. Binnie's conclusions are as follows:

1. Vaginal hysterectomy is a comparatively safe operation.
2. Many cases of vaginal-hysterectomy effect an absolute cure. Where it does do so it generally gives relief from distressing symptoms.
3. The more localized the cancer is, the sooner should its total extirpation be performed.
4. When it is even surmised, but not known positively that all the disease can-

not be removed, the operation ought to be performed.

5. Adhesions in the upper portions of the uterus, when there is a cancer in the lower, call for, at least, an exploratory laparotomy; and if the adhesions prove to be the result of inflammation, hysterectomy may be performed.

6. Superficial extension of the disease over the vagina does not absolutely contra-indicate operation.

7. Clamps for the control of hæmorrhage are probably as safe as ligatures; if antiseptic precautions are rigorously attended to, certainly their application is infinitely easier and more rapid."

An exception to which I should refer is, the preference for the use of the clamps to control hæmorrhage over the ligature. The advantages to the patient by the use of the ligature are undoubtedly greater than by the use of the clamp. The ligature is more comfortable to the patient, and by it the danger of sepsis and sloughing is lessened; the healing process is consummated earlier; furthermore, there is less risk of secondary bleeding, intestinal adhesions, and prolapse; above all, the use of the ligature is more in harmony with a skillful surgical technique. The application of the clumsy clamp is, in my opinion, a coarse and unsurgical procedure.

To proceed step by step with the method which I employ:

The first may be designated as the Preparatory. The patient, for several nights preceding the day of the operation, must have moderate doses of some favorite aperient, and on each day during the same period of time the parts contiguous to the seat of operation must receive a thorough cleansing. The vagina is irrigated twice daily with some trustworthy antiseptic, either solution of carbolic acid or corrosive sublimate. After irrigation, iodoform powder is to be insufflated, and a pledget of iodoform

gauze is to be inserted, and removed for the next irrigation.

When the patient is placed ready for operation, a final and thorough douching with a strong antiseptic lotion should be instituted.

The bladder and the rectum are, of course, thoroughly emptied.

The best *position* of the *patient* is that of extreme perineal lithotomy, and the posture is best maintained by two strong and steady assistants.

Fixation and manipulation of the uterus is managed by means of a powerful vulsellum with four broad, interlocking teeth.

The uterus is now pulled down as far as possible by means of the vulsellum; and then handed over to an assistant.

Dissection of the vaginal mucous membrane of the cervix.—At this stage lateral retractors may be applied for the purpose of giving more room and more light. A pair of scissors curved on the flat is made to cut through the mucous membrane around the cervix at a distance well clear of the disease.

A ligature is now carried around both uterine arteries upon either side by means of a blunt needle attached to a handle of sufficient length. This ligature must include also the tissues directly in contact with the artery, and much unnecessary bleeding will be avoided in consequence.

These arteries, together with the mass of tissue engaged by the ligature, are now divided by means of the scissors.

The uterus is now separated from all its attachments antero-posteriorly up to the broad ligaments by means of the finger exclusively. This being completed the retractors and vulsellum are removed. The fundus of the uterus is now seized by means of the vulsellum from behind and drawn downward and outward, until ligatures can be applied to each broad ligament, and ovarian

arteries. These are now firmly tied, when the uterus is completely separated by means of the scissors from all its attachments and removed. The vagina is now thoroughly irrigated with warm water, and at intervals sponged out, in order to determine if there are any bleeding points. If appearances are satisfactory as they are likely to be, the vagina is tamponed with iodoform gauze, and the patient is at once removed to a bed; a number of bottles of hot water applied to the surface of the body. No food whatever is allowed the patient for twenty-four hours.

Hitherto I have rehearsed history and mode, addressed to the ear; evidences presented to the eye may augment the force of conviction. I have the pleasure of exhibiting an uterus, affected with epithelioma. This is the last uterus removed by the method detailed. It was obtained from a woman 58 years of age. This is the usual size of the organ in advanced life, after functional

activity has ceased. Palpable signs of the malignant involvement are readily perceptible. The mucous surface of the vagina at the fornix, and the serous investment at the fundus, are distinctly visible also, as well as the cornua, the site of attachment of the Fallopian tubes and of the broad ligaments. After the total ablation of the uterus, and the arrest of the bleeding, the fenestrum, thus occasioned into the peritoneal cavity, was left without suture for purposes of drainage; and then the vagina was packed with iodoform gauze. The patient was then put to bed where she rallied well from the chloroform narcosis. The temperature at no time rose above 100 degrees. She made a rapid and uneventful recovery, and was removed to her home on the fourteenth day after the operation, bequeathing to me this uterus as a trophy, of the unspeakable beneficence of kolpo-hysterectomy.

518 Olive Street.

A Practicable and Painless Method of Using Iodine Hypodermatically.

BY A. O. SQUIER, M. D.

In the *Medical News* of April 14, 1891, Dr. E. Fletcher Ingals, discussing the Shurly-Gibbes treatment of pulmonary tuberculosis, says: "It is usually best, except in advanced cases, to begin with iodine, though it is apt to cause considerable smarting," etc. In the *Therapeutic Gazette* for April, 1891, Drs. Shurly and Gibbes say: "The iodine solution gives considerable pain to some people, to others very little; but the gold solution gives little or none. We hope that a solution can be made

with lanolin, or something of that sort, which will obviate this objection in the case of iodine."

Having found the use of the iodine solution exceedingly painful, in one case so severe as to lead to the conclusion that if its use was persisted in, local anæsthesia, by means of spray or other more or less inconvenient method must be resorted to, I found that the injection could be rendered absolutely painless by incorporating with the mixture as used by Drs. Shurly and Gibbes, a

small quantity of creasote, or better, guaiacol. Another objection to the solution as prepared by Drs. Shurly and Gibbes is the large, *quantity* necessary to be injected when it is desired to administer the full dose of one-half grain of iodine. This requires that sixty minims be introduced beneath the skin, and since the hypodermatic syringe, as usually made, has a capacity of but thirty minims, either the barrel must be unscrewed and refilled, the needle meanwhile being left sticking in the skin, or if the needle is withdrawn a second puncture must be made, all requiring time and causing additional pain. This might be avoided by increasing the strength of the solution, which, I infer, has been found impracticable, because of increased pain or other reasons. The object can be attained by incorporating iodoform in the solution to be used, and thus combined, the anæsthetic effect of the guaiacol is increased and prolonged. The formula that I have adopted after a

number of trials as most eligible is as follows:

R. Eucalyptol, pure.....32 minims.
 Guaiacol, pure.....16. "
 Iodoform 8 grains.
 Iodine..... 4 "
 Ol. amygdal. dtle. (sterilized) q.
 s. ad 1 ounce.

Sig. For hypodermatic use; 10 to 30 minims daily, or alternating with gold and sodium solution, as desired.

The anæsthetic properties of this solution are such that patients prefer its use to that of the gold solution, although the latter is nearly painless. Larger doses of the guaiacol and eucalyptol than are contained in the thirty minims of the above solution have, in my hands, caused excessive and exhausting sweating, with no proportionate benefit. The amount of iodine in this formula is the same as that contained in the Shurly-Gibbes solution, with, as will be seen, double that quantity of iodoform. Therefore the dose may be but one-third to one-half of the Shurly-Gibbes solution.—*Med. News.*

Treatment of Malarial Continued Fevers.

Presuming that a course of mercury and some preparation of cinchona bark has been used in the attempt to break the fever, while it presented the appearance of ordinary remittent, we continue treatment as follows: *first*, make a constant administration of some of the mineral acids; *second*, in the height of febrile action, use acetanilid, which is believed to be better than antipyrin, and equally as good and much cheaper than antifebrin or phenacetin; as an auxiliary to this remedy, and to be preferred in the latter stages, is cold baths; *third*, with falling temperature and moist skin, giving moderate doses of bisulphate of quinine; *fourth*, give Fowler's solution

of arsenic in five-drop doses to an adult every eight hours; *fifth*, regulate the actions of the bowels in whatever way seems most suited to the case; *sixth*, use alcoholic stimulants as indicated, and feed the patient as much as practicable. The acid must be selected to accord with the condition of the bowels, if constipation exist, dilute nitric, dilute muriatic or dilute nitro-muriatic should be used; if there is looseness of the bowels the aromatic sulphuric acid is to be preferred. The indications for the use of acids are of a two-fold nature: they overcome the alkaline condition of the system and prepare the same for the reception of quinine. Given at the same

time quinine is used they assist in dissolving this agent in the stomach. It is plain to see how utterly useless it is to administer quinine without using at the same time some acid solution to assist in dissolving and rendering fit for absorption this, or whatever preparation of cinchona bark is used. The reason why the bisulphate of quinine is used is on account of its being more soluble than any other reliable preparation of the same bark, except the bi-muriate; which is not so efficacious as the former. Given in this way, with acids, it is at once dissolved, and if the hyper-alkalinity of the blood has been sufficiently overcome by the previous use of acids, it effectually reaches the blood, and is then of benefit to the patient.

In the selection of remedies for the regulation of the bowels, we must, of course, be guided by circumstances. In some cases there is constipation to overcome; in others there is the opposite condition. Where there is constipation with coated tongue, the following prescription in my favorite:

R. Dilute phosphoric acid, . . . f. ℥ij.
 Dilute nitric acid, f. ℥iv.
 Spirits Lemon, f. ℥j.
 Simple syrup qs. ad. f. ℥iv.

M. Sig. One teaspoonful in water every four hours. This makes a palatable drink, which is refreshing to the patient, overcoming thirst and cooling the mouth. The mucous surfaces everywhere being acted upon by the mineral acids, their secretion is increased and constipation overcome. Where looseness or hemorrhage of the bowels exist, the aro. sulph. acid, combined with opium and ergot should be used. We will conclude this part of the subject by making the modest suggestion that no mercurials be used after the case shows a disposition to become continued. Calomel increases the existing intestinal irritation, breaks down the blood, and while in use prevents the administration of the better remedy, i. e. mineral acids. In most cases coming to my notice attended with severe intestinal hemorrhage, calomel had been too freely used.—*Texas Courier-Record.*

Chronic Prostatitis.

Dr. Oberlaender, of Dresden, says that besides the "so-called old man's hypertrophy," there are other forms of chronic prostatitis that do not come in the late years of life, which last long and cause a host of troublesome symptoms. In many the cause is an old gonorrhœa; in others, excesses in venery and wine, masturbation, etc.; a predisposition to catarrh of the mucous membranes, especially of the genito-urinary tract, also plays a decided role; there is, besides, a certain hereditary influence in many cases, as, for instance, has long been established in the "so-called old man's hypertrophy of the prostate."

Coitus reservatus or *interruptus*, when in excess and long continued, belongs to the most harmful of sexual practices. This may call forth and keep up for years severe as well as slight general nervous and genito-urinary disturbances. The local annoyance of this form of chronic prostatitis is often slight—increased urgency and some burning on urinating, especially after excess in diet; frequently these patients suffer a very disagreeable weakness of the sexual power. Erections may be increased or diminished; but, at the critical moment, they are either too weak or do not exist at all; often *ejaculatio*

precipitata takes place, and great bodily and mental exhaustion follow cohabitation. The urine contains mucous threads which, microscopically, are seen to be epithelium, prostatic bodies, spermatozoa, and small particles of strongly refractive detritus. Examined *per anum*, the prostate is usually more or less irregularly enlarged; as a rule, only one lobe is affected, and can be felt to be soft and uneven; the swelling is seldom or never hard. Here and there are distinct painful points which cause painful sensations of pressure in the rectum and perineum, as well as painful twitchings after coitus or pollutions. Sometimes, pressing on the gland causes a drop of prostatic fluid to escape per urethram, which, under the microscope, shows prostatic bodies, and by the addition of one per cent. solution of ammonium phosphate, spermin crystals. The urethroscopie reveals decided posterior urethritis—especially about the colliculus seminalis. The mucous membrane is either decidedly red, bleeding very easily, soft and covered with soft granulation-like and papillomatous growths; or on the surface it is smooth, and on passing the tube over it, it becomes yellowish-white and shiny. The first form is far more amenable to treatment.

As to treatment, rest in mountains or at seaside, proper nourishment, and regular movements of bowels by clysters, or mild cathartics, are important. Chamomile or valerian clysters, as well as chamomile tea and sitz baths, allay the pains. Iodoform suppositories relieve the feeling of pressure in the rectum due to enlarged and painful prostate, as well as the sensitive urethra. The iodoform should be prepared so as to be quickly taken up in the rectum. Hence—

R. Iodoform.....grs. vii to xv.
Ol. amygdal. dulcis q. s. ut fiat
solutio stabilis.
Butiri cacao.....q. s.

Misce. Divide in suppositoria decem.

Give a clearing out clyster before introducing a suppository. Introduce one each night on going to bed. If this does not prove sufficient, increase the dose of iodoform from a grain or more to fifteen grains if necessary. Iodoform intoxication occurs in sensitive persons after the use of larger rectal doses than fifteen grains. The milder doses do no harm, and act exceedingly well. A marked beneficial effect results after a few weeks' (or possibly days') use of iodoform suppositories. Iodide of potassium irritates the mucous membrane, and its use must be discontinued.

A one or two per cent. solution of nitrate of silver to cauterize the posterior urethra, once or twice a week, is harmless when used with proper precautions. The introduction of large metallic sounds often acts well. Winternitz' psychrophore, especially when used in the subsequent relaxation of the muscles of the posterior urethral sheath, also gives good results. Bleeding after the first applications of the cautery, or introduction of the larger bougies, has no significance so long as one is conscious of not having wounded the normal canal. Relapses are frequent, but the disease should not be reckoned among the incurable because of this fact. Cases that develop from a gonorrhoeal base get well quickest and best. The worst cases occur in those predisposed to catarrhs, and in those who suffer from chronic intestinal, respiratory, and nasal catarrhs. — *Jour. Cutan. and Genito-Urin. Dis.*

BRAZIL has a law for the medical examination of persons about to marry to determine their fitness. It is a sanitary measure that is found to be necessary to stop the transmission of scrofula, which at one time threatened to destroy the strength of the people.

Concentrated Food in the Treatment of Pulmonary Consumption.*

BY THOMAS J. MAYS, M. D.

Professor of Diseases of the Chest at the Polyclinic, and Visiting Physician to the Rush Hospital for Consumptives. Philadelphia.

The importance of nourishing diet in the treatment of pulmonary consumption, is so trite that it barely deserves repetition; yet, old as it is, it is no less true to-day than it ever was. Indeed it may be laid down as a fundamental proposition, that the cases of consumption which cannot be reached through the instrumentality of food, have certainly slim prospects of recovery. It is, also, no less true, on the other hand, that if the patient can be made to partake of, digest, and assimilate, a sufficient amount of food, it matters little in what condition his lungs may be; he will, with ordinary good management, make a good recovery in the great majority of instances—failure to get well under these circumstances is the exception. To make the patient eat, then, is the great problem to solve in this disease, yet everyone realizes the enormous difficulties which are constantly placing themselves in the way. Very little can be done to attain this end by only addressing medicines to the stomach. You are required to rise higher than this, and to take a general survey of the whole condition of your patient. In other words, it is absolutely indispensable to regulate his exercise, his rest, his sleep, and his eating; in fact, must have a systematic supervision of all he does during the whole twenty-four hours. I arrived at

the conclusion, long ago, that a consumptive patient who is fatigued cannot eat. So his appetite will greatly depend on how much, or how little, exercise is prescribed for him. If much exercise tires, then less must be taken; and if little exercise tires, then absolute rest must be insisted on. Many of these poor people exercise themselves to death. Digestion, like exercise, requires a certain degree of bodily strength. The strength which is expended in performing exercise, deducts so much from the sum total of the bodily forces, and in most cases leaves too small a residuum to carry on the processes of digestion, absorption, and assimilation, and is the principal cause of the persistent anorexia. I am well aware of the prevalent impression that exercise is one of the essential promoters of a good appetite, but all needed is to ask the patient to give an opportunity to demonstrate the falsity of this belief by a prolonged dose of rest, and I dare say that a single chance will be sufficient to dispel the illusion. Rest will not only restore his appetite and save strength, but will reduce fever, diminish cough, and make him feel more comfortable in every respect.

If the patient eats, what kind of food should he have? It is that kind which concentrates a large amount of nutritive material in a small bulk, and requires a small amount of digestive energy on the

* Abstract of a Lecture delivered at the Philadelphia Polyclinic.

part of the stomach and the digestive tract. Such foods exist, without question, in the freshly prepared juice of beef, oysters, and clams. And they are prepared as follows: Beef, preferably the round steak, is cut in pieces of the size of a walnut, and placed in a pan and laid over the fire for a few minutes, in order to heat the outside slightly. The whole is then dumped into a large Bartlett beef-press, which separates the juice from the fibre. About one and a half pounds of beef will yield a teacupful of beef juice. The juice, divested of all fat, and well seasoned, is taken cold in half-teacupful doses three or four times a day. In the case of oyster and clam juice, the same process is followed in extraction, and it is likewise taken cold and seasoned. These juices contain the very essence of nourishment, require very little or no digestion, are easily absorbed and assimilated, and may be administered to the most fastidious stomach. They are very much superior to any kind of beef tea or extract that can be made. Additionally I prescribe five or six glasses of milk a day. Much may be done in feeding these patients by going about it in a systematic manner. Begin at 7 o'clock in the morning with a glass of milk, and repeat the same every three hours. If a whole glass is too much, be satisfied if only half a glass is taken at first. At 8 o'clock, administer half a teacupful of beef juice. At first this is given three times only, but as soon as possible four times a day. If desirable, oysters or clam juice may be substituted once during the day for the beef juice. Besides, the patient must be persuaded to eat; for breakfast, an egg, oat-meal gruel with cream and sugar, and bread and butter and a cup of coffee; beef-steak, roast beef, mutton, or lamb, with vegetables, for dinner; and lighter meal for supper. Beer, wine, champagne, whisky, or brandy,

may also be taken in moderate quantities throughout the day.

Much can be done to stimulate the appetite. For this purpose I often give:

R. Acid phosphoric, dil.,
 Acid, nitro-muriatic, dil.,
 Acid sulphuric, aromatic,
 Tinct. ferri chloridi . . . aa fl. ʒ ss.

M. Sig.: Thirty drops in a half a glass of cold, sweetened water during meals.

A coated tongue, which so frequently exists in these cases, is no contraindication to the giving of iron. Additionally, two or three grains of quinine are prescribed in the forenoon. The bowels must also be kept regular. If constipated, a glass of Hunyadi water, or a Lady Webster's pill, in the evening, will generally suffice. Topliff's Pavara pills, or Parke, Davis & Co.'s Cascara Cordial, also serve well for this purpose. Occasionally a blue mass pill will not be out of place. If there is a tendency to diarrhoea, the above-mentioned acid preparation will often check it. In most instances of this kind, the diarrhoea follows a meal, and is due more to a hyper-sensitiveness of the alimentary tract than to any other cause. To the mixture you may, therefore, add sub-nitrate of bismuth, and pepsin, with advantage.

FOR VOMITING AFTER CHLOROFORM INHALATION.—Lenewitsch (*Med. Obstet.*, No. 1, 1891) succeeded in checking the obstinate vomiting in six cases following chloroform narcosis by washing out the stomach with a one-half to two per cent. solution of soda. Not only was the vomiting at once controlled, but the general condition also improved.—*Centralbl. für Chir.*, May 23, 1891.

A drop of pure olive oil on the piston of a hypodermic syringe will keep it air-tight.

Cataphoretic Treatment of Goitre by Iodine; of Chronic Orchitis; of Uterine Fibroids, Etc.*

BY HUNTER M'GUIRE, M. D., LL. D.

Ex-President Southern Surgical and Gynecological Society, Etc.

About six months ago, Dr. Waite, of the firm of Waite & Bartlett, of New York city, gave me a cup-shaped electrode, and demonstrated to me the fact that, by its proper use with a galvanic battery, a solution of muriate of cocaine could be driven into the skin and complete local anæsthesia produced. A small piece of absorbent cotton, or a piece of blotting paper, saturated with the solution of cocaine, was put into the shallow cup of the instrument, and the electrode attached to the positive pole of the battery. The electrode was then placed upon the skin where the insensibility of anæsthesia was desired, and the sponge on the wire joined to the negative pole was placed on some convenient neighboring part.

It required a current of four or five milliamperes to drive the cocaine through the skin and make the anæsthesia complete—the insensibility extending for some distance below the surface of the skin.

A day or two after the above demonstration was made to me, about January 10th of this year, a case of enlargement of the thyroid gland came into the hospital (St. Luke's). The goitre was bilateral, old, very large, hard, and seriously interfered with respiration. It had resisted for years the ordinary treatment of such growths. Internally, iodide of potash, iron and mercury had

been faithfully tried; and, externally, at different times, iodine and biniodide of mercury frequently used. The goitre steadily grew; and, lately, its increase was so rapid that the lady, in great alarm, came to me to ask for some surgical operation. She had spasmodic attacks of palpitation of the heart; frequent spells of giddiness or vertigo, but no ocular protrusion.

Instead of attempting the removal of the gland, I determined to use iodine in the cup-shaped electrode, and see what effect it would have on the growth. I put in the cup of the electrode some absorbent cotton first dipped in water and squeezed as dry as I could get it; and on this cotton I poured ten or fifteen drops of tincture of iodine. The electrode, thus prepared, was placed on the most prominent part of the goitre—the negative pole on the back of her neck. The galvanic current was then turned on until the milliamperemeter showed the strength to be six or eight. This current was kept up for ten minutes. While using it, she told me she tasted the iodine—and afterwards that this metallic taste in her throat lasted for hours.

When the electrode was removed, the cotton was found simply stained with the iodine, but most of the iodine had disappeared.

I repeated this application of iodine and electricity every day for three weeks. Not always, but nearly every time she said she tasted the iodine.

* Notes used in leading a discussion before the Richmond Academy of Medicine and Surgery, July 6th, 1891.

said that this was the most disagreeable part of the treatment. The tumor gradually grew smaller—at first quite rapidly—but afterward more slowly, getting more and more indurated as it contracted. The cardiac and cerebral symptoms disappeared completely.

This patient, after three weeks, was called home by the illness of her child, and did not come back for a month. The goitre, however, continued to decrease while she was absent. When she returned, the applications were again made daily for three weeks. The gland was reduced to about one-fifth of the size it was when the treatment was begun, and, in spite of all further use of the remedy, remained stationary. But all of the subjective symptoms were gone, and the lady left me in excellent health.

Two other cases of chronic goitre have been treated in the same way, and with the same results—the hypertrophy diminishing, rapidly at first, then more slowly, then reaching a point when it became stationary.

In four cases of recent hypertrophy of the thyroid gland in young women, the enlargement rapidly disappeared under the use of this measure.

Iodine and electricity have, of course, been long used for goitre. How much of the good I have obtained is due to one or the other of these agents, I don't know.

Lately in a case of pronounced exophthalmic goitre I used this treatment with quite rapid diminution of the enlarged thyroid gland and a decided amelioration of the other symptoms. The tendency to syncope and dizziness was lessened and pulsation of the arteries diminished, but no perceptible change in the ocular protrusion resulted. The case is too recent, however, to report.

In several cases of chronic inflamma-

tory enlargements of other parts, I have used this measure with very positive good.

In a case of chronic orchitis, it acted promptly and decidedly.

The treatment of fibroid tumors of the uterus by electricity, after the manner of Apostoli, is used by many surgeons. No one who has tried it faithfully and patiently can have any doubt of its great value in very many cases. For several years I have used it, and with great good. Lately, when I could reach the tumor through the vagina, I have used iodine after the plan just reported, letting the current go as high as 10 milliamperes only. I have obtained very positive good in this way, and without pain to the patient. Under its use, the bleeding will cease, the pain disappear, and the tumor grow smaller, just as well as when the electrode is introduced into the cavity of the wound, and the current made as strong as 100 to 200 milliamperes.

I am having constructed now a small electrode, to see if hypertrophy of the tonsils cannot be reduced in this way.

Of course, if it is valuable, it can be used in a great variety of ways and for many purposes.

I have made some experiments with other medicines, but have not gone far enough to make any report.

If fluid medicated agents can be sent in this way into a growth, would it not be well to try this method of treatment in cancer in its early stages?—*Va. Med. Monthly.*

A Doctor in Connecticut has recently been fined ten dollars for refusing to attend a boy who had been bitten by a dog. The claim was that the boy had suffered unnecessarily before he could receive medical aid, and that the delay had resulted in greater disfiguration from the scar.—*Ex.*

Genito-Urinary and Orthopedic Reflections.

BY JOSEPH L. BAUER, M. D.

JOINT TUBERCULOSIS.—Recent treatises on surgery, and upon surgical tuberculosis are unanimous in the view, that chronic joint disease is dependent chiefly upon the localization of the bacillus of Koch. Whether this opinion should be considered a *fait accompli*, or merely inferential, is not established by either previous or recent literature. Be this as it may, *traumatism* has at last been acknowledged as the exciting cause by no less an enthusiast than Krause, the successor of Volkmann. The prediction is warranted, that the traumatic origin of bone and joint disease, both as an exciting and continuous cause will eventually justify the conclusions of the first pioneers.

And the acknowledgment of this fact is all important to the clinician. Would the traumatist attack the hip-joint with saw or chisel in the early stages of morbus coxæ, as practiced by McEwen? Would the rational traumatist be forced to acknowledge his impotence in controlling the *materia peccans* of chronic articular disease, short of radical removal of the offending locus? Does he require the extension treatment to control pain, or to destroy the auto-infective properties of tubercular virus? Applying the relation of cell activity (phagocytosis) to the annihilation of microbial or bacterial life (the reason assigned by anti-traumatists, to account for the absence of localized tuberculosis after severe injuries, fractures, dislocations) why do not the tubercular enthusiasts, advise energetic mo-

bility of such diseased joints, in order to establish the very cell-activity they so anxiously crave? Why do they so *strenuously insist* upon fresh air, improved hygiene and other anti-scrofular adjuncts, when the fact is established that even where these necessary desiderata are absent, *rest alone* will accomplish wonders?

The latter reflection recalls the case of M. E., mulatto aged 6, the daughter of a healthy mother, but whose father was the victim of asthma and chronic nephritis. The child fell down a flight of stairs. Soon thereafter, premonitory symptoms indicative of spinal caries were manifested. A protrusion of the 10th and 11th dorsal, as also a swelling on the right and left side of the protrusion, alarmed the mother and she straightway consulted a local surgeon (one of a kind who feels disposed to annihilate every anti-tubercular critic). The plaster of Paris jacket was his panacea. One abscess soon bursted, and the tubercular (?) pus flowed from under the jacket. The mother anxiously requested the surgeon to remove the jacket, which he refused. She consulted another surgeon of prominence, who advised her to call upon a self-constituted orthopedic apparatus manufacturer, to secure a spinal brace. Nevertheless (how surprising!) the child's condition grew rapidly worse, when the case was referred to me by Dr. A. J. Mullen of this city. The patient was carried upon the arms of the brother, its weight as light as a feather, anæmic, hectic, a fis-

tulous opening in the right 10th intercostal space, and a deep left lumbar abscess. A distinct kyphosis with lateral deviation of the 9th, 10th and 11th dorsal was made out.

The limbs were flexed upon themselves and the pelvis, and slight force applied to straighten them met with resistance and an outcry of pain. Notwithstanding the squalid and unhygienic surroundings of the family, I nevertheless advised *recumbency* on a *water-bed*. No special directions with reference to diet were given nor were *any medicines prescribed*. My experience has taught me, that rest subdues all irritative phenomena, and beneficial reaction follows in a few days, the demand for nourishment to be answered by the special wish of the patient. Improvement was noted on the second day, and denoted by healthful sleep, improvement of appetite and diminution of fever. Recovery ensued after six months' treatment and the little patient is now to all intents and purposes well. A more detailed report will soon be published.

ORTHOPEDIC APPARATUS — And this again calls to mind the habit of the general practitioner as well as the general surgeon of repute, in entrusting the orthopedic patient to the tender (!) mercies of the orthopedic instrument manufacturer. They neither have the taste, inclination or patience to bestow the necessary labor upon such cases, and ought to "*hold aloof*" from them altogether, or recommend them to the care of those whose life's work is dedicated to the humane object of correcting awkward and ugly bodily-deformities. The orthopedic instrument man is a MERCHANT, and is satisfied if he sells his wares, and is entirely unfitted to bestow that nicety of distinction upon the evolvment of orthopedic appliances

upon which so much of our success depends.

WRY-NECK.—The cause of congenital wry-neck still remains one of the unsettled problems. Stromeier's view, which has been generally adopted, that rupture of the sterno-cleido-mastoid occurred at birth, is once more contradicted and the opposition fortified by an exhaustive review by Ferdinand Petersen.*

The latter maintains the view, which he originally propounded, that congenital wry-neck occurred most frequently where there was a deficiency of amniotic fluid, and breech birth. His evidence seems to be reliable and convincing.

LATERAL CURVATURE.—If the orthopedic surgeon was compelled to rely upon the numberless contrivances now in force, for the relief of rotary lateral curvature (scoliosis) of the spine, he would indeed be in a quandary. Their object and aim seems to be the correction of the lateral deflection from the vertical axis. Few of them have in view the correction of vertical rotation. In the majority of cases the latter is the potent problem which confronts us. A recent case (soon to be published) of a girl eleven years of age, demonstrated the advantage of relying upon manual manipulation as the most feasible corrective measure.

HIP-JOINT DISEASE.—It is strange, yet nevertheless true, that orthopedists have not agreed upon the *exact* treatment of this disease. Some rely upon extension, others fixation alone, and some considering the disease tubercular in the beginning excise the joint. Whatever we may believe to be the correct method, the acme of our efforts is to

* Zeitschrift fuer Orthopæd. Chirurg. Bd. 1, H. 1, 1891. Page 86.

check the inflammatory process, to maintain mobility, and prevent deformity. Thus, a few months since I was consulted with reference to a boy, æt. 9, who presented a marked deformity of the left limb, viz. fixation of the caput femoris upon the rim of the acetabulum, extreme flexion of thigh upon pelvis, leg upon thigh, abduction, external rotation and compensatory lordosis of lumbar vertebræ. Examination determined ankylosis of hip-joint, and contraction of tensor vaginæ femoris. From the mother I learned that the patient had suffered from the usual symptoms of morbus coxæ, and had been under treatment in a hospital for a whole year with the stated result.

The extension method (adhesive strips, pulley and shot bag) had been applied. Whether this treatment was responsible for the result or not, I will not presume to say, though I must confess, that I cannot appreciate how fixation of the joint can be maintained by this plan. An effort must now be made to correct the deformity.

GONORRHOEA.—The treatment of gonorrhœa still remains a *crux medicorum*. Nothing of importance has been suggested which might lead to a universal treatment. A new idea (!) has been promulgated, which suggests, that this disease is constitutional and yet the treatment advised is applied locally. How this is reconciled I will not explain. And yet it has occurred to me, that we have in nitrate of silver, the most potent means of aborting the disease. The objection has been raised that this salt would lead to the development of stricture, by virtue of its cauterant effect. This would depend upon circumstances. If nitrate of silver can be applied at libitum for the control of blenorrhœal ophthalmia, ophthalmia neonatorum, without producing deleterious

effect upon the lid or eye, why should the uræthra be exempted? Is it because it is a closed sac? Or is there fear of the chemical action penetrating the sub-epithelial structures? If the former, the adhesion can be prevented by appropriate mechanical means. If the latter, we have in chloride of sodium the best neutralizer. By the latter we can control the degree and the depth of cauterant activity.

STRICTURE OF THE URETHRA.—Cases are encountered in which an avenue into the bladder cannot be secured by sound or catheter, hard or soft. The judgment of the surgeon suggests the *bouttonnière* without a guide, supra-pubic or recto-vesical drainage. Perineal urethrotomy without a guide as performed by the average surgeon with anæsthesia is fraught with danger, and technically difficult. In fact, chance is a factor in its successful outcome. There remains therefore supra-pubic or recto-vesical drainage. The former is now much practiced and evidently satisfactory. I cannot see an objection to drainage through the trigone, with a trocar and canula, the latter to remain *in situ*. Such an opportunity lately presented itself in the case of a man aged 67, who had sustained a traumatic rupture of the uræthra some years previously. Gradual urethral narrowing followed, and when I saw him, he was suffering from complete urinary retention. All efforts to pass stricture failed. *Bouttonnière* was not to be thought of, on account of his anæmic condition. Supra-pubic incision was not considered. Bladder was punctured through trigone, and canula left *in situ*. Four days subsequently sound entered bladder, and canula was withdrawn. A small urinary fistula remained for four weeks and then healed. The fistula was to be expected in such an extreme case, owing to unusual patho-

logical changes in bladder, mucous membrane and musculature (due to retentive cystitis). I feel persuaded, that in cases unaccompanied by material change in vesical structure, no fistula would follow, and drainage by this route, could be considered *ideal*.

VARICOCELE.—Clinical experience has established the futility of relying upon the results of the usual operations for the relief of varicocele. Surgeons have

taxed their ingenuity in the hope of devising some means, other than by radical operative methods. This is not done to prevent any dire result that might follow the varix itself. The mental influence is oftentimes the most important factor that requires attention. Thus we have curtailment of the scrotum (a good suspensory is more valuable); the ring suspensory of Keetly, and a host of external applications. And at last we have the *truss*! The latter is certainly the most rational and effective.

Spinal Injuries.

If your patient is really suffering from a spinal lesion, you may expect to find one or more of the following *objective* symptoms to exist, to-wit:

1. Emaciation. Generally most noticeable in groups of muscles deprived of normal nerve stimuli.
2. Fibrillary twitchings and tremors of individual muscular bundles.
3. Flushings, generally confined to face or upper portion of body.
4. Heart and pulse conditions, if abnormal and not existing before injury, may reasonably be referred to the injury.
5. Ehidrosis, indicating a depressed nervous condition.
6. Cold extremities, a symptom not possible to feign.
7. Cyanosis.
8. Pupillary dilatation, indicating nervous irritation.
9. Condition of reflexes.

In conducting the examination in medico-legal cases avoid leading questions.

It is my custom to let patients describe their symptoms or tell their story without the least suggestion from me.

It is your duty to ascertain if your patient has read any work upon spinal injury since the accident, and before arriving at a definite diagnosis consider the patient's former character, especially as to veracity.

I believe it well to make repeated examinations, as different examinations may reveal widely different results.

In conclusion, you will find it impossible to arrive at your diagnosis from any one or any two symptoms, but rather from the aggregate phenomena that go to make up the clinical picture.—Millard, *N. W. Lancet*.

The question is often asked, "What patients should be sent to Southern California?" Dr. Dutton, in the *Boston Medical Journal*, answers, from extensive knowledge, thus: "Those who are so enfeebled as to suffer from the severity of a northern winter; the overworked and those needing rest; the prematurely old; the rheumatic; the sufferers from incipient phthisis; the victims of bronchial troubles; the dyspeptics, and in fact all generally enfeebled people."

Medical Progress and Miscellany.

BASSINI'S RADICAL CURE OF HERNIA.—At the recent Congress of German Surgeons, Dr. Escher of Trieste, reported his results from this method of operation. It consists in laying open the inguinal canal over its entire extent and somewhat beyond; the spermatic cord and hernial sac are then lifted up, and the latter incised up to its neck, and then ligated, excised and the remaining portion replaced. The layers of the internal oblique and transversalis muscles are then carefully isolated, as well as the internal portion of Poupart's ligament, and the edges of these structures are accurately united by suture. The spermatic cord is sutured in this gutter, and the fascia, muscles and skin united. The author has employed this method in the treatment of fifty-three herniæ. The results were as follows: of the thirty-five cases of reducible hernia twenty-five per cent. healed by first intention, ten with suppuration; of the nine cases of incarcerated hernia five healed by first intention, three with suppuration, and one terminated fatally; of the nine cases of irreducible hernia four healed by primary union, four by suppuration, and one died. As regards the permanence of the cure, in twenty-four cases which can be utilized for this purpose, there have been no recurrences during a period of observation varying from three months to two years.—*Deutsche Medicinische Wochenschr.*

HOW TO ADMINISTER SULPHONAL.—Dr. David D. Stewart, of Philadelphia, publishes a note on a new mode of exhibiting sulphonal. The great disadvantage of sulphonal over other hypnotics is its insolubility and consequent slow-

ness of action. Unsatisfactory results follow the usual mode of administration, dry upon the tongue, or suspended in mucilage; and even after a very decided dose thus given a condition of semi-somnolence is maintained throughout the greater part of the following day. The most satisfactory mode of administering the drug, advocated by Dr. Stewart is as follows: Just before the patient retires, the sulphonal powder is well stirred in a glass two-thirds full of boiling water (about six fluid ounces) until entirely dissolved, and the solution cooled to a drinkable temperature, which will be one not sufficient to cause the slightest precipitation of the drug—the hotter the solution is drunk the better. The hot solution dilates the gastric vessels and stimulates them to rapid absorption, so that diffusion takes place from the stomach probably before slight or any precipitation of the drug occurs; entirely unlike the result that follows when sulphonal is ingested in a state of simple suspension, and hours are perhaps consumed before the whole amount enters the blood.

A SIMPLE METHOD OF DISLODGING IMPACTED GALL-STONES.—Lawson Tait describes the following simple procedure, which he has used in one case successfully. It consists in passing a fine needle through the wall of the intestine from below, that is, from the empty part of the intestine into the gall-stone. The stone is thus easily and immediately split up into fragments and passes readily along the intestine, and the grave complication of opening the intestine is rendered unnecessary. The operation is, in fact, little more than an exploratory incision.

RAISING CHILDREN IN BRAN.—This method was proposed by M. Pue at the *Société Normande d'Hygiène Pratique*. It consists of a cradle which has the wooden bottom taken out, and is then lined with a strong cloth. In this is placed sterilized bran to nearly half a yard in depth. A hair pillow is used. The baby has only a flannel shirt on and is naked from the navel downward. It is covered with a woollen blanket, and a wool-lined dress is kept to put it in when taken up for nursing. It has thus full liberty of movement in all its limbs, while its dejections pass at once into the pure bran, keeping the child dry and clean, even if there is diarrhœa. This method is a cheap one, the bran not costing as much as diapers.

EFFECT ON OFFSPRING OF CONSANGUINEOUS MARRIAGES.—Drs. Louis and Gustav Lancry publish, in *L'Union Médicale*, the results of their investigations on this subject. Their conclusions, based on a study of sixty-three consanguineous marriages, are that the marriage of blood relations tends to the diminution of the birth-rate, but that it has no prejudicial influence upon the children born of such unions.

DEATH FROM ETHER.—The *Occidental Medical Times*, August, 1891, reports probably the first case of this accident in California. A woman, aged 41, under the care of Dr. Charlotte B. Brown, in the Hospital for Women and Children, San Francisco, was being given ether (June 1st) for the removal of a uterine fibroid. The patient was anæmic, but her heart, lungs, and kidneys were in good condition. A teaspoonful of aromatic spirits of ammonia and a teaspoonful of whiskey were given fifteen minutes before the operation. Ether was administered with a cone made of a

towel, but the quantity used is not mentioned. Twenty-five minutes after insensibility had supervened, the heart's action became very feeble. All sorts of restoratives were used, but without avail. Not more than five minutes elapsed from the first sign of heart failure until death supervened.

**SUBMEMBRANOUS TREATMENT OF DIPH-
THERIA.**—At the last meeting of the American Medical Association, Dr. A. Seibert, of New York, reported thirty-five cases of pharyngeal diphtheria treated by submembranous injections, with a demonstration of the methods employed. He pointed out that the various antiseptics applied to the throat do not reach and destroy the bacilli underlying the false membrane. In order to effect this object, he injects by means of hypodermic needle-points, an antiseptic into the inflamed mucous membrane under the affected part. He uses a hypodermic syringe, to which can be attached a long tube terminating in a flat, hollow extremity, from which project a number of short hypodermic needles. A variety of shapes enable these needle points to be pressed into any part of the affected pharyngeal mucous membrane. After placing the syringe in position he presses the needles into the submucous tissue and then injects about twenty millimetres of chlorine water. This liquid he finds to be the most suitable, the safest, and the strongest antiseptic for this purpose. Of the cases reported he had only lost two, and then from complications. The general treatment is at the same time carried out with careful attention to detail.

TOBACCO SICKNESS.—If a boy or a man has become sick from tobacco, pale face, cold extremities, etc., give camphor, according to Dr. B. L. Hill.

Book Reviews.

“A Treatise on the Diseases of Women.”
By T. Gaillard Thomas, M.D., LL.D.
Sixth edition, enlarged and thoroughly
revised, by Paul F. Mundé, M.D.
Containing Three Hundred and
Forty-seven Engravings on Wood.
Published by Lea Brothers & Co.,
Philadelphia.

After a close examination of this most excellent work, I take pleasure in stating that I think it should be in every medical man's library and frequently in his hands, for the purpose of gaining about all (and that the very latest) there is on the diseases of women.

It is equal, if not superior, to any other book on the subject, and it is a desideratum to get the very latest as well as the best. ——— A. S. B.

“Syllabus of the Obstetrical Lectures in the Medical Department of the University of Pennsylvania.” By Richard C. Norris, A.M., M.D., Demonstrator of Obstetrics, etc., University of Pennsylvania. 2d Edition. Philadelphia, Penn. W. B. Saunders, Publisher.

An excellent primer with a good index for the medical student. It contains all that the student should know of the physiology, pathology of midwifery and of obstetrical operations, in a succinct manner.

The division of the whole subject in two parts is new. The first part treats of the physiology of pregnancy, of the fœtus, and the new-born infant, and of the pathology of the fœtus and new-born. The second part treats of what is called obstetrics proper. Another novel departure is presented in interleaving the whole book. This feature appears to us to be a very useful one to the student for obvious reasons.

We cannot recommend this little book too strongly, especially to students attending lectures. The fact that the second edition so closely followed the first indicates the favorable reception it has received from the students of obstetrics. ——— A. A. H.

“A Compend of Human Physiology, Especially Adapted for the Use of Medical Students.” By Albert P. Brubaker, A.M., M.D. Sixth Edition, revised and improved, with new illustrations and a table of physiological constants. P. Blakiston, Son & Co. Philadelphia, 1891.

The ability to condense facts, and present them in a concise and useful manner, so that the student can gain a great deal of useful knowledge in a short space of time, is shown by the author of this manual of Physiology. The medical man who buys this little volume can congratulate himself on having secured a vast amount of information for very little money.—A. S. B. Jr.

“Three Thousand Questions on Medical Subjects,” Arranged for Self-Examination with the Proper References to Standard Works, in which the Correct Replies will be found.

The publishers, P. Blakiston, Son & Co., Philadelphia, propose distributing this little book free to all medical students sending ten cents in postage stamps to cover cost of mailing, wrapping, etc. ———

“Massage Primer,” By Sarah E. Post, M. D.

This is a little text-book intended for the instruction of nurses, and is well worth the price, \$1.00. Sent, post-paid, by the Nightingale Publishing Company, 13 W. 42d St., New York.

“Text-Book of Ophthalmoscopy.” By Edward G. Loring, M.D. Edited by Francis B. Loring, M.D.—Part II, Diseases of the Retina, Optic Nerve, and Choroid, their Varieties and Complications. 8vo, pp. 253. New York, D. Appleton & Co. 1891.

The editor states in his preface that “Dr. E. G. Loring, the author of this work, died suddenly on the 23rd of April, 1888, before its completion. It was my original intention on assuming the charge of the manuscript that he left, to complete it, simply in order to present it in a finished state to the public. After careful reading of it, however, I found that there was so much original matter in it, so much that from its very nature must provoke discussion and argument, that I determined to publish it as it stood, without addition or correction.” He then goes on to say that “it was Dr. Loring’s habit to draw the illustrations himself; and though, while most of those called for by the text were finished, some were not, and their places have had to be filled with those from other authorities. The large collection of ophthalmoscopic cases that were to have been added as plates were, many of them, unfortunately not drawn; and as no record of them has been kept, it has been impossible to reproduce them.”

It was in the year 1886 that Part I of this text book on ophthalmoscopy was published. It was written by Edward G. Loring, M.D. and comprised: The Normal Eye, Determination of Refraction, Diseases of the Media, Physiological Optics, and Theory of the Ophthalmoscope. It is the opinion of almost every one who has perused this work that it is the best of its kind ever published in the English language. Loring was considered to be one of the world’s most accomplished and energetic ophthalmologists. It is to be deplored that he was not permitted to finish the

work so earnestly and artistically begun. He studied ophthalmology enthusiastically, was a beautiful writer, and it is a delight to the studious practitioner, as well as to the specialist, to read the words which he has left us in this his *magnum opus*.

The editor of the present volume has had no easy task in assorting the manuscripts that the author left, and in gathering from a note book, which he found, the ideas and intentions of the lamented author. We must say that considering the difficulties under which the work was edited, it has been exceedingly well done. The first part of the volume comprising chapters I to IV, treats on diseases of the retina: and this is the part which the editor found completed among the manuscripts. It is masterfully written, especially the descriptions relating to the vascular system of the retina. The clearness with which these chapters have been written shows the scientific and experienced observer, which the author is known to have been.

Chapters V and VI are on the diseases of the optic nerve, although not so well written, probably on account of being only memoranda, which the author intended to elaborate more fully upon before publishing, are very valuable, and interestingly described.

The last chapter, chapter VII, relates to the affections of the choroid, beginning by a very elaborate description of posterior staphyloma, and ending with the various forms of choroiditis.

The editor in a note at the end of the volume says that “This finishes all the material left by Dr. Loring, with the exception of a few notes on glioma of the retina, which were too blurred to be deciphered and too fragmentary in their nature to be available.”

The volume is gotten up by the publishers in size and shape similar to the

Part I, and like all books published by this house shows their superior facilities and the great care for which they are famous. We have no doubt that every

physician who has Part I of this text-book will also procure Part II to complete the work.

J. G. E.

Books and Pamphlets Received.

“Addresses, Papers and Discussions in the Section of the Practice of Medicine and Physiology at the Forty-second Annual Meeting of the American Medical Association, at Washington, D. C., May 5, 6, 7, 8, 1890.” 12mo. pp. 324. (Printed at the Office of the American Medical Association, 1891.)

“Addresses, Papers and Discussions in the Section of Obstetrics and Diseases of Women, at the Forty-second Annual Meeting of the American Medical Association, at Washington, D. C., May 5, 6, 7, 8, 1891.” 12mo. pp. 324. (Printed at the Office of the Association, 1891.)

“Trichina Spiralis.” By Dr. H. M. Whelpley, St. Louis.

“A Case of Myiasis Narium.—Recovery.” By Dr. W. H. Grayson, Venice, Ill. (Reprint from the *St. Louis Medical & Surgical Journal*, August, 1891.)

“Trachoma and Its Treatment.” By W. H. Cheatham, M. D., Louisville, Ky. (Reprint from *Ophthalmic Record*, August, 1891.)

“Treatment of Penetrating Wounds of the Abdomen.” By Emory Lanphear, Kansas City, Mo.

“Letter on Ship Sanitation.” By C. H. Leet, M. D., F. R. C. S., Eng. Addressed to the members of the Special Commission on Immigration into the

United States at present in Europe on a tour of inspection.

“The Johns Hopkins University of Baltimore Register for 1890-91.”

“The Causes for Failure in the Diagnosis of the Early Stages of Pulmonary Tuberculosis.” By Carl Von Ruck, B. S., M. D. (Reprint from *Gaillard's Medical Journal*.)

“Tumors of the Naso-Pharynx, Pharynx, Larynx and Esophagus.” By W. Cheatham, M. D. (Reprinted from the *New York Medical Journal*, August 15, 1891.)

“The Treatment of Erysipelas.” A Personal Experience in Fifty Cases. By Charles W. Allen, M. D. (Extract from the *American Journal of Medical Sciences*.)

“Pemphigus Circinatus.” By Charles W. Allen, M. D. (Reprint from the *Journal of Cutaneous and Genito-Urinary Diseases*, December, 1890.)

“Clinical Comments on Cutaneous Cases.” By Charles W. Allen, M. D. (Reprinted from the *Brooklyn Medical Journal*, May, 1891.)

“Institutions for Consumptives.” By C. C. Fite, M. D. (Reprint from the *Dietetic Gazette*, October, 1891.)

“Is Tuberculin a Failure?” By Carl Von Ruck, B. S., M. D. (Reprinted from *Southern Medical Record*.)

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Edited for the Committee by DR. WILLIAM PORTER, assisted by DR. G. F. PIERROT.

Vol. IV.

ST. LOUIS, MO., NOVEMBER, 1891.

No. 11.

Editorial.

A Modern Characteristic in Medical Authorship.

The observant reader must have noticed a marked change during the last decade in the manner of dealing with scientific truths. In looking over back numbers of medical journals we find that writers often seemed to think that they would be heard for their much speaking. The contributions were long—carefully exact as a rule—but tedious and difficult to assimilate.

We believe that the demand for such essays is growing less each year. The busy man does not want to wade through columns for what he hopes to find in sentences. The writer with terse, condensed style is in the very nature of affairs the favorite in this age when the days are all too short and life all too limited to achieve the full measure of work.

The scientist and the man of letters will yet delve among the ponderous tomes and the exhaustive cyclopedias, but the active worker who needs his intellectual nutrition is such form as to be easily appropriated, so that he may gain new strength and vitality for immediate use, will turn to those books and journals which contain the essence of the subject matter—which have the deductions without long argument and hypotheses.

As, in this practical age, the demand for practical writings increases, it will be answered. Words will be chosen for use, not for ornament—thought will be condensed rather than elaborated, and a page or paragraph will be of more real value than a book of theory. Just as the large and unsightly

doses of officinal remedies of years ago have given place to the elegant, condensed preparations of the modern pharmacist, so are the heavy, wordy contri-

butions of the past, being replaced by the modern method of concise thought and clear-cut diction.

The Mississippi Valley Medical Association.

The meeting which has just adjourned was one of the most successful in the history of this excellent society. The large number and character of the men who were present, the delightful cordiality with which the guests from outside the city were received, the number and importance of the papers read, all combined to make the meeting of '91 a notable one.

We congratulate the local members and especially the Chairman of the committee of arrangements upon the unstinted hospitality extended on every hand to the visitors. The expressions and tokens of appreciation of Dr. Love's energy, enthusiasm and liberality, were well merited and will doubtless be long and gratefully remembered by him.

If it were possible, it would be well

to add another day to the sessions. Three days were enough when the Association was small and the papers few. Now with delegates from everywhere and with the larger plans for social entertainment, at least four days are required and should be given.

From the beginning this has been a working association, one whose main object has been to present and discuss important questions, pertinent to medical progress. We earnestly hope this may ever be the leading feature in the plans of each meeting.

We have a right to expect much of such men as President Chas. L. Reed and Secretary McKee, and we believe that under their guidance the continued advance of this Association is assured.

THE SOUVENIR number of the *New England Medical Monthly* was a success. The photograph gallery "will long be remembered by those who were there and those who were not." Dr. Wile knows how to meet the needs of the practitioner. With his excellent team the *Monthly* and the *Prescription*, now of equal size and well matched, it will be hard to throw dust in his eyes on the road to success. There is no excellence without labor, and by great labor Dr. Wile has brought his journalistic work to a point of excellence which is gratifying, both to himself and his friends.

AFTER THE members of the faculty and a few of the professional and other friends of Dr. A. H. Ohmann-Dumesnil had sufficiently recovered from the surprise he had prepared for them in announcing that he was a "benedict" they presented his wife with a solid silver set as an expression of their best wishes.

The doctor and his bride have certainly the kindest wishes from all for their future happiness and longevity.

DR. JAMES C. WILSON has been elected to succeed Dr. DaCosta at the Jefferson Medical College.

THE FACULTY of the St. Louis College of Physicians and Surgeons is happy to announce the election of Dr. Geo. F. Hulbert to the Chair of Clinical Gynecology and Gynecological Electro-Therapy.

Dr. Hulbert brings with him the well-earned reputation of a man proficient in his department, of excellent character, and a fine clinical teacher.

We believe the College is greatly strengthened by this addition, and already he has secured the universal respect of the large class.

It must be very gratifying to Dr. Barnes that the affairs of the College of Physicians and Surgeons have prospered so greatly under his management. Under his wise administration and careful, self-sacrificing attention, the number of students has been nearly quadrupled, while the grand new building and rapidly decreasing debt speak for themselves of a sound financial policy, well carried out.

To say that he is a favorite with the class, and is unanimously upheld by the faculty and trustees, is but to repeat a well-known fact. We only add that

this is penned without his knowledge, as voicing the thought of all the friends of medical education in the West, that Dr. Barnes has successfully conducted the affairs of the great school of which he is Dean with rare fidelity, and without a blot upon its fair escutcheon—an honorable position honorably filled.

IT IS OUR sad duty to chronicle the death of Mr. Gilchrist, of Chillicothe, Mo., a student of the College. The cause of his death, we are informed, was chronic diarrhoea. He matriculated at the College in good spirits at the beginning of the term, little suspecting that he would be called to his final home before the session was half over. His sorrowing relatives have our sincerest sympathy in this their hour of affliction.

ANOTHER GOOD MAN GONE.—Dr. Joseph Price has been requested to resign from the College of Physicians of Philadelphia, the charges of slander brought by Drs. Penrose, Baldy, Baer and others having been pronounced to be well founded.—*Times and Register*.

Virchow's Seventieth Birthday.

This anniversary was an event, not only memorable to the profession of Berlin, but to the medical world. From all sides, far and near, the tokens of profound sympathy and almost filial attachment poured in upon the subject of their veneration. Subscriptions have been opened to erect a monument worthy of the manifold merits and services rendered by Virchow toward the advancement of medical science.

The work performed by this Mæcenas

during his long and useful life is of too gigantic proportions to be approximately estimated by any one of his contemporaries.

Whenever problems presented themselves he always joined the ranks of the investigators, and at least, assisted in their solution.

With his enduring devotion to natural sciences he combined a warm sympathy for the laboring classes, to whom he brought information and enlightenment

whenever opportunity and leisure offered themselves.

Moreover, he had been for more than two score years the uncompromising advocate of liberty and self-government and consequently he has suffered the persecution of political adversaries.

Our first acquaintance fell in the spring of 1849. He had just then been dismissed from the position of Pathologist and Prosecutor of the Charité Hospital of Berlin, in which he had rendered incomparable services to the divers clinics of the University and the Frederick William Institution for the education of military surgeons.

As a member of the Prussian House of Representatives, we offered him our services by introducing a bill for reinstatement. He declined, however, in expressions of individual and political independence.

A call to the Chair of Pathological Anatomy in the University of Wuerzburg was soon offered to, and accepted by him.

A few years in that position sufficed to demonstrate him indispensable to Berlin, and the Government, pressed by

the unanimous petition of the Faculty, was prevailed upon to recall Virchow at *his own terms*.

The Pathological Institute of Berlin, now a school renowned throughout the civilized world, owes its establishment and its usefulness to him. His return to Prussia meant his return to political activity, and his opposition to some of the tyrannical measures provoked the Iron Chancellor to challenge Virchow.

The friends of both parties, however, prevented the meeting, on honorable terms.

Indeed, he fully deserves the sentiments so beautifully expressed by Guido Baccelli at the close of the late International Congress: "*Et tu Rudolphe Virchowe tantum vive, quantum exit tua fama superstes.*"

LOUIS BAUER.

[The substance of the foregoing article was delivered by Prof. Bauer before the class of the St. Louis College of Physicians and Surgeons. At the close of his remarks the entire class arose to its feet as one man, and expressed by enthusiastic cheering its reverence and admiration for Rudolph Virchow.—*Ed.*]

Treatment of Influenza with Camphor.

During the recent epidemic, when I had on an average of 150 cases a week under my care, I had ample opportunity of testing the efficacy of various methods of treatment. My first idea was to try to alleviate the most prominent symptoms—namely, backache and general pains, with sod. salicyl; headache, etc., with analgesin, combining either of the above with a sedative or stimulating expectorant if the chest was affected. I also used ergot and digitalis in combination in a few cases, believing the disease to be simply due to a vaso-motor change, but I afterward came to regard it as a zymotic disease,

with probably a special bacillus of its own. Amongst other drugs I tried camphor, and with so much success that I rarely prescribed anything else afterward, six doses or less usually being sufficient. I administered it as follows:

R. Sp. camph., ʒij
Tinct. lavand. co., ʒij
Sp. chlorof., ʒj
Mucilag. tragacanth., ʒij
Aq., ad. ʒvj

ʒj quartis horis sumend.

This cost very little, and, by leaving out the flavoring agents the effect is the same and the cost nominal. — *Long, British Med. Journal.*

College Chat.

ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

AMONG the recent visitors to the College may be mentioned Dr. T. F. Lockwood, Conway, Mo.; Dr. J. T. Bills, Aurora Springs, Mo.; Dr. W. B. Potter, Lancaster, Mo.; Dr. McKee, Duluth, Minn.

THE wedding of Mr. Graham Hereford and Miss May Thoroughman took place at Ferguson, Mo., on the evening of October 22d, 1891. Ferguson is a pretty suburb of St. Louis, but what makes the occurrence a matter of interest to the CLINIQUE and its readers is the fact that Mr. Hereford is one of the most promising students of the College of Physicians and Surgeons. We wish the young couple happiness and prosperity galore.

DR. J. C. SULLIVAN, Burkley, Ky., sends his subscription to the CLINIQUE. He is getting along nicely, has plenty to do, and is meeting with a measure of success at least equal to his competitors. This is all due, he thinks, to the sterling instruction received at the College of P. and S. He mentions a case of atresia urethræ in a new-born girl, which puzzled him at first; but, remembering the oft-repeated advice of his college days, "try, try again," he finally surmounted the difficulty, much to his satisfaction and that of the baby's parents.

DR. JOHN A. TAYLOR, Clifton, Kas., was the guest of the College a short time ago, and would like to correspond with a young physician desiring a local
We shall take pleasure in pub-

lishing such notices as these in the CLINIQUE without charge.

DR. GEORGE W. IRA, Santee Agency, Neb., contributes an article in this issue, on Dermatitis Exfoliativa, which is of more than ordinary interest, in view of its comparative rarity. We should like to print several such articles each month.

DR. J. B. COUSIN is now practicing at Rich Hill, Mo.

DR. W. H. TOWNSEND, of Campbell Hill, Ill., found time to pay us a visit last month. His ambition has been somewhat whetted by his success since embarking in the practice of his profession, and it would not surprise us to see him seeking a larger field for his talents.

AMONG the myriad of interesting organisms now being collected in the bacteriological department, are living specimens of vinegar eels, spermatozoa, trichina spiralis, etc. The circulation of the blood has been strikingly demonstrated in the web and mesentery of the frog, together with all the phenomena of inflammation resulting from intentional injury to those parts while under the microscope. The mysteries of micro-organic life, and the relation of these diminutive creatures to human health and disease are here studied in a thorough manner. The program for this department of college work, which was outlined in Prof. Close's introductory lecture, is being followed scrupu-

lously. The crowded laboratory during class hours, the interest evinced by the students, and the aptitude with which they grasp the facts set forth, is proof positive that the subject is being presented in an attractive form.

DURING the meeting of the Mississippi Valley Medical Association, the students of the College designed a handsome badge, with the name of the College printed on a ribbon hanging therefrom, and, with this emblem at their button hole, they marched in military fashion from the College to the Pickwick theater, where the convention was in progress. This procession, fully two blocks long, and in perfect decorum, created quite a sensation on the street.

DR. GUS EGGERS, of Florissant, Mo., pays the College a flying visit, once in a while. This young man is activity personified. If there is any truth in the saying that Providence is generous in her gifts to him who reaches out for them, the doctor will not be found unprepared for the proverbial rainy day, should it come.

PROF. CALE has brought back with him from Europe a complete outfit of microscope slides with which to illustrate his lectures on osteology. The growth of bone in its various stages, and the different modifications which take place in bony structure as a result of disease, are all shown in the exquisitely mounted specimens which he will place before the students in the course of his lectures this winter.

DR. EMIL WESCHCKE, class of '90, furnishes the readers of the CLINIQUE a treat in the shape of an instructive as well as amusing contribution. The article needs no praise from us. We will venture to say that the young

physician (and the old one too, for that matter) who reads the opening lines, will not lose a word of what follows. The article is well written, and we look forward with pleasant anticipation to the promised report of a Caesarean section, which though resulting fatally, will undoubtedly be found replete with useful hints and concluding with an instructive moral.

CONTRIBUTORS should write on one side of the paper only.

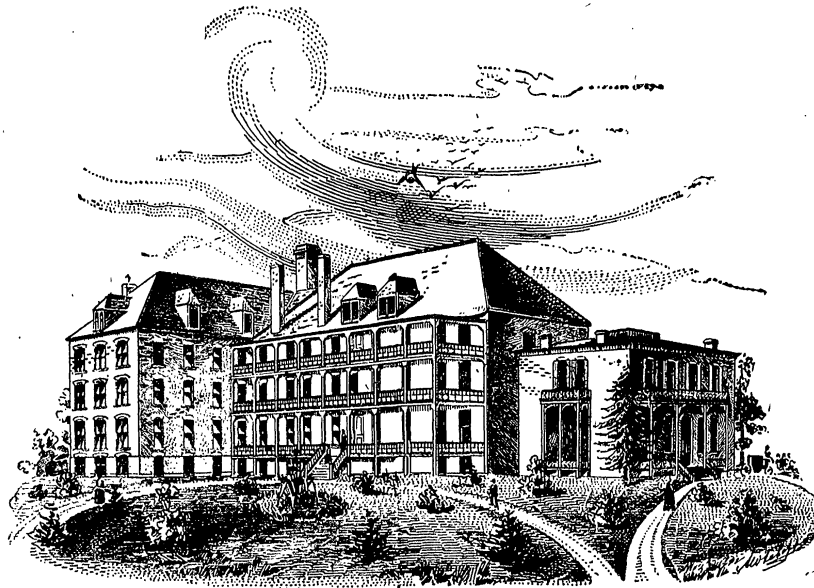
DR. SULLIVAN, of Miami, Mo., paid us all a visit, a short time ago. He stayed a week and attended lectures daily. The appearance of prosperity clings to him with a tenacity which leaves no room for doubt as to his success in the practice of medicine.

DR. T. B. CHILDS, Barrow, Ill., visited the College lately, but was unfortunate in choosing Sunday for that purpose. The building and its superb equipment are of interest at any time, but what the doctor missed was the inspiration of the large class.

IN THE biological laboratory, the animal kingdom must of necessity be largely drawn upon for special parasites and low-grade organisms of various sorts. It often requires some ingenuity, and not a little sacrifice of time and good will on the part of the assistants to furnish domestic animals, and see that they are kept under conditions favorable to the development of the special pathological process to be illustrated. Mr. Percy Barnes has lately placed at the disposal of Prof. Close a colony of white rats and mice. These pets are highly prized, as "vermin raisers" and for other purposes, and their donation to the laboratory is of great value at this time.

THE CLASS organizations are now complete. Any business of interest to either Senior or Junior class, or any matter in which concerted action on the part of the students is desirable, is promptly and decorously attended to in a parliamentary manner. That such an arrangement can be consummated and maintained without friction, speaks well

for the orderly spirit of the classes, and is at the same time a high compliment to the fitness of the officers chosen. Mr. Frank Ring, of St. Louis, is president of the Seniors, and Mr. F. L. Magoon, of Clarence, Mo., is secretary. Mr. G. A. Campbell, of Moberly, Mo., wields the gavel for the Juniors, while Mr. Ellis Edgell handles the pen.



The Missouri Baptist Sanitarium.

We take pleasure in presenting a view of this new and flourishing institution. It is a matter of congratulation not only that the people of one denomination have had the courage and energy to carry out such well formed plans, but also that the doors are wide open for members of all denominations and of that large "unattached" class which so often seek shelter in such institutions.

The plans for the building are modeled after the Johns Hopkins Hospital and the buildings are very substantial and have all the modern improvements. There seems to be every assurance of success if we may judge from the records of the past year. Over one thousand patients have been received and treated,

and the cost of the buildings and improvements already amounts to some sixty thousand dollars. The Sanitarium is pleasantly situated on Union Avenue with two lines of electric cars at the door.

In the report of the Secretary, Mr. Applegate, much credit is given Dr. W. H. Mayfield, the surgeon in charge, for his careful and prudent management. We believe that he has done a great work and that he has earned the approval and best wishes, not only of the denomination which he represents, but of the public as well. The medical profession also is quick to approve the quiet, earnest devotion of a man who gives his life to a cause like this.

Practical Points.

VOMITING OF PREGNANCY—HUCHARD:

R. Tinct. Iodini..... $\frac{1}{2}$ ounce.
Chloroformis..... $\frac{1}{2}$ ounce.

M. Sig.—Five drops, morning and evening, at meal time, in water.

DR. I. N. BRAINERD (*Therap. Gazette*, July 15th) states that for the last ten years he has prescribed eucalyptol in bronchial and pulmonary troubles, and has learned to put a high therapeutic value upon it in chronic bronchitis, chronic interstitial pneumonia, persistent cough, and, to a less degree, in tuberculosis. It is antiseptic and has a healing effect upon the bronchial epithelium, and a sedative effect upon the peripheral nerves in the respiratory tract. He administers it in five to ten minim doses in emulsion every four hours.

EXPECTORANT MIXTURE.

R. Mur. of apomorphine, $\frac{5}{6}$ to 1 gr.
Muriate of morphine,..... $\frac{1}{2}$ gr.
Dilute muriatic acid, . . . 10 drops.
Distilled water, 5 ounces.

Teaspoonful every two to four hours
—Rossbach in *Merck's Bulletin*.

ANTISEPTIC COLLYRIA. — Dr. Frank (*Wein. Med. Blatt.*) states that one of the antiseptics with which we are best acquainted, if used in concentration will sterilize an eyewash. Sublimate, however, added to atropine or cocaine solutions in the proportion of one to 10,000 (two drops of a one per cent. solution of sublimate to ten grams of the collyrium), will suffice to keep them antiseptic, i. e. free from germs for a whole year. Since finding this out, now two and a half years ago, he has never been troubled with the occurrence of conjunctival irritation, etc.

TYPHOID FEVER.—Smakovsky, during the space of two and a half years has treated 700 cases of typhoid fever in the following manner:

R. Calomel..... gr. $\frac{1}{2}$
Sugar..... gr. iv.

This is to be made into ten powders and one powder given each hour until the evacuations from the bowels become copious and soft.

The patient is also given a gargle, composed of a solution of chlorate of potash, to prevent mercurial stomatitis. If there are evidences of feebleness of the heart, the calomel is stopped and small doses of the infusion of the digitalis are administered. After the calomel has produced its antiseptic and alterative influence, the diarrhoea, if it has become excessive, may be controlled by the use of the following powders:

R. Subnitrate of bismuth.... gr. ij
Naphthalin..... gr. $\frac{1}{2}$
Sulphate of quinine..... gr. j

One of these powders may be given four times a day.

For the cough Smakovsky recommends:

R. Aqua ammonia..... \mathfrak{z} j
Tincture of eucalyptus.... \mathfrak{z} j
Essence of peppermint.... m x

Ten drops to be given every two hours.

This prescription is also of advantage in acting as a disinfectant of the mouth. The Russian investigator just named is convinced that the mortality of typhoid fever under such treatment is very much lessened.—*L'Union Médicale*.

AN ABSOLUTE MILK DIET has been recommended in scurvy, about four glasses a day at first, increased by a glass every day or two.

TREATMENT OF BURNS.—Rottenberg (*Therapeutische Monatshefte*, March, 1891) employs the following treatment: Blisters are not opened, but are pierced with a silk thread, soaked in sublimate solution and left in place. The whole burned area is then spread with a ten per cent iodoform-vaseline, and is covered with gummed paper or silk; the salve should be renewed daily. By this plan pain is relieved at once, and cicatricial contraction is rare.

FOR INTERNAL HÆMORRHOIDS, an exchange suggests:—

R. Chrysarobin..... gr. xv
Iodoform..... gr. v
Extract of belladonna gr. viij
Cocoa butter..... ʒvj M.

Of this are made ten suppositories, one to be inserted into the rectum each day. After five or six hours pain and tumor diminish. Treatment may continue for several months without harm.

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

AN EXCELLENT HAIR TONIC (*Medical and Surgical Reporter*):—

R. Acid. carbolic..... ʒss
Tinct. nucis vom..... ʒij
Tinct. cinchonæ rubræ.... ʒj
Tinct. cantharidis ʒss
Aq. coloniensis.
Ol. cacao, aa q. s. ad..... ʒiv

M. Sig. Apply once or twice a day to the scalp by means of a soft sponge.

This will prevent the hair falling out, if it does not produce a luxuriant crop.

GOLDBEATER'S SKIN FOR CRACKED NIPPLES.—M. J. Blechmann (*Paris Medical*) advises the treatment of cracked or fissured nipples by means of goldbeater's skin. Over the nipple affected after wetting with clean water there is applied a round piece of goldbeater's skin, of about ten centimeters in diameter. The center of the skin is first pierced by a number of fine holes with a needle. The skin takes the form of the nipple and adheres like a second epidermis. The external surface of the goldbeater's skin may now be moistened and the infant applied to the breast. The nipple is thus isolated from the child's mouth, and has a chance to heal without suffering the constant irritation from contact with the lips of the infant. After each nursing a new piece of skin should be applied.—*Med. Times*.

BILIOUS HEADACHE.—The *N. Y. Medical Journal* finds the following combination useful:

R. Pulv. opii.
Pulv. ipecac..... aa gr. ʒ.
Massæ hydrarg..... gr. ʒ
Misc. et. ft. tab. trit. No. j.

GELSEMIUM FOR LOCKJAW.—Don't fail to try tincture of gelsemium in cases of lockjaw. Increase the dose up to thirty drops every hour, if necessary to relax and stop the spasmodic action. It will cure where all other remedies have failed.—*Med. Brief*.

TREATMENT OF FISSURED HANDS.—Wash the hands in tepid water, apply to the fissures a small quantity of a mixture consisting of 15 grains tannin, 5 drachms glycerine, and 3½ ounces water, and allow to dry. On retiring, a salve made of 30 grains extract of ratanhia, 1¼ ounces lanolin, 15 grains vanillin, and 2 drops rose oil is applied. Gloves should be worn at night.

A NEW TREATMENT FOR ECZEMA.—

Eczema is so frequently rebellious to the resources of our ordinary therapeutics that we shall not complain at seeing new curative measures recommended. The one brought forward by a French physician, M. Bourdin, combines the merit of being easily applied with that of having already produced improvement in a whole series of cases. The process consists of washing with soap and water the parts affected with the disease, and, after having carefully dried them, to expose them to a bright fire. The patient must stand the severe itching that is brought on without scratching himself, and must be content with passing his hand quietly over the spot and then exposing it again to the heat.

The itching appears again immediately, and then stops, either by having been brought nearer to the fire, or by being touched again by the hand. After five or six attacks of this itching, the séance should be ended by exposing the spot two or three times to the fire at a nearer distance. This produces a disagreeable burning sensation, but is not painful. This treatment gives good results, especially when the ulcerative period has not yet come on, and, besides this, it procures to those patients who are more or less deprived of sleep and who spend the greater part of the night in a half-conscious, half-unconscious scratching, the rest of which they stand so much in need.

INFANTILE DIARRHŒA.

R. Aq. calcis..... $\bar{3}$ vi.
Syr. rhei arom..... $\bar{3}$ j.
Tr. opii camph..... $\bar{3}$ ss.
Tr. cardam co..... $\bar{3}$ ss.

M. One teaspoonful often to children under 1 or 2 years, afflicted with sour stomach attended with diarrhœa, vomiting, etc.

FOR PHLEGMASIA DOLENS I give hydrate of chloral, 2 to 5 grains, in water q. s., every two to four hours, accompanied by the usual treatment of elevating and bandaging the limbs. Whatever the indication may be for other treatment, *do not stop the chloral*. The cure is usually very rapid. Chloral is applicable in all cases of phlebitis, from whatever cause.—Cottrell in *Times and Reg.*

PERMANGANATE OF POTASSIUM IN DIPHTHERIA.—Dr. Netzetzký says that his twenty-two years' practice convinced him that the best treatment of faucial diphtheria consists in an energetic use of permanganate of potassium. The drug should be administered in the shape of paintings and gargle. The following strong solution should be employed:

R. Potassii permanganatis..... $\bar{3}$ ij.
Aquæ destillatæ..... $\bar{3}$ j.

M. Sig.: To paint the affected surface every three hours.

For gargling, which is to be repeated as often, a teaspoonful of the same solution should be mixed with a tumblerful of boiled water.

In those cases in which the child is unable to gargle, the following mixture should be given internally:

R Solutionis hydrogenis superoxydati, two per cent..... $\bar{3}$ ij.
Glycerini..... $\bar{3}$ ij.

M. Sig.: A teaspoonful every three hours.—*Medical Record.*

NOVEL TREATMENT OF GONORRHŒA.—

Dr. Hanicka (*Reichs Medicinal Anzeig.*) recommends the following treatment. Apply to the urethra by means of a catheter-like instrument a powder composed of equal parts of tannin, iodoform and sulphate of thallin until it is entirely full of the remedy. Prompt healing is said to be the result.

RHUS AROMATICA FOR INCONTINENCE.—Krauss (*Buffalo Med. and Surg. Jour.*) thus sums up a paper on this subject: Incontinentia urinæ, due to slight disorders of the genito-urinary or the nervous system, is amenable to the rhus treatment, that gives most favorable results. Incontinence due to destructive lesions of the spinal cord, complicating the vesical center or its reflex arc, is not amenable to the rhus treatment, and gives negative results.

If there be any cause of irritation within reach, it is removed. He then gives the rhus in doses of 5 to 10 drops of the fluid extract, increased to 20 drops, four times daily. He prescribes it in glycerine.

In anemic cases he combines rhus with iron:

R. Ext. rhois aromat flʒv.
Syr. ferri iodidi,
Elixir calisayæ . . . aa q. s. ad ʒij.
M. S. ʒss four times a day.

The prescription is incompatible pharmacologically as the iron and cinchona precipitate; but it does not follow that it is therapeutically incompatible; and the tannate of iron probably forms a useful ingredient.

SENN'S SURGICAL APHORISMS.—Taken from his Principles of Surgery:

Antiphlogistic Treatment.—An erroneous conception of the nature and tendencies of inflammation has for centuries induced the ablest teachers and practitioners to advocate and practice what they termed the antiphlogistic treatment of inflammation. This included blood-letting, cupping, leeching, and the internal use of emetics and cathartics.

Physiological Rest.—One of the most urgent indications in the treatment of inflammation is to secure for the part affected a condition approaching physiological rest.

Antiseptic Fomentations.—The ordinary filthy poultice of flaxseed, slippery-elm, bread and milk, has no longer a place among the resources of the aseptic surgeon.

Antipyretics.—Antifebrine, antipyrine, salicylated soda, quinine, and other antipyretics, when employed in large doses, will usually reduce the temperature several degrees for a few hours, but this is always accomplished at the expense of the forces which are laboring to clear the obstructed parts, and on this account their use has resulted in more harm than good to the patient.

Stimulants.—Stimulants have largely taken the place of antiphlogistics in the treatment of inflammation.

Diet.—The treatment of inflammation by starvation has been abolished long ago. The strength of the patient must be sustained in time by a nutritious and well selected diet.

Anodynes.—Remedies to relieve pain must always be used with caution. * * * * The cause of pain must be sought for, if possible, relieved by local measures."

ENLARGED SPLEEN.

R. Sulph. quinine ʒj
Iron by hydrogen ʒj
Podophyllin gr. v
Simple syrup q. s.

Mix well and make into thirty pills.
Sig.: Take one after each regular meal. If they should act a little too freely on the bowels, omit taking the one after dinner; be governed by the way they act on the bowels.

VOMITING OF PREGNANCY.

R. Menthol, gr. xv.
Aquæ, ʒv.
Alcohol, ʒv.

M. Sig., teaspoonful every hour.—
The Prescription.

SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization—Potash and Lime;

The Oxidising 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 Prepara-

tions; 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.

Items of Interest.

GOUTY DIABETES.—This rather complicated condition is one which requires great care in its therapeutics, and its treatment is frequently of a prolonged character. Many methods have been proposed with more or less success attendant upon their application. One of the best which has been devised is that of Dr. Martineau, of Paris, who has definitely cured 67 out of 70 cases in the past twelve years. Dr. Dujardin-Beaumetz has also recommended and even adopted this treatment, in which they have employed carbonate of lithium and arsenic in such manner as it is combined and manufactured by Enno Sander, whose formula is as follows:

R.—Lithium bicarbonate, gr. 5.514.
Sodium arseniate, . . . gr. 0.100.
Carbonic water, . . . 316.00. M.

This quantity, which is the contents of one bottle, should be taken, mixed with claret wine, at three successive meals. The diet need not be restricted, with the exception of starch, sugar and fruit. The latter article should be prohibited, but in so far as the rest of the diet for diabetics is concerned, considerable freedom may be permitted. In taking the water care must be exercised to drink it either during or immediately after eating, although it is a better and preferable method to take it during the course of the meal. The addition of the carbonic water renders the remedial agents less irritating to the stomach and also adds to its palatable qualities.—*N. E. Med. Monthly.*

A DAKOTA woman has entered suit against her doctor for inducing her husband into the morphine habit.

THE KENTUCKY STATE BOARD OF HEALTH will only recognize the diplomas of such medical colleges as shall, after the session of 1891-1892, exact of matriculates and graduates a minimum of requirement not lower than that required by the American Medical College Association. Lively times will follow as only the Hospital College of Medicine in Kentucky comes up to this standard and the same is true of most of the Southern medical colleges.—*American Lancet.*

THE DEMAND FOR effective as well as palatable preparations has now become general. The numerous proprietary articles now on the market bear witness to this fact. Among the most popular makers of these preparations are the Cooper Pharmacy Co., 308 Market street, St. Louis. This home institution, although handsomely patronized in the immediate territory tributary to St. Louis, by no means limits its trade to such narrow boundaries. Their preparations are used and appreciated all over the United States. Their Normal Fluid Extracts are made from selected drugs, and each batch carefully assayed before being put up in its final containers. Their handsome and complete catalogue will be sent on application.

CHILDREN TELL THE TRUTH.—The other day a couple of little girls came to a physician's office to be vaccinated. One of them undertook to speak for the other and explained: "Doctor, this is my sister. She is too young to know her left arm from her right, so mamma washed both of them."—*Toronto Mail.*

THE AMERICAN ANTIPYRETIC ANALGESIC & ANODYNE.
 A SUCCEDANEUM FOR MORPHIA.
 A NEW COMBINATION OF COALTAR DERIVATIVES OF THE SERIES C_nH_{2n-6} .

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EXHIBITED IN SCIATICA, NEURALGIA, RHEUMATISM, MENSTRUAL NEUROSES, LA GRIPPE AND ALLIED COMPLAINTS IT OPPOSED TO PAIN. SECURES THE DESIRED RESULT.

The GENUINE is put up in two forms only:—"POWDERED" AND "FIVE GRAIN TABLETS."
 Samples of each, with full information, sent free on application to
 THE ANTIKAMNIA CHEMICAL CO., ST. LOUIS, MO.

DIED FROM MERCURIAL POISONING.—Coroner Ashbridge held an investigation yesterday in the case of David A. Price, aged 28 years, of 1715 Addison street, who died on Monday from the effects of mercurial poisoning. The effect came gradually from his taking five pills daily, bought of the Cook Remedy Co., Omaha, Nebraska. He had purchased 30 at \$1.00 each, and after taking the twenty-ninth became stiff and died. A physician stated that his gums had bled before, and were spongy, his teeth were loosened, and a dazed condition was another resultant of taking the pills. Verdict, due to gastritis from mercurial poisoning.—*Phila. Ledger.*

EPILEPTIC CASE OF LONG STANDING.—In an epileptic case of long standing, I used Peacock's Bromides with excellent results, the intervals between the attacks have been greatly lengthened and their violence much lessened. I regard Peacock's Bromides as a superior preparation and shall continue to use it in cases where it is indicated.

J. G. WALLACE M.D.

Dade City, Fla.

THE JOURNAL OF THE ARKANSAS STATE MEDICAL SOCIETY tells the following of the state of medical affairs at Hot Springs: "A doctor lately visiting Hot Springs, met a doctor whom he had known in former years as poor but respectable. In reply to the query as to how he was getting along, he said he was doing a regular 'cut throat' business, employing drummers and stood in with the hotel people, paying the latter one-half the fees collected from patients roped to him by them; that he had to keep a revolver in his desk all the time, because when patients found out they had been drummed, they frequently returned to him and demanded their money, and he had to bluff them off

and defend himself; that all the Hot Springs drumming doctors did the same way, and he added that they all drummed in one way or another."

NOTICE.—Prof. Joseph L. Bauer desires to inform the profession that he is prepared to care for a limited number of orthopedic cases at his residence.

PONCA COMPOUND exercises a decided and specific alterative action upon the uterine tissues as also a general tonic influence upon the pelvic organs:—It has a tendency to absorb plastic deposits, to regulate the vascular supply and thus relieve congestion; to encourage peristaltic action of the bowels, to tone up the nerve forces and thus remove spasmodic conditions. In most instances it eradicates the principal influences that cause and keep up engorgements, displacements, etc., and can always be relied upon as the chief factor in bringing about normal condition. Its range of uses is well indicated by its formula:

Ext. Ponca.....	3 grains.
Ext. Mitchella Repens.....	1 grain.
Caulophyllin.....	$\frac{1}{4}$ grain.
Helonin.....	$\frac{1}{8}$ grain.
Viburnin.....	$\frac{1}{8}$ grain.

One hundred tablets will be mailed upon receipt of \$1.00 by the Mellier Drug Co., St. Louis.

A MAN-OF-WAR DOCTOR, whose name is unfortunately lost to posterity, had a simple method of locating a man's ailment, and alleviating it (save the mark) by drastic and infallible remedies. He would tie a piece of tape around the waist of the complaining mariner, and command him to declare whether his pain existed above or below the tape. If above, an emetic, and if below, a dose of salts, followed as a matter of course.

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G. H. Mumm & Co. having bought immense quantities of the choicest growths of the excellent 1884, 1887 and 1889 vintages, the remarkable quality and delicious dryness of their Extra Dry can be relied upon for years to come.

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A SOLUBLE DRY EXTRACT, prepared from Malted Barley and Wheat, consisting of Dextrin, Maltose, Albuminates, and Salts.

The SUGAR in MELLIN'S FOOD is MALTOSE. MALTOSE is the PROPER SUGAR for use in connection with cow's milk.

The sugar formed by the action of the Ptyalin of the Saliva and the Amylopsin of the Pancreas upon starch is MALTOSE. In the digestive tract MALTOSE is absorbed UNCHANGED.

—Landois and Sterling.

MALTOSE is a saccharose, not a glucose, and is a form of sugar which does not ferment.

—Materia Medica and Therapeutics, Dr. Mitchell Bruce.

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—Eustace Smith, M.D., F.R.C.S.

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JOHN J. RIGG, M. D., Montrose, Iowa, writes as follows to the Antikamnia Chemical Co. of St. Louis:

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THE BEST TIME to get shoes fitted to the feet, is the latter part of the day. The feet then are at their maximum of size and sensitiveness.

HEALTH PUBLICATIONS IN FRENCH.— The Maine State Board of Health has printed a French edition of its circulars on diphtheria and scarlet fever, for the benefit of the residents of the State who read French more easily than they do English.

AMONG other presents received by Professor Virchow on his birthday, was a beautiful silver column, surmounted by a figure of Liberty.

LAKE SUTTER, FLA., May 25, 1891.

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J. E. ANDERSON, M. D.

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A combination of the best Norwegian Cod Liver Oil with MALTINE, in which, by the vacuum process, rancidity is prevented and disagreeable odor and taste of the oil removed.

Base a Powerful Reconstructive

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IT IS A REAL FOOD, NOT A MERE STIMULANT

as it contains all the albumen and fibrine of the beef as well as the nutritive qualities of the malted barley.

It is most useful during the period of Gestation, in allaying all vomiting, and invaluable to Nursing Mothers; also in Typhoid Fever and Dysentery.

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 It is unsurpassed as a
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DOSE:—Internally, from
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For vaginitis and all ulcerative conditions of the mucous membrane of vagina and uterus, acute or chronic. Katharmon, through the "McClellan & Hitt Combination Syringe" speedily corrects and cures them. It should be used daily in the proportion of two ounces of Katharmon to one quart of water, warmed to 110° Fahrenheit.

Added to water it allays inflammation of the skin and prevents intolerable itching. Following the parturient state in the proportion of two parts to sixteen parts of water heated to 112° Fah. it is a valuable antiseptic and cleansing agent, destroying bacterial germs, preventing sepsis, and placing the uterus and vagina in a favorable condition towards speedy involution and resolution.

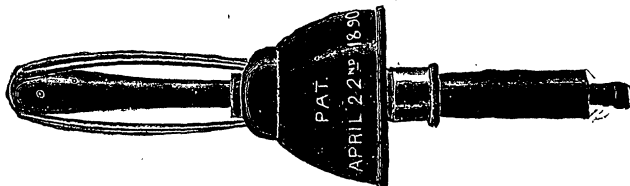
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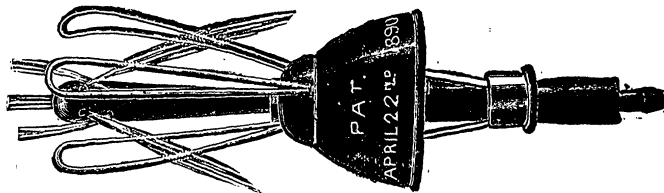
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Hard Rubber Attachment Dilator.....	\$1 75 each.
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Directions for use with Cooper's Vaporizer.—Remove metal or rubber top and pour 2 ozs. of the phenated Antiseptine, full strength, in the jar, adjust the top, and use three or four times a day.

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DOSE: 30 to 60 drops

To allay Bronchial difficulty promptly, this is probably the best Expectorant ever compounded.

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100 grains represent 500 grains of the digestive fluid.

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DOSE: 5 to 15 grains.

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Each fluid drachm contains: Bamboo Brier Rt. 2 grains; Red Clover, 3 grains; Stillingia, 2 grains; Berberis Aquifolium, 2 grains; Prickly Ash Bark, 1 grain; Burdock Rt. 2 grains; Poke Rt. 2 grains; Cascara Amarga, 2 grains; Potassium Iodide, 5 grains.

DOSE: 1 Drachm three or four times daily.

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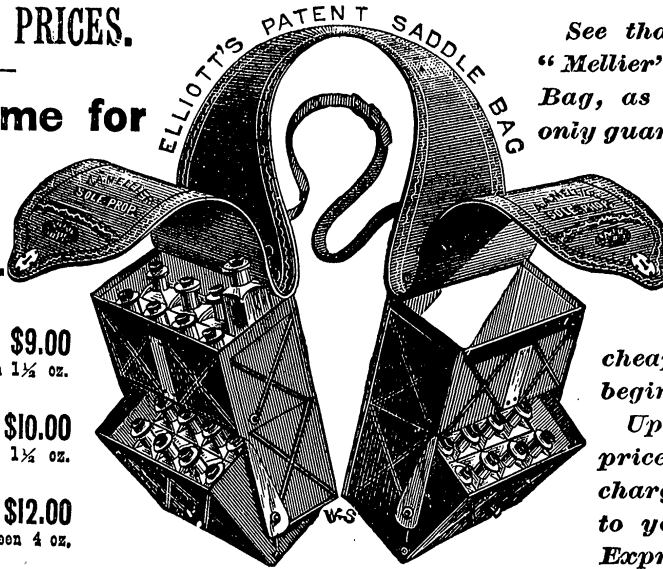
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*A Uterine Alterative Especially
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INDICATIONS :

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Metrorrhagia,
Leucorrhœa,
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Ovarian Neuralgia,
Threatened Abortion,
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"Ponca Compound exercises a decided and specific alterative action upon the uterine tissues as also a general tonic influence upon the Pelvic Organs:—It has a tendency to absorb plastic deposits, to regulate the vascular supply, to relieve congestion, to tone up the nerve forces, to regulate the bowels, and to remove spasmodic conditions. In most instances it eradicates the principal influences that cause and keep up engorgements, displacements, etc., and can always be relied upon as the chief factor in bringing about normal conditions."

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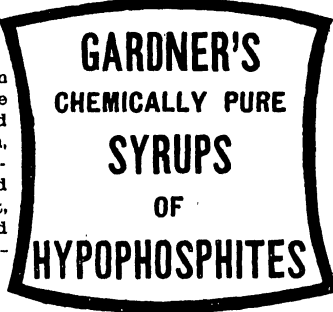
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Sacch. lactis gr. j;
Sodæ bicarb gr. v.

M. ℥. pulv. i. Dose, one before each meal

ACUTE GASTRITIS (ADULTS.)

R PAPOID gr. v.

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THE FIRST RAW FOOD EXTRACT.

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CONTAINING 26 PER CENT. OF COAGULABLE ALBUMEN.

An Ideal Food.

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Keeps Perfectly.

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BOVININE, on account of its BLOOD-MAKING PROPERTIES is especially of service after surgical operations, in cases of severe injuries attended with great loss of blood, and in the puerperal state.

BOVININE, for rectal feeding, is unsurpassed in excellence, having been used for weeks continuously with no irritation or disturbance resulting. The most satisfactory results from its use as an enema are obtained by adding to each ounce of **BOVININE** ten grains of Pancreatic Extract and two ounces of water. This should be well-mixed and injected slowly. No preparation of opium is necessary in the enema.

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NEUROSINE

Is the result of an extended professional experience, and is compounded in the most palatable form by a skilled pharmacist, the formula of which will commend itself to every Physician.

FORMULA:—Each fluid-drachm contains 5 grains each. C. P. Bromides of Potassium, Sodium and Ammonium, 1-8 gr. Bromide Zinc, 1-64 gr. each of Ext. Belladonna and Cannabis Indica, 4 grains Ext. Lupuli and 5 minims fluid Ext. Cascara Sagrada, with Aromatic Elixirs.

DOSE:—From one teaspoonful to a tablespoonful, in water, three or more times daily, as may be directed by the Physician.

For Further Information and Sample Bottle see Foot of this Page.

DIOVIBURNIA

Uterine Tonic, Antispasmodic and Anodyne.

A reliable and trustworthy remedy for the relief of Dysmenorrhœa, Amenorrhœa, Menorrhagia, Leucorrhœa, Subinvolution, THREATENED ABORTION, Vomiting in Pregnancy and Chlorosis; directing its action to the entire uterine system as a general tonic and antispasmodic.

FORMULA.—Every ounce contains 3-4 dram each of the fluid extracts: Viburnum Prunifolium, Viburnum Opulus, Dioscorea Villosa, Aletis Farinosa, Helonias Dioica, Mitchella Repens, Caulophyllum Thalictroides, Scutellaria Lateriflora.

DOSE —For adults, a dessertspoonful to a tablespoonful three times a day, after meals. In urgent cases, where there is much pain, dose may be given every hour or two ALWAYS IN HOT WATER.

Jno. B. Johnson, M. D., Professor of the Principles and Practice of Medicine, St. Louis Medical College. Sr. LOUIS, June 20, '88.

I cheerfully give my testimony to the virtues of a combination of vegetable remedies prepared by a well-known and able pharmacist of this city, and known as DIOVIBURNIA, the component parts of which are well known to all physicians and therefore have no relation to quack remedies. I have employed this medicine in cases of dysmenorrhœa, suppression of the catamenia and in excessive leucorrhœa, and have been much pleased with its use. I do not think its claims (as set forth in the circular accompanying it) to be at all excessive. I recommend its trial believing it will give satisfaction. Respectfully

Jno. B. Johnson

L. Ch. Boisliniere, M. D., Prof. of Obstetrics, St. Louis Medical College. Sr. LOUIS, June 18, 1888.

I have given DIOVIBURNIA a fair trial and found it useful as an uterine tonic and antispasmodic, relieving the pains of dysmenorrhœa, and regulator of the uterine functions. I feel authorized to give this recommendation of DIOVIBURNIA, as it is neither a patented nor a secret medicine.

L. Ch. Boisliniere M.D.

H. Tuholske, M. D., Professor Clinical Surgery and Surgical Pathology, Missouri Medical College; also Post-Graduate School of St. Louis. Sr. LOUIS, June 23, 1888.

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H. Tuholske

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(FOR TABLE OF CONTENTS, SEE ADVERTISING PAGE XV.)

VOL. V.

JANUARY, 1892.

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DR. EGBERT H. GRANDIN, Obstetric Surgeon New York Maternity Hospital, Infant Asylum, etc. "Peroxide of Hydrogen in Gynecology and Obstetrics." *The Times and Register of Philadelphia, Pa.*

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William M Johnson	Dec. 30, 1889	Jan. 5, 1890
Belle Smith	Jan. 8, 1890	Jan. 12, 1890
Wm. Payne	Jan. 2, 1890	Jan. 5, 1890
Gustav Thoman	Jan. 21, 1890	Jan. 23, 1890

All ended in recovery. These are all the cases of croupous or lobar pneumonia treated in the hospital during the influenza epidemic excepting one case, which was admitted in a moribund condition, and died before any treatment could be instituted. One case, which was apparently moribund when admitted, is included in the above list, and is at present recovering from an attack of femoral phlebitis. — Phila. Times and Register, Feb, 17, 1890.
JOHN A. REYBURN, M. D., Resident Physician.

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use in the treatment of Typhoid, in an article published in the *St. Louis Courier of Medicine*, August, 1890.

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DR. JOS. F. EDWARDS has started a daily medical journal in Philadelphia. Its subscription price is ten dollars a year.

A NOTED ENGLISH BISHOP had for years nursed the fear that he would some day become paralyzed. On one occasion, at a dinner, he suddenly interrupted the guests at the table by exclaiming that his worst fears had been realized at last; that he was paralyzed in his lower limb; that he had been pinching his thighs for some moments, and was unable to detect the slightest feeling. A lady sitting next to him assured him that he was mistaken, for it was her limb he had been pinching instead of his, the silk of the lady's dress being difficult to detect from the silk of the bishop's robe. He was cured.—*Harper's Monthly*.

GOUT AND RHEUMATISM.—There can be no possible doubt that, despite the different opinions in regard to the cause of gout and rheumatism, alkalies exercise a good action, and tend to relieve the system of that hyperacidity which seems to be always present. In this administration of alkalies, some care is to be exercised in order to avoid those disturbances of the digestive system which may come on as a result of their continued administration. Among the best of the alkalies is lithium and its salts. Some, however, contend that its combination with other alkalies makes its action more sure and effective. A combination devised by an eminent practitioner is as follows:

R. Lithium benzoate....gr., 12.823.
Lithium bicarbonate..gr., 13.784.
Potassium " ..gr., 10.000.
Sodium chloride.....gr., 10.000.
Carbonated water.... ℥xvj.

M.

This makes a palatable effervescing mixture which is very grateful to take, as well as effective in action. Of course, it is impossible to prepare this extemporaneously. Dr. Enno Sander has made the above in his usual thorough manner, and has named it Benzoated Lithium Water. Being palatable it is taken by patients with a certain relish, and the peculiar taste of the alkalies does not manifest itself, being completely covered by the carbonated water.—*Weekly Med. Review*.

CHICAGO has got a Temperance Hospital, and the hospital has got \$100,000. This with the World's Fair ought to make Chicago very contented. It will be a relief also to those from Eastern lands of steady habits, to know that when they visit Chicago they can go to a temperance hospital if ill. Chicago is getting almost everything. Some day, we trust, it will have a medical journal.—*Med. Record*.

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This preparation produces results, which can not be obtained from the use of commercial Bromide substitutes.

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WM. R. WARNER & CO.

For Nasal Application and as a Mouth Wash, Nasal Catarrh, etc.

Formula suggested by
Carl Seiler, M.D.

R

Sodii Bicarb. et Sodii Bibor	aa dr. viij.
Sodii Benzoate et Sodii Salicylate.....	aa gr. xx.
Eucalyptol et Thymol.....	aa gr. x.
Menthol.....	gr. v.
Ol. Gaultheria.....	gtt. vj.
Glycerine.....	oz. viiiss.
Alcoholis.....	oz. ij.
Aque.....	q. s. 16 pints.

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Directions.—For nasal application dissolve ONE PASTILLE in two fluid ounces of water, to be sniffed up the nose or used as a spray by the patient night and morning. A solution of similar strength as a detergent and antiseptic is used as a mouth wash, leaving a pleasant, cleansing and healing influence on the mouth and gums. Orders should be addressed through mail direct, or Warner's Antiseptic Pastilles can be obtained from all leading druggists. Price, 50 cents per bottle. Physicians are cautioned to specify Warner & Co.'s and not to confound these with Antiseptic Tablets containing Corrosive Sublimite, used as a germicide, etc. Order Warner & Co.'s Antiseptic Pastilles, 50 in each bottle, and take no substitutes.

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Each Pill contains: Sulphite Soda, 1 gr.
Salicylic Acid, 1 gr. Ext. Nuc. Vomica,
½ gr. Powd. Capsicum, 1-10 gr. Conc't
Pepsin, 1 gr. **Dose.—1 to 3 Pills.**

Pil. Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion, and malassimilation of food.

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No. 1.

What A Country Doctor Thinks He Knows About Diphtheria'*

BY S. H. HEADLEE, M. D.

Discarding the general details and divisions which go to make up a scientific description of this scourge of childhood, it will be my aim to give you in as plain and intelligent a manner as possible my own experience and observation as this deceitful and too often fatal disease has presented itself.

I have seen it in its sporadic, endemic and epidemic forms, and in every degree of violence from the merest speck on the tonsil or uvula to the most terrible and fatal local and constitutional disturbance.

That it is contagious or infectious cannot in this age be doubted, yet there are many cases which, even with a full knowledge of their history, previous habits, conditions and surroundings, are very hard to explain upon any of the accepted theories of contagion. It will not answer in these cases to say that there has been some mistake, a wrong diagnosis, for any careful observer or well informed physician who has once seen a well marked case cannot fail to detect it when again forced upon his attention. Many of these anomalous cases

have fallen under my own personal observation and attention.

I have known it to appear in an individual member of a large family of children and run a long and tedious course to convalescence and none of the others became affected, and this without any attempt at isolation or any previous history of liability to infection of the one attacked.

I have known the only child of a family in a small village, when it had not been away for months, attacked in the most malignant manner and pass with rapid strides into the dark shadows of death and not another individual in the community have the slightest symptom, and this without any extra precaution to prevent its dispersion. I have known it to appear in a family without any known cause, pass on through it, when the children of the next door neighbor, not thirty feet away, were entirely unaffected. On the other hand I have seen children, who only stepped into the room where the infected one lay, attacked on the next day. I have seen relations and families long separated, one pay a visit to the other the children having had slight sore throats

* Read at the Fall Meeting of the Rolla District Medical Society, held at Rolla Mo., 1891.



but believed to be well before leaving home, who were greeted on their arrival by their little cousins with a friendly kiss, and gave in return the deadliest form of diphtheria. But with all its anomalies and uncertainty as to origin or course, common prudence, self defense, and experience all testify in the strongest terms, that on its first appearance in any community it is decidedly the safest course to isolate the sick from the well children, and close all communication with the families where the pestilence is raging. It possibly may pass all your barriers built out of disinfectants, and leap your walls of isolation and non-intercourse, but the dictates of common humanity demand that every reasonable effort be made to stay the progress of this malignant and deadly plague, and every good citizen should give his assistance and be willing if necessary to suffer deprivation and inconvenience for the sake of the safety of his own and his neighbor's children.

SYMPTOMS AND COURSE.—Its first appearance or onset, where opportunity has been favorable for observation, is a small grayish white spot on one of the tonsils, and this precedes any complaint, soreness, pain, or fever. But as usually seen by the physician the tonsils and uvula and possibly the pharynx are coated with a dirty white shining exudation, the external glands of the neck swollen and painful. These have been accompanied by chill and fever and a general feeling of depression and languor. The fever continues several days, possibly a week. At the end of this time, in favorable cases, the membranes have disappeared or are in a state of rapid disintegration. About this period comes the second or stage of exhaustion, or heart failure. The numerous sequelæ and complications will be given in detail in speaking of the treatment.

The question of treatment is the most perplexing and difficult part for the intelligent and conscientious physician, recognizing as he does the gravity of the situation and his almost powerless condition in face of such an alarming, stubborn and deadly foe. In the unequal contest that awaits him there are only a few well defined and settled facts and a huge mass of hazy and tangled theories to guide his well meant efforts to stay the march of this relentless destroyer.

THE TREATMENT is divided into *local* and *general*, in the majority of cases; although there are not a few in which the local treatment seems to meet every indication.

In mild cases,—those in which the child is not confined to its bed,—no fever, and no appreciable enlargement of the glands or constitutional disturbance, would content myself with giving small and oft-repeated doses of tincture guaiac, six to ten drops in water every hour using as a gargle peroxide hydrogen and water alternated by a solution of alum or dry boracic acid. In the more serious cases, where the external glands are much swollen, accompanied by fever and a generally disturbed state of the system it is necessary to pursue a much more energetic method of treatment. If it be seen early enough, that is on the appearance of the membranous speck, cauterize with a strong solution of the nitrate of silver, but never afterward. Would then recommend the local application of one of the following: pure lemon juice, lactic acid or dry sulphur, or alternate them as occasion or circumstances seem to require. Internally at the same time sulphide of calcium, chlorate of potassium, muriate tincture of iron, and whisky,—one or all, as seems most appropriate, according to the indications presented. These are the remedies which have given the

most satisfactory results in my hands, although there are a number of others useful in special conditions.

COMPLICATIONS AND SEQUELÆ.—The complications and sequelæ as a general rule are more to be dreaded, troublesome and fatal than the original form. In heart failure or general prostration, insist on the patient retaining the recumbent posture. Give digitaline, strychnine and nourishment if possible and sponge the entire surface of the body with alcohol. Croupal symptoms are the terror of the physician and the most frequent cause of a fatal ending. When the trachea and larynx are invaded give small and oft repeated doses of a combination of chlorate potassium, mur. ammon. and fl. ex. cubebis in simple syrup or syr. squills, and also spray the throat with a solution of chlorate potassium, or use the steam from comp. tinct. benzoin. Keep the atmosphere of the room warm and moist and impregnated with the fumes of slacking lime, and in favorable cases perform tracheotomy. My experience with the last-mentioned procedure has not been at all satisfactory. With these few remedies, some of them old, all of them simple, I would attempt to stay the progress of this insidious monster, and, if called early enough, would expect to occasionally succeed.

As to the renal troubles, acute nephritis, suppression of urine, etc. treat on the general principles laid down for such cases.

Paralysis is probably one of the most frequent and troublesome of the sequelæ that make their appearance after you think your patient is on the plain road to convalescence. It usually commences about the uvula or veil of the palate and soon affects all the muscles of the pharynx, manifesting itself by a slight difficulty in swallowing or defect of speech. These symptoms

under appropriate treatment may pass off in a few days, or they may gradually extend until nearly every muscle in the system is affected, causing general paralysis and ending in death. At this point, as an illustration, I will report a case.

Willie B. aged six, was convalescent from an unusually violent attack of diphtheria. About the end of the third or commencement of the fourth week he began to show symptoms of paralysis. This gradually increased and extended until about the end of the seventh it had become general. He could neither walk nor stand upon his feet; could not even raise his head; swallowed with great difficulty; labored breathing with an almost constant attempt to cough; could not speak so as to be understood; bowels relaxed, urine normal, skin cool and moist. All this had come about while being treated on the most approved methods according to my theory of the conditions. Having had strychnine, brucine, phosphoric acid, arsenic, iron, hydroferrocyanate of quinine and a liberal supply of alcoholic stimulants and nourishment, my judgment told me that he was going to die, and that very quickly unless there was a speedy change for the better; Every authority consulted confirmed the prognosis without giving any form of treatment in which there was even a shadow of hope. In sheer desperation I prescribed—

R. Tinct. ferri chlorid.....ʒii
Glycerine.....ʒiv
Syr. ginger.....ʒx

M. Sig. Teaspoonful every two hours.

Ordered a sponge bath of warm apple vinegar every few hours.

Convalescence began from the second dose taken and was rapid and complete. The reasons why, did not know then, and am none the wiser yet.

St. James, Mo.

B. R. HARMON.

A Case of Puerperal Diabetes.

BY B. R. HARMON, M. D.

After reading an interesting article on "Diabetes Mellitus Gravidarum," in the *Medical News* for October 10th, 1891, I have concluded to submit a case of mine for publication.

I do not present it for the intrinsic value of the case itself so much as for the lesson it teaches of using every available means for arriving at a correct diagnosis. This lesson cannot be repeated too often, and I hope to show the folly of making what is known as a "snap-diagnosis," based on mere superficial examination, or on subjective symptoms alone.

Case.—Mrs. L. K., aet. 20; good family history; one child, aet. 4 years. Became pregnant a second time about September, 1890. She began ailing about November 1st, and continued to decline in health until about the middle of January, 1891.

In course of her illness, three different physicians had attended the lady at different times, before I was called. On assuming charge of the case, the husband took particular pains to inform me as to the opinion of these gentlemen, to all of which I listened with due deference. The diagnoses were respectively as follows:

a, "Deep-seated abscess in left hypochondrium;"

b, "Catarrh of the head;"

c, "Sprung rib."

Here was variety, surely. It was impossible to agree with all three, or with any two of them. Nor was I inclined to accept either of these diagnoses. Early in my professional career I adopt-

ed the expressive if homely motto that "every tub stands on its own bottom." Each of my predecessors had no doubt had good reasons for arriving at his own conclusion, and it was clearly my duty to investigate the case for myself, and endeavor by diligent examination to ferret out if possible the cause of the disease, before making known my opinion.

I established what the lawyers call the "foundation" of my case by asking every pertinent question I could think of, and making two very thorough physical examinations. I then became satisfied in my own mind that I had a pregnancy to deal with. Simple pregnancy, is not a pathological condition. Therefore a complication must exist.

Continuing the investigation, I obtained a sample of urine, which, on analysis, exhibited sugar. Here was my complication, and you have my diagnosis at the head of this article.

Now for the treatment. I ordered my patient put on fair-sized doses of nux vomica and bromides; also an animal diet. She began to improve rapidly, and in the course of ten days she became able to do her own work.

In June last I delivered her of a fairly-well nourished girl baby, without any bad symptoms. Both mother and child are doing well.

Now I have one more remark to make in conclusion. Don't forget to examine the urine in every case, no matter how trivial the affection may be, and you will reap many a happy result.

DYE, Platte Co., Mo.

Treatment of a Bad Cold.

Dr. John Aulde, in the *Medical Record*, says: During the past twelve months I have read two sets of papers on the treatment of a "bad cold," in which the recommendations were peculiarly antiquated and musty. The suggestions contained in the first article appeared so out of date that I made a memorandum of them at the time, thinking it would be well to offer a criticism, and at the same time advise measures which would be more in keeping with modern therapeutics. The following notes cover the general plan of treatment:

1. The old-fashioned strong mustard foot-bath is advised at bed time, the feet and legs being bathed up to the knees, and allowed to remain in hot water up to the knees for at least ten minutes. They are then to be wiped dry and patient put to bed at once.

2. A powder is then given containing a grain each of opium and ipecac and ten grains of antipyrine, which causes profuse diaphoresis, and gives the patient a good night's rest free from cough.

3. A vigorous friction of the chest with hartshorn or soap liniment is recommended to aid the action of the powder.

4. On the following morning the patient takes a good saline purgative, a glass of Villacabras or Rubinat mineral water, or two heaping teaspoonfuls of Sprudel salt.

5. As there is apt to be more or less bronchial irritation and cough for several days, severe enough to require treatment, to hasten recovery and promote comfort, a mild stimulating expectorant is indicated, like ammonium chloride.

Take of

Ammonium chloride....5 grains
Spirits of chloroform
Camphorated tincture of
opium,
Syrup of ipecac...aa 5½ minims
Syrup of tolu, or syrup
of wild cherry, suf-
ficient to make 1 teaspoonful.

M. Sig:—Take as often as required.

In lieu of the above, it is suggested that one-fifteenth to one-sixth of a grain of apomorphine chloride, two or three times daily, is sometimes equally efficacious.

Along with these instructions it is stated that "probably ninety-five per cent. of cases"—such as that described, "would end in recovery without treatment."

In view of this latter admission, the question naturally arises as to the advisability of so much medication. If there is no pain in the side, no high temperature, no dullness on percussion, no bronchial breathing, and no portion of the lung-structure withdrawn from the exercise of its normal functions, with all the signs negative, wherefore this array of medicaments and remedial agents?

For the benefit of those members of the profession who are on the outlook for improvements upon the methods of by-gone days, and who so frequently hear the stereotyped assertion that "the babies can't take our medicine," I venture to offer a single remedy for the treatment of a "bad cold," that is far superior to all the baker's dozen just enumerated. Gelsemium is not only useful in those cases which would recover without medication, but is also efficient when formidable symptoms are present,

and judiciously employed may be the means of averting an attack of pneumonia, pleuro-pneumonia, pleurisy, or other serious disease beginning in the form of a bad cold.

Gelsemium arrests profuse nasal secretions, quiets headache and neuralgia, subdues cough and pain, favors a re-establishment of the secretions, through its influence upon the skin, kidneys, and gastro-intestinal tract. It reduces temperature and pulse-rate, promotes sleep, and creates a feeling of comfort and well-being without in any way approaching narcosis or destroying the oxygen-carrying capacity of the blood corpuscles. By the use of this single remedy, much discomfort to the patient is avoided, digestion remains undis-

turbed, nauseating draughts are banished, the necessity of purgatives precluded, and all dangers of subsequent relapse practically eliminated; while recovery is prompt, perfect, and satisfactory in every particular. Ten drops of a reliable fluid extract (assayed), are dissolved in three ounces of water, and of this mixture the patient takes a teaspoonful every ten or fifteen minutes for an hour, then at less frequent intervals according to the effects produced. The plan is simple, the medicine harmless in the dosage recommended, and not at all unpalatable, and the claims for it can be verified almost any day of the week at this season of the year, by submitting the remedy to the crucial test of clinical experience.

The Microscopical Examination of Seminal Stains on Cloth.

BY F. HAMLIN, M. D.

Having occasion last January to examine some seminal stains on cloth, I sought to avail myself of the experience of others. I found that all medical writers on jurisprudence and microscopy, including such names as those of Taylor, Beck, Beale and Frey, to whom I had already access, adopt and recommend the method of Dr. Koblanck, of Berlin, published in 1853.

It is briefly as follows: "Cut out the portion of cloth suspected. Place it in a watch glass with a few drops of distilled water; let it soak for a few minutes (variously stated from two to ten); stir it about with a glass rod, and then squeeze out the water with the fingers. This squeezing may be done directly

upon the slide or into the watch glass, whence a portion may be taken up by a pipette and transferred to a slide."

Following this plan with a piece of cloth known to be stained with semen, I obtained such poor results that I resolved to try some other method. Remembering how transparent a fine linen fabric appeared on a certain occasion when I was studying its fiber, I resolved to subject a portion of the cloth itself at once to the microscope. Taking a small piece of the linen and placing it upon a drop of water on a slide, I let it soak for a while, then put on a cover-glass and proceeded to examine it. Almost immediately I discovered a number of spermatozoa clinging to the fibers

of the linen or lying in masses in the meshes.

Encouraged by this success, I experimented with fabrics other than linen. In light colored silk the spermatozoa were detected quite as easily as in linen. A firm piece of cotton sheeting proved refractory, till I thought to unravel or fray out the ends, when I readily found the zoosperms adherent to the detached fibers.

Having experimented with the fabrics commonly used for undergarments, I turned my attention to colored woolen goods. These were not, of course, sufficiently transparent to render the above plan practicable; so, with a keen scalpel, I shaved off a portion of the stained surface, which fell in a fine dust upon the slide. This was moistened, and after soaking awhile was examined. The spermatozoa were found even more readily than in the other experiments. The superiority of this method over that recommended in the books is shown by contrasting results. A piece of linen, known to be stained with semen, was most carefully treated according to Koblanck's method, and a drop of the deposit examined. Over an hour's careful and patient search was rewarded with a view of just one whole spermatozoon. But on taking a small piece of cloth, a portion of which had been experimented on as above, and placing it under the microscope, I found within two minutes several perfect specimens.

Dr. Koblanck contends that if spermatozoa are not found by his process, it may be asserted the stains are not seminal. I not only dissent from this, but I believe that his manipulations actually destroy spermatozoa when present, not all, perhaps, but to such an extent as to make uncertain their discovery. This statement is based upon the following facts: Semen deposited

upon any surface dries in semi-transparent masses or scale. It seems impossible by redissolving these to obtain the spermatozoa intact. In the process of resolution they disintegrate and are lost, or at best but a few heads remain. To use a homely illustration, the string around which rock candy has crystallized may be recovered intact when the candy is dissolved away; but the delicate and friable spermatozoa break down and disappear with the substance which incrusts them.

Out of the thousands which must have been deposited upon the piece of linen treated by Dr. Koblanck's method, I could find only one spermatozoon I would have ventured to swear to in a court of justice. This same piece was examined under the microscope, and only a very few were found which had not been removed by the washing. But on another piece, taken from the same stain, and submitted at once to the microscope, they were found in quantities. If not destroyed by Koblanck's method, they should have been found either in the deposit from the washings, or upon the cloth itself.

This view is supported by the following experiments: 1. The sides of a glass vessel were smeared with semen. When this was thoroughly dried, the glass was filled with water and allowed to stand for ten hours. Portions of the semen were seen to separate in thin films and sink to the bottom. Examination of this deposit detected only a very few spermatozoa, and in the films many of the spermatozoa were sharply defined, but the vast majority of the latter seemed to be disintegrating, and the field was filled, outside of the boundaries of the films, with highly refractive bodies which I *thought* might be fragments of the heads of the spermatozoa, but of this I was not certain. They were irregular in outline, and

were not oil globules. 2. As is well known, semen when first emitted is quite thick and gelatinous, but soon becomes much more liquid. Some that had become thus liquefied, was placed upon a slide and permitted to flow about, drying in some places in a film of extreme tenuity, and elsewhere in thicker layers. These thicker portions contracted in drying, and scales became detached from the glass. When subjected to water under the cover-glass, these scales behaved in all respects like the films from the sides of the glass vessel in the experiment related above, but over the exceedingly thin portions many of the spermatozoa were found free and floating about.

From these experiments it seems reasonable to conclude that when semen dries *en masse* and is then subjected to the solvent action of water, the integrity of the spermatozoa is quite generally destroyed, and that those found free and whole are such as dried with little or none of the muco-albuminous fluid of the semen about them.

When semen from urine is allowed to dry upon cloth, these scales or dried masses, are not often seen, for the muco-albuminous fluid has been very greatly diluted. The spermatozoa are not so numerous, also, but generally found more easily, for they adhere less closely to the fibers.

Hence Koblanck's method, with its soakings and manipulations, tends to destroy so many of the spermatozoa as to lessen greatly the certainty of finding them, and even, I have reason to believe, has occasionally frustrated the ends of justice.

I therefore recommend the following procedures:

1. If the stain to be examined is upon any thin cotton, linen, silk or woolen fabric, cut out a piece about one-eighth inch square, lay it upon a slide

previously moistened with a drop of water, and let it soak for half an hour or so, renewing the water from time to time as it evaporates. Then with a pair of needles unravel or fray out the threads at the corners, put on the glass cover, press it down firmly, and submit to the microscope.

2. If the fabric is of such a thickness or nature that it cannot be examined as above, fold it through the center of the stain, and with a sharp knife shave off the projecting edge thus made, catching upon a slide moistened with water the particles removed. After soaking a few minutes—say five to ten—the powdery mass will sink down through the water and rest upon the slide. The cover-glass may now be put on and the preparation examined.

The latter plan serves as well for hairs, but great caution must be observed in cutting them lest the portions bearing the suspected deposit fly away and are lost.

Whichever plan be appropriate, it is best first to moisten the slide with a drop of water. In the former case by laying the cloth upon the water we get rid most easily of the air bubbles, and in the latter the water preserves the powdery portions cut off from being lost, and they are not rolled to one side, as when the drop of water is subsequently applied.

Should it be desired to preserve any of these preparations for production and examination in court, I have found that to hold down the cover-glass with a spring clip, and run around it a circle of liquid marine glue, serves at least a temporary purpose.

A piece of stained muslin lay nearly two months without protection upon my working-table. I then mounted a portion of it in water, as above described. It now, at the end of five months, shows the spermatozoa as well as ever. For

permanent mounting I should suppose the addition of carbolic acid, chloral hydrate, or some such preservative, would be of service. I have not found it necessary to use any dye or any solvent except water. A power of three hundred diameters is amply sufficient for these examinations.

Concerning the durability of spermatozoa, Ritter asserts that he has discovered them after a period of four years. To show how, when dried, they will bear rough handling, I may add that I rolled and twisted between my fingers a stained piece of muslin till it was in the form of a string, unrolled and twisted it over again two or three times,

using much force; and was yet able by my method to discover spermatozoa without much difficulty.

I have sought to put this matter upon such a footing as to enable the medical witness to testify positively in court as to whether a certain stain is or is not seminal.

I claim for my plan extreme simplicity, ease of execution, and the greatest degree of certainty, for piece after piece of the stained fabric can be put to the test with the assurance that nothing in the process destroys the spermatozoa, and that they may be found if present."—*Cinn. Med. News.*

Electric Cataphoresis in the Treatment of Gout and Rheumatism.

BY DR DE LA FOUCHE.

Gout and rheumatism being, to the knowledge of every one, diseases of comparative frequency and often difficult to relieve, physicians have directed their search to a treatment more efficient than the medication of days gone by. With this object in view I have, for a year, tried in my private practice a new therapy in treating gout and rheumatism by electricity. The results of this trial have just recently been fully confirmed by a publication of Dr. Morton.

At the International Congress at Berlin, Edison proposed to introduce into the organism by means of a galvanic current salts of lithium, in order to dissolve the concretions of sodium urate characteristic of gout. The part subjected to this medication, the hand for example, was plunged into an aqueous solution of lithium salts in communica-

tion with the positive pole. The other hand, with which the negative pole was in contact, was bathed in a solution of ordinary table salt. This method presents difficulties in its execution on account of the long duration of the bath, which Edison fixed at four hours a day.

I took the notion of modifying the discovery of the learned electrician according to the method indicated by Frederic Peterson. This makes use of the property of the current of passing directly through the tissues medicaments applied *in loco dolente*. To this property the name of electric cataphoresis has been given. The difference between the two methods is the following: In Edison's, both hands being the respective poles, the current passes through the whole body; in mine the poles rest

on two sides of the member and the current passes directly through the seat of the trouble.

Before entering on the subject proper it might be well to point out the experiences that have led to Edison's discovery.

In two spaces separated by a membrane, each containing an electrode, a current going from the positive to the negative pole is established so that, after a certain time, an increase of liquid is observed in the negative division. We know that osmosis takes place without the aid of electricity between dissimilar solutions, the current passing to the denser liquid, but when the anode (positive pole) is placed in the denser fluid and the cathode (negative pole) in the rarer, the natural osmotic current is reversed. This has been called by Bois-Reymond the cataphoretic action of the galvanic circuit, or electric cataphoresis.

Experiments of a practical nature on the skin of animals have proven that the skin is permeable to medicaments. The anode saturated with a solution of strychnine and applied to the integument of a rabbit (the cathode on some indifferent spot) has caused the death of the animal.

In this manner, quinine and iodide of potassium have been introduced into the system (in man) and have been recovered in the urine.

Dr. Richardson with tincture of aconite produced almost complete anæsthesia of the auricle of a rabbit. With extract of aconite and chloroform he obtained, in a dog, anæsthesia of a sufficient degree to allow amputation without pain. In man he operated under the same conditions so as to extirpate cutaneous tumors, staphyloma corneæ, extraction of teeth, liberation of strangulated hernia, etc.

Drs. Wagner and Corning tried anæ-

sthesia with cocaine through the current. Adamkiewicz declared that with an instrument of his own invention containing chloroform, he obtained anæsthesia with gradual disappearance of the pain in the most rebellious forms of neuralgias.

Dr. Aubert showed that atropine and pilocarpine, etc., could be made to be absorbed by the skin in a similar manner.

Recently Morton had succeeded in making particles of graphite, lamp-black and China-ink penetrate into the hair-follicle by means of a current of from ten to fifteen milliamperes.

The treatment which I propose for rheumatic and gouty manifestations in the joints depends on two essential points:

1. The introduction of medicinal substances into the tissues through the cataphoretic action of the galvanic current, in order to resolve the congestion and concretions.
2. The use of high intensities according to a particular method with a view of obtaining a tonic effect on the whole animal economy.

The medicinal substances are applied diluted on sponges, preferably on linen or absorbent cotton. To the sponge is fastened a large ordinary electrode covered with chamois. The remedy must be placed on the positive pole, considering that the current passes from the positive to the negative pole.

Morton advises to charge both poles with the medicament. The physician can use iodide of lithium, tincture of bryone, iodide of potassium, or other substances in small doses, according to the indications, for it is necessary, especially with high intensities, to avoid burns or erosions on the skin. These accidents cause the patient suffering and necessitate an interruption of the "sessions."

The firm of Waite & Bartlett, of New York, manufacture an instrument of caoutchouc in the form of a bell into which the sponge, saturated with the solution, is introduced. It is then applied directly to the sick part; a strap keeps the instrument in the desired place.

Peterson had an electrode of exact dosage, made by the same firm. The description is found in the *New York Medical Journal*, November 15, 1890.

The second part is the use of high intensities with electrodes of large surface. The results obtained by Dr. DuBois, of Berne, in the treatment of sciatica have been confirmed through my own observation on a rebellious case which had resisted all other measures. This led me to apply high intensities in gout and rheumatism.

I apply large sponges of medium fineness, soaked in a medicated solution, on both sides of the knee (or of the ankle) for ten minutes, gradually going from a few milliamperes to 60, 80 and 100. The tolerance of the patient is the only means of judging. When I practice electrization on the lower limbs, I close the seance by uniting the two points of application of the right limb by a single wire and connect with the positive pole; the same is done on the left, and the wire joined to the negative pole. I then pass up the scale as far as the patient can endure and then gradually come down again. Almost at the same moment the patient feels hot waves passing through him (a kind of flow) which gradually rise from the ankle to the knee and to the pelvis, and if produced with prudence, they give an indescribable sensation of "well being" (*bien-être*) which the patient himself calls attention to. The sensation is the only judge in the use of high intensities and it is remarkable what an amount a person can endure, when the

increase is slow and gradual and when the diseased surfaces are sufficiently protected by large electrodes. The same intensities would be impossible with electrodes of small dimensions; the operation would be painful, endurable only with difficulty and would cause rubefaction of the skin. Moreover, low intensities would be without the proper effect.

It is difficult to specify the number of sessions for the cure of a given case. As Trousseau says, a chronic disease requires a chronic treatment. Everything depends on the condition of the patient, the age of the disease and the general debility. In my mind, we ought to count on at least some twenty applications, sometimes even more. Moreover, in suitable cases the patient feels most usually, from the very first day, so decided a change that he will be ready to continue.

At first the sessions should be repeated daily. Later they should occur at longer intervals, in order to leave the patient for a longer time under their influence. With persons in whom electricity provokes excitement and insomnia, (a rare occurrence) the sessions should be given in still longer intervals. Such sessions should last from fifteen to twenty-five minutes, according to the impressionability of the subject.

According to the advice of Beard and Rockwell, for ordinary electrization, strong persons can continue work immediately after the application. Patients with a great deal of general debility, especially women, should avoid exercise after cataphoresis as described above.

Electric treatment should not be practiced in the acute stage; it is intended for chronic cases, although the beginning might be made in the subacute stage.

Gouty people are often afraid of the

driving inward of the pain, or metastatic displacement. Therefore the treatment should not be rash and precipitate, for any accident would be attributed to the electricity. The best period, in my opinion, is the time when the patient is ready to leave his bed from an acute exacerbation with joints still painful, and difficulty in walking.

The immediate results are greater mobility of the joints. If we have to deal with the lower extremities greater ease of locomotion is observable. The patient feels lighter and more vigorous. The articulations become less painful. Often a patient, who has come to the office with a crutch, leaves it without such help. The effect becomes most pronounced ten or fifteen minutes after the application. The improvement lasts from one-half to three hours and cannot be produced by any other means (massage, steam baths, douches, hot baths, mud baths.) It increases in proportion to the number of applications.

The consecutive effects are local and general. The concretions of urates in the tissues diminish; the pain disappears from the joint and the articula-

tions acquire freedom of movement. The congestion and peri-articular swelling both tend to disappear.

Among the general effects the gradual regaining of strength becomes noticeable. The gait becomes less hesitating every day and can be continued for longer periods without fatigue. Vigor pervades the whole system. A workman told me that he could hold his hammer more firmly after the use of the current and that he could strike more forcibly on the anvil. The appetite increases and digestion is facilitated. The stools are more regular, in short, a general effect upon nutrition of the whole body manifests itself. With that also sleep becomes quiet and refreshing.

According to the observations on two of my patients, I would be justified in attributing to the current a preventive action of future exacerbations, or at least a mitigation of the latter. This treatment is indicated particularly in patients showing gouty concretions and nodules and impaired mobility of the lower extremities, although the joints may appear all right to the eye.—*Medical Herald*.

Satisfactory Results in the Treatment of Simple Fracture of the Shaft of the Femur, as Decided by the American Surgical Association.

The frequency with which the surgeon is summoned to court as defendant in a suit for damages for alleged maltreatment of a fracture of the femur makes this one of the most important questions in jurisprudence.

Perhaps even more frequently the patient seeks to recover a large sum from either the individual or corporation by whom he was employed at the time of his accident.

On such occasions in the past, the evidence of different surgeons testifying in the case has at times been so discordant that the court has come to look upon expert testimony with distrust, and juries have occasionally rejected it altogether.

In so simple a matter as fracture of the femur it would seem that there should not be such diversity of opinion, and an effort has been made to harmon-

ize the surgical mind upon this question by the American Surgical Association, than whom no body of men can speak more authoritatively. A committee was accordingly appointed to report at the meeting now just past, what in their judgment, under the methods of treatment now employed, should be considered as satisfactory results. The committee consisted of Dr. Stephen Smith, of New York; Dr. D. Hayes Agnew, of Philadelphia; Dr. David W. Cheever, of Boston; Dr. D. W. Yandell, of Louisville; Dr. Chas T. Parkes, of Chicago; Dr. P. S. Connor, of Cincinnati. Dr. Charles B. Nancrede, of Ann Arbor; and Dr. Hunter McGuire, of Richmond.

The following circular was issued to its members: "What should be considered as a satisfactory result (other than perfect union) in the treatment of a simple fracture in the shaft of the femur?"

Thirty-four replies were received; these were carefully tabulated, and the committee endeavored to select a common ground to which the Association could subscribe, and to which members could adhere in court.

The following are the conclusions: A satisfactory result has been obtained in the treatment of fracture of the shaft of the femur when (1) firm bony union exists; (2) the long axis of the lower fragment is either directly continuous with that of the upper fragment, or the axes are on nearly parallel lines, thus preventing angular deformity; (3) the anterior surface of the lower fragment maintains nearly its normal relation to the plane of the upper fragment, thus preventing undue deviation of the foot from its normal position; (4) the length of the limb is either exactly equal to that of its fellow, or the degree of shortening falls within the limits found to exist in 90 per cent. of healthy

limbs, viz; from one-eighth of an inch to one inch; (5) lameness, if present, is not due to more than one inch of shortening; (6) the conditions attending the treatment prevent other results than those attained.

This report was accepted by the Association.

One year is fixed upon as a reasonable period after the cessation of treatment for a final decision in regard to restoration of function.

A limp, or lameness, does not necessarily indicate an unsatisfactory result. It has been observed that many persons have a normal variation in the lengths of their limbs, in some of the cases as much as an inch, who show no sign of lameness. It is also found after fracture that, by tilting the pelvis, some patients will compensate for considerable shortening, and show no limp in their gait, while others, with much less shortening, will show decided lameness. Of course, reference is had only to simple fractures of the shaft of the bone; it would be obviously impossible to lay down any rule for the infinite variety of complications which may occur under other conditions.

The conclusions above given, however, cannot fail to be of the greatest benefit in future, as they are Medical Supreme Court decisions; it would seem that legally they must be accepted.—

University Med. Magazine.

A RECENTLY ENACTED law in Ohio says: "Physicians in the discharge of professional duties shall be permitted to ride, at their own risk, upon freight trains between stations where such trains stop, paying therefor the regular passenger fare." Such a law would be useful in every State, as physicians often lose much valuable time waiting for a passenger train when a freight train could just as well be utilized.

Treatment of LaGrippe.

Looking at the sudden onset, with rigors, fevers, asthenia, catarrh and myalgia as the evidences of a specific infection, it would seem that the main *indications* for medicinal treatment, after attention to the diet and alimentary tract, are:

a, Antiseptic.

b, Anodyne.

c, Diaphoretic.

d, Expectorant.

e, Anti-arthritic (if we may be permitted to coin a term for the sake of brevity).

f, Diuretic.

Quinine, as experience has shown, is useless in the disease, which would naturally be expected on theoretical grounds, since it meets but *one* of the indications, viz.: the antiseptic.

While the coal-tar antipyretics may be considered to possess antiseptic, anodyne, and diaphoretic properties, they have little or no action as expectorants, nor do they hold in check the progress of the joint inflammations in the arthritic type of the disease.

Moreover, as already stated, serious objections to these drugs are the depression, cyanosis, and anæmia, which are apt to follow their continued use.

A remedy which has seemed to the

writer to fulfil, in a high degree, *all* the indications, and to possess great clinical value,—without the drawbacks mentioned—is the *salicylate of ammonia*, made by neutralizing salicylic acid with ammonia carbonate, in the same manner as the corresponding sodium salt is prescribed in articular rheumatism, etc., *e. g.*:

R. Acid salicylic.....℥ss
Ammon. carb. q. s., ad neutr.
Glycerine.....℥ii
Aq. menth. pip. q. s. ad.....℥vi

M. Sig.—Dose, one teaspoonful in a wine-glassful of water every one or two hours.

Under the use of the ammonium salicylate at the start, free diaphoresis is established in a few hours, pyrexia is reduced, myalgias and neuralgia relieved, easy expectoration induced, nasal and bronchial congestions resolved, the tendency to pneumonic, arthritic, meningeal, cardiac and nephritic complications probably lessened or averted, and a satisfactory convalescence established in the average case.

The after-indications for supporting treatment are well met by suitable diet, assisted by alcohol, strychnia, iron and phosphorus, as needed. —LANGDON in *Lancet Clinic*.

Treatment of Acute Vaginitis.

Of whatever variety, the distressing local symptoms of acute vaginitis—comprising heat, vesical and rectal tenesmus, painful micturition, and, at times, profuse discharge—can be best combated, as a rule, by the combination of the wet and dry methods of local treatment. Should vaginitis, however, be secondary to, or complicated with,

endometritis, special treatment is required for the endometrium. The dry method of treatment is more troublesome than the wet, since it requires the active attention of the medical attendant. Its employment, however, will prove more satisfactory in that it cuts short the ordinary duration of the disease, and tends to prevent com-

plications arising from an extension of the inflammation to the uterus and ovaries.

After cleansing the vagina with a douche medicated with borax, a drachm to the pint of water; permanganate of potassium, sufficient to discolor water; or bichloride of mercury, 1-3000, the vagina is dusted with aristol, iodoform, or bismuth, and boracic acid, and the vaginal walls kept apart with a tampon of antiseptic cotton. The tampon should be removed daily, and the douche and dusting repeated. In the meantime quietness in the recumbent posture, and abstinence from stimulating food, should be enjoined and the bowels kept in a soluble state. Vaginitis tends to recur after its apparent cure, on ac-

count of the folds of the lining membrane of the vagina retaining the discharge. The treatment, therefore, should be persisted in until all indications of the disease have passed away. Should spots of inflammation persistently remain after the continuance of this method of treatment, the application of nitrate of silver will be found serviceable.

Of the importance of giving strict antiseptic attention to vaginitis, when of specific origin, there can be no question on account of its tendency to extend to the fallopian tubes and to impair their functional activity, if not to destroy them either through adhesions or suppuration.—*Med. Bulletin.*

Must Physicians Answer Calls ?

According to a newspaper report, a New Haven physician was fined not long since \$10, because he did not answer a call in an urgent case. It is very doubtful if such a case actually occurred, as it seems quite clear that there is no legal liability on the part of physicians to give their services to every one who may call for them. If it were so, the lives of some popular and trustworthy physicians would be a burden too great to be borne.

The principle of the common carrier in law, which requires railroad companies to accept and transport all passengers and freight offered them at regular rates, does not have any application to physicians so as to force them to give their services to all comers. It is just that railroads should be under such a duty, as they are public corpor-

ations and receive valuable franchises from the State for which every citizen has a right to demand an equivalent.

Perhaps the point has never been directly decided by a court of high jurisdiction, but in a recent New York case where a physician was charged with malpractice, one of the defenses was that he was treating the patient gratuitously. The judge in charging the jury, used this language:

“He may decline to respond to the patient unable to compensate him, but if he undertakes the treatment of such a patient he cannot defeat a suit for malpractice, nor mitigate a recovery against him upon the principle that the skill and care required of a physician are proportioned to his expectation of pecuniary recompense.”

This is practically a decision of the point.—*Buffalo Med. & Surg. Journal.*

Rhus Aromatica in the Treatment of Incontinentia Urinæ.

BY WILLIAM C. KRAUSS, M. D.,

Professor of Pathology in the Medical Department of Niagara University.

Rhus aromatica is extracted from the bark of the root of the sweet sumach, natural order Anacardiaceæ, and contains a resin, volatile oil and tannin. Shoemaker gives its physiological action as astringent, tonic and diuretic.

Within the past two years much has been said and written of its adaptability to diseases of the genito-urinary tract, and particularly to incontinentia urinæ—enuresis. Many contributions have already appeared among others by Max, Burvenich, Numa, Hanou, Eloy and Powell, and all speak highly of its curative, perhaps specific qualities in the treatment of one of the most obstinate, as well as disagreeable, of infantile affections. Having been attracted by these glowing results and having some cases at hand, I determined to test its virtues and verify for myself the praise so unstintingly bestowed upon it.

For convenience sake we may divide the etiology of enuresis into four groups:

The first group comprises slight functional disturbances of the genito-urinary tract, and produces inconvenience by maintaining irritation which causes an undue sensitiveness of the mucous lining of the bladder. As such may be mentioned a tightened or adherent prepuce, a narrow meatus, a sensitive clitoris, a sensitive urethra, weakness of the sphincter, cystitis, hyperacidulated urine, pressure on the bladder during pregnancy, obstipation, the presence of ascarides in the rectum, etc.

Disorders of the central nervous system very often produce incontinence in children. Precocious development, or defective mental development, dreams, extreme activity of the nerve centers producing disordered sleep and the continuance of the habit which was set up in infancy are some of the most important of this class.

Under the third head we may group those organic diseases of the spinal cord which engender incontinence by destroying the vesical center or by injuring the reflex arc. Diseases affecting the posterior white columns, as locomotor ataxia, transverse myelitis, spinal tumors, etc., belong to this group.

The fourth group embraces organic changes along the genito-urinary system, more especially of the bladder and its appendages. Hypertrophy of the muscular coat of the bladder as met with in women and elderly men, enlargement of the prostate, and atony of the bladder walls leading to retention and later on incontinence, are examples of this kind.

The treatment which I have formulated for these different groups is briefly as follows:

First group: Remove the cause of irritation if possible by operation or necessary treatment, and administer the fluid extract of rhus aromatica beginning with five to ten drops and increase to fifteen or twenty, four times daily. I generally prescribe it with

glycerine, to be taken after meals or before retiring.

Second group: A general nerve tonic or nerve sedative treatment auxiliary with the rhus will prove of great benefit. In anemic cases I combine the rhus with the syrup of iodide of iron as

R. Rhus aromatica ℥v.
 Syr. ferri iodide }
 Elixir calisaya } aa q. s. ad. ℥ij

M. Sig: — One teaspoonful four times daily.

Incontinence of urine due to any of the causes in groups one and two yields readily to the administration of rhus aromatica.

Third group; in those two cases, especially in adults, where there exists organic disease of the spinal cord destroying the vesical center or its arc, rhus aromatica has had no effect whatever. I have used it in combination with the fluid extract of ergot, of each twenty drops, but have as yet been unable to discover any favorable results.

Fourth group: Under the last head where there is more or less hypertrophic paralysis of the vesical apparatus, I would prescribe rhus in half drachm doses supplemented by local treatment. I have had no experience with this group and cannot speak knowingly. *

A brief summary of my cases with results is here appended:

CASE 1. Female, aged twenty-eight; has been troubled with incontinence for years, all manner of treatment heretofore having been unsuccessful. The patient is of a neurotic temperament with symptoms of neurasthenia. I prescribed rhus aromatica, twenty drops four times daily, along with a general treatment, and at the end of four weeks she considered herself cured of the incontinence. One year has now elapsed without any recurrence of the trouble.

CASE 2. Female, age four years has

had nocturnal incontinence since childhood. She is anemic, of a nervous temperament and presents some symptoms of exophthalmic goitre. I prescribed rhus with syrup of iron as per formula, and at the end of five weeks the enuresis disappeared.

CASE 3. Male, age thirteen; has had incontinence for the past four years. An examination revealed an adherent prepuce with accumulations of smegma. Removing the local cause and administering rhus in twenty-drop doses, along with the syrup of iron, cured the incontinence in two weeks' time.

CASE 4. Female, age, twenty-nine, in the third month of pregnancy; for the past four weeks has complained of involuntary urination. I prescribed rhus with glycerine, and at the end of two weeks she complained of no further trouble.

CASE 5. Female, age six, of a highly nervous temperament; has had incontinence, nocturnal and diurnal, since birth. As a result of the long continued irritation, she has had at times epileptic manifestations. After a thorough treatment with bromides and rhus, both epilepsy and incontinence disappeared.

CASE 6. Female, age seventy; presents paraplegia with incontinence of urine and feces, and slight sensory disturbances; symptoms indicating a transverse myelitis. Rhus and ergot in proportions above given, after three months' trial, were discontinued without any results.

CASE 7. Female, age forty-five, and CASE 8, male, age thirty-eight; both suffering with symptoms of locomotor ataxia; failed to receive any benefit from the rhus treatment.

CASE 9. Female, age sixty-five; has been troubled for some weeks with a girdle pain starting from the upper lumbar region, accompanied with paraplegia, incontinence of urine and feces,

and slight disorders of sensation. The patellar reflexes at first were exaggerated, but later disappeared entirely. The onset and course of the malady points strongly to a spinal tumor in the upper lumbar region. *Rhus aromatica* has been given for some time without affording any relief, and was consequently suspended.

Besides the internal use of *rhus aromatica*, I generally advise my patients to bear in mind the following rules: Bathe the parts with cold water just before retiring. Urinate during the day as soon as a desire is present, and urinate before retiring. Eat a light lunch

and avoid all liquid foods during the evening. Enjoy good air and good morals; avoid a strict meat diet, manipulation of the parts and undue excitement.

CONCLUSIONS.--Incontinentia urinæ due to slight disorders of the genito-urinary or nervous systems, is amenable to the *rhus* treatment, and gives most favorable results.

Incontinentia urinæ due to destructive lesions of the spinal cord, complicating the vesical center or its reflex arc, is not amenable to the *rhus* treatment, and gives negative results.—*Medical Progress*.

Removal of Superfluous Hair.

Dr. E. O. Leberman, of Akron, O., writes to the *Medical Record* in reply to the doctor who asks for a "reliable preparation for removing superfluous hair without the use of electricity": Permit me to offer the following formulæ, which, in my hands, have proven quite successful. I claim no originality, but offer them as the best of quite a large number which have undergone trial in my hands. The following is the formula recommended by McCall Anderson:

R. Barii sulphidi..... $\bar{3}$ jss
Zinci oxidi..... $\bar{3}$ vj
Mix with sufficient water to form a paste. Sig.—Apply for three minutes, and then wash off.

For the removal of stiff, coarse hair the formula of Neumann is serviceable;

R. Calc. hydrat..... $\bar{3}$ jss
Orpiment..... $\bar{3}$ iij
Amyli..... $\bar{3}$ j
Aq. calcis, q. s.
Ft. pasta.

The pastes should be spread over the parts from which the hair is to be removed as thick as the blade of a knife.

The softened hair should be scraped from the skin with a dull knife or ivory spatula, the parts washed with warm water and afterward thoroughly dried. A bland ointment should then be applied to the reddened surface. The length of time these pastes should remain upon the skin is best determined by the severity of their action. They all cause slight itching, which sensation is followed by an intense burning; when the latter begins the paste had best be removed.

The effect of chemical depilatories can scarcely be more than temporary, as their action can extend no deeper than the epidermis; the hair-bulbs remaining, a new growth will soon appear. Great care should be exercised in their application, and their effects should be carefully watched, for sometimes deep and painful ulcerations occur by their incautious use. However, they serve a purpose, and if properly applied will often leave the skin free for several months from the hirsute appendages which disfigure it.—*Med. Summary*.

Treatment of Tuberculosis by the Injection of Guaiacol, etc.

Pignol (*Compt.-rend. hebdom. des Séances de la Soc. de Biol.*, 1891 No. 10) reports that for three years he has applied eucalyptol alone or in combination with iodoform and creasote or guaiacol; guaiacol and iodoform without eucalyptol; and creasol and guaiacol, subcutaneously, in the treatment of tuberculosis, with most satisfactory results. He uses as a menstruum sterilized liquid vaselin, olive oil, or oil of sweet almonds, preferably one of the latter two—containing twenty per cent. of the medicaments in varying proportions, of which at least from 3 to 10 cubic centimeters are injected daily. The injections are made with antiseptic precautions into the retrotrochanteric fold. The best results were obtained from a combination of guaiacol and iodoform.

Picot (*Bull. de l' Acad. de Méd.* 1891, No. 9.) has reported the results of treatment in twenty-five cases of pulmonary tuberculosis and eight of pleurisy by means of subcutaneous injections of iodoform and guaiacol, dissolved in sterilized olive oil and vaselin, each cubic centimeter of the solution containing one centigramme of iodoform and five of guaiacol. The injections, each of three cubic centimeters, were made into supra-spinous fossa daily, and were unattended with unpleasant local results. As an evidence of the absorption of the medicaments, the presence of iodoform could be demonstrated in the urine, guaiacol not being eliminated by the kidneys. As a rule, the injections occasioned no general reaction, but in certain cases, especially in those of fever, profuse perspiration followed, succeeded in turn by a sense of comfort and a lowering of the tem-

perature. In exceptional instances abdominal pain and diarrhoea developed in the course of treatment, but subsided on suspending the injections. In three cases of advanced phthisis, in which death took place, the changes found in the lungs were indicative of a reparative tendency. The tubercles presented an appearance of beginning fatty degeneration; the cavities were clean and dry. In one case the ulcers in the intestines showed a disposition to cicatrization. Neither in the lungs nor elsewhere were there evidences of fresh eruptions of tubercles as a result of the treatment. In the remaining cases of phthisis the cough diminished, the sputum became less, and the number of bacilli in the sputum smaller, the body weight increased, the night sweats disappeared, the general condition improved, and the physical signs receded. In the cases of pleurisy the results were equally good. Effusion speedily disappeared, and recovery was rapid.

VERDICT AGAINST A DRUGGIST. — In a suit for \$10,000 damages brought against a Brooklyn druggist in consequence of the substitution of corrosive sublimate for chloral hydrate in a prescription compounded by a clerk in his shop, the jury has awarded the plaintiff \$4,000 damages. The clerk actually put up four drachms of bichloride of mercury (twenty grains to the dose), in place of the chloral ordered by the prescription. Fortunately, the patient vomited nearly all of the dose he took, but he made a narrow escape with his life, and still continues to suffer from the effects of the poison.

Carbolate of Camphor.

This preparation is made by adding one part, by weight, of carbolic acid to three parts of camphor, setting aside for twenty-four hours, and straining through gauze. It is a permanent liquid, with a specific gravity of 99 degrees. It is thoroughly antiseptic, and possesses unsurpassed germicidal powers. Locally applied to wounds, by means of cotton or gauze, it prevents suppuration. When kept in contact with the skin for several days it produces an eruption, which can, however, be prevented by mixing the liquid with oil. Injected hypodermatically, it gives the best results in aborting abscesses or boils and relieving pain.

When placed under the skin it produces anæsthesia of the surrounding parts, which lasts for several hours. There is some soreness, but no abscess results. The slight smarting felt at first shortly disappears. For hypodermatic use, a little ether or pure alcohol should be added to the liquid.

Carbolate of camphor combines readily with alcohol, ether, fixed and essential oils and petroleum derivatives, but *not* with aqueous solutions or glycerine. It readily dissolves menthol, cocaine, salicylic acid, chloral hydrate, iodoform and corrosive sublimate.

According to M. B. Cochran, carbolate of camphor gives excellent results when locally applied in inflammations or ulcerations of the tonsils, pharynx or cervix uteri, and as a dressing in all kinds of wounds, where it readily prevents suppuration and acts as an antiseptic. As a lubricant in massage it is unsurpassed, especially in contracted muscles and stiffened joints. In herpes

and erysipelas, applied with a soft brush, the remedy acts as a specific, relieving the pain and causing a healing process to be set up at once.

The writer reports a case of the latter affection in a child three weeks old. There was intense swelling of the face, the eyes had not been seen for two days, and the lips were so swollen that the infant could not suckle. The disease was rapidly advancing to the scalp. A mixture of one part of carbolate of camphor to two parts of olive oil was brushed over the face every three or four hours. The disorder was checked from the first applications. In twenty-four hours a marked change was observed. The child made a final recovery.

Good effects have been observed from the use of the remedy in vaginitis, vulvitis and pruritus vulvæ; also from its employment in cases of frost-bite. The best results have been obtained by internal administration in the form of capsules, in cases of gastric and intestinal catarrh.—*Therapeutic Gazette*.

A TAX ON CELIBACY. — Georgia is going to tax bachelors. A bill for that purpose has been brought into the Georgia Legislature, and the House Committee on hygiene and sanitation has reported it favorably. Under its terms it will cost a Georgian \$25 to begin the bachelor business at thirty years of age, and on a rising scale of \$25 for five years a man of sixty and over will be at the expense of \$200 per annum for the privilege of going without a wife.

Fissure of the Anus.

These fissures or ulcers are found just within the margin of the sphincter and may be painful or painless; they may be painful at one time and again at another without pain, and the individual may suffer for quite a time; they produce a lowered condition of health, and where pain is severe the patient dreads an evacuation of the bowels, and goes without for a number of days or even weeks.

This condition arises in the majority of cases, as a result of obstinately constipated bowels. The mucous membrane becomes fissured, the nerves exposed, and a reflex irritation is induced producing contraction of the sphincter. It arises at times, also, from the contact with the anal mucous membrane of leucorrhœal discharges. Whenever a patient complains of severe pain in the rectum continued for some length of time after the evacuation of the bowels, and attended with bleeding during stool, I insist upon an examination and look for fissure. The condition is always associated with more or less of spasm of the sphincter. It has been a question whether the spasm is the cause of the small fissure, or it the cause of the spasm. The latter is more than probable. The irritation induced in the region of the anus by the passage of fecal matter over an ulcer leads to a spasmodic condition of the rectum, which the individual is oftentimes utterly unable to control. Such patients will invariably complain of piles; indeed, every trouble about the rectum is attributed to the existence of this disease. In this case I find a very distinctly marked fissure or ulcer, larger than we ordinarily see, that stands out upon the

posterior surface of the anus, hard, its edges indurated. In some cases the fissure is very slight, so it is necessary to separate the parts well before it can be brought into view. In this case it is largely external and visible from simple separation of the buttock.

There are several ways of treatment; the simplest consists of introducing the two index fingers into the anus and stretching the sphincter until it is temporarily paralyzed; the spasm is thus overcome, the parts are placed at rest, and usually heal up within a few days. In some patients I think it wise, in addition to the stretching of the rectum, that the diseased surface should be curetted, and touched with caustic. I touch the sore after curetting with carbolic acid, and dress with iodoform in collodion. This application coats over the surface, prevents the discharge from coming in contact with the surrounding parts, and affords protection to the diseased surface.

It is not necessary, however, in the treatment of fissure, to always paralyze the sphincter in the way I have said. In some cases incision of the tissues of the bottom of the ulcer will be effective; making an incision through the superficial fibres of the sphincter, the parts are placed more at rest, and healing is likely to result. In slight fissures a bougie may be used each day, coated over with an ointment, preferably the ammoniated mercury ointment. Patients should be directed to wash the parts clean after each evacuation, and then anoint the finger with the ointment and insert it into the rectum. The regulation of the bowels should be carefully looked after, and, where con-

tion is present, movements secured by the use of laxatives. The plan I have suggested, however, is the most effective one in the treatment of such cases, and usually results in immediate relief, so

that in subsequent evacuations they are neither attended with pain nor followed by bleeding.—E. E. MONTGOMERY, in *American Lancet*.

Aconitine in Trigeminal Neuralgia.

Dr. Seguin, in his lectures on the treatment of neuroses, strongly recommends the use of this alkaloid in cases of tic-douloureux. His opinion is that cases are either cured by this drug, or that, at least, it is possible to give long intervals of freedom from pain; but it must be pushed, and its administration is not without danger. The form which he recommends for its administration is in a pill containing $\frac{1}{200}$ of a grain of Dusquenal's crystallized aconitine. These pills are given to the patient in gradually increasing quantity until numbness is felt all through the body with chilliness, and in some cases, even nausea and vomiting. At first he gives one pill twice a day to females, and three times a day to males, and it is not unfrequently necessary to give as many as twelve pills daily. After the dose is found which is both efficacious and tol-

erable the treatment is kept up for several weeks after the pain has ceased, and the patient is directed to take a large dose—two or three pills—on the least return of the characteristic sharp pain. Even if no syphilitic history is given, and although there should be no reason to suspect it, this treatment is continued with the administration of the red iodide of mercury in doses increased from one-twentieth to one-fifth or one-sixth of a grain, and iodide of potassium from twenty to forty-five grains, largely diluted with water, after each meal. This medication is continued for two or three months steadily, and a course of a month of it is subsequently given every few months. Along with those drugs the patient must have an abundance of nutritious food, and it is advisable to administer cod-liver oil as well.—*Lancet*.

A New Method of Administering Iodide of Potassium.

The irritating effects of iodide of potassium upon the stomach, and the difficulty of administering it in large doses in many cases in which it is necessary to bring the system rapidly under its influence, are well known, and have been the occasion of numerous efforts to correct these disadvantages.

The ends to be gained in giving the iodide are, (a) thoroughness and rapidity of assimilation, (b) administering

it in such a manner as to render it unirritating, and (c) sustaining the patient's nutrition during the period of its administration.

To meet these requirements it has been suggested that the dose for twenty-four hours be subdivided into a number of small portions, to be given six, eight, or even twelve times per diem, instead of in the usual triple dose.

To administer a five-grain dose of the

BRONCHITIS AND KINDRED TROUBLES.

iodide, place five drops of the saturated solution of the iodide in the bottom of a small tumbler, with fifteen drops of essence of pepsin, and if desired, a teaspoonful of sherry, upon this pour two ounces of warm milk, and set away in a cool place. The milk must not be too hot, as otherwise the digestive properties of the pepsin will be destroyed. Coagulation soon takes place, and the mixture is then ready for use.

For the general convenience of the patient the following may be dispensed:

R. Potass. iodid. (sat. sol.) 160 grs.
Essence of pepsin ℥ j.
Sherry wine q. s. a. . ℥iv.

M. Sig. :—℥ j. in four tablespoonfuls of milk, according to directions.

While this method may not be necessary in many simple cases, there are, nevertheless, a very considerable number in which it may be employed, and in which it will be found to fill the required conditions better than any other now in use.—DELANE in *Med. Record*.

Bronchitis and Kindred Troubles.

In croupous or bronchial cough of children, and in bronchial cough of old persons, the following is a favorite to loosen up cough and promote expectoration:

R. Potass. chlor. ℥ ij
Ammon. mur. ℥ iss
Pulv. ext. glycyrrh.,
Pulv. Doveri. aa. . . . ℥ ij

M. Of this a teaspoonful dissolved in a teacupful of hot water, and bottled when cool. Dose, for children one or two years old, a teaspoonful every hour or two until cough loosens, then every three or four hours; for adults one-half to tablespoonful after meals and at bedtime.

The combination of chlorate potass. and muriate ammon. is given under Section on Croup in Prof. J. L. Smith's work on Diseases of Children. To them I have added the ext. glycyrrh. and Doveri pulv., and I have used it with advantage for over fifteen years. One reason for its being a favorite aside from its good qualities is that for quick and handy dispensing on the road it can't be beat. I carry a four-ounce, screw-top bottle of it in my buggy all winter, and almost daily dispense it to

many cases that I don't see. It is a pretty safe preparation to send when, from want of time or from "no pay" you don't see the patient that day (or ever); and it often saves valuable time when persons run out and stop you for "something for the children's or grandmother's cough."

Another combination that I carry ready mixed is:

R. Ammon. carb.,
Pulv. camph. aa. . . . ℥ ij
Pulv. opii,
Pulv. ipecac. aa. . . . ℥ j

M. Dose gr. iij. to v every 3, 4, and 6 hours, as needed. It is particularly serviceable in the latter stages of pneumonia. It also comes in good in cases of diarrhœa, accompanied by debility. The combination shows its proper indications.

By carrying medicines combined in this way we need a less number of bottles, consequently can pack more drugs in the medicine chest.

For office use, I have for many years used the following mixture for all ordinary coughs, etc., and it has quite a reputation here:

R. Ammon. carb..... $\frac{3}{4}$ ij
 Tr. digitalis..... $\frac{3}{4}$ ij
 Syr. senegæ,
 Sp. nit. dulc.....aa..... $\frac{3}{4}$ ij
 Tr. opii camph..... $\frac{3}{4}$ iv

M. Sig:—Teaspoonful after meals and at bedtime: children, gtts x to xxx, 3 to 4 hours.

A cheap and good cough mixture for children, that I keep for office use, in bronchial catarrh, etc., is:

R. Ammon. carb..... $\frac{3}{4}$ iij
 Tr. lobelia,
 Tr. sanguinaria.....'aa. $\frac{3}{4}$ ij
 Syr. senegæ,
 Tr. opii camph...: ...aa. $\frac{3}{4}$ ij

Sp. nit. dulc..... $\frac{3}{4}$ ss
 Pulv. ext. glycyrrh..... $\frac{3}{4}$ ss
 Aquæ..... $\frac{3}{4}$ xiv

M. Sig.—Teaspoonful every three or four hours for a child one to two years old.

The above are combinations that "fill the bill," and the first and last one will be of advantage the whole winter through to the country physician who must supply his neighborhood with drugs, particularly if he has the misfortune to have many bad pay customers.—ELDERDICE in *Med. Summary*.

Ice in Phlegmasia Alba Dolens.

Dr. John A. Miller (*Pacific Med. Journal*) in entering on the subject of "milk leg," speaks highly of the efficacy of the cold treatment of the disease. He first used it in 1886, and since then has used it in six cases. He says:—"My first case became infected from the nozzle of a vaginal syringe, which the nurse had employed in a crude manner. A pelvic cellulitis on the left side was the beginning or first evidence of anything wrong; in the course of a few days, the corresponding limb first became painful and afterward œdematous. That I exhausted all the resources that were laid down in the books at my command, is to put it mild, for the pain in the limb was so excruciating, especially in the calf of the leg and in the inner aspect of the thigh from the groin to the knee, that notwithstanding large and repeated doses of morphine, rubefacients and hot fomentations, the patient got little or no relief. I had treated pelvic cellulitis and perimetritis satisfactorily by means of ice bags and cold water compresses, and there was every reason that a simi-

lar application to the painful regions of the affected limb would result in palliation, if not hasten the cure. This was under protest from the patient, because she dreaded the shock and feared bad consequences. I, however, insisted, and carried out my intentions. The procedure was in the following manner: an ordinary large towel was dipped into iced water, wrung out and clapped around the affected limb; a heavy flannel roller bandage was then applied from the toes upward to the groin. Flannel is preferable, because it does not get hard when moist, and remains softer under similar conditions than cotton material. On the most painful parts, like the inner aspect of the thigh, the popliteal region and the calf of the leg, I laid rubber bags filled with ice. These were kept in place by a circular binder, independent and outside of the roller bandage. The patient was a little shocked when the cold towel was first applied, but the unpleasantness was only momentary, and then the reaction brought ease and comfort. She desired the ice bags to be removed

quite often at first, as she claimed they relieved the pain, as anything else had never done before. The morphine was at once discontinued. The pain was entirely controlled by the cold. The temperature dropped from 103 deg. to 100 deg. the next day, and the patient commenced to improve, which continued uninterruptedly. The towel was freshly dipped from four to six times in the twenty-four hours. As soon as the pa-

tient experienced relief, she was quite anxious to endure the temporary chill from a fresh compress, because the limb felt always better for it afterward; as the towel soon became dry and hot, and this gave rise to painful symptoms again. Since this first gratifying experiment I confidently and unhesitatingly employed the identical local measures, and the success was uniform and decided."—*Canada Lancet*.

Rescue and Resuscitation of Drowning Persons.

Physicians are familiar with the various methods recommended for restoring respiration in such cases, but not all have presence of mind enough in such emergencies to carry out a few common sense measures which may be instantly employed.

In the *Schweiz. Blatter f. Gesundheit*, Herr Setens, President of the Seaman's Society in Hamburg, suggests the following measures:

When a person is discovered to be drowning, call to him in a loud voice that he shall be saved, to prevent demoralization from fright.

The rescuer should undress as rapidly and completely as possible, even tearing the clothes from him that he may not be encumbered.

The rescuer should not touch the drowning person while violently struggling in the water, but take the first opportunity to seize him, by the hair if possible, throw him quickly on his back, the rescuer himself swimming on his back, and towing the body after him, resting the head on the chest, holding the head with one arm, that the other arm and legs may be free. This position may be maintained longer, and a body supported more easily till further

aid from shore is received, than by breasting the waters in the usual position.

When the current sets from the land, as in sea bathing, it is better to adopt the last position described, and await aid, than to struggle against the current for shore, as this latter procedure often loses both the rescuer and the one he seeks to save, through ineffectual efforts resulting in exhaustion.

If a boat is available, the stern or bow are proper places to get bodies in a boat with the least danger of capsizing. The body once in the boat or ashore, should be placed with the head lower than the body, which may be done by placing the back on the seat of the boat or on a hillock of sand, with head extended and dropping backward, and arms extended behind the head.

This usually results in emptying, by the mouth and nostrils, much of the water that is interfering with respiration, and may be supplemented by the movements of the Silvester method of inducing forced respiration.

If stimulants are available, their hypodermic use should be actively and heroically resorted to.—*Med. Age*.

INFANTILE PLEURISIES.

Infantile Pleurisies and their Treatment.

Dr. A. F. Plicque (*Progrès Médical*, January 31, 1881,) summarizes his observations on the subject of infantile pleurisies and their treatment in the wards of Dr. J. Simon in the *Hôpital des Enfants Malades*, Paris. Pleurisy in infants is almost always secondary to some inflammatory or zymotic disease. Effusions have a marked tendency to become purulent, and in the case of children under four years, pus is the rule, rather than the exception. The collections of fluid are very prone to become encysted, and hence may be met with in any part of the chest, and not always at the most dependent portion. They are liable to burst internally, and the general prognosis is good, provided that the pus has free exit, either through the chest wall or through the lung. Such forms of effusions are, therefore, very different from the similar condition in the adult. Owing to the almost constant complication with some other morbid condition in the chest, the diagnosis is frequently difficult. Progressive dulness, with absence of respiratory sounds over same area, are the only trustworthy signs. The gradual progress of the altered physical signs must be closely watched for a time before a certain diagnosis can be made. In the early treatment of infantile pleurisy the use of calomel and digitalis is recommended, and a protest recorded against the abolition of the poultice, which is believed to aid absorption and to prevent the progress of disease to the purulent stage. Tapping should always be done at first with the aspirator, an antiseptic solution being used to wash out the cavity. Fluid should always be withdrawn

slowly and gently, and the introduction of the antiseptic solution—luke warm boracic solution is the best for the purpose—performed with equal care and deliberation. No fear need to be felt in using large quantities of fluid to flush out the pleura; as much as five or six litres have been employed. If tapping fails to prevent the re-formation of purulent fluid, an incision must be made and irrigation carried out in the same way. The best point for incision in case of a general effusion is somewhat farther forward than in the case of an adult, the anterior axillary line being selected instead of the posterior line. In case of encysted fluid the incision must be directly over the point of localization. Frequent and cautious washing out of the cavity is advised in after-treatment. Estlander's operation is rarely necessary in the case of infants.

VON GIETH'S DRESSING FOR THE CHEST. —Parker gives the details of Von Geith's dressing for pneumonia and pleurisy. Pure olive oil (no other substance will be just as good) is poured in sufficient quantity into a previously warmed bowl, and a strip of soft cotton cloth, large enough to encircle the chest, is placed in the bowl and completely saturated with the oil. This is then applied to the patient's chest and outside of it a second strip of dry cloth is placed, and, if necessary, a third, which completes the dressing. This application is said to be most acceptable to patients and more successful in results than poultices, stupes or other local dressings more commonly in vogue.—*Boston Med. and Surg. Jour.*

Medical Progress and Miscellany.

SIGN OF THE MENOPAUSE.—Naphey, in his well-known work on "The Physical Life of Woman," records a very curious observation. He says: "In the change of life the first sign is visible at the lower part of the neck, on a level with the bones known as the two lower cervical vertebræ. There commences an accumulation of fat which often grows to form two distinct prominences, and is an infallible index of the period of a woman's life." This has been frequently observed and it is an anatomical fact well worth remembering.—*N. Y. Med. Times.*

• THERAPEUTICS OF INDIAN HEMP.—Dr. Suckling says that in *insanity in women*, due to mental worry or moral shock, Indian hemp acts almost like a specific. He usually gives ten minim doses of the tincture three times a day, combined with iron and strychnine. He also found it of great value in *mania and melancholia*, and in cases of *chorea* where arsenic fails; in such he combines it with hydrate of chloral. In *migraine* it is also useful, given with or without phosphide of zinc, when the severity and the frequency of the attacks will be immediately diminished. It is also a valuable gastric sedative in cases of *gastric ulcer and gastrodymia*,—*Brit. Med. Jour.*

HYPODERMATIC MEDICATION in infantile practice, in which I modestly claim originality, has been to me a source of gratification, although the hesitancy of my colleagues in adopting more generally these suggestions has been a little surprising. In his method I have been

accustomed to reduce the ordinary tablet with reference to the morphine alone. By so doing the atropine has been reduced to one three-thousandth of a grain. I have repeatedly seen the characteristic action of the belladonna. I mention this fact in order to show how small a dose will act physiologically, and consequently therapeutically.—LARRABEE in *Am. Pract. and News.*

FIRST AID TO THE INJURED.—We have in this city and elsewhere in the country a system of instruction, described as "First Aid to the Injured." This instruction consists of a series of five lectures, followed by an examination conducted upon the basis of a textbook, with which the pupils are provided at the commencement of the course. Attendance upon these lectures is as a rule free, and they are delivered before various clubs—working-girls' clubs, young men's associations, policemen's classes, and classes otherwise made up. The association which supplies the lectures is supported by contributions, applied to the office expenses and various incidentals, the physician's work in giving instruction being gratuitous. We have had a number of gratifying reports from the pupils who have taken these courses. Instead of a panic in the presence of injuries or convulsions, even young girls promptly apply the simple remedies, or do what they have been directed to do for the comfort of the patient. The intelligence and practical assistance rendered by policemen upon occasions of street injury has been publicly commented upon.—*The Nightingale.*

WHOOPIING COUGH.—The safest rules for the management of an ordinary case of pertussis are as follows:

First period—Keep the child in the house, or, preferably in bed, and give aconite and belladonna, adding opium if necessary. These remedies may be administered in combination, from ten to twenty minims (according to the age of the child) of a mixture containing equal parts of tincture of aconite, tincture of belladonna, and paregoric, being given in the course of twenty-four hours.

Second period—Give drugs such as ipecacuanha. Treat also the dyspepsia, which is usually present.

Third period—Treat the tracheo-bronchial adenopathy by cod-liver oil, iodine, tonic, etc.—*Med. Record.*

THE PUNISHMENT FOR RAPE.—The unlawful taking of the hymen has in all times been visited by the most severe punishment. The penalty was death among the Jews, if the maid was engaged. If a man lay with a betrothed damsel in the city, they were both stoned. If in the country, the man only. It was reasoned that in the city the maid could cry out and have help; in the country she could not. Among the Athenians, Romans, ancient French, and the English, and many of the United States, in their early days, the offense was punishable with death. In New York, by the law of 1787, rape of a child under ten years of age was punishable with death. In 1810 it was changed to imprisonment for life. In Illinois and Massachusetts the punishment was death. In Texas it is still a capital crime; and only as long ago as April, 1888, a man was hanged, not lynched, at Gainesville, Texas, for rape. In the Isle of Man, in "ye olden time," there existed a very wise custom. The criminal was brought into a public place, and his victim was given a sword, a

whip, and a ring, and his punishment left entirely in her hands. She could kill, whip, or marry him. Among the old Welsh, he who robbed a maiden of her hymen, there being two witnesses to the same, was required to present his sovereign a piece of silver as high as the sovereign's mouth and as large as his little finger.—*DR. E. S. MCKEE*, in *St. Louis' Courier of Medicine.*

RELIABLE SIGN OF DEATH.—*M. Les-senue* states that if a pin be thrust into the body of one supposed to be deceased, the appearance of the pinhole left on withdrawing the pin will determine the accuracy of the supposition. If the person is dead, the hole remains open as when the pin is stuck into leather. If the person is alive, the skin contracts and the pinhole entirely disappears.—*Western Medical Reporter.*

HYDROGEN PEROXIDE IN TYPHOID FEVER.—*DR. F. H. Wiggin*, of New York (*Med. Record*) relates a case of typhoid fever in which the use of hydrogen peroxide was suggested to him as being the strongest non-poisonous germicide we possess. The case is apparently typical. He prescribed one ounce of fifteen volume peroxide of hydrogen in eight ounces of water, to be taken every three hours by the mouth. In six days the temperature and pulse were normal; eight days later the patient was discharged, well on the way to recovery. *DR. Wiggin* requests those who have the opportunity, to give this remedy a trial and report results.

DELIVERY IN THE ERECT POSTURE.—There being only a limited number of cases of sudden and unexpected delivery in the erect posture on record, the following case is perhaps worthy of mention. *S. D.*, aged twenty-one, who had previously, after a lingering labor

given birth to one child, was recently visiting a friend, when she felt a sensation of giddiness. She therefore left and started on her way home. Having walked fifty yards, a sudden pain in the abdomen was experienced; the pain was so acute that she retired to a neighboring outhouse. She had no sooner arrived there than she gave birth to a full-term male child. The child fell head foremost on the stone floor. The fall was broken by the cord, the cord was ruptured, and no hemorrhage occurred; the child sustained no injury, not even a bruise being apparent, and is still alive (two months after the occurrence). The mother walked back to her friend's house, and made a good recovery. There had been a miscalculation of two months in this case of the probable date of parturition, and the mother had no idea of the cause of the pain till the child fell from her.—*Med. Herald.*

THE DANGER IN HIGH TEMPERATURES.
—It may be received as an axiom that an animal cannot survive the death of its leucocytes. If the axillary temperature be too high for their survival death must, therefore, ensue. He finds that at a temperature between 38° and 44° cent. (100.4—111.2 Fahr.) they die within two hours. From 44° to 45° Cent. (111.2 to 113° Fahr.) within ten minutes; therefore, a temperature of 105° to 107° Fahr. indicates extreme danger, indeed at the latter temperature survival is rare, and, if continued, scarcely possible.—Prof. Maurel in *Prog. Médical.*

A COLD GREENHOUSE.—A German horticultural journal says that one of the latest inventions in medicine is the use of cold greenhouses in tropical countries as a means of combating yellow fever. This disease, it states, can

be conquered if one removes to those elevated regions in which oaks will grow. This fact recently inspired a celebrated Cuban physician with the idea of reducing the temperature of sick-rooms by artificial means, and wonderful cures resulted. Now it is proposed that, in districts liable to the epidemic, each town shall erect a great glass house in which plants of cold and temperate regions may be grown, the temperature being artificially cooled instead of heated, as in our greenhouses, and that they shall be devoted to the treatment of patients suffering from the fever.—*Garden and Forest.*

A PATIENT recently died in one of the Iowa insane asylums, exhibiting hydrophobic symptoms, resulting from bite of dog suffering from the effects of turpentine.

THE DEVELOPMENT of new capabilities to meet new conditions is well illustrated by the asserted fact, that since the use of wire netting for fences in Australia, the rabbits have developed a new nail that enables them to climb the fences with neatness and despatch; while a similar newly developed appendage allows the animal to burrow under the netting, unless it is buried at least eight inches under the surface of the ground.

A FARMER LIVING near Erie, Pa., recently died very suddenly of heart disease. His body was exhumed three days after he was buried, when it was found that he had been placed in his grave before life was extinct. The signs of his having returned to life were terrible, the face being torn, fingers bitten off and his clothing and the linings of the coffin in strips from his struggles.

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Vol. V.

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No. 1.

Editorial.

A Higher Professional Standard.

Much has been said of late as to the necessity of elevating the standard of medical education. The work and results of medical colleges have been scrutinized and criticised, and laws passed and reformation advocated to raise the average college course and regulate the routine of study.

All this is very well and we are glad indeed that the best medical colleges of the land have responded to the demand. Our young men will be better fitted for their work, and the increased difficulty of entering the profession, will prevent the old men from being crowded out, by the great army of new comers.

To stop short at the medical colleges however is far from right. When we see growing tendencies to loose and irregular practice among those who know better, and the strife and jealousy which so often exists among men whose education and work should make them brothers, we feel that there is

an equal demand for a higher professional standard amongst those who are practicing medicine as those who are at the threshold as students.

We have heard a man insist upon a higher grade course of study for students and closer examination for graduates, while it was an open secret that his own methods were questionable and his personal character rotten. Indeed it is often such fellows who make the most noise and as a consequence excite the most disgust.

Let the work of reformation which has begun in the schools, be carried on in the profession until our ranks are free from those who disgrace themselves and all connected with them. There are enough of honest, right-minded men in the profession to freeze out or reform all these fellows—half doctors and half quacks. What we need is a recognition of a man's true standard and the courage to treat him according to our convictions and his deserts.

Book Reviews.

“MANUAL OF CHEMISTRY.” A Guide to Lectures and Laboratory Work for Beginners in Chemistry. A Text-Book Specially Adapted for Students of Pharmacy and Medicine. By W. Simon, Ph. D., M. D., Professor of Chemistry and Toxicology in the College of Physicians and Surgeons; Professor of Chemistry and Analytical Chemistry in the Maryland College of Pharmacy, Baltimore. Third Edition, thoroughly Revised. With 44 Wood-cuts and 7 Colored Plates, illustrating 56 of the Most Important Chemical Tests. Cloth. 8-vo. Pp. 477. Philadelphia: Lea Brothers & Co. 1891. Price \$3.25.

The author states in his preface that “a third edition of this manual having been called for, he has gladly availed himself of the opportunity to make such alterations and additions as are necessitated by the progress of science, and it has been his aim to make the work more than ever useful as a text-book for the medical and pharmaceutical student.” The careful reader of this excellent work will soon be satisfied that the author has kept his promise in every respect, and I consider it only as my duty to state that this text-book is not only a reliable guide to chemical lectures, but also a true and practical adviser in all important chemical questions. For those who are not familiar with this excellent work the following synopsis of its contents may be given:

The material has been divided into seven parts, which include material selected to give a fundamental grasp of the whole science. In the first, the fundamental properties of matter are considered briefly and so far as is necessary for an understanding of chemical phenomena.

The second part treats of those principles of chemistry which are the foundation of the science, and enters briefly into a discussion of theoretical views regarding the atomic constitution of matter.

The third and fourth parts are devoted to the consideration of the non-metallic and metallic elements and their compounds. Of elements, those only are considered which have either intrinsically or in combination a practical interest, or which take an active part in the various chemical changes in nature.

For the special benefit of pharmaceutical and medical students all chemicals mentioned in the United States Pharmacopœia are included, and when of sufficient interest are fully considered.

The fifth part is devoted to analytical chemistry and will serve the student as a guide in his laboratory work.

While qualitative methods are chiefly considered, a chapter is also added giving the principal methods for volumetric determinations.

The sixth treats of organic chemistry in a brief but very clear and instructive manner.

The seventh and last part, giving some of the more important facts of physiological chemistry, has been prepared for the benefit of the medical student, but also in the hope that it may serve as a guide to others who extend their studies to this very interesting branch of the science.

The seven plates showing the variously shaded colors of chemicals and their reactions have been prepared with great care and fidelity, and will certainly prove of great assistance to the student in his analytical work.

H. D.

"THE HISTORY OF CIRCUMCISION from the Earliest Times to the Present." Moral and Physiological Reasons for its Performance, with a History of Eunuchism, Hermaphroditism, etc., and the Different Operations Practiced upon the Prepuce. By P. C. Remondino, M. D. Pp. 346. Cloth; \$1.25: paper. 50 cents. Philadelphia: F. A. Davis. 1891.

The student of medical history will find much to instruct and interest him in the chapters devoted to this portion of the subject.

While the average reader will perhaps think that the author is carried too far in some of his conclusions; as, for example, his declaration that the male prepuce is responsible for many cases of phthisis, struma, etc., the arguments and facts which he advances in support of his position are not without weight. It is interesting to follow his reasoning and the array of illustrative cases in support of his plea for univesal male circumcision.

The author states at the outset that he does not intend to treat his subject with kid gloves. The language used is

explicit, and plain enough to be understood by the intelligent general reader. The medical part of the book is sufficiently technical to be of use to the physician in comparing the various operations now and formerly performed on the prepuce.

G. F. P.

"ESSENTIALS OF PHARMACY." Saunders' Question Compend No. 18. Arranged in the form of questions and answers. Prepared especially for pharmaceutical students. By Lucius E. Sayre, Ph. G. Pp. 180; cloth; price, \$1.00. Philadelphia: W. B. Saunders. 1890.

This handy little book contains the study of pharmacy in a nutshell. There is no chaff and no theorizing; everything between its covers is essential and practical. It saves time and is compiled from reliable sources. Indeed, it is useless to formulate new expressions in praise of this valuable series of question compends. The student who owns one volume will buy as many of the remaining numbers as his means will allow.

G. F. P.

Books and Pamphlets Received.

"Analysis of the Sensory Changes and Conditions of the Ocular Apparatus as Found in Imbecility, Epilepsy, and General Paralysis of the Insane." By Charles A. Oliver, M.D. (Reprinted from the *Journal of the American Medical Association*, September 26, 1891.)

"Considerations upon Medical Hemorrhage Surgically Treated, with a Successful Case, by a New Technique, of Saline Infusion for severe Hemorrhage." By Robert H. M. Dawbarn, M.D., New York.

"A Contribution for Definite and Known Quantity and Quality in Mineral Waters." By Geo. F. Hulbert, M.D., St. Louis, Mo. (Reprinted from the *Journal of the American Medical Association*, December 5th, 1891.)

"What Can be Done in Cerebral Surgery?" Remarks Based Chiefly upon Personal Experience in Twenty-three Cases. By Emory Lanphear, M.D., Kansas City, Mo.

"Abdominal and Pelvic Surgery." By William H. Wathen, M.D., Louisville, Ky. (Reprint from the Transactions of the American Association of Obstetricians and Gynecologists, 1891.)

"Diuretin-Knoll as a Diuretic: Reports on Clinical Experiments." Mc Kesson & Robbins, New York.

"The Snook-Herr Poisoning. The Official Investigation—Preliminary Examination." By H. M. Goodman, M.D., Louisville, Ky. (Reprint from *American Practitioner and News*, April, 1891.)

College Chat.

ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

"A HAPPY new year and many of 'em to the P. and S. alumni."

This is a sincere sentiment. There's no string to it. We would observe, however, that the beginning of the year is a good time to remember those who have served you faithfully for the year just past, *and it costs so little to remember the CLINIQUE!!*

DR. A. H. SULLIVAN, class of '90, of Miami, Mo., writes us a characteristic letter, inclosing his subscription for 1892. He's in good health, prospects are bright, practice is satisfactory. Dr. Sullivan was President of his class, which is a guarantee of popularity among his classmates. His popularity with the ladies goes without saying.

DR. S. L. WHITE, class of '82, Seymour, Mo., has come to attend the remainder of the present term and the succeeding Spring session. We are proud to welcome the alumni to the new building, and we feel a pardonable satisfaction in the substantial prosperity of the school as shown by its complete equipment in every department.

DR. WM B. OLIVE, Edwardsville, Ill., writes as follows: "Inclosed find one dollar for the CLINIQUE during 1892. I find the CLINIQUE one of my best journals."

DR. G. W. FLOYD is another pleased recipient of the CLINIQUE. This is what he says, in a letter of recent date: "I am a great lover of the ST. LOUIS CLINIQUE. Long may it live to send its greetings and good work to us who so anxiously look for and love to receive it." That's the kind of a new year sentiment we like to receive, because it shows that the CLINIQUE is being appreciated.

THE LIST of matriculants at the College of P. and S. has now reached the unprecedented number of 232. We are pleased to note that the average of intelligence and general observance of College rules has again been raised. We must compliment the present class on its good behavior and close attention to study.

DR. THEO. KESSLER, class of '90, who went abroad recently to improve his health, has resumed his practice at 1952 Arsenal street in this city. His fellow-students will remember Dr. Kessler as a close student. We have no doubt but that the unbroken application to his studies which characterized his last term at College was a determining factor in undermining his health.

DR. J. W. JOHNSON has removed from Seattle, Washington, to Montgomery, Mo.

DR. H. L. EDMONDS, of Miami, Mo., has been appointed a member of The State Board of Pharmacy. Dr. Edmonds is one of the most honored of our alumni and is a man who will do credit to any position which he may accept.

DR. AND MRS. J. T. STEEL, of Beechworth Lawn, Cheltenham, Eng. send their compliments to the members of the Faculty, and incidentally to the CLINIQUE, in the shape of a neat folder in gold and blue, bearing this legend: "Frame your mind to mirth and merriment, which bars a thousand harms and lengthens life." Dr. Steel was a graduate of '91, and is just recovering from a protracted illness.

MR. F. L. MAGOON a member of the present senior class was unanimously elected class valedictorian for 1892.

DR. E. V. METCALF, Bancroft, Mo., class of '90, renews his subscription, and adds: "I must have the CLINIQUE, though it should cost five dollars a year. It is like getting a letter from home."

DR. W. E. HOWARD, class of '90, is located at Kasber, Ill. He is securing patronage in a way that makes success only a matter of time. It will not take long for the people of Kasber to learn that they have in Dr. Howard a careful and competent physician.

DR. M. D. JENNINGS has accepted the onerous and responsible position of Assistant Demonstrator of Anatomy. The doctor's unremitting attention to the clinical department under his charge

has once before been mentioned in these columns, and we are sure that the painstaking, conscientious method which characterized his work in the clinical amphitheatre will be duplicated in the dissecting room. The class is to be congratulated on his appointment.

DR. A. C. RAGSDALE, Massac Creek, Ill., in remitting his subscription for 1892, takes time to write a complimentary word for the CLINIQUE and good wishes to his alma mater. He is meeting with fair success, and promises to send the College a student next term. We like to receive such letters, and Dr. Ragsdale may be sure he has a warm place in our heart.

THE ALUMNI of the P. and S. are requested to send us for this department such items of news as may come to their knowledge. If the CLINIQUE can be the means of awakening the slumbering class friendships and the dormant memories of College days, we shall feel that its usefulness has been much enhanced.

DR. C. G. CANNADAY, class of '89, has built up a lucrative practice in Roanoke, Va., and vicinity, and is now on his way to Europe to study gynecology and gynecological electro-therapy under the masters in these branches, in Germany, England and France. He says that in his opinion the CLINIQUE holds its place well in the van of the seven medical journals for which he subscribes.

DR. JULIUS SILBERSTEIN one of our last year's graduates has been appointed contract surgeon to a U. S. army post in Idaho.

Practical Points.

FOR ACNE an application of corrosive sublimate in emulsion of almond oil (1 part to 1,000) has been recommended.

CATARRHAL SNUFF.

R. Menthol.....gr. j.
Soda bicarb.....gr. ij.
Magnesia carb.....gr. ij.
Cocaine muriate.....gr. iv.
Sac. lactis.....ʒjss.

M. Sig. Use as snuff several times daily.—*Prescription.*

ACONITE FOR SCORPION STING.—A correspondent from Durango, Mexico, says that formerly about one-half of the children in the city died from the sting of the scorpion, but now nearly all the lives are saved, if taken in time, by the use of the strong tincture of aconite, of which five or six drops are put in a tumbler half-full of water, and a teaspoonful given at frequent intervals.

TO PREVENT THE PITTING OF SMALL-POX VESICLES.—Dr. Bertrand (*Gaceta Sanitaria de Barcelona*, July, 1891) recommends:

R. Acid boric.....ʒi.
Amid. glycerolat.....fl. ʒjss.

Apply immediately after the eruption appears.

IT IS SAID that if tincture of iodine be mixed with glycerin the latter will keep the skin moist to facilitate absorption of the iodine.

IT IS STATED in the *British Med. Journal* that one of the most satisfactory applications to urticaria is a mixture of one part of water to two parts of vinegar.

CARDIAC DROPSY.

R. Tr. belladonnæ.....gtt. viij.
Tr. digitalis.....gtt. xl.
Sol. nitroglyc. (1-100).gtt.xvj.
Aq. cinnam.....q.s.ad ʒij.

M. Sig.—A teaspoonful four times a day.—*Med. Summary.*

CARBOLIC ACID IN RHEUMATISM.—Dr. J. L. Hancock writes in the *North American Practitioner* for September, 1891, upon the good effects of carbolic acid locally applied in the treatment of acute articular rheumatism. He uses it in the form of a four per cent. solution applied warm on a piece of flannel wrung out and enveloping the joint. This application is made at night, and allowed to remain until morning. It has given good results in the writer's hands.

INFLAMMATION OF THE PROSTATE.—

The following is recommended by a French writer as very efficacious in the relief of chronic prostatitis:

R. Iodoform.....gr. xx.
Olive oil.....ʒ ij.
Cocoa butter.....q. s.

Divide into twenty suppositories, one to be inserted at bedtime.

SUBSTITUTE FOR DOVER'S POWDER.—I wish to give the readers of the *Summary* the benefit of a formula that I have used for several years as a substitute for Dover's powders:

R. Bromide of potassium....
Bromide of sodium.....
Bromide of ammonium...aa ʒij
Pulv. opium.....
Pulv. ipecac.....aa ʒj

M. Triturate; dose from ʒ to 10 grains.—*Med. Summary.*

PRACTICAL POINTS.

PURGATIVE EMULSION FOR CHILDREN.

R. Castor oil..... $\bar{3}$ iv.
 Infusion of coffee..... $\bar{3}$ j.
 Powdered sugar..... $\bar{3}$ v.
 Yolk of egg.....No. 1.

One dose for children with gastric disturbance.

CHRONIC CONSTIPATION TREATED BY DILATATION OF THE SPHINCTER ANI.—

Dr. Beer (*Centralblatt für die med. Wissenschaften*) uses in chronic constipation, partial atony of the intestine, as well as in chronic catarrh of the colon, digital dilatation of the sphincter ani. The dilatation should be gradual, and the rhythmic contractions of the sphincter ani be not entirely unheeded. Already after eight or ten sittings good results have been obtained, for the stools became regular, although before even drastic cathartics had sometimes no action. Hemorrhoidal tumors also became smaller in size and bled less.

CYSTITIS.

R. Sodii bicarb.....gr. 80
 Infusion uva ursi..... $\bar{3}$ iv

M. Sig. — A teaspoonful every 2 hours.

Follow this with a five-grain dose of salol in powder three times a day in flaxseed tea, and if the tea becomes distasteful alternate with barley-water or rice-water.

BENZINE FOR BOILS. — Dr. F. W. Langdon uses benzine as an abortive agent in furunculosis, employing it in the following manner (*Lancet-Clinic*): At the first appearance of the little hard, painful papule, saturate a pledget of absorbent cotton with the remedy, and press it firmly, but not forcibly, over the swelling for about half a minute. Repeat this every hour or two for the first day: after that, two or three times a day, as the swelling and pain subside.

TREATMENT OF CONDYLOMATA. — Dr.

G. Finco (*Gazetta Medica Lombarda*, June 21st, 1890) recommends the following in the treatment of condylomata:

R. Collodion..... $\bar{3}$ ss
 Mercur. corrosiv.....gr $\frac{1}{4}$

The collodion should be poured into a small cup, the corrosive sublimate added, and the whole well shaken, as the sublimate does not dissolve in collodion.

The largest condylomata may be touched with a small brush dipped into the mixture, following this with the local application of cold water. On the following days the others may be treated until all are removed.

PERTUSSIS. — Dr. Geo. C. Irvin, of Sabetha, Kansas, reports a case of uncomplicated pertussis, with severe laryngeal spasm of hourly occurrence, in an infant aged three months, for which, after using atropia, antipyrin, quinine, and other remedies so often recommended for this disease, he gave phenacetin in one-half grain doses in ten drops of pure glycerin, which is a moderately good solvent, and was surprised to find that it immediately gave relief, so that the first night after using it every four hours the child obtained six and one-half hours' good rest, and there has been a steady and gradual improvement since. — *College and Clinical Record*.

FISSURES OF THE NIPPLE.

R. Balsam of Peru.....
 Tincture of arnica.....aa $\bar{3}$ j
 Oil of sweet almonds..... $\bar{3}$ v
 Lime water..... $\bar{3}$ ijss

Rub on the nipple each time after the infant is fed.

THE HAND-SPRAY IN THE TREATMENT OF FEVERS. — Dr. J. F. Lynch, of Florida, says that in the treatment of typhoid and malarial fevers, and in all

Conditions of hyperpyrexia where the heart's action is too feeble to permit the administration of antipyretics, and where an immediate reduction of temperature is necessary, he has, for the last fifteen months, employed the hand-spray.

He uses an apparatus that throws a continuous spray, and a solution composed of one drachm of table salt to a pint of warm water. The patient is stripped, and is sprayed from head to foot. The upper portion of the body is first sprayed; and while an assistant, with a towel, is drying this, the lower extremities are subjected to the same treatment.

INFANTILE DIARRHŒA:

R. Subnitrate of bismuth....grvj-xij
Orange flower water....fʒiij
Syrup of comfrey,
Syrup of quince.....aa fʒss

Give by teaspoonfuls to children in diarrhœa which accompanies thrush.

A VEHICLE FOR BISMUTH.—Dr. Taurence (*Gazzetta degli Ospitali*, No. 24, 1891) has experimented with various substances in order to find the best vehicle to keep bismuth in solution, and finds glycerine to best fill the requirements. Four parts of glycerine to one of bismuth may be employed.

COUGH SYRUP.

R. Syr. scillæ comp.....ʒ ss
Vin. picis.....ʒ j
Syr. prun. virg.....ʒiiss

M. Sig.—A teaspoonful every three or four hours.—*Medical Summary*.

CONVULSIONS.—(J. Simon):

R. Bromide of potassium..grs. vi.
Cherry laurel water...ʒ ʒ.
Orange flower water...ʒ v.
Sulphuric ether.....gtt. j-ij.
Simple syrup.....ʒ jss.

Give 8 to 10 teaspoonfuls a day to children having convulsions.

CONSUMPTION.—The following (*O Galenos*, Etos I, Arithmos 9) is praised for internal administration in pulmonary tuberculosis:

R. Creasot. pur.....fl. ʒj.
Spirit vini.....fl. ʒiijss.
Vini Santorini.....fl. ʒx.
Syrup simplicis.....fl. ʒiijss.

A large spoonful three times a day.

SALT WATER IN GRAVE ACUTE ANÆMIA.—In grave acute anæmia (*Medical Neuigkeiten*, No. 39, 1891), as for example, following great loss of blood during child-birth, copious rectal injections of salt water, a teaspoonful and a half of common salt to a quart of water, are recommended as having been found of great service and as a substitute for transfusion.

FOR PARASITIC DERMATOSIS.—The following ointment is recommended by the *Journal de Médecine de Paris* for the treatment of parasitic dermatosis:

R. Acid salicylic.....ʒ ijss.
Creosoti.....ʒ ss.
Saponis.....ʒ iij.

M. et Signa. To be applied to the affected parts.

MOLES ON THE FACE are now being successfully treated by the use of sodium ethylate. The mole is painted with the sodium ethylate a fine glass rod being used. When the mole has a varnished look, the ethylate is gently rubbed in with the glass rod to make it penetrate more deeply. The mole turns nearly black, and a hard crust forms over it, which is nearly three weeks in becoming detached. When it comes off, the mole is much lighter than before, and this treatment can be continued until the mark is scarcely noticeable.—*Southern Practitioner*.

ARISTOL freely dusted on, is said to afford prompt relief in ivy-poisoning.

VESICAL HEMORRHAGE.—In vesical hemorrhage, the mere washing out of the bladder with hot boracic lotion often checks the bleeding—in fact, hemorrhage from any cavity is most easily and satisfactorily checked by the hot douche.

NEURALGIA.—Dr. W. M. Hightower recommends the following:

R. Ammonii bromidi,
Sodii salicylatis.....aa ʒ j.
Tincturæ hyoscyami.... ʒ ij.
Aquæ ad..... ʒ iv.

Sig.: One teaspoonful every half-hour until relief is obtained, or four doses have been taken. —*Memphis Med. Monthly.*

GLEET.—Donovan's solution of iodide of arsenic and mercury is said to be of material service in the treatment of gleet (*Medical Record*). It is given for this purpose in the dose of ten minims, three times a day. A correspondent writes that he feels justified, so uniform has been his success in controlling a chronic urethral discharge by Donovan's solution, in calling the remedy almost a specific for gleet.

GOUT.—The following is recommended as a local application in gout (*Hygeia*, No. 3, 1891):

R. Collodii
Æther sulphuric.....a ʒ v.
Acid salicyl.....ʒ iv.
Morph. sulph.....ʒ j.

Sig. Apply locally with a camel's-hair brush every hour.

PRURITUS.—An ointment composed of five parts of menthol, 20 of balsam of Peru and 200 of lanoline is very serviceable in relieving persistent itching. For pruritus ani the local application of a solution of corrosive sublimate, 1-2,000 recommended. And in pruritus vulvæ comfort is often afforded by a

lotion composed of one ounce of hypsulphite of sodium and one-half ounce of glycerine, and water enough to make twelve ounces.—*American Doctor.*

SUPPOSITORIES FOR DYSMENORRHEA.

R. Ext. cannabis.....
Ext. belladonnæ..... aa gr
Cacao butter.....ʒjss

Mix for one suppository. Make five like it.

Introduce one suppository every evening, starting from the fifth day before the menses.—*Farlow.*

FOR THE REMOVAL of glass beads from the ear, it has been newly recommended to melt alum in a spoon over a flame, dip in the molten mass the end of a thin rod of wood, separated into its component fibers, and then to introduce the rod into the ear and lightly press against the foreign body. After half to one minute the now adherent bead can be withdrawn. The meatus is protected from injury by a funnel of stiff paper.—*Provincial Med. Journal.*

BRONCHITIS IN CHILDREN.—Dr. Hare gives for acute stage of bronchitis in children:

R. Tr. aconiti.....gtt. xij.
Syr. ipecac.....f ʒ ss-j.
Liq. potassii citratis.q.s.ad.f.ʒiij.

M. and S. One teaspoonful every 3 hours.

For the latter stages:

R. Ammonii chloridi.....ʒ j.
Ext. glycyrrhizæ fl... f. ʒ iv.
Aquæ dest.....q.s.ad.f.ʒiij.

M. and S. One teaspoonful three times a day.—*Ex.*

CORNS AND WARTS.—A mixture of one part each of lactic acid and salicylic acid in eight parts of collodion is recommended as an excellent application to corns and warts, effecting their removal in a short time.

TREATMENT OF ALOPECIA. — Monin recommends the following treatment of alopecia:

R. Gallic acid.....gr. xlv
Olive oil.....ʒvj
Vaselin.....ʒjss
Essence of lavender.....mxv

This is to be made into an ointment and applied with friction to the part affected, morning and night, for the arrest of the disease. — *L'Union Médicale*.

CARE OF THE SKIN IN FEVER. — Prof. Keen says that in fevers the great necessity is to keep the skin clean, and in all cases of fever under his care he directs that the patient be given daily a sponge bath of alcohol and warm water (one-third alcohol to two-thirds water), this keeping the skin clean and being pleasant and agreeable to the patient. — *Coll. & Clin. Record*.

COLIC. — For children whose digestion is greatly impaired, and subject to colic with a tendency to increase in severity, the following will be found valuable:

R. Chloroformi.....m viij
Syr. rhei.....ʒj

M. Sig., ten to fifteen drops up to ʒss in a little water. — *Hollopeter*.

IPECAC. — Ipecac is a valuable remedy for irritation of the stomach, and an almost indispensable remedy in the treatment of many cases of cholera infantum. It must be given in very small doses, however, to fill this indication.

SEMINAL EMISSIONS. — The following (*Norsk Magazin für Lægevidenskaben*,) is praised:

R. Potassi bromid.....
Tinct. ferri muriat.....aa. ʒi.
Aq. destillatæ.....ʒ iij.

One to two teaspoonfuls after each meal and at bed-time.

A USEFUL ESCHAROTIC.

R. Iodine.....gr. viii
Iodide pot.....gr. xxiv
Carbolic acid crystal....oz j
Glycerine q. s. dissolve..

It is used in drilling to pus in abscess. The process is entirely painless and bloodless, and is performed as follows: Sharpen a match to a wedge shape, then dip in the liquid and apply to the skin, gently turning the match to and fro. The skin is tough and hard to drill, but after it is passed the drilling is rapid. — *Med. World*.

SCROFULOUS CHILDREN. — Iodine and iodoform give better results than the alkaline iodides in scrofulous children (*Am. Jour. of Med. Sci.*, September.) To young children tincture of iodine may be given, one drop daily in a little thin porridge made of farina and milk. Besnier prefers the use of iodoform, which may be given continuously for a long time. He prescribes it after the following formula:

R. Iodoformi.....gr. iss
Mellis.....ʒiv. M.

HYDROGEN PEROXIDE IN WHOOPING COUGH. — Richardson (*Asclepiad*) uses the following formula:

R. Hyd. peroxide (10 vols.)...ʒvi
Glycerin.....ʒiv
Water, ad.....ʒiij

Dose. — Half a fluid ounce, in a wine-glassful of water, five or six times a day.

The author thinks that the peroxide acts like nitric acid, but with more effect, subduing the paroxysms, checking the secretion in the throat, and shortening the course of the disease. — *Ex.*

OBSTINATE VOMITING. — A few spoonfuls of hot water will often relieve an obstinate vomiting after other remedies have been rejected. — *Med. Brief*.

ABADIE treats diphtheritic conjunctivitis by instillations of lemon juice, and recommends the same remedy when sloughing has followed the use of nitrate of silver. The applications are repeated in from five to eight hours.—*Times and Reg.*

—————
CHEST PAINS OF PHTHISIS.

R. Emp. opii.....6 parts.
Emp. belladonna.....2 “
Emp. cantharidis.....1 “

M. Sig.—Apply over the painful parts.—*Med. Summary.*

—————
URTICARIA.—There has been during the past season almost an epidemic of this excessively annoying eruption, confined to no age and no condition of life. The rash is likely to cover the whole body, and the itching is intolerable. The cause is obscure; arising, possibly, from a too free use of fruit and with certain atmospheric influences. The usual remedies, even when carefully selected, often fail in producing relief. The first indication is to produce free action of the liver and portal circulation. The itching is sometimes relieved by a wash of boracic acid, salt or cider brandy. Internally, half teaspoon doses of sulphurous acid well diluted with water, or iodide of potassium have sometimes relieved when other remedies failed.—*N. Y. Med. Times.*

—————
FOR PAINLESS UTERINE DILATATION.

R. Sulphuric ether.....℥ij.
Iodoform.....℥ij.
Pure cocaine.....℥j.

M.—Steep in this the laminaria tents for eight days.

—————
ARSENIC FOR TRICHINOSIS.—Dr. W. H. Merrill, Pepperell, Mass., in a very interesting article in the *New York Medical Journal*, reports a case of this very uncomfortable and usually fatal disease in which the administration of

liq. potass. arsenitis in five drops three times a day, and increased three drops per day until the constitutional effects of the remedy became visible, effected promptly a permanent cure in about twenty-five days from the first dose. During the time as much as thirty-six drops were taken during the day, but as soon as arsenical symptoms were visible the dose was decreased temporarily. Although arsenic has not heretofore been noted as a remedy in this disease, yet the failure of nearly if not quite all other remedies in cases where the trichinæ were developed, and this case being so marked a success, warrants its trial in future and the publicity that can be given to this remedial.

—————
HÆMORRHOIDS.—Preissmann (*Fort. der Krank.*) recommends the application of pledgets of cotton soaked in the following:

R. Potassii iodidi..℥ss. to ℥j.
Iodi.....gr. iij. to gr. xv.
Glycerin.....℥j. M.

—————
LOCAL USE OF MENTHOL IN AFFECTIONS OF THE MIDDLE EAR.—Dr. Adolph Brounel gives some interesting facts concerning the use of this remedy in certain diseases of the ear. “The most favorable cases seem to be those of chronic swelling of the mucosa. When the mucosa is greatly swollen, he directs the use of a snuff of boric acid with two per cent. of menthol to be frequently used in small quantities, meanwhile inflating the middle ear with the catheter and menthol vapor. A few drops of a twenty per cent. solution of menthol in olive oil is poured into an antiseptic capsule, and this is then firmly attached to the catheter.”—*Archives of Otology.*

—————
A MIXTURE of castor oil with peppermint is an excellent dressing for burns.—*Medical Summary.*

PIGMENTATION OF PREGNANT WOMEN:

- R. Pure oxide of zinc.....5 grs.
 Yellow oxide of mercury.2½ grs.
 Castor oil,
 Cocoa butter.....aa 2½ ℥.
 Oil of Rose.....8 gtt.

Make an ointment and rub the pigmented parts well twice a day.

ACETIC ACID IN THE TREATMENT OF CANCER.—The author (*Epitome of Med.*) has employed this treatment in certain cases for several years. Some months after amputating a scirrhus breast, the patient presented herself with enlarged axillary glands. In consultation, it was advised that they should be extirpated. I proposed, however, to inject them with acetic acid, and, with the consent of my colleagues, this was done. On the following Wednesday she again presented herself, when it was found that the enlarged glands had disappeared, and that the axilla was in a perfectly normal condition, there being no trace of enlarged glands, either superficial or deep. This patient returned several times to the hospital, but I never saw any further appearance of disease, and, so far as I know, she remained perfectly well. Also, having removed a cancerous breast, the enlarged axillary glands were injected, and the result was equally satisfactory as in the former case. I have frequently since employed these injections, and with varying results; but lately I have used them to the breast itself. In a case now under my care the breast has resumed its normal character except that it has become smaller, and seems yet to be undergoing atrophy.

A WRITER in *Lancet* recommends the following, a little to be rubbed on every night, in cases of baldness:—

- R. Tinct. jaborandi.....f℥iv
 Lanolin.....f℥iij
 Glycerin.....℥ij. M.

BRONCHIAL ASTHMA.—

- R. Iodide of ammonium.....℥ij
 Fl. ext. grindelia robusta..℥ss
 Fl. ext. glycyrrhiza.....℥iv
 Tinct. lobelia.....
 Tinct. belladonna, aa.....℥ij
 Syr. tolu, q. s., ad.....℥iv

Dose. — Teaspoonful three times a day; extra doses during a paroxysm.

This formula may be varied to suit indication. I have cured many cases of asthma by means of it, some of over twenty years' standing, myself among the number.—*Dr. Covert in Am. Med. Jour.*

PROF. KEEN says that the best treatment of peritonitis is by the administration of large doses of saline cathartics (sulphate of magnesium, ℥ij, every two hours until the bowels have been opened eight or ten times).—*Coll. and Clin. Record.*

ACETANILID AND CAMPHOR.—Cshesmiutzeff recommends that camphor be given with acetanilid in order to overcome the depressing effects of the latter. He has had good results with this combination in the treatment of pneumonia:

- R. Acetanilid.....gr. iij
 Camphor.....gr. jss. M.

For one capsule. This may be repeated in four hours.—*Boston Med. and Surg. Journal.*

ACUTE CYSTITIS.—Dr. A. W. Marsh, strongly recommends the use of the following formula, requiring that *distilled* or rain water be used in its preparation to prevent the formation of oxalate of lime. The relief from pain is prompt and the results exceedingly satisfactory:

- R. Acid oxalic.....gr. xvj.
 Syr. aurantii cor.....℥j.
 Aquæ pluv., q. s.....℥iv.

M. Sig., teaspoonful every four hours — *Therapeutic Gazette.*

COCAINE FOR CHOREA.—Prof. Bartholow prescribed for a case of pure and simple chorea, gr. $\frac{1}{2}$ of cocaine morning and evening, and as most important adjuncts, directed particular attention to be paid to dietetic and hygienic influences.

ULCERATION OF THE MOUTH IN LEAD-POISONING.—Dr. Osmund Stedman calls attention, in *The Lancet* of September 26, 1891, to the occurrence of ulceration of the mouth in case of lead-poisoning in children.

A new treatment of herpes zoster is the following (*Semaine Méd.*, 1891, in *Merck's Bulletin*, June, 1891):—

R. Extract. gelsemii,.....gr. xxx.
Sodii sulphocarbolat.,... $\bar{3}$ j
Aquæ destillat.,.....f $\bar{3}$ ij.

Sig.—A teaspoonful every two hours.

At the same time five drops of tincture of belladonna are administered every two hours until slight dryness of the pharynx is experienced. Effects of the gelsemium should be carefully watched.

R. Plumbi acetat.,.....
Alum. pulv.,.....aa $\bar{3}$ j.
Aquæ destillat.,.....f $\bar{3}$ iv. M.

Sig.—Use externally.

Compresses moistened with this solution are applied to the affected parts and renewed every two hours. Pain is

said to disappear within a few hours, and the disease to be considerably shortened by this treatment.

SEAT WORMS.

R. Tincturæ rhei,.....gtt. xxx.
Magnesiæ carbonat.,...gr. iij.
Tincturæ zingiberis,...gtt. j.
Aqua, q. sad $\bar{3}$ iv.

M. Sig.: Warm and use as injection three times daily.

THE subcutaneous injection of distilled water has been found by Dr. Sleich, of Berlin, to render the part insensible for several minutes. He uses this effect for the opening of carbuncles.—*Am. Lancet*.

CROUP.—Dr. Johnson uses the following:

R. Aquæ destillat.,..... $\bar{3}$ j.
Potass. chlorat.,.....
Potass iodid.,.....aa $\bar{3}$ j.
Emuls. arabicæ..... $\bar{3}$ ij.
Mucilag. acaciæ.....
Ext. ipecac. fl.,.....
Olei copaibæ.....aa $\bar{3}$ j.

M. Sig.—Shake well. Dose, a teaspoonful every ten minutes to an infant of eight months till free vomiting ensues; and then continue the same dose every half hour or hour until the disease is cured. The dose must be given according to the age of the child.

Our Increased Edition.

THE friends and patrons of the CLINIQUE will no doubt be pleased to hear that we have been compelled to increase our edition to nearly double what it has been heretofore. We have been sadly handicapped in the matter of extra copies, during the past year, and of some issues we have been able to keep barely enough copies to remember what they look like. We wish to say

that we have no files for 1891 left over, hence we cannot furnish bound volumes for the year at any price. Those who receive sample copies of the CLINIQUE this month are requested to examine its contents from cover to cover and see whether the subscription price (one dollar per annum) is too high. They are also reminded that no more sample copies will be sent them.

SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization—Potash and Lime;

The Oxidising 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 Prepara-
tions; 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.

Items of Interest.

SPARROW EGGS, eaten in form of omelettes baked with butter and onions, are highly prized by the Arabs as aphrodisiac. Arab physicians warn against daily indulgence in this dish.

R. M. KING, A. M., M. D., Professor of Obstetrics and Diseases of Children in Beaumont Hospital Medical College, writes to the Katharmon Chemical Co., St. Louis: Gentlemen—Eighteen months ago I first began the use of your valuable antiseptic remedy, Katharmon. I employed the remedy with some misgivings, feeling that in all probability it was akin to the numerous proprietary remedies of a similar character introduced all over the country and meriting about the same consideration. But repeated trials of it, after a full exposé of the contents of the compound had been made, thoroughly impressed me with its true value and merits as a reliable and efficient germicidal preparation. I began prescribing the remedy locally as a wash and as an embrocation, and subsequently internally as an antiseptic and a stimulator of the digestive functions. I afterward used it in scarlet fever as a wash for ulcerations of the mouth, tongue and fauces, and externally with vaseline or cosmoline to allay itching, and for its soothing and antiseptic effects. I also used it in a number of cases of diphtheria diluted half and half with the addition of a few drops of an aqueous solution of carbolic acid to the ounce through the atomizer for its detergent, antiseptic and curative action. I regard it as a stimulant, tonic, astringent and antiseptic, and hence valuable in all catarrhal conditions, acute and

chronic, of the mouth, nose and throat. It contains drugs of well known and well established physiological and therapeutic properties, especially applicable in the treatment of glandular structures and mucous surfaces.

It is to the accoucheur a combination of valuable drugs ready for use, combining antiseptic and healing properties. It should be used in all vaginal examinations full strength or mixed with water or vaseline. For readiness in use, non-irritant in action and antiseptic in properties it is valuable before, during and after labor, equal to *if not superior to carbolic acid*, iodine and many other compounds so frequently employed by others under similar conditions, and free from all their objectionable features.

To my mind it is the obstetrician's constant, steadfast friend, and indispensable to the welfare and comfort of his patient. In its therapeutic action it is definite and certain and for universal use *should take the place of mercuric bichloride* for the reason that it is *uniform in strength, efficient and absolutely safe* and pleasing to the smell and taste.

As a vaginal injection it should be used from two to four ounces to the pint of hot water once, twice or thrice daily as indicated. It is in my judgment a remedy that will stand the test of experience and prove a valuable aid in obstetric practice.

IT IS SAID that the chemist of the New York Board of Health has discovered one thousand and forty-five specific nuisances in the Croton water-shed, whence comes the water supply of New York city.

NO OPENERS FOR CHAMPAGNE REQUIRED.

By means of a small seal attached to wire, the latter can be broken and easily removed by hand, together with top of cap, on G. H. MUMM & CO.'S Extra Dry.

G. H. Mumm & Co. having bought immense quantities of the choicest growths of the excellent 1884, 1887 and 1889 vintages, the remarkable quality and delicious dryness of their Extra Dry can be relied upon for years to come.

"By chemical analysis the purest and most wholesome champagne."—R. OGDEN DOREMUS, M.D., LL.D.,

Professor of Chemistry, N. Y.

Mellin's Food For Infants and Invalids.

A SOLUBLE DRY EXTRACT, prepared from Malted Barley and Wheat, consisting of Dextrin, Maltose, Albuminates, and Salts.

The SUGAR in MELLIN'S FOOD is MALTOSE. MALTOSE is the PROPER SUGAR for use in connection with cow's milk.

The sugar formed by the action of the Ptyalin of the Saliva and the Amylopsin of the Pancreas upon starch is MALTOSE. In the digestive tract MALTOSE is absorbed UNCHANGED.

—Landois and Sterling.

MALTOSE is a saccharose, not a glucose, and is a form of sugar which does not ferment.

—Materia Medica and Therapeutics, Dr. Mitchell Bruce.

"I have never seen any signs of fermentation which I could attribute to the influence of MALTOSE."

—Eustace Smith, M.D., F.R.C.S.

MELLIN'S FOOD, prepared according to the directions, is a true LIEBIG'S FOOD and the BEST SUBSTITUTE for Mother's Milk yet produced.

THE DOLIBER-GOODALE CO.,
BOSTON MASS.

ANNOUNCEMENT. — The C. & P. Department of the Cudahy Packing Company, have removed the eastern office and salesroom, from 83 John Street, to 57 North Moore Street, New York City, where they will have more spacious, commodious quarters. A large stock of canned goods and other meat products, in addition to a complete, well-assorted stock of beef extract, pepsin, and all their other pharmaceutical specialties, will be carried at this number.

Mr. Otway Latham, a traveler of large experience in handling pharmaceutical preparations, will have charge of their laboratory products.

WHICH ONE OF THE "R's." — Dr. R. —, the well known Cincinnati gynecologist, had a lady on his examination table recently, who, on the introduction of the speculum, uttered a low cry—" Ah! ah! ah!"

Surprised, the doctor, thinking he had hurt his patient, inserted a smaller instrument, when the lady again uttered " Ah! ah! ah!"

More than ever surprised, the physician demanded the cause of her complaint. She explained by stating that she had lately been under the care of a laryngologist who, when he introduced an instrument, had told her to say " ah!" so that he might see the parts better.

Dr. R. —, at latest advices, was recovering from his surprise.—*Western Medical Reporter.*

DEATH OF A FASTER.—George Stratton, a man who attempted to fast for forty-five days, at one of the dime museums, has died from the results of fasting. After going for thirty-seven days and one hour on water alone, his physician ordered him two teaspoonfuls of champagne a day. At the end of forty-one days and eighteen and one-

half hours, however, symptoms of heart failure became so marked that it became necessary to stop the fast at once. The champagne which was given him while in the extremely debilitated condition that he was, appeared to bring on alcoholism, and the next day he was transferred to Bellevue Hospital. Here he was treated with stimulants and peptonized food, but was unable to rally, and died two days after admission, November 19th. The autopsy showed death resulted from cerebral congestion caused by alcohol, with fatty degeneration of the heart as a contributory cause. Stratton was a man thirty years old, and of immense physique. At the commencement of his fast, he weighed 270½ pounds, and at the end of it 211 pounds 8½ ounces, a loss of nearly 60 pounds. Five other contestants commenced the fast with him on October 5th, but these all dropped out after abstaining from food for various periods varying from six to twenty days.—*Boston Med. and Surg. Jour.*

THE DREVET M'FG. Co., makers of Charles Marchand's Peroxide of Hydrogen and other specialties, have removed their laboratory from 10 W. 4th street to 28 Prince street, New York City. We regret that this notice reached us too late for alteration in their advertisement this month.

IN ADDITION to their political disabilities and the mean way in which nature has debarred them from throwing stones, women suffer under the further infliction of being twice as prone to cancer as men.

INFLUENZA, which for some weeks has been prevalent in several districts in different parts of Europe, is now reported from different parts of the United States.

SAMPLES FURNISHED
ON REQUEST TO OUR OFFICE.

CUDAHY'S REX BEEF EXTRACT

Will please You.
TRY IT

CORRESPONDENCE
INVITED.

For making and improving the flavor of Soups, Stews, Gravies, etc.

One quarter of a teaspoonful will make you a cup of delicious Beef Tea, served with Celery Salt, Table Salt or other added flavor.

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THE CUDAHY PACKING CO..

Chemical and Pharmaceutical Department,

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Omaha, U. S. A.

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RHEUMATISM

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URINARY

DISORDERS

“GARROD SPA” (Lithia-Potash Water)

Compounded from most reliable scientific sources.
Uniform in composition. Agreeable of taste.

CONTAINS MORE LITHIUM BICARBONATE

in a pint than any natural water in a gallon.

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RICHARDSON DRUG CO.	OMAHA
W. S. THOMPSON, 703 Fifteenth Street	WASHINGTON, D. C.

SAYS A CORRESPONDENT of the *Therapeutic Gazette*: Possibly it is not known universally in America that the German physician is absolutely unprotected by the Government since the introduction of gewerbefreiheit (*i. e.*, trade-freedom, meaning liberty to carry on any trade or profession whatever). The Government prosecutes all those carrying the title of "doctor" or "physician" illegally, but allows every barber or huckster to practice medicine.

MESSRS. RENZ & HENRY. — My experience in the use of your "Three Chlorides" Compound, I find it a very convenient formula, scientific, progressive, and not disappointing in its action: and applicable in a large class of cases, because of easy assimilation and acceptability by the most delicate stomach. It has been of marvelous benefit in a case of chronic diabetes in my charge, increased the blood corpuscles and otherwise by its alterative and tonic action: the sugar has about disappeared from the urine, notwithstanding the patient has been on a full generous diet. I think your combination will wear well with the profession. It will commend itself. Very truly,

W. W. RESTER, M.D.

DR. JONATHAN HUTCHINSON says that life insurance companies should not take as risks persons suffering from active secondary symptoms of syphilis.

IN A PAPER on sexual perversion, Dr. Kiernan, the author, stated that a New York male physician with a large practice always wore feminine dress.

PROF. GLUCK has been using an anti-septic cement to bring about direct coaptation of resected bones, with excellent results.

CUDAHY'S BEEF EXTRACT. — Among the things which a woman always wants in her supply closet is a can of Cudahy's Beef Extract. By buying this, she can patronize home industries conscientiously, as it is all made in the chemical and pharmaceutical department of the Cudahy Packing Company of South Omaha. The "Rex" brand beef extract possesses a fine flavor, is convenient and quite economical to keep in the household for the preparation of beef tea, soups, gravies, salads, etc. Added to almost any kind of soup, it will improve the flavor and make it a much more nourishing dish with which to initiate the meal. It may be spread on buttered bread, providing you with a substantial sandwich, made into the form of beef tea, iced or hot bouillon and served at the soda water counter winter or summer.—*Omaha Excelsior* Oct. 10, '91.

GOOD MEDICAL ADVICE.—A celebrated German physician was once called upon to treat an aristocratic lady, the sole cause of whose complaint was high living and lack of exercise. But it would never do to tell her so, so his medical advice ran thus: "Arise at 5 o'clock, take a walk in the park for one hour, then drink a glass of tea, then walk another hour, and take a cup of chocolate. Take breakfast at eight." Her condition improved visibly until one fine morning the carriage of the baroness was seen to approach the physician's residence at lightning speed. The patient dashed up to the doctor's office, and on his appearing on the scene she breathed out: "Oh, doctor, I took the chocolate first." "Then drive home as fast as you can," ejaculated the astute disciple of Esculap, "and inject the tea with a syringe, for the tea must be at the bottom." The spell was not broken.

GERMLESS CONDENSED MILK. Manufactured by the St. Louis Dairy Co., 12th and Chestnut Sts., St. Louis, Mo.

This is made from pure milk, condensed and sterilized. It contains no foreign substance whatever. The quality of this milk will be seen by the following analysis :

Water,.....	67.00	Per cent.	} 33.00 p.c. Solids.
Butter fat,.....	10.19	" "	
Albuminoids,.....	9.10	" "	
Milk Sugar,.....	11.87	" "	
Ash,.....	1.84	" "	
	<u>100.00</u>		

DIRECTIONS FOR INFANT FEEDING.—Mix immediately before using in boiling or boiled water, and add a little cane sugar to it. For the first two months, add 4 to 6 parts water. After the second month, gradually strengthen the solution with the advancing age of the child, so as to use about three parts water to 1 part of Germless Condensed Milk.

DIRECTORS :—T. T. Turner, Chas. P. Chouteau, J. F. Lee, W. R. Sprague, R. R. Hutchinson.

CHEMIST AND INSPECTOR:—H. Dettmer, Ph. D., Professor of Chemistry in the St. Louis College of Physicians and Surgeons.

CHARLESS CABANNE, Gen'l Manager.

Free Samples to Physicians.

PRACTICE WAS DULL.—Two burglars, who were recently caught trying to blow open a bank safe in an Illinois village, were found to be the village physicians, and now there is an opening in the place for an honest doctor.—*Med. Record.*

BLOOMSBURG, PA., August 15th 1890.
MESSRS. REED & CARRICK:—

Following is an extract from an editorial in a recent number of the *Times Register*. In speaking of milk the writer says it is "variable in composition; disease transmitting; liable to adulteration; prone to decomposition; apt to absorb disease; of the utmost difficulty to preserve; a culture ground for almost every known disease germ; if there is a Boa quality which a food can have which may not be found in milk, the writer knows it not." All of which after an experience of thirty-six years I believe to be true; and I will add that if there is a better Infant Food (except the mother's milk) in the world than Reed & Carrick's Soluble Food and Lacto-Preparata, I have not heard of them.

Respectfully.

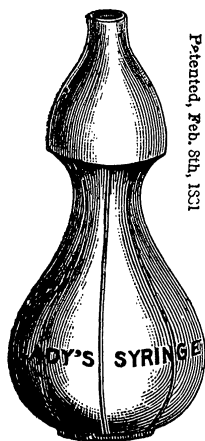
J. C. RUTTER, M.D.

CASEY CREEK, KY., March 3, 1891.

A few days since an epidemic of influenza spread over our village and community, presenting the severest symptoms, &c. All were seized in a few hours and among the number was an old lady 81 years old, she had symptoms of pneumonia, temperature 104, pain in the side near the right breast, pulse 118 and full, I gave her one Febricide Pill every three hours, and by the time she had taken five she was perfectly quiet, temperature normal and her general condition greatly improved, she made a rapid recovery and is now as well as common.

ZACHARY T. GABBERT, M.D.

AS A LADY entered a crowded street car the other night an old man holding a little boy on his lap arose and offered her his seat. "Oh, no, keep your seat, thank you," replied the lady, "and hold your boy." "Oh, that's different," replied the old man, who was slightly deaf. "I had to stand up five days once myself with a boil. I'm sorry for you." And he resumed his seat amid the roar of laughter which followed.—*Med. Herald.*



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The "Lady's" Syringe

Is the only **perfect** Vaginal Syringe in the world.

Being constructed upon the principle of **injection** and **suction** (a plan generally admitted by the medical profession as the only correct and efficient one) it cleanses the vaginal passage of all discharges to **perfection**, and enables the patient to **hold** medicated injections in close contact with the **cleansed** mucous membrane sufficiently long to get the benefit of the therapeutic action of hot water, emollients, narcotics, astringents, disinfectants, styptics, etc. Other advantages of the Lady's Syringe are: 1st.—Its simplicity of construction, it has no piston, extra nozzles, valves, washers, nor screws, which may get out of order, or may be lost, but consists simply of one piece of fine, soft rubber. 2d.—On account of its simplicity of construction it is very easily cleansed, and 3rd.—During injection not a drop of fluid need be spilled on clothing, etc.

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The Vital Principles of Beef Concentrated.

CONTAINING 26 PER CENT. OF COAGULABLE ALBUMEN.

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PALATABLE.

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BOVININE consists of the Juices of Lean Raw Beef obtained by a mechanical process, neither heat nor acid being used in its preparation. The nutritious elements of lean raw beef are thus presented in a concentrated solution, no disintegration or destruction of the albumen having taken place. The proteids in solution amount to 26 per cent. of the weight of the preparation, and give to it the great dietetic value it possesses in all conditions where a concentrated and readily assimilable food is needed.

BOVININE is easily digested and COMPLETELY absorbed from the intestinal tract, thus furnishing an extremely valuable nutrient in Typhoid Fever, after surgical operations in the abdominal regions, in all diseased conditions of the intestinal tract characterized by ulceration or acute and chronic inflammation, and in diarrhoeic complaints.

BOVININE, containing as it does all the nutrient properties of lean raw beef in a highly concentrated form, furnishes to the Medical Profession a reliable and valuable aid to treatment in Phthisis, Marasmus of both young and old, in all wasting diseases, in continued fevers, and in supporting treatment.

BOVININE, on account of its BLOOD-MAKING PROPERTIES is especially of service after surgical operations, in cases of severe injuries attended with great loss of blood and in the puerperal state.

BOVININE, for rectal feeding, is unsurpassed in excellence, having been used for weeks continuously with no irritation or disturbance resulting. The most satisfactory results from its use as an enema are obtained by adding to each ounce of **BOVININE** ten grains of Pancreatic Extract and two ounces of water. This should be well-mixed and injected slowly. No preparation of opium is necessary in the enema.

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ALE AND BEEF “Peptonized”
(Extract:—Bovis cum Malto) is the identical combination suggested by the late eminent Fothergill. Each bottle represents one-

fourth pound of lean beef thoroughly peptonized. It is the only mild stimulant combined with a perfect food known, is very palatable, aids digestion, is retained by the most delicate stomach, and the purity of its ingredients is guaranteed; the ale used being the purest and best made in America, especially brewed for this purpose, and guaranteed to be equal to the best imported ales, as only the best Canada Malt and the choicest new hops are used in its manufacture. The “Peptonized” beef is manufactured by Prof. Preston B. Rose, of Ann Arbor, Mich., late of the Faculty of the University of Michigan.

It is a real food, not a mere stimulant, as it contains all the albumen and fibrin of the beef as well as the nutritive qualities of the malted barley. It is most useful during the period of gestation, in allaying all vomiting, is invaluable to nursing mothers, also in Typhoid Fever and Dysentery and all wasting diseases. Two full sized bottles will be sent free to any physician who will pay express charges, by

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Catarrhal state of
Nose, Eye, Ear, Throat
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 in
Stomach troubles,
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For vaginitis and all ulcerative conditions of the mucous membrane of vagina and uterus, acute or chronic. Katharmon, through the "McClellan & Hitt Combination Syringe" speedily corrects and cures them. It should be used daily in the proportion of two ounces of Katharmon to one quart of water, warmed to 110° Fahrenheit.

Added to water it allays inflammation of the skin and prevents intolerable itching. Following the parturient state in the proportion of two parts to sixteen parts of water heated to 112° Fah. it is a valuable antiseptic and cleansing agent, destroying bacterial germs, preventing sepsis, and placing the uterus and vagina in a favorable condition towards speedy involution and resolution.

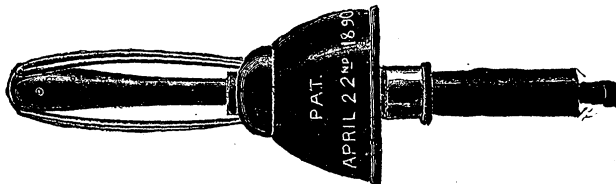
Upon receipt of \$1.00, a bottle of Katharmon, regular size, will be sent to any physician, express charges prepaid.

Literature concerning the therapeutical application of Katharmon mailed free to physicians on request.

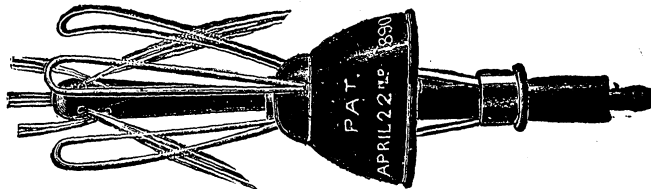
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THE MCCLELLAN & HITT COMBINATION FEMALE SYRINGE.

CLOSED.



IN OPERATION.



PAT'D APRIL 22, 1890.

Doctor, are you not tired.

of using the old style syringe and of having your patients with Vaginal diseases say, "Doctor I am no better?" The reason they don't get well is because the medicine does not reach the diseased surface. The McClellan & Hitt Syringe is the only one that will dilate the parts well, so that the medicine comes in direct contact with *all* the diseased surface, thus insuring a speedy cure.

Gentlemen:—Drs. McClellan & Hitt's Combination Female Syringe furnishes the best means for the successful application of hot and medicated fluids to the vaginal walls. I have used it in practice for some time and am highly pleased with it.

Office, 309 S. Broadway.

Yours truly,

St. Louis, June 8, 1890.

WM. F. KIER, M.D.

Prices to physicians:

Hard Rubber Attachment Dilator.....	\$1 75 each.
" " " with soft rubber bulb ..	2 00 "
" " " " 2-qt. soft rubber fountain.....	2 75 "

Upon receipt of price it will be sent by express, charges prepaid, to any physician.

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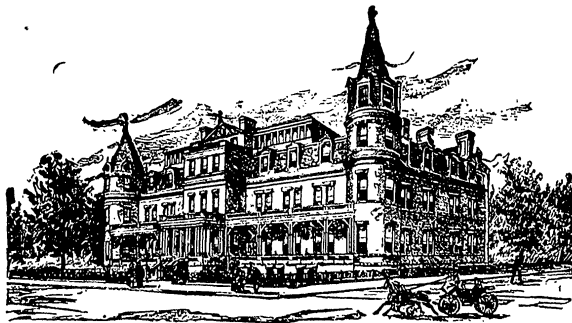
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This WINE OF COCA is so prepared that it contains the active principle of the leaves in a perfectly pure form. Moreover, it is absolutely free from all those foreign substances which all other wines of coca contain, and which interfere, to a great extent, with its curative influence. It is well known that the cocaine contained in the coca leaves varies considerably in its proportion; hence, giving to the wines as ordinary made, uncertain strength, and causing them to be unreliable in their action on the system. In the RESTORATIVE WINE OF COCA the proportion of alkaloid is invariable, and the physician can therefore, prescribe it with the certainty of obtaining uniform results.

Prof. WM. A. HAMMOND, M. D., says: A wineglassful of this tonic, taken when one is exhausted and worn out, acts as a most

THE ONLY COMPLETE ANTIPYRETIC
IT SUSTAINS THE PATIENT.
OF THE "MATERIA MEDICA"
IT REDUCES THE TEMPERATURE.
A SPECIFIC FOR
"LA GRIPPE" AND "PNEUMONIA"
IT KILLS THE FEVER



A RESTORATIVE OF THE HIGHEST ORDER.

INVALUABLE IN MALARIAL DISEASES.

A POSITIVE REMEDY FOR NEURALGIA AND RHEUMATISM.

Prof. Wm. F. Waugh, M. D., of Philadelphia, writes: In a case of persistent neuralgic headache, worse on awakening, with a possibility of malaria, "Febriocide" gave instant relief.

I have daily prescribed the FEBRICIDE PILLS all through our Epidemic of Influenza and Pneumonia, with capital results.
BUFFALO, N. Y., February 13, 1890.
S. W. WETMORE, M. D.

The prevalence of "La Grippe" has enabled me to test your FEBRICIDE and I consider it the most efficient remedy I have yet used in the pains of said malady.
CAMP SPRINGS, M. D., February 3, 1890.
JOHN L. WARING, M. D.

I have used your FEBRICIDE with excellent results in our Mountain Fevers (typhoid), reducing in one case, the temperature from 104½ with dry, brown furried tongue in ten hours, to 99½ with tongue cleaning promptly and moist, and rapid improvement dating therefrom. Have used Antipyrin in similar cases with no good results.
SPRINGVIEW, NEB., November 25, 1889.
ALBERT S. WARNER, M. D.

FEBRICIDE IN PNEUMONIA

The following cases of Pneumonia were treated in the Medico-Chirurgical Hospital with the Febriocide Pills (one being given every four hours, as a rule), and with hot poultices externally:

Admitted		Crisis	
William Johnson,.....	June 1, 1889,.....	June 8, 1889	
Fanny Winney,.....	Dec. 29, 1889,.....	Jan. 4, 1890	
William M. Johnson,.....	Dec. 30, 1889,.....	Jan. 5, 1890	
Belle Smith,.....	Jan. 8, 1890,.....	Jan. 12, 1890	
Wm. Payne,.....	Jan. 2, 1890,.....	Jan. 5, 1890	
Gustav Thoman,.....	Jan. 21, 1890,.....	Jan. 23, 1890	

All ended in recovery. These are all the cases of croupous or lobar pneumonia treated in the hospital during the influenza epidemic excepting one case, which was admitted in a moribund condition, and died before any treatment could be instituted. One case, which was apparently moribund when admitted, is included in the above list, and is at present recovering from an attack of femoral phlebitis.—Phila. Times and Register, Feb. 17, 1890.
JOHN A. REYBURN, M. D., Resident Physician.

Samples sent Free of Charge to any Physician who mentions this Journal.

HEALTH RESTORATIVE COMPANY,
90 South 5th Avenue, **NEW YORK.**

Stone in the Bladder.

A year ago Mr. A., fifty-one years old, consulted me for an old-standing and intractable cystitis as he supposed and had been informed by two physicians. I suggested an exploration and readily detected a stone. It was a large one, and it was so hard that you could hear the click of the instrument in any part of my office. I advised that he should have an operation performed, but as his brother had died after same operation a few years previously, he was afraid and refused to consent. In view to palliate, I ordered him to drink one quart of Buffalo Lithia Water every day. Washing out the bladder once a day with the same, warm, a careful attention to diet and bowels, with gentle tonics. This treatment was faithfully kept up for nine months when pus appeared in the urine and the operation could no longer be delayed. During the time he was under the treatment, large quantities of débris came away, some of the pieces were so large that it was only by great effort that they were passed via urethra. None of these were saved. The day before the operation, on the twentieth day of June, I examined him again, and the stone did not seem so large nor was the click so pronounced, though we could tell that there was a stone present by the grating as from a rough body. On the twenty-first, I did the left lateral operation, and after getting into the bladder, I introduced the forceps, grasped the stone and pulled it away, I found it was like a mass of putty filled with sand. It was sacculated and there was a quantity of pus in the viscus. With forceps, gouge, curette and fingers I finally got it all away. No part of it was so hard

but that it could not be crushed with very little effort between the fingers. After the fragments were allowed to dry they became hard.

It was noticed that there were very few large pieces, and these were so soft that they would drop to pieces on the slightest provocation. This friable quality showed me *why* I did not get so pronounced a sound at my second examination, nine months after the first. Had I known before I operated what I knew afterward, I would not have done it, but with a lithotrite I would have crushed it and washed it out, though I believe firmly that if I had continued the treatment of the Buffalo Lithia Water a few weeks more the stone would have fallen to pieces. The outer segments were roughened showing the disintegrating action of the water in dissolving it. I believe the case is unique in every particular and shows the value of Buffalo Lithia Water so clearly that I thought it worth repeating. The patient made a complete recovery without an accident to mar it. The total weight of the pieces saved was 213 grains.—*The Prescription.*

MOSQUITO BITES.—A writer in a German contemporary says that for mosquito bites he has found in his own person nothing better than soap. He resides in Africa, and always carries a small piece of soap with him on his country expeditions. If he is bitten he makes a lather over the affected part, and allows it to dry on. The burning is at once relieved, and all pain soon ceases. The application can be repeated as often as desired.—*Med. Record.*

David Nicholson's Liquid Bread.



IT IS

**A Pure Liquid EXTRACT OF MALT,
Sparkling and Effervescent.**

IT IS

**A CONCENTRATED FOOD,
and a Digester of other Foods of a
Starchy Nature.**

CONTAINING LESS THAN 3 (2.8) PER CENT. ALCOHOL.

Among the various preparations with malt as the basis, I do not know any which exceeds in beneficial effect **DAVID NICHOLSON'S PURE MALT EXTRACT**, and which has given equal satisfaction to my patients.

Its nutritive action upon the sick may be readily demonstrated by their increasing weight under its use.

The agreeable and palatable form of this preparation renders it particularly valuable to infant invalids and nursing women.

LOUIS BAUER, M.D., M.R.S.C., Eng.

Prof. of Surgery, Consulting Surgeon to the City Hospital, etc.

ST. MARY'S

INFIRMARY,

1536 PAPIN STREET.

St. Louis, April 28th 1888

*We have been using "Nicholson's
Liquid Bread" in our hospital
and are very much pleased with
results obtained*

Sisters of St. Mary

THE BEEF OF AMERICA, that feeds the hungry of all nations, is concentrated into an extract of delicious flavor, which is made into soups, gravies, stews, beef tea, etc., and has become a great favorite with those who know how to use it.

The great "Rex" brand, made by The Cudahy Packing Company, of Omaha, is the purest and best in the market. It never spoils. Try a cup of it at the exhibit in the East Wing.—(From the *Portland Industrial Exposition Daily*, Oct. 14th, 1891.)

"BIG G," for gonorrhœa, is said to be a fluid mixture of boracic acid and hydrastis.

BEDFORD, O., June 3, 1891.

MESSRS. REED & CARRICK, NEW YORK.

Gentlemen:—Two years ago I took diarrhœa and was treated for it by a number of physicians with only temporary relief. I received some of your Pancrobilin, and I am happy to inform you that one bottle was sufficient to do the work in my case. It *entirely cured me*, and I have not had a return of the trouble since. My weight was reduced from 175 to 140, have now regained my former health and weight. You are of liberty to publish the above over my signature. Yours truly,

R. R. ANDERSON, M. D.

IMPROVED TUBERCULINE. — A Berlin newspaper of recent date states that Professor Koch has made another important improvement in his fluid and that he believes yet that it can be made serviceable in the treatment of tuberculosis.

THE BEST WAY TO ADMINISTER IRON. — It is generally conceded that the official tincture of chloride of iron is the

most valuable of the iron preparations therapeutically. The practical difficulties attending its administration for a length of time have been its disagreeably astringent taste, its corrosive action on the teeth, and its constipating action.

Dr. G. W. Weld's extensive experience in the practice of dentistry led him to recognize the virtues of the tincture of the chloride of iron as a stimulant resource for patients after the strain of the dentist's work. Repeated experiments to obtain a formula free from the objectionable features resulted in the preparation of a highly palatable syrup with all the therapeutic efficacy preserved. This has been extensively tested and placed in the hands of Parke, Davis & Co. for manufacture, who strongly commend it to the medical profession for trial. Being prepared after Dr. Weld's formula, it is entitled Weld's Syrup of Iron Chloride (P., D. & Co.'s). It is believed it will effect a revolution in iron administration.

"MEDICAL SCIENCE has made such progress," said the doctor when speaking of his profession, "that it is almost impossible for anybody to be buried alive now." Then he wondered why everybody laughed.—*Boston Courier*.

BLOSSBURG, ALA. April 8, 1890.

I received your *Febricide Pills* yesterday and at the same time had a call to see a lady who was suffering from a severe attack of inflammatory Rheumatism, she objected to morphine on account of the nausea and I administered one pill *Febricide* which was followed in one hour with a reduction of temperature from 104 to 102½, she turned over, said good night and slept through the night well.

J. M. MILLER, M. D.

PEACOCK'S BROMIDES

(SYR: BROM: COMP: PEACOCK.)

Each fluid drachm represents 15 grains of the Combined C. 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.

PEACOCK'S FUCUS MARINA

(ELIX: FUCI MAR: PEACOCK.)

From Sea Weed.

Uses: Malaria, Phthisis, Etc.

An ALLY of quinine—quinine CHECKS the Malarial Chill; Fucus Marina ELIMINATES the Malarial CAUSE; and thus prevents the recurrence of the Chill *after* it has been *checked* by quinine.

An INVALUABLE REMEDY in the treatment of Phthisis—it arrests the decay of lung tissue, diminishes the fever, lessens the cough, abates the soreness in the lungs, improves the appetite, and impedes the progressive emaciation.

DOSE.—One Teaspoonful IN WATER, four times a day.

CHIONIA FROM CHIONANTHUS.

Uses: Billiousness, 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.

PEACOCK CHEMICAL CO., ST. LOUIS.

WHEY, or MILK SERUM

Is deservedly growing in use and repute as one of the readily available and desirable nutrients for the sick, and as a temporary substitute for whole milk in excessive derangements of infant digestion.

WHEY contains all the salts of milk, the soluble albuminoids and the milk sugar, the casein and the greater part of the fat only being separated from the WHEY, when prepared with

FAIRCHILD'S ESSENCE OF PEPSINE.

Thus a really nutritious fluid food may be surely, speedily and easily prepared, far richer and more comprehensive in actual nutritive constituents than many costly so-called "foods," beef, elixirs, wines etc., which have been, over and over again, shown to contain but a mere trace of the characteristic and essential elements of beef, viz.—its albuminoids.

FAIRCHILD BROS. & FOSTER,
82 & 84 Fulton Street, NEW YORK CITY.

ANTISEPTIC PASTILLES.

WM. R. WARNER & CO.

For Nasal Application and as a Mouth Wash, Nasal Catarrh, etc.

Formula suggested by
Carl Seiler, M.D.

R

Sodii Bicarb. et Sodii Bibor.....	aa dr. vi
Sodii Benzoate et Sodii Salicylate.....	aa gr. xx.
Eucalyptol et Thymol.....	aa gr. x.
Menthol.....	gr. v.
Ol. Gaultheria.....	gtt. vj.
Glycerine.....	oz. viiiss.
Alcoholis.....	oz. ij.
Aque.....	q. s. 16 pints.

ANTISEPTIC PASTILLES.

Directions.—For nasal application dissolve ONE PASTILLE in two fluid ounces of water, to be sniffed up the nose or used as a spray by the patient night and morning. A solution of similar strength as a detergent and antiseptic is used as a mouth wash, leaving a pleasant, cleansing and healing influence on the mouth and gums. Orders should be addressed through mail direct, or Warner's Antiseptic Pastilles can be obtained from all leading druggists. Price, 50 cents per bottle. Physicians are cautioned to specify Warner & Co.'s and not to confound these with Antiseptic Tablets containing Corrosive Sublimate, used as a germicide, etc. Order Warner & Co.'s Antiseptic Pastilles, 50 in each bottle, and take no substitutes.

We prepare the above medication under the name of ANTISEPTIC PASTILLES—15 grs. each.

WARNER & CO.'S

PIL: ANTISEPTIC COMP.

Each Pill contains: Sulphite Soda, 1 gr.
Salicylic Acid, 1 gr. Ext. Nuc. Vomica,
 $\frac{1}{2}$ gr. Powd. Capsicum, 1-10 gr. (one't
Pepsin, 1 gr. **Dose.—1 to 3 Pills.**

Pil. Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion, and malassimilation of food.

WARNER & CO.'S

PIL: ANTISEPTIC.

Each Pill contains: Sulphite Soda, 1 gr.
Salicylic Acid, 1 gr. Ext. Nuc. Vomica,
 $\frac{1}{2}$ gr. **Dose.—1 to 3 Pills.**

Pil. Antiseptic is prescribed with great advantage in cases of Dyspepsia attended with acid stomach and enfeebled digestion following excessive indulgence in eating or drinking. It is used with advantage in Rheumatism.

Please specify (Warner & Co.) to avoid substitution.

PHILADELPHIA,

NEW YORK,

LONDON.



ST. LOUIS CLINIQUE

A MONTHLY JOURNAL OF

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No. 3.

A Case of Nephritis Following Diphtheria.

BY W. H. TOWNSEND, M. D.

Seeing in the January number of the *CLINIQUE* an article on diphtheria I thought I would write up one of my experiences with this dreaded monster amongst children, that might help some of the younger practitioners like myself to be on their guard in these cases. The case I wish to speak of occurred in a family, three members of which have just recovered from this disease in all its details.

She was five years old, strong before the attack, and, to be brief, I will say she was apparently well on the road to recovery. The membrane had all disappeared, temperature had declined and she was progressing nicely. I stated to the parents that I would not return again unless I was called, gave full instructions as to care, diet, etc., and told them to watch for paralysis. In a few days the father told me that the appetite did not seem to improve much. that food and drink passed through the nose, and that she had a nasal tone of voice. I ordered the elixir of the phosphates of quinia, iron and strychnia three times a day, and she seemed to improve. Later on they told me her

face was swollen a little. I at once sniffed kidney trouble in the distance. I obtained a sample of urine and found albumen, mucus, epithelial cells, &c., and the quantity passed was small. Uræmia was also marked; there was inclination to sleep unless aroused by something; the skin also showed the cachexia common to these cases. I at once ordered potassium acetate and infusion of digitalis, also a tonic of iron, &c., with spirits of Mindererus and a mild cathartic (for the heart was weak), flaxseed and mustard poultices over the kidneys, promoted diaphoresis by warm bottles of water, blankets, steam, &c. In spite of these measures she kept getting worse, passed a spoonful at a time of smoky urine, the heart action became irregular and so weak that the pulsations could scarcely be counted; the subcutaneous tissues all over the body were infiltrated; there was a slight effusion in the right pleural cavity, accompanied with marked dyspnœa. It seemed that uræmic convulsions would set in any minute. These conditions had been so graphically described by Prof. Close in his lectures on nephri-

tis, that my fear of them was well grounded. In this connection allow me to say to the members of the present class that strict attention given to Prof. Close's lectures on this subject will be richly repaid when such cases present themselves in practice.

But to get back to the subject. I had Dr. Wm. R. McKenzie, of Chester, called in. He confirmed the diagnosis and indorsed my treatment, and thought she would not recover. We supplemented the treatment with inunctions of animal fat and quinine, giving brandy and milk at regular intervals. Her

heart was too weak for active diaphoretics and cathartics. She wavered for a couple of days and changed for the better, brightened up, urine increased to nearly normal, albumen disappeared, pulse became regular, appetite increased, and she is now well on the road to recovery.

The point I wish to make is this: be sure and examine the urine in these cases at intervals. I think I made a mistake in not doing this sooner, which I will not make next time.

BREMEN, ILL.

Some Favorite Prescriptions.

BY EUGENE L. CRUTCHFIELD, M. D., F. S. SC. (LONDON)

Notwithstanding the constant hue and cry against routine practice, it is safe to say that nearly every physician has certain formulæ (either original or borrowed) which have been of such service, that he has learned to rely upon them to meet special indications. By this, it is not meant that he uses these combinations on any and every occasion—that he employs a certain prescription to treat “a name instead of a condition;” but an intelligent practitioner will always be guided by the requirements of the case, and know when to write a prescription in its usual form, and when to alter it somewhat as the symptoms may indicate. It is to a few of these formulæ, that have been of material aid to me, that I now wish to call attention.

For *infantile colic*, the following I have found most serviceable. It contains no opium or other deleterious ingredient. It may, therefore, be ad-

ministered almost *ad libitum*. Its action, however, is so prompt and satisfactory as generally to render more than two, or at the most, three doses unnecessary:

R Sodii bicarb.....gr. viij
 Olei anisi.....m. viij
 Mucil. acaciæ.....℥ss
 Aq. menth. pip.q. s. u.f.℥ij.
 M. Sig. ℥j every half hour.

For the relief of pain the following prescription is invaluable. It was originally intended for the *spasmodic colic of adults*, but I have known it to be of benefit in so many other affections (*angina pectoris, asthmatic paroxysms, etc.*) that under no circumstances would I like to be deprived of the formula. Of course, it is most useful in troubles into which a convulsive element enters:

R. Spts. chloroformi.....℥ij
 Tr. opii camph.....℥vj
 Tr. cardam. comp. q. s. u. f.℥ij
 M. Sig. ℥ss *pro re nata*

As a *carminative*, the following mixture is excellent:

- R. Tr. calumbæ.....ʒiij
 Spts. ammon. aromat.....ʒiiss
 Tr. cardam comp. q. s. u. f. ʒiij
 M. Sig. ʒss *pro re nata*.

In cases of *malarial cachexia*, after the *periodicity* has been broken up by the large doses of quinine, the following combination fully meets the indications of the case, viz., to tone up the system and prevent a return of the chills:

- R. Liq. sodii arseniatis.....ʒj
 Ext. eucalypti fl.....ʒiij
 Tr. cinchonæ comp.....ʒiiss
 Aquæ cinnamomi, q. s. u. f. ʒiij

M. Sig. ʒij *ter in die* in water, after meals.

For a long time I searched for a prescription that would cure *sick headache*. Various combinations were tried, but nothing satisfied me until I came across the following in an English work on "Headaches; their Nature, Causes, and Treatment," by Wm. Henry Day, M. D., M. R. C. P., Lond. To this I have added one ingredient, the bromide of ammonium. Some may object to the formula on the ground of polypharmacy but where every drug is given for a definite purpose it is allowable to combine many ingredients into one prescription, especially when the resulting compound is as efficacious as the following:

- R. Sodii bicarb.....
 Bismuthi subcarb.....
 Pulv. acaciæ.....aaʒj
 Spts. ammon. aromat. ʒij
 Ammonii bromidi..... ʒiiss
 Syr. zingib..... ʒiij
 Aquæ dest., q. s. u. f. ʒviiij

M. Sig. ʒj as required. Repeat if necessary.

In *atonic dyspepsia*, I have known the following to act like a charm. The pepsin and the lactic acid supply the deficient secretion of the stomach, while the nux vomica acts as a tonic to the

nervous system, and stimulates the gastric mucous membrane to a proper performance of its functions:

- R. Liq. pepsini.....ʒij
 Acidi lactici.....ʒvj
 Tr. nucis vomicæ.....ʒiiss
 Aq. menth. pip., q. s. u. f. ʒiv
 M. Sig. ʒij *ter in die*, after meals.

In the *first stage of pneumonitis*, and in other diseases in which a febrifuge is called for, the following has proved of great service to me:

- R. Tr. veratri viridis..... m xl
 Tr. cinchonæ comp.....ʒj
 Potass. acetatis.....ʒss
 Morphini acetatis.....gr j
 Aquæ dest., q. s. u. f. ʒij
 M. Sig. ʒj every two hours.

In *neuralgic cephalalgia* and in the *early stage of la grippe*, when the patient complains of pains and aches from head to foot, the following has answered admirably. It also causes a reduction of temperature in *la grippe*:

- R. Quininæ sulph.....gr. ix
 Antipyrine.....gr. xviiij
 Ext. hyoscyami.....gr. iij

M. Ft. capsul. No. vj. Sig. One capsule every two or three hours.

The last prescription to which I desire to call attention, is one recommended by Prof. W. A. Hardaway, of St. Louis, and used in his clinic. I found it in the *St. Louis Courier of Medicine*, for December, 1890. It is of service in the *eczema of children*. Having tried it, I can testify to its value.

- R. Ung. picis liquidæ.....ʒss
 Ung. aquæ rosæ.....ʒiiss
 Zinci oxidi.....ʒj
 M. Sig. Spread on lint and apply.

These formulæ are here given because having been of service to me, I am anxious that others may also have the benefit of them. The majority of them are original. They are all, in my humble opinion, efficacious.—*Va. Medical Monthly*.

Dysentery ; Its Etiology and Treatment.

BY J. P. LAPSLEY, M. D.

Pathology.—Dysentery is a local affection, but if long-continued and severe will show constitutional symptoms, like all other diseases. It is usually ushered in by a gastro-intestinal catarrh, and after a few days symptoms of dyspepsia and diarrhea set in and increase, with pain in abdomen, nausea and copious fluid discharges, violent griping and tormina with great depression. Tenesmus becomes intense and more or less constant and the discharge is attended with no relief. The region of the rectum becomes inflamed and is the seat of intolerable, burning pain. The discharges may be copious or scant, dark brown, thin and highly offensive, and containing scybala, or finally they may become so scant that with the greatest effort only very small quantities of mucus streaked or tinged with blood are passed. In some cases the discharges contain lotura carniū, sometimes the discharge is pure blood. There may or may not be fever, but the pain and discharges quickly exhaust the patient and lead to emaciation and profound prostration; skin becomes hot and dry, tongue heavily coated, and the face wears an anxious expression characteristic of the disease. An acute case of dysentery sometimes subsides without lesions, and a duration of an attack may be cut short by proper treatment. Specific dysentery lasts from two to four weeks, but some cases show a peculiar defiance and resist all treatment, even the last resort, change of climate.

Treatment.—Under favorable circum-

stances and proper hygiene the majority of cases of the catarrhal form recover without special treatment in from three to ten days; but epidemic dysentery has no duration and but little tendency to spontaneous cure; but the worst cases are often checked by appropriate treatment. In all cases of dysentery perfect rest is the first requisite for treatment, and absolute milk diet should be enforced. Active treatment should begin with a saline laxative, such as a seidlitz powder, a dose of Rochelle salts or sulphate magnesia in broken doses—which in fact has been considered by some to be in itself a cure for the disease—a large dose of castor oil or from five to ten grains of calomel. For the relief of pain in lighter cases tincture opium with camphor-water and nitric acid will be all that is necessary. Since dysentery is undoubtedly a local and specific disease, by far the most rational treatment is by irrigation of the large intestines in severer forms. Many cases will recover almost immediately after an irrigation with cold or ice-water, if the lower bowel be thoroughly irrigated and all of its contents removed. Wood highly recommends the treatment of specific dysentery by injection of nitrate of silver, one drachm to the pint of boiled water three times daily, and claims some surprising cures. A very successful way of irrigating is by injecting as much water as possible with a drachm of alum to the pint. Salicylic acid is in this way often a benefit, but carbolic acid can not be used on account of its toxic effects. Bichloride

of mercury has also been frequently used as well as all the other antiseptics. If there is a specific in the treatment of dysentery it is pulverized ipecac. In all acute cases give from 30 to 60 grains every four hours, as it must be given in decided doses to obtain its effects. My method of using it is to give one drachm, and if necessary repeat in six hours. It causes a great deal of nausea, and sometimes vomiting for two hours. Then the patient breaks out in a profuse perspiration, the pulse becomes fuller, softer, and more regular, and tenesmus and abdominal pains cease and there are no more stools from eight to twenty-four hours. Ipecac has all

the advantages of mercurial purgatives without their irritating action; all the results of sudorifics without their uncertainty; all the benefits of opium without any of its disadvantages. Should the remedy fail to be of value in forty-eight hours, it should be discontinued and irrigations used. Turpentine, internally and externally, has had its advocates; also astringents, such as tannic acid, kino, catechu, krameria, acetate of lead, and nitrate of silver; also boric acid, opium and its preparations, and quinine. All others things failing as a cure in chronic cases, a permanent change of climate should be advised. — *Am. Pract. and News.*

Treatment of Acute Coryza.

Now that the damp, chilly season has arrived when colds in the head are very prevalent, says the *Boston Medical and Surgical Journal*, it is well to recall some of the favorite prescriptions for this complaint.

Capitan, in *Médecine Moderne*, No. 46, 1891, recommends the following powder, which, he says, arrests generally, almost immediately, a commencing coryza, if from the very onset the patient takes pains to snuff up a pinch into each nostril and draw it in deeply:

R. Salol.....gr. xv.
Salicylic acid.....gr. iij.
Tannin.....gr. jss.
Powdered boric acid...3j M.

Take a pinch every hour for half a day, and then discontinue the use of this snuff, for if it be persevered with, it may cause an eczematous eruption on the margins of the nostrils from the action of the phenic acid resulting from decomposition of the salol.

Another snuff-powder by the same writer is recommended as being similar

in its action to the preceding, but less powerful:

R. Powder of talc.....ʒi.
Antipyrine.....gr. xij.
Pulv. boracic acid.....gr. xxiv.
Salicylic acid.....gr. iij. M.

This powder may be snuffed up the nostrils without fear of irritation.

M. Tessier, in the *Annales de Médecine*, indicates several formulæ for the treatment of this affection. The following is a mixture for inhalation:

R. Acid carbolic fort.....
Liquor ammon. fort.....aa ʒi.
Water.....
Alcohol.....aaʒij. M.

Pour a few drops on blotting paper and inhale a few seconds. In some cases, chloroform or tincture of camphor may be advantageously substituted for the water in the above.

Dobson, in the *Lancet*, May 31, 1884, advises respiration of camphor coarsely powdered and placed in a jug of boiling water as an effective remedy against coryza. "About one drachm of cam-

phor should be added to half a pint of fluid and the steam thus impregnated should be inhaled slowly ten minutes every hour, repeating it three or four times, when the nasal inflammation will be much relieved. The jug containing the water as well as the face of the patient must be surrounded with a paper cone during the period of inhalation."

The following formula is recommended by Dr. Beverly Robinson:

R. Pulv. fol. belladonnæ. ℥ i.
 Pulv. morph. sulph. . . gr. ij.
 Pulv. gum acaciæ, ad. . . ʒ ss. M.

Sig. Use with the powder-blower for anterior and posterior nares.

This powder should be blown through the nose both anteriorly and posteriorly so as to coat over the mucous membrane lining the nasal passages very thoroughly. "Its most noticeable action is to diminish the congested condition of the interior of the nose, so as to permit freer passage of the inspired and expired current of air. This it does, doubtless, by contracting the small blood-vessels and lessening the amount of watery fluid which exudes from them into the cellular structure. Besides all three agents, morphia, belladonna and gum, are decidedly antiphlogistic in their action upon the inflamed pituitary."

Dr. Morell Mackenzie advises the following snuff, which is to be used from the commencement of the cold, but never longer than twenty-four hours:

R. Morph. sulph. gr. ij.
 Subnitrate of bismuth. ʒi. M.

To conclude: A person who is conscious of having taken a cold in the head, should take his room and resort for relief to some of the measures of local treatment above given. For internal medication we do not think that much confidence is to be placed in the small doses of atrophine or the large doses of quinine advised by some authorities. If there be a furred tongue and

a deranged state of the *primæ viæ*, a saline laxative, a full dose of rhubarb and soda, or even a cholagogue cathartic may be indicated. Hourly doses (one drop) of tincture of aconite may be given, or two or three five-grain doses of acetanilid two hours apart, or two ten-grain doses of phenacetine at the same or a longer interval, if there be considerable fever and headache. It is worse than useless to take any other nourishment than a little hot liquid food till the acute symptoms have somewhat subsided. General diaphoresis will seldom be advisable for a simple coryza. Dover's powder is apt to disturb the stomach and constipate, and can seldom be required. Antimonials, jaborandi and pilocarpine are not to be thought of. A teaspoonful every two hours of aromatic spirits of ammonia can do no harm; or two or three drops of the liquor morph. sulph. along with two and a half grains of ammonium carbonate every hour for six hours, and afterwards every hour and a half. According to Phillips, a few drops of the tincture of *euphrasia officinalis* (eye-bright) taken at the beginning of the attack of acute coryza and repeated every two or three hours, will often abort it, and this treatment is endorsed by Dr. G. M. Garland in a former number of this journal.

RHUS AROMATICA.—This is an astringent diuretic and will many times cure what is believed to be an incurable diabetes. The amount of urine is steadily decreased, the inordinate thirst is relieved, and every function of the body is thereby bettered. It is the remedy for hemorrhage from either the kidneys or bladder. When the child is constantly wetting the bed, *rhus aromatica* will often cure where all other remedies have failed.

The Radical Cure of Fistula in Ano Without the Knife.

A prompt and successful result, in several cases of anal fistula by injection of iodine, has induced me to call renewed attention to this subject.

While disclaiming, of course, any originality for this *plan* of treatment, the *manner* in which I have employed it is perhaps somewhat new. At all events, it has thus far been entirely and permanently successful in my hands; and the suggestions of M. Henry, assistant to M. Bonnafont, as long ago as 1858, on this subject, seem to me to have met with undeserved neglect.

The iodine should be employed in the form of a *saturated ethereal* tincture. Its advantages over the officinal or alcoholic tincture are obvious. It is not only *stronger*, and thereby excites inflammatory adhesion in the walls of the tube, but the ether evaporates almost momentarily, and a pure coating of iodine is left along the fistulous track, which doubtless encourages absorption.

The instrument I have used is an ordinary hypodermic syringe, with small silver canula, which may be readily bent to correspond with the direction of the sinus, and the mode of operation is as follows:—After exploring the fistula with a *very small* probe (the ordinary probe of the pocket-case is far too large), after determining its course and extent, the patient is to be placed in a good light and a glass rectal speculum introduced, with its fenestrum opposite the internal orifice of the fistula. The canula is now bent to the required curvature and introduced, when the syringe, filled with tepid water, is screwed on, and the surface thoroughly

cleansed of all extraneous matter. This step is not only essential, but serves to allay timidity, or dread of the subsequent operation. Next, by pressure, the fistula in its whole extent should be dried out, and the iodine will thus come in direct contact with its walls. Introduce now into the speculum a quantity of absorbent cotton. This will absorb any of the iodine which might otherwise be injected *through* and injure the mucous membrane, and by its characteristic stain will serve to show the completeness both of the fistula and of the operation. The canula may now be re-inserted and the injection made. It should be done *slowly*, and at the same time the canula gradually withdrawn. Every part of the surface will thereby be reached.

The operation, which is not very painful, should be premised with a cathartic and followed with a full anodyne, as ordinarily with the time-honored knife method. The patient need not be confined to his bed, or room, even for an hour.

Thus far I have performed this operation four times, and, as remarked above, with immediate and complete success. The patients were, all but one, below thirty years old. One was tuberculous, but no appreciable injury accrued from thus checking what we were once told is in phthisis a conservative drain. In my first case, a clerk, æt. 23, there was a dense and almost cartilaginous state of the fistulous wall, and the injection had to be repeated; but in the others one "sitting" alone was called for.—L. C. Pike, M.D., Norway Maine, in *Mass. Med. Jour.*

A Plan of Treating Tubercular Diseases.

BY NEVIN B. SHADE, M. D., PH. D.

In the treatment of this most fatal of infectious diseases, I have secured gratifying results from a very plain and feasible plan of treatment; outlined as follows:

1. Remove the cause, that is, break up the soil in which the germs develop. In doing this the predisposition or susceptibility, whether inherited or acquired, is greatly modified, and in some cases wholly annihilated.

2. Restore the powers of assimilating food, and thereby increase the volume and improve the quality of blood.

3. Repair damaged lung and throat tissue.

The success of the two latter depends entirely on the former. If the source of supply from which the bacilli derive their nourishment is not broken up there is but little that can be done in the way of increasing the volume of blood or repairing damaged lung tissue. When the cause that produced the damages is still allowed to continue, why undertake to repair damages, or add to the flame by advising nutritious food, cod-liver oil, and stimulants, producing more fuel to be burned up in the alimentary canal and tissues of the physical system?

I do not take charge of a case unless they agree to flush the colon with hot water every other day, the larger the quantity the better. This keeps the reservoir of the feculent matter empty and allows the small intestines to relieve their engorgement, and more or less obviates the fermentation of chyme in the duodenum, from whence the chyli-

ferous vessels receive the nutritious part of the food. When, however, this section is in a crowded condition, as it is most generally in invalids (especially who lead sedentary lives), the chyliiferous vessels are unable to discriminate between chyle and excrementitious matter, and the result is that the lungs are called upon to filter the unwholesome mixture received from the right side of the heart, and as a result is furnished the fertile soil in which the germs of tuberculosis develop. This will very readily account for the laryngitis, bronchitis, and also the sore throat, which in the last stages furnish enough "bacilli soil" to develop the germs in those parts also.

In addition to flushing the colon, I also prescribe sufficient hydrargyrum chloridum mite to clean the tongue and remove the clammy taste, as well as dryness of the throat. After this, hypodermics of hydrargyrum bichloridi, watching its physiological effect, not to approach too closely ptialism. The mineral treatment must be given with great caution and not continued more than one week at a time. I also prescribe a granule or two of (dosimetric) quassine before meals with hot water. So much for disorganizing the bacilli and breaking up the soil in which the germs develop. I have proven this theory by a careful examination of the bacilli under the microscope when treatment began, and in a few weeks invariably found the bacilli fading and becoming disorganized, and scarcely recognizable.

If, however, the patient's volume of blood has become so small, from mal-assimilation of food, causing rapid contraction of the heart to sustain life, all hope has fled and death is inevitable.

It will be noticed that carrying out the suggestions of my first proposition naturally prepares the way to restore the digestion and "increase the volume and improve the quality of blood." In addition to the quassine I prescribe the syr. hypophosphite of soda in dry cough and syr. hypophosphite of lime in copious expectoration, and never give the syr. hypophosphite of lime and soda.

Now we come to the third outline of treatment. Will medications benefit the lung tissue when taken into the stomach? My experience has been negative. I have been using with the most remarkable results inhalations of am-

monium chloride and also of tar by means of a modified inhaler. This direct treatment has given the best results in rapid breaking down of lung tissue, cavities, hemoptysis, bronchitis, laryngitis, and also in the worst cases of post-nasal and laryngeal catarrh it never fails when the aponeurosis has not been destroyed. I have not exaggerated the results achieved by the ammonium chloride in my experience.

Out of 113 cases of tubercular consumption up to last September, four cases have died, 14 I have lost sight of, 11 still continue treatment, and the rest are pursuing their accustomed avocations. I should like to cite a few cases of remarkable interest, but time and space will not permit, but may, possibly, in the near future.—*Times and Register*.

Turpentine in Post-Partum Hemorrhage.

CASE I. — Mrs. S——, aged forty-four, mother of eighteen children, one pair of twins. Large, fleshy woman, strong as a man. No trouble in previous confinements, having never called a doctor in any of them. Her eighteenth labor occurred at full term and again no doctor was called. About an hour after the completion of the second stage severe flooding began, and a messenger was immediately dispatched for a doctor. Being ten miles out of town, about two hours elapsed before I reached the bedside. I found her cold, pulseless, and speechless, lying in a bed literally soaked in blood. On making an examination I found a large, flabby uterus and a tightly adherent placenta, which I removed with great difficulty. I then saturated my handkerchief with spirits of turpentine, and swabbed out the

uterus, which immediately responded to the stimulus, and contracted so vigorously as to squeeze out my hand. Not another drop of blood was lost, but the patient did not rally and in a few minutes expired, completely exsanguinated.

CASE II. — Mrs. H——, primipara, aged eighteen. Pale, anæmic woman, weighing about one hundred pounds. Labor was long and severe. She began flooding a few minutes after the child was born. The after-birth was delivered by Credé's method. The flooding became more profuse after the delivery of the placenta. I gave a hypodermic of 20 minims ergotole, followed by a drachm of fluid extract ergot by the mouth, vigorously kneaded the abdomen, and applied cold cloths over the uterus and thighs, without diminishing

the hemorrhage. As the patient was rapidly sinking I hurriedly soaked my handkerchief with the turpentine and mopped out the womb, when it instantly contracted so vigorously as to squeeze out both my hand and the handkerchief, and there was no more bleeding. The slight smarting caused by the turpentine seemed to revive the patient, who shivered slightly, opened her eyes, and asked: "Doctor, what's that?" The only real discomfort she complained of

was a slight smarting of the perineum and anus, caused by the excess of turpentine running over the parts—for I did not take time to measure the amount on my handkerchief. She made an excellent recovery,

I would not advise using a handkerchief if a piece of clean linen is at hand; but as time is precious, and turpentine is an excellent antiseptic, no sepsis need be feared.—B. J. WETHERBY, in *Med. Record*.

Specific for "La Grippe."

BY JOHN D. M'GIRK, M. D.

I wish to make a statement to the medical profession concerning my experience in the treatment of the prevailing epidemic, la grippe, or influenza, which is producing such a furor in the world, and in the treatment of which there seems to be nothing but confusion. The treatment of this disease, so far as a specific has been found, seems to have been given up by common consent. This was admitted a few days ago by one of our eminent professors in a lecture to his class, and was published in the *Philadelphia Times* of the 6th inst.

The number of remedies suggested has been very great, most of them useless, many unscientific, and some extremely foolish; such, for example, is the treatment with whisky and quinine—a more unlikely combination to cure a disease like la grippe could scarcely be conceived.

If this influenza is the same disease, and characterized by the same symptoms in Philipsburg, Pa., as it is everywhere else, and known by the common

name of the "grip," then I claim that the treatment I have been using is a specific in the fullest meaning of that word. I claim that the remedies I use will completely and permanently break up the disease in from eight to sixteen hours in every typical case, which I have seen verified in more than two hundred cases of an unbroken record, and which I am now treating daily without a failure. The specific is a combination of fluid extract of aconite root and fluid extract of gelsemium. The aconite controls the fever, while we have in the gelsemium the most powerful febrifuge and anti-neuralgic remedy in the pharmacopœia, and in the combination of these two we have a therapeutic Hercules which, in power and range of application, cannot, apparently, be equaled by any other drugs in the world.

Now let us apply the treatment. I see my patient, say at 9 A. M., an adult of ordinary size and physique, and listen to the following history: "I felt chilly for several hours yesterday, then I began to have headache and pains all over

my body, now I am burning up with fever and my head is almost bursting, and my eyes pushing out of my head. My head feels as if there was a force pump inside of it trying to break through the skull. I never had such a headache in all my life—what is it, Doctor? Is it what they call the 'grip'?"

The above is a fair sample of what every doctor has heard. I now examine my patient, and find a full bounding pulse (such as would indicate bleeding forty years ago) of from 100 to 140 pulsations to the minute; skin very hot, it may be moist, but is usually dry; temperature 102° to 105°; skin red; face flushed; eyes red, prominent and full of tears; great thirst, and perhaps delirious, etc. This is the disease which has been prevailing in our town, and what we recognize as la grippe. I assure my patient of a speedy and permanent recovery. I take from my pocket case a vial of fluid extract of aconite root and put three drops in a glass, and add twelve drops of fluid extract of gelsemium, a little water is added, and this constitutes the first dose. I then order him to bed, with strict injunction not to leave under any circumstances.

I am at his bedside again at the end of four hours; find the pulse a little softer, not quite so frequent; the skin a little cooler and thirst not quite so great. I now give a smaller dose, two drops of the fluid extract of aconite and ten drops of the fluid extract of gelsemium, and I say to my patient: "I will see you again at the end of four hours, when in all probability you will be bathed in a profuse perspiration, your headache and backache greatly relieved, and in every way feeling better, but under no circumstances remove any of your covering; lie still and sweat until I see you again; drink no lemonade, but a swallow of cold water (not

iced water) may be taken occasionally.

When I see my patient again at the end of another four hours I generally find him in a profuse perspiration, headache all gone, or greatly relieved, all pains and aches much better; pulse normal in size and frequency; temperature 98.5°. This is the end of his grip, as a rule, but in case I find on my third visit that the pulse is still a little full, and the perspiration slight (perhaps none, but this is very rarely so), I repeat the dose, two drops of the aconite and eight drops of the gelsemium, and on my next (third) visit, after another interval of four hours, I find the treatment has accomplished the great essential, complete relaxation of the system and "restoration of equilibrium" in the circulatory and nervous systems, and there follows as a necessity normal pulse, normal skin, normal temperature, normal respiration, and normal everything. A fourth dose is scarcely ever required, and I believe I have not found it necessary but in four or five cases out of more than two hundred.

It is the combination and careful administration of these powerful remedies that I have found such perfect success following their administration in *every case*. A little backache may linger in a few cases for twenty-four hours thereafter, and a sense of soreness all over the body is, of course, to be expected for a while after convalescence, but a small dose of the gelsemium (three or four drops) removes the backache, whilst a rubbing of the body all over with the hand, and olive oil, is exceedingly grateful to the patient. This must be done by the nurse passing his or her hand under the bedding, in order to avoid any possibility of taking cold. The hand of the nurse must be warm and the oil as hot as the hand will bear. I used this remedy on "general principles" in the first case I treated in the

epidemic of 1889, and have used it in our present epidemic, and have nothing more to desire in the way of a *specific treatment*. I know of no serious disease which yields so promptly and permanently, and which has engendered so many feelings of gratitude from my patients as in the treatment of this disease by old-fashioned, common-sense method. I have not had a case of pneumonia nor anything else following this disease. My patients get sound and well and remain so.

A few precautions are necessary. The perspiration will generally last twenty-four hours or longer after the disease is broken up, and I forbid the patient getting out of bed for three days, and not to leave the house for a week. I give no purgatives prior to the third day of convalescence, and usually by that time they are not required, the bowels moving naturally. I seldom give tonics, as the appetite becomes ravenous, and digestion and assimilation perfect, which is the best of all tonics. I never prescribe this medicine for the patient to take himself, *and never leave a second dose with the patient to be taken at his own discretion*. I give every dose myself, *and never give a second until I am satisfied the former dose has done all it can*, for I have frequently found a *single dose* accomplish all that is required. A possible idiosyncrasy on the part of the patient must not be forgotten. No toxic symptoms have manifested themselves in any of my cases, but the intelligent physician will readily understand that he cannot be too cautious when handling such potent remedies in heroic doses. Professional brethren, please try this treatment (following the directions to the letter) in genuine la grippe, the worse the case the better, and report results.

ADDENDUM.

I have found that gelsemium alone is

an abortive for la grippe in its *milder form*, when there is little or no fever. A general feeling of malaise, with wandering pains in the head, eyes and body. What might with propriety be called grippy sensations. Two or three five-drop doses of fluid extract gelsemium, repeated at intervals of two hours, will seldom fail to afford complete relief.

The distressing bronchial cough, with a sense of pain and oppression in the lungs and throat, which accompanies so many cases of influenza, is soon relieved by a mustard plaster on the chest and the following expectorant mixture:

R. Muriate ammon. c.p. ℥ iii.
Morphia sulphate... gr. iii.
Spirit of chloroform. ℥ i.
Tr. scillae..... ℥ ii.
Syr. senega..... ℥ i.
Sp. rock candy..... q.s. ad ℥ iv.

Mix. A teaspoonful in water every two or three hours.

— *Med. and Surg. Reporter.*

PROPHYLACTIC TREATMENT OF POST-GONORRHOIC AZOOSPERMIA. — Dr. L. Seeligmann (*La Semaine Médicale*, No. 51, 1891,) advises to treat every case of epididymitis as soon as the acute stage is passed by methodical massage, inunctions with ichthyol salve and permanent compression. At each séance one should massage besides the testicle, the epididymis, and finally the spermatic cord as high up as possible; then rub the parts with a salve of ichthyol (5 to 100 per cent.) and place them in a rubber suspensory. By these means the nutrition of the testicle is improved as well as that of the epididymis and spermatic cord; the bands and deposits of hyperplastic connective tissue, which cause contraction and obliteration of the tubes and seminiferous vessels, and subsequent azoöspemia, are caused to soften and disappear.

Scarlatina.

BY M. M'MAHON, M. D.

Scarlatina belongs to the exanthematous group of eruptive fevers and is the most important of these fevers and one which every physician should learn as much about as possible. It is a disease of childhood as are most all eruptive diseases, but adults have it and many of the worst cases I have ever seen were in adults. After a period of incubation of from three to ten days the child will complain of feeling bad and in most cases will vomit; vomiting is one of the early and positive symptoms in children under ten years of age; the ever present strawberry tongue is a sure indication of the disease, the temperature will range from 101° to 106° , the latter only in very grave cases; the rash will appear in about thirty-six hours from the time the patient first had fever and will begin to fade in forty-eight hours in the places where it first appears. A blush of deep redness will be seen covering the fauces and tonsils, and in many cases yellow patches cover considerable part of the surface of the tonsils (these cases are called diphtheria by many M.D.'s, but are not.) There are three grades of this disease, the *simple*, *anginose* and *malignant*, and, younger members of the profession, be very guarded in your prognosis in scarlet fever; if you are not, you will have cause to wish you had; by watching the case closely you will soon discover which class you have to deal with. I will now come to treatment, as I wish to be brief. For the first give tr. aconite and tr. digitalis in drop doses every two hours

and at the same time give the following:

R. Tinct. belladonna..... $\bar{3}$ j
 Acid muriatic..... $\bar{3}$ j
 Potassii chlorat..... $\bar{3}$ j- $\bar{3}$ ij.
 Aquæ..... $\bar{3}$ iv.

M. Sig. One teaspoonful two or three hours apart until pupils are dilated and use the same as a gargle, two hours apart, diluted if necessary by a little water, or, use in an atomizer, a solution as follows:

R. Oil eucalyptus..... $\bar{3}$ j
 Oil wintergreen..... $\bar{3}$ ss
 Acid boracic..... $\bar{3}$ j
 Thymol..... $\bar{3}$ ss
 Aquæ menth. pip., q.s.ad. $\bar{3}$ vj.

M. Rub the oils with magnesia carbonate, add the acid, thymol and water, and filter. Spray throat with this two or three hours apart; if fever be high have patient sponged with cool or lukewarm water three or four times a day, and grease patient with lard or vaseline to which add oil of eucalyptus $\bar{3}$ j to $\bar{3}$ vj. If the patient be well oiled with this three or four times a day it will subdue the itching and make the patient feel good and they will ask for it; watch the kidneys, see that they act freely, and if not give the following:

R. Potassii acetat..... $\bar{3}$ ij.
 F. E. couch grass,
 F. E. corn silk,.....aa $\bar{3}$ iij.

M. Sig. One teaspoonful three hours apart until kidneys act. Quinine sulph. should be used. Mix two drachms in sufficient lard and rub on body three hours apart; do not purge, this is taught by some, but you will find the less purging the better; if the heart's

action be weak, ammoniated carbonate and tr. of digitalis will be found the best remedy. If the case be one of the severe type commence at once with the following:

R. Quinine sulph..... $\bar{3}$ j.
Tinct. ferri chloride.... $\bar{3}$ i j.
Glycerin, q.s.ad..... $\bar{3}$ iij.

M. Sig. One teaspoonful four hours apart—*Prescription*.

Brief Practical Points on Some Forms of Surgical Diseases and Injuries Usually Improperly Treated.

BY M. O. TERRY, M. D.

Carbuncles should never be *poulticed*.

Treatment: Circumscribe the carbuncle, or boil, with *collodion*, applying several coatings of it from the periphery to the center, leaving an opening one-fourth of an inch in diameter. Inject about twenty drops of a solution of—

R. Acid carbolie.....gtt xx
Glycerini..... $\bar{3}$ j
Aq. dest..... $\bar{3}$ iij

Pass the hypodermic needle into the open center, having first made a crucial opening, and send the needle well toward the periphery; pass it in four or five different directions. Your patient will leave your office comfortable, for the *microbes* have been put to *rest!* This treatment repeated two or three times saves the patient months of suffering; in fact, within *five days* your patient is discharged; he is grateful until you present your *bill!* Any anti-septic dressing, such as a cerate of eucalyptol, will do.

P. S. — I have recently added two grains of cocaine to this solution. It is perhaps a notion of mine that *butter* and *beef* should be omitted until boils and carbuncles have disappeared.

ENLARGED PROSTATE. — Give five to ten grain doses of muriate of ammonia three times a day.

R. Ammonii chloridi..... $\bar{3}$ ss
Syr. aurant. cort..... $\bar{3}$ iv

M. Sig. A teaspoonful in half a glass of water, t. i. d.

You will be surprised at the results obtained if you will continue the treatment as long as three months. The patient will be grateful in the historical way.

SPRAINED ANKLE.—Nothing like hot water and the rubber bandage. The hot water soothes lacerated ligaments; the rubber bandage prevents swelling, and, what would follow, ankylosis. Lini-ments worse than useless.

INGROWING TOE NAIL.—Surgeons and chiropodists the world over continue to tear off the outside of the offending nail. The fashionable shoe has given to the world the ingrowing toe nail. Surgeons—one would think from the barbaric treatment given to these victims of fashion—believe in regard to the big toe the Creator made a mistake! that he should have ordained the nail *narrower!* thus they remove it without remorse or compunctions of conscience. Do not humiliate surgical art by ever repeating this absurd operation.

Treatment: Pack the side of the nail

with absorbent cotton soaked in the following:

R. Liq. potass.....ʒi
Sol. cocainæ (4 p. c.).....ʒiij

M.

The object of this is to soften the hypertrophied redundant tissue; pressure will absorb it. Paint it many times with collodion, and apply very narrow stripes of surgical plaster in such a way as will draw the tissue away from the nail. A few treatments will bring about a *natural* result. Instruct the patient

never to cut the nail off at the side, but allow it to grow out so that the corner of the nail can not enter the side tissue. If the case on coming to you is ulcerated, destroy the pus with a strong solution of peroxide of hydrogen before doing anything. Dress the toe every day for the first three days, after which you can give instructions for home treatment or extend the interval.

I have given you the practical observations of years, and hope your success will be equal to mine.—*Med. Times*.

Treatment of Diphtheria by Irrigations of Salicylic Acid.

PARISOT, of Thillot in Vosges, has published in the *Bulletin Général de Thérapeutique*, for September 15, 1891, an article in which he highly commends in diphtheria the employment of irrigations of salicylic acid (1-1000), and affirms that whereas before resorting to this method of treatment, the mortality from that disease as occurring in his practice was large—ten cases out of every fourteen—in a recent epidemic in which he has relied on the irrigations, there were only five fatal cases out of every twenty-four.

The formula which this writer employs is as follows:

R. Acid salicylic.....gr. xv
Water.....qt. j
Alcohol (90 per c.).....ʒv M.

Dissolve the salicylic acid in the alcohol, and add the water.

The apparatus which he uses for the irrigation is simply a fountain syringe with the "recipient" or "fountain" of tin; this fountain is hung on the wall over the patient; the rubber tubing which is connected with the lower extremity of the fountain ends in a small glass tube tapering at the point

like a dropping-tube. A spring "catch" on some part of the tubing interrupts the current of liquid at will. When the fountain is charged with the solution and ready for action, the head of the child is held by an assistant, the tongue depressed, and the jet directed into the mouth and posterior pharynx with sufficient force to detach and remove the false membranes if they happen to be loose.

Parisot likes best the position in which the child is held with the head forward and a little downward. Where the child is very feeble, it may be supported upon the arm of the assistant with the face turned toward the floor. In this position it may be more difficult to perform the irrigations, but there is more certainty that the liquid will flow back again, and not be swallowed in any quantity.

As for the quantity of the liquid to be used in each irrigation, this must be left to the judgment of the physician; it may not amount to more than three or four ounces each time, but in grave cases the oftener the irrigation is practiced the better. The use of the irri-

gations does not make unnecessary other remedial measures, such as the frequent administration of stimulants.

Parisot makes some remarks as to the action of salicylic acid on false membranes which, if true, are of great practical importance. He believes he ascertained by experiment that this acid is destructive to diphtheritic formations; in distilled water, the false membrane was simply disaggregated, and this disaggregation took place slowly, while in solutions of different strengths of salicylic acid, the exudate disappeared rapidly; at the end of a few minutes, nothing was found but the meshes of the net-work serving for support to the cells of the exudation. The stronger the solution of salicylic acid the more prompt and complete was the disappearance of the exudate.

Parisot has, moreover, noticed that in diphtheritic throats that have been irrigated with the salicylic solutions, false membranes, when once detached, are reproduced more slowly and imperfectly than when the throat is cleared by any other process; he hence concludes that the mucous membrane is favorably modified by the salicylic acid, and rendered unfit for the reproduction of the diphtheritic patches, and hence, for the culture of Loëffler's bacillus.

Salicylic acid in weak solutions has been often employed locally in cases of diphtheritic angina. Berthold, of Dresden, derived benefit from such applications in stomatitis, thrash, and diphtheritic sore throat. Moizard and Bergeron claimed success from the use of this remedy, and Goutheim, out of thirty-one cases treated by swabbings with salicylic solutions, did not lose a patient. D'Espine and Picot have also treated several cases by irrigations with solutions of varying strength, and have been pleased with the results.

Weise was one of the first to advocate

the topical use of this acid in diphtheria. His method is to begin treatment by painting the throat with a tolerably strong solution, then he causes a weaker solution to be inhaled; half an hour afterward he gives the patient a swallow of wine; in another half-hour, a spoonful of a strong solution of benzoate of soda, then a little more wine, and when two hours come around, the series begins again with swabbing or gargling with the salicylic solution. The result of his success, according to Guelpa, from whose paper we quote, is that he does not let half an hour during the day elapse (the interval is a little longer during the night) without irrigating or otherwise cleansing the throat of the patient with some efficient antiseptic substance, wine, solution of salicylic acid or benzoate of soda. To many the profit of so much meddling, either locally or constitutionally, will seem doubtful.—*Boston Med. and Surg. Jour.*

M. DE BAVAY has made some interesting studies on the saccharomyces and their relation to the typhoid bacillus. He showed that this bacillus grew best in broth, while cows' milk was not a very good culture medium, unless previously peptonized. Yeast interfered with the growth of the typhoid bacillus, and it was much more virulent when cultivated in an alkaline than in an acid medium. As yeast passes through the intestines unchanged it develops acid; hence if the food given be saturated with this harmless substance, the food and the intestines are alike acidulated and rendered unfit for the growth of typhoid bacilli.—*British Medical Jour.*

ARSENIC.—Mr. Hutchinson, of England, deprecates the use of arsenic in the treatment of skin diseases of elderly persons.

Pneumonia—Its Abortion.

Not long since I met with three cases which at the time I considered catarrhal pneumonia in its congestive stage, but following the use of ergot, the morbid process so speedily subsided that I thought that a mistake in diagnosis must have been made. I could not break away from the inbred idea that pneumonia must run its course to the end; but I resolved to observe closely in the future.

Within the past month it has been my fortune to meet with five additional cases, of various ages, which, in my opinion, were catarrhal pneumonia in its early stage, all aborted. In four the disease had only progressed to congestion, while exudation had occurred in one of the cases.

The treatment has been the same in these eight cases, except in the last five, in which, influenced by Dr. Roskoten's experience with jaborandi, I produced a more profuse and long-continued diaphoresis than formerly, using liquor ammoniæ acetatis, warm drinks, and applications instead of jab-

orandi when the age or physical condition of my patients contra-indicated the use of that drug. While I consider sweating an important part of the treatment, yet inasmuch as on three occasions the disease was stayed when no marked diaphoresis was produced, I feel justified in considering the ergot the most effectual part of the medication.

The formula I use in pneumonias up to the time when the disease is thoroughly established is as follows:

R. Ext. ergotæ fld.....mxx.
Tinc. aconite rad....mi—ij.
Liq. ammo. acet.....ʒ iiiss.
Syr. tolut.....q.s.ad ʒss.

M. Sig.: To be taken every two hours.

The dosage of the above is of course regulated to the age, but the same ingredients are used for all ages. This, together with mild counter-irritants to the chest, warm drinks and applications, the cotton vest, and such symptomatic treatment as each case required, has given me the results as herewith presented.—STRATTON in *Med. Record*.

UTERINE DISPLACEMENTS THAT CANNOT BE RETAINED BY PESSARIES.—There are many women whose tissues are so fragile that hard pessaries cannot be worn more than a few days without injury. One of this class came to me recently. For over a year she had been worrying with a retroflexed womb, and had, literally, pessaries by the dozen; but in every case, after two or three days of comfort, leucorrhœa, abrasions of the mucous membrane, deepening into ulcers, back-ache, pain and tenderness of the uterus,

ovarian aching, and the rest, made their appearance. The supporters were thrown aside, and balls of wool substituted; at first soaked in glycerine, and, when all tenderness had disappeared, covered with an ointment of tannic acid in petrolatum. The change in that dame's appearance for the better in one week was startling, to any one who did not know how quickly a neurotic woman reacts when a chronic source of irritation is removed.—*Waugh, in Times and Reg.*

Surgery.

UNDER THE CHARGE OF GEORGE W. CALE, M. D.

SURGICAL SHOCK.—Dr. J. H. Packard, of Philadelphia, distinguishes shock from collapse.

It is desirable that more accurate observations and records should be made of the early phenomena in shock. Especially is the temperature to be taken. The skin is cold, but is the temperature always so? The author has seen reduction of temperature usually when taken. It has fallen in two cases on record below 82° F. It should give some indication as to the necessity for heroic measures.

He mentions the following points to prevent surgical shock—obviate prolonged narcosis, do not expose patient to cold or to unnecessary wetting during operation, etc. If before undertaking the operation the pulse flags and becomes irregular under ether, abstain from operating. As to treatment, it has consisted in application of heat, stimulants by hypodermatic injection, driving blood centrally, etc. He has not used injections of nitro-glycerine.—*N. Y. Med. Record.*

REMOVAL OF THE GASSERIAN GANGLION.—Mr. Rose, of King's College Hospital, recently removed the Gasserian ganglion from a woman, sixty-three years of age, who had for two years suffered from very severe neuralgia of the supra and infra-maxillary divisions of the fifth nerve. The operation was successful, the patient being entirely relieved from pain. Mr. Rose has performed this operation now four times. [Drs. Bernays and Cale, of St. Louis, removed the Gasserian ganglion from a man two years ago.]—*Medical Record.*

TRANSPLANTATION OF BONE FOR UNUNITED FRACTURE OF THE TIBIA.—Dr. B. F. Curtis exhibited a patient illustrating an operation for transplantation of bone for ununited fracture of the tibia. The patient, a man, thirty-three years of age, had been caught last January in the machinery of a planing-mill and his leg thrown against a pulley and broken. Both the tibia and fibula were involved, the fracture having been a compound one, the fragments protruding more than an inch. The femur had been broken at the same time low down near the head of the tibia. Under ordinary measures the fracture behaved badly, necrosis occurred in the tibia, about one and one-half inch of the bone was destroyed, it refused to unite, and a gap was left of about an inch. He was admitted to St. Luke's in June. The left lower extremity measured upon admission 33 $\frac{3}{8}$ inches; the right, 35 $\frac{1}{4}$ inches.

June 4th Dr. Curtis cut down on the tibia and found that the ordinary operation of cutting away the ends of the fractured extremities and uniting or approximating them with wire sutures would give so much shortening in this case as to result in great deformity. He therefore had cut down on the fibula and cutting out a segment of this bone he pushed it with his fingers, without exposing it to the air, through the soft tissues and into the gap in the tibia. Firm union had subsequently taken place and the man could bear his entire weight upon the fractured limb two months after operation. He used a crutch still, as he had only been walking about for some two weeks.—*Med. Record.*

EARLY OPERATIVE INTERFERENCE IN ACUTE PERITONITIS.—Lydston (*Western Medical Reporter*) believes that no such thing as primary idiopathic peritonitis exists.

Even though the trauma be so slight as to leave no trace which is visible at post-mortem, it may be sufficient to light up peritonitis.

Typhlitis and perityphlitis are also far more frequent in children than is generally believed, and in them these inflammations have a pronounced tendency to general extension.

The author has formulated his views of acute peritonitis as follows:

1. The existence of acute idiopathic primary peritonitis remains to be placed.

2. The majority of cases of so called idiopathic peritonitis in children will be found, upon inquiry, to be traumatic.

3. Slight injuries of the abdominal contents are relatively more dangerous in children than in adults.

4. Acute peritonitis in children, while apparently idiopathic, is often secondary to perityphlitic inflammation, which runs a rapid course, and extends to the general peritoneum without the intervention of appreciable local changes.

5. The profound prostration and cardiac inhibition characteristic of peritonitis are, in a great measure, incidental (1) to tension of the peritoneum produced by inflammatory products, with a consequent reflex inhibition of the heart, and (2) mechanical interference with the heart's action.

6. Surgical interference is indicated in all severe cases of general peritonitis and in cases of localized suppurative inflammation, or in cases of perityphlitic origin, whether due to foreign bodies or not.

7. There is every indication present for operation, and no logical objection to it. The operation is almost invariably palliative, if not curative.

8. Operation in no sense impairs the chances to recovery. *Per contra*, it enhances them to a great degree.

9. No case should be allowed to die without operation, unless already *in articulo mortis*.

10. It is not necessary to make a large incision, except in cases in which perityphlitic abscess is known to exist which is rarely the case in children. If perityphlitic abscess exists and is recognized before operation, the incision should be made at the most favorable point, which in the majority of cases is the typical line for ligation of the common iliac, as pointed out by Murphy and Lee. In by far the majority of cases in children a simple median exploratory incision, with flushing of the abdominal cavity, is sufficient.—*Cin. Lancet Clinic*.

THE TELEPHONE FOR DIAGNOSIS.—In the case of a child two years and a half old, suffering from membranous croup, intubation was successfully practiced recently by Dr. J. Mount Bleyer, but when he came to remove the tube he found that the tube had entirely disappeared. In the hope that it still remained in the upper air passages he resorted to the use of a telephonic test to locate the position of the tube before resorting to tracheotomy, and the result proved very satisfactory. A delicate metallic probe attached by an electric wire, the other end of which terminated in a telephonic receiver, was passed down through the larynx, and as soon as it came in contact with the tube a distinct click was communicated to the ear through the receiver. The exact location having thus been determined, tracheotomy was performed and the tube extracted by Dr. Frederick S. Dennis, and according to the latest accounts the child was doing well.—*Med. Times*.

DRAINAGE IN ABDOMINAL WORK.—Dr. Mordecai Price, of Philadelphia, read this paper, expressing in a most positive manner the opinion that in the practice of his brother, Dr. Joseph Price, and his own, the excellent results were in a large measure due to drainage. They had employed drainage in over one thousand cases of laparotomy with a mortality, excluding no cases, of not more than one to three per cent. Every form of intraperitoneal disease, liver abscesses, abscess of the spleen, disease calling for nephrectomy, etc., was included. They used the glass drainage tube, unless they wished to set up adhesive inflammation, as around a liver abscess, when they employed gauze. The author, Dr. Joseph Price, and Dr. Hoffman, of Philadelphia, took firm ground in their preference for the glass tube as opposed to gauze-packing in most abdominal work, while Drs. Dudley, Boldt and others asserted in an equally positive manner that gauze was generally far preferable to the glass tube.—*Med. Record.*

THE IMPORTANCE OF DRAINAGE IN THE TREATMENT OF DISEASES OF THE ENDOMETRIUM.—Dr. W. Gill Wylie in this paper described the method he had taught and practiced for thirteen or even twenty years in the treatment of diseases of the endometrium. In cases without subinvolution or tumor it was necessary to forcibly dilate, then curette, wash, drain, perhaps apply tincture of iodine or carbolic acid. The best drain was the hard rubber, grooved stem, with a slight bulb and proper curve. Gauze was not practicable in these cases.

A long discussion followed, in which Dr. Polk and others upheld the use of gauze, while Drs. Mordecai and Joseph Price and Hoffman, of Philadelphia, claimed there was no inflammation of the endometrium except gonorrhœal which called for treatment, and claimed

that dilatation and applications were a most frequent cause of pyosalpinx, etc.

Drs. Mundé, Dudley, Boldt and others upheld the necessity for treating endometritis, although admitting that methods may have been abused.

ECTOPIC GESTATION, ITS COMPARATIVE SYMPTOMATOLOGY AND TREATMENT.—Dr. Joseph Hoffman, of Philadelphia, read this paper. The diagnosis depended very largely on the symptomatology. It could seldom be made before rupture, because the symptoms were not such as to drive the patient to the physician. He urged immediate operation when, as was the rule, symptoms of rupture had taken place. Do not in any case dally with electricity, opium injection, etc.

VAGINAL HYSTERECTOMY FOR CANCER.—Dr. E. W. Cushing, of Boston, in this paper argued in favor of total extirpation in cancer of the uterus, stated that he had usually employed clamps instead of ligature, had operated in about thirty cases - fifteen of the patients were yet living—without recurrence. Whenever, in his case, recurrence took place, it was always within six months of the operation.

Dr. Boldt upheld total extirpation as opposed to high amputation. Like views were expressed by Dr. Joseph Price.—*Med. Record.*

ETIOLOGY OF HERNIA.—Dr. Thomas Manley presented a specimen obtained in a case of strangulated inguinal hernia. The operation was followed by recovery. He remarked, as to the etiology, that he had never seen a case, in young or old, where the adhesions of the sac were not marked; which led him to believe that the way for the future hernia was always paved with the descent of the testis, although actual protrusion might not take place at that time.—*N. Y. Med. Record.*

Correspondence.

Editor Clinique: - We have had in the last few days a very interesting case of angina pectoris, the history of which is as follows: Mr. M—, a farmer, sustained a lacerated wound, a couple of weeks ago, which came near severing the first metacarpal bone from its attachment with the trapezium. When we first saw him in our office, the wound seemed nearly healed, and did not show any evidence of inflammation, but was very painful upon pressure on the inner side of the thumb, and would cause intense pain up the arm and over the præcordial region. Thinking it was a neuralgic pain, caused by exposure or pressure on the nerve, we dressed the wound with an ointment of cocaine and lanoline after thoroughly irrigating his hand with a solution of bichloride, and completely enveloped the wound in borated cotton, giving him quinine and morphia to allay the pain. For twenty-four hours he seemed to do well, and expressed himself as feeling much better, when, contrary to instructions, he took off the dressing, thinking that he was all right. He immediately experienced severe pain in his hand, extending up his left arm and præcordial region. Was sent for hurriedly, and on the way met another messenger, who said Mr. M— was dying; and on reaching his bedside found him gasping for breath, clasping his hand over his heart, and his face pallid and covered with a cold sweat; pulse weak, rapid and irregular, and every moment seemed as though it would be his last. Seeing something had to be done, we gave him half a grain of morphia subcutaneously, used nitrate of amyl, and applied hot bottles to his feet, and gave him chloral

and stimulants and repeated the morphia. He suffered intensely for a couple of hours, when, seeing him make efforts to vomit, we gave him ipecac and warm water. Shortly afterward he vomited several times in a projectile manner, and became easier and went to sleep. The next day, thinking it indicated from his appearance, we gave him 15 grains of calomel, and were gratified to find him much improved after a copious action.

Now to the point. Most authors do not seem to think that angina pectoris is ever functional, but always due to some organic lesion of the heart. Now, in this case, it was undoubtedly caused by the injury to the terminal branches of the radial nerve. He had never been sick before in his life and has a good family history. Dr. Pepper speaks of pressure causing angina pectoris, and probably in this case the pressure of the cicatricial tissue caused an irritation which was communicated to the heart through the brachial plexus and pneumogastric.

We know that in angina pectoris there is pain over the heart, generally running through the left shoulder and down the left arm, showing the connection between the pneumogastric and brachial plexus, so why not reverse the case and allow that pain, commencing at the distal end of the nerve, may extend upward and by the communication with the pneumogastric, produce angina pectoris, possibly by increasing its inhibitory action on the heart?

It would be a pleasure to hear someone else's opinion on this subject.

J. M. APPLEWHITE.

Corvallis, Or.

Practical Points.

[This department has been so well received by our readers, that with the January issue of the present year it was increased from three to eight pages. It must be understood, however, that the editor is no more to be held responsible for the action of any suggested remedy or combination of medicinal agents, than for the expressed opinions of a contributor. The materials which compose this department are necessarily collected from a variety of sources, remelted and re-arranged to suit the exigencies of our columns. While we exercise unusual care in selection and proof reading, errors will occasionally creep in as they will in the best regulated journals. Therefore, should an ounce symbol surreptitiously occupy the position designed for the drachm sign, the intelligent physician, by consulting his posological tables will be able to re-establish any discrepancy for which the types alone are often to blame.

Furthermore, the efficacy of the formulæ here printed is in nowise guaranteed. They are published for what they are worth, merely as a hint to the busy practitioner, showing him what his confreres are using in the battle against disease.]

ARTICULAR RHEUMATISM.

R. Acidi salicylici.....
Sodii boratis.....aa. 1½ drachms
Glycerine.....2 ounces,

M. Heating the glycerine and dissolving the other ingredients therein.

Sig. Teaspoonful every four hours. The patient should feel the characteristic dryness of fauces within ten or twelve hours.

The dose may be increased or diminished, as desired.—*Med. Brief.*

OIL OF WINTERGREEN IN GONORRHOEA.—Dr. J. A. Wyeth has obtained good results in gonorrhœa by the administration of oil of wintergreen in doses of six drops three times a day.

DIARRHOEA MIXTURE:

R. Nutmeg pulv.....
Opium pulv.....aa ʒss.
Kino pulv.....
Camphor pulv.aa ʒij.
Tr. coccinelli.....
Ess. peppermint.....aa ʒss.
Ol. anise,.....few drops
Alcohol.....ʒviij.

M. Digest for two weeks, shake well once daily; filter and label, Tinct. Nutmeg and Opium Compound.

Dose twenty to thirty drops.—*Prescription.*

GLYCERINE FOR BURNS.—M. Grigoresen, of Bucharest, highly recommends pure glycerine as a remedy for burns. On first application a slight burning feeling is experienced, which soon gives away to a local anæsthesia, somewhat resembling that produced by carbolic acid. In severe cases two or three applications should be made, so that the parts are kept wet constantly with the glycerine. Under this treatment the inflammation is subdued almost completely, and only a slight cicatrix is usually left.

CARDIAC HYPERTROPHY.—Prof. Da-Costa directs the diet to consist of milk, fish, vegetables. No coffee or tobacco. And

R Tinct. aconiti.....gtt. j.
Tinct. verat viridi....gtt. iij.
Syrup zingiberis.....gtt. viij.

M. Sig., this dose t. i. d.—*Medical World.*

EXT. FLUID RHUS AROMATICA. - In enuresis of children, five to ten drops in milk, two or three times daily; it is an excellent remedy.

LAXATIVE FOR CHILDREN.

R. Manna..... $\bar{3}$ vi.
Magnesia.....
Sulphur.....aa $\bar{3}$ i ss
Mel..... $\bar{3}$ vi.

M. Sig. One or two dessertspoonfuls in a cup of warm milk or weak tea. —FERRAND in *Gaz. de Gyn.*

CARE OF THE HAIR.—Too constant washing of the hair is unnecessary, as well as harmful; once a week is quite often enough for cleanliness, as well as for maintaining the strength of the hair. The same remark applies to constant brushing, for continual brushing, especially with hard brushes, should be avoided.

There is a common notion that greasing the hair is vulgar; so many fall into the other extreme, and never apply any pomade at all. After the hair has been washed, it is certainly beneficial to apply some form of simple grease or oil.

DISINFECTING PASTILLES.

R. Paraffine..... $\bar{3}$ ijss.
Iodine.....gr. xv.
Salicylic acid.....gr. vijss.

Form into pastilles. These, when burned, will produce a disinfectant smoke.—*Les Nouveaux Remèdes.*

LELOR claims excellent results in the abortive treatment of herpes from the local use of 1 part of resorcin or menthol to 50 of alcohol. If there is much pain he uses wire gauze steeped in the following solution and covered with an impermeable dressing: Alcohol, 100 parts; cocaine hydrochlorate, 1 part; extract of cannabis indica, 10 parts; mint essence, 10 parts.—*Times and Register.*

SWOLLEN EYES.—If the eyes are swollen use on them:

R. Acid boracic.....gr. xij.
Aque camphoræ.....
Aque dest.....aa $\bar{3}$ ii.

Bathe and drop in the eyes frequently.—*Med. Brief.*

ACUTE TONSILLITIS.—Bicarbonate of soda is a specific in acute tonsillitis. Apply the salt dry to the tonsils and administer it in thirty and forty-grain doses internally.

TO ABORT BOILS.

R. Camphoræ.....2 drachms.
Chloroformi..... $\frac{1}{2}$ ounce.

M. et solve. Sig. Apply with tip of finger hourly for one day. It will abort all boils when used before suppuration has begun.

FOR COUGH.—For severe coughs and colds, when the ordinary expectorants fail to accomplish their object, the following has often been found serviceable:

R. Ext. yerba santa fl....
Ext. grindelia robusta aa $\bar{3}$ ss.
Syr. prunus virg..... $\bar{3}$ ij.

M. Sig. Teaspoonful every two or three hours.—*Med. Summary.*

A CORRESPONDENT of the *Washington Star*, who has been studying the subject of getting rid of fleas, gives this as the result of his investigations: If those who are troubled with this insect will place the common adhesive fly-paper on the floors of the rooms infested, with a small piece of fresh meat in the center of each sheet, they will find that the fleas will jump toward the meat and adhere to the paper. I completely rid a badly infested house in two nights by this means.

SOFT CORNS.—Place salicylic acid between the toes and moisten with glycerine.—*Brief.*

TURPENTINE EMULSION.

- R. Ol. terebinth.....
 White of egg.....aa $\frac{3}{4}$ ss.
 Glycerine.....
 Syrup simple.....
 Aq. menth pip.....aa $\frac{3}{4}$ j.

M. First egg and glycerine, then turpentine, then syrup, then water; shake well together; teaspoonful contains 8 *m* of turpentine.—*Prescription*.

FOR HICCOUGH.—Acid drinks, cold douches, ether or chloroform internally, externally, or by inhalation; musk, opium, antispasmodics.

TONSILLITIS.—Allow me to give you what I consider a new line of treatment for tonsillitis or quinsy. I have been much annoyed, as others have, with this disease, and despite all other remedies have had suppuration in most cases. Here is the new idea: First, a saline cathartic, and follow with

- R. Tinct. aconite.....30 drops.
 Ext. phytolacca fl.....40 drops.
 Syr. tolu q. s. ft.....2 ounces.

M. Sig.: A tablespoonful every three hours.

A knowledge of the therapeutic action of poke-root and of aconite, tells at once the reason why it will abort a quinsy. I find it to cure nearly every case, if resorted to inside the first few days after symptoms appear.—Wm. B. BIGLER, M.D., in *Times and Reg*.

IODOFORM IN CYSTITIS.—M. L. Frey, M.D., (in *Weiner Medic. Presse*), recommends the following:

- R. Iodoform..... $\frac{3}{4}$ xij.
 Glycerini..... $\frac{3}{4}$ x.
 Tragacanth.....gr. xx.
 Aquæ destillat..... $\frac{3}{4}$ ijss.

M. ft. emulsio.

Wash out the bladder well with tepid water till it comes back clear. Then inject half a pint of warm water, in which has been dissolved a tablespoon-

ful of the above emulsion. This injection should be repeated every three days. Usually four injections are sufficient to cure.—*Archives of Gynaecology*.

TREATMENT OF VOMITING OF PREGNANCY BY ELEVATING THE PELVIS.—Grant reports cases of obstinate vomiting of pregnancy in which great benefit was obtained by lowering the head and shoulders, and placing several pillows under the sacrum, and continuing the position at intervals for a few hours.

LABORDE'S ANTISEPTIC SOLUTION.—

- R. Mercuric bichloride...gr iii $\frac{1}{4}$.
 Sodium chloride.....gr. xv.
 Cupric sulphate.....gr. xv.
 Glycerin..... $\frac{3}{4}$ iiss.

Dissolve. For use add one liter (2 $\frac{1}{2}$ pints) of water.—*Med. Surg. and Rep*.

SOFT CHANCRES.—Dr. Tetzl recommends the local application of the solution of chloride of iron to the ulcer three to five days in succession, when the ulceration speedily changes to a healthy wound-surface. Then dust the resulting sore with calomel, which soon heals over.

FOR COUGH.

- R. Potassii iodidi.....1 drachm.
 Potassii chloras....1 drachm.
 Liq. acidi carb.....4 minims.
 Syr. aurantii.....2 ounces.

M. Sig. Teaspoonful every four hours until relief is obtained.

I find the above prescription to be the best cough mixture I ever tried. It will stop a cough of long standing in three days.—WATT in *Med. Brief*.

THE LATEST SUBSTITUTE FOR THE COMPOUND PILL is a gelatine capsule with various compartments, each one containing one of the ingredients in powder or extract, uncombined.

BENZINE AS A PREVENTIVE OF TRICHINOSIS.—Putlee reports that being called to see twenty-seven persons who had a few hours before eaten a pig, which was discovered to be full of trichinae, he administered forty minims of benzine in capsules, followed by a cathartic. Eight months later no case of trichinosis had occurred among them.

FOR CHRONIC DIARRHOEA WITH INTESTINAL FERMENTATION.

R. Salol..... \mathfrak{z} ij.
Castor oil..... \mathfrak{z} xv.
Syrup of rhubarb..... \mathfrak{z} xxx.
Gum acacia enough to
make emulsion.....
Distilled water..... \mathfrak{z} xv.

M. Sig. One tablespoonful every hour until the bowels move.—*Le Progrès Medical*.

ANTISEPTIC FOR THE GRIPPE.—The best antiseptic for influenza, or la grippe, is sulphite of sodium, 5 grains, every two hours till all pain leaves the system. My prescription is:

R. Sodii sulphit..... \mathfrak{z} iv.
Aque..... \mathfrak{f} \mathfrak{z} vi.

M. S. A teaspoonful in as much water every two hours till all pain is relieved and the patient is well.—**MONELL** in *Med. and Surg. Reporter*.

PARASITICIDE OINTMENT.—*L'Union Médicale* gives the following ointment for the destruction of parasites:

R. Salicylic acid.....gr. xlv.
Borax.....gr. xv.
Balsam of Peru.....gr. xxx.
Ethereal ess. of anise...gtt. v.
Ess. of bergamot.....gtt. xx.
Vaseline..... \mathfrak{z} vj.

Make an ointment and apply to the part affected.

SCARLATINA.—Acetate of ammonia has been given in fifteen-grain doses, in the treatment of scarlatina, with excellent results.

MUSCULAR SPASM.—Prof. Hare said that a very useful liniment for muscular spasm is the following:

R. Tinct. belladonnæ..... \mathfrak{f} \mathfrak{z} ss.
Liniment. saponis..... \mathfrak{f} \mathfrak{z} vj. M.

SENILE PRURITUS.—A German writer recommends sponging the body every night with warm water containing carbolic acid and vinegar, and the subsequent application of a powder consisting of one ounce of salicylate of bismuth and four ounces of starch.

NERVOUS DYSPEPSIA.

R. Strychninae sulph.....gr. $\frac{1}{8}$.
Acidi phosphorici dil.....mxx.
Glycerini..... \mathfrak{z} ss.
Aque..... \mathfrak{q} . s. \mathfrak{z} j.

S. At one dose, three times a day, before meals.—*Times and Register*.

SODIUM SALICYLATE IN RENAL COLIC.—

M. Fay, in the *Wiener Med. Blatter*, praises the beneficent action of sodium salicylate in the treatment of nephritic colic. He declares that under its influence the calculi are rapidly eliminated and the patients restored to health. If true, this is indeed a boon to suffering humanity, as few tortures are so acute as those of renal colic, and none have hitherto been more rebellious to treatment. Sodium salicylate has also been highly recommended in hepatic colic.

FISTULA IN ANO.—Fistula is and may be cured by forcibly dilating the sinus and applying sulphate of copper wrapped in loose cotton and pushed to the bottom of the sinus and allowed to remain and dry by slow process. It excites a healing action on the extremity of the sinus. In this way healthy granulations are built up from the bottom, and by degrees they push the cotton plug out, and the whole track of the fistula is obliterated.

CHLOROFORM IN THE TREATMENT OF TYPHOID FEVER.—Dr. Stepp has reported eighteen cases of typhoid fever treated by the internal administration of chloroform. In most of these cases he gave about six drops of chloroform in two ounces of water thrice daily, but occasionally made a slight change by the addition of a scruple of quinine. The result of this treatment was that in a few days drowsiness and delirium disappeared, the dry coated tongue became moist and the general state considerably improved. The temperature fell considerably in from eight to ten days, the stage of remission was cut short and convalescence accelerated.—*Lancet*.

ECZEMA.

R. Zinci oxidi..... $\frac{3}{4}$ j.
Glycerine..... $\frac{3}{4}$ ij.
Mucilag. acaciæ..... $\frac{3}{4}$ ij.

M. Sig. In extensive patches of eczema this paste is very agreeable. If itching is very severe, one per cent of carbolic acid may be added.

FOR CARDIAC DILATATION, with slight congestion of the lungs, due to rheumatism, in a man aged thirty-seven years, Prof. Da Costa gave the following treatment:

R. Tinct. digitalis.....gtt. x
Tinct. capsici.....gtt. j
Tinct. cardamom.....fʒj. M.

Sig. Three times a day.

And two or three times a week give calomel, gr. j, in the evening, followed by a saline cathartic in the morning. The diet is to be chiefly of meat, with the use of a moderate amount of alcoholic liquors.—*Coll. and Clin. Rec.*

Prof. Hare recommended the use of arsenite of copper in doses of one-hundredth to one-fiftieth of a grain in the treatment of pernicious anæmia.—*Coll. and Clin. Rec.*

SYPHILIS.—When everything else fails, in all stages of syphilis, try:

R. Mass. hydrarg.....gr. 500.
Acid tannic.....gr. 250.

M. Ft in caps. No. 250. Sig. One three times daily, after meals.

This will not salivate—causes some constipation.—*Prescription*.

SALICYLIC ACID AS A DIURETIC.—After a series of investigations on this subject, Huber concludes that salicylic acid is one of the safest and most important diuretics. The greatest increase in the amount of urine seems to occur in rheumatic fever and serous pleurisy, whether the temperature is raised or not. In all cases the total loss of water by the skin and urine was increased, and the solids of the urine were increased. In ordinary pleurisy, and in four cases of cardiac dropsy the drug acted well.

"JIM JAMS."

R. Chlor. hydrat.....ʒiiss.
Potass. bromide.....ʒij.
Spts. ether comp.....ʒij.
Tr. valerian.....ʒiij.
Aquæ.....ʒvj.

M. Sig. Teaspoonful every 2, 3, or 4 hours till quiet. — *Prescription*.

CHRONIC CYSTITIS.—In chronic cystitis for irritability of the urinary passages the following will be found useful:

R Ext. tritici fl.,.....ʒ iij
Tinct. belladonnæ.....ʒ ij
Sodii bicarbonatis.....ʒ ij

M. Sig. Teaspoonful in water every two or three hours.

TO PREVENT SORE NIPPLES.—Apply a mixture of tannin and glycerine, two drachms to the ounce, daily, during the last month of pregnancy. This renders the nipples tough, but elastic.—*Annals Hygiene*.

IVY POISONING.—Dr. W. T. Parker (*Med. Compend*) recommends the fluid extract of *grindelia robusta*, locally, in ivy poisoning. It should be applied in the beginning, or as soon as the poison has manifested itself and before the small water-blisters have become purulent. After the disease has become advanced it is of but little use, and is extremely painful.

In the stertorous stage of apoplexy, place the patient on the paralyzed side, and not on his back. In this way, the affected side of the brain is uppermost, and oftentimes a patient may thus be saved, or, at least, his life prolonged, allowing him to pass away in a manner not so painful for his friends to witness.

In coryza, recovery is promoted by the use of the following inhalant:

R. Camphor..... $\overline{\text{ʒ}}\text{viii}$.
 Iodine..... $\overline{\text{ʒ}}\text{i}$.
 Carbolic acid..... $\overline{\text{ʒ}}\text{ii}$.
 Liquor ammonia fortior... $\overline{\text{ʒ}}\text{i}$.
 Alcohol..... $\overline{\text{ʒ}}\text{viii}$.

M.

Put all the ingredients into a glass-stoppered bottle and shake till an olive-brown solution is obtained.

Drop some on a sponge or absorbent cotton contained in a wide-mouth bottle and inhale freely through the nose every hour or two.

CROTON OIL LOCALLY FOR TONSILLITIS.—Dr. Charles Cobbs, of New Athens, Harrison Co., Ohio, writes that he has found one-half drop of croton oil, applied daily to the affected tonsil with a probe, will permanently cure suppurative tonsillitis. He has proven it in his own case, among others.

PHOTOPHOBIA, with dilatation of the pupil, is said by Huguin to be an early diagnostic sign in pertussis before the whooping stage comes on.

PINEAPPLES.—Dr. F. H. Lutterloh, of Anthony, N. M., has used pineapple with good results in a case of tape worm in a young girl. He simply ordered one-half of one to be eaten.

TINEA FAVOSA OF THE SCALP is a contagious, parasitic disease of the scalp, characterized by small, cup-shaped, pale-yellow crusts, each perforated by a hair. The crusts increase in size, forming irregular-shaped masses, which have a peculiar, characteristic, mouse-like odor. The hairs become much diseased, dry, and brittle, or the follicles suppurate, and the hairs fall out, leaving scars. The disease is only occasionally met with in this country. It usually occurs among the poorest class, and chiefly in foreigners.

Treatment is difficult when the disease is extensive. It pursues a decidedly chronic course, lasting for years or for a life-time. Use the following as a soap:

R. Sulphur..... $\overline{\text{ʒ}}\text{ij}$.
 Acid. salicylici.....gr. xxv.
 Soft-soap..... $\overline{\text{ʒ}}\text{j}$. M.

Besides this apply a wash of sulphurous acid, and the officinal sulphur ointment. The disadvantage of treating this disease lies in the fact that it is found in this class of people; it is extremely difficult to have a line of treatment thoroughly carried out. An ointment of betanaphthol, $\overline{\text{ʒ}}\text{j}$ to the ounce, is useful. — *Med. News*.

TO DISINFECT THE HANDS.—Dr. T. Boll (*Lo Sperimentale*) uses the following method, proposed by Mikulicz: The nails are cleaned; for three minutes they are washed with warm water, soap, and brush then in a 3 per cent. carbolic acid solution, and finally in a 1:2,000 corrosive sublimate solution. Then one finishes by cleaning the spaces under the nails with iodoform gauze, dipped into a 5 per cent. carbolic acid solution.

ANTIDOTE FOR HYDROCYANIC ACID.—Professor Kobert has proved experimentally that hydrogen peroxide is a valuable antidote for hydrocyanic acid poisoning. It is to be given internally as well as subcutaneously until the odor of the acid can no longer be recognized in the exhalations, and the symptoms subside.

INFANTILE COLIC.—Many young children are irritable, and cry because they have intestinal flatus. Instead of using opiates, Prof. Bartholow gives the following as a valuable remedy:

R. Misturæ asafœtidæ..1 drachm.
Sodii bromid.....3 to 5 grains.

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

CONVULSIONS OF TEETHING:

R. Chloral hydrat.....gr. xv
Potass. bromide.....ʒ j
Syrup simplic.....f ʒv
Aq. destillat.....f ʒ ij

M. Sig. Teaspoonful every three hours. — *Kinder-Arzt*.

BRUISES.—Hot water is better than cold to apply to a bruise or a sprain. It will relieve pain and swelling sooner than other applications.

NEURALGIA.

R. Acetanilid.....ʒ iss.
Camphor monobro....gr. xvijj.
Pulv. rhamnus pursh...gr. xij.
Pulv. zingiberis.....gr. ix.

M. ft. chart. No. 18. Sig. One powder after meals. Attention should be paid to the hygiene of the patient.—*Prescription*.

THE TREATMENT OF CRAMPS OF THE LEGS IN PREGNANT WOMEN.—Administer at bedtime five milligrammes of sulphate of copper. This can be administered every night without inconvenience. — *La Gazette Médicale*.

FOR REDNESS OF NOSE, not due to alcoholism, an exchange recommends the local use of a five per cent. aqueous solution of boracic acid.

CONJUNCTIVITIS.—A favorite prescription for conjunctivitis in the Eye Department of the Jefferson Medical College Hospital is the following:—

R. Acidi tannici.....ʒss - j
Glycerini.....f ʒ j

Sig. Apply locally.—*Coll. & Clin. Rec.*

PROF. COHEN says that after the removal of polypi from the nasal cavity by forceps or snare, the injection of distilled witchhazel, one part to water four parts, three or four times a day, is much better than the application of the galvano-cautery.—*Coll. and Clin. Rec.*

IODOFORM INJECTIONS IN GOITRE.—Dr. Kapper, an Austrian military surgeon, has employed in fifteen cases, with invariable success, Mosetig's plan of injecting iodoform emulsion into soft thyroid tumors. In every instance there was a diminution in the circumference of the neck amounting to from 8 to 10 cm. Antiseptic precautions were employed, and in some cases where the tumor was of considerable dimensions several syringe-fuls were injected into different parts of the parenchyma. In order to ascertain whether the needle has entered the gland the patient is asked to swallow, when, if it has so entered, the downward movement of the syringe shows that the needle has been carried upward. In some cases the injections were repeated daily for several days, in others at intervals of a few days. In no cases were any untoward symptoms produced.—*Lancet*.

The Practical Details in the Treatment of Croupous Pneumonia.

BY THOMAS J. MAYS, M. D.

Professor of Diseases of the Chest in the Philadelphia Polyclinic, and Visiting Physician to the Rush Hospital for Consumption in Philadelphia.

The therapeutic indications in this disease are: (1) A circumvention of the inflammatory process; (2) a reduction of the temperature; (3) a toning up of the pulmonary and cardiac innervation; and (4) a support of the constitution.

Circumventing the inflammatory process. It makes very little difference from a therapeutic standpoint whether we regard the pulmonary stasis as the result of increased blood-pressure or of a semi-paralyzed condition of the blood-vessels. For practical purposes, it is enough to know that the lungs are over-charged with blood, which will, sooner or later, flood the whole implicated area with some of its constituents, and that we must aim to relieve this condition. Now, what measure or measures will accomplish this end? It may be said that the "old and well-tried" method of venesection is a remedy which is highly recommended for this purpose. Whether it succeeds is indeed questionable. Venesection is a keen-edged sword, and, while its employment may cut short some cases of pneumonia, it has also aggravated some, and accomplished no good in many others. From what has been said it is evident that, if it is ever to be employed, it is only applicable in croupous and positively forbidden in catarrhal pneumonia. Local bleeding, such as cupping or leeching, is frequently em-

ployed with advantage over the inflamed lung.

Croupous pneumonia, being a disease, however, which tends to undermine the vitality of the patient more quickly than any other acute disease, with the possible exception of cholera and yellow fever, it seems, indeed, a serious matter to advocate a treatment, which, if it fails to check the disease in its incipency, certainly enhances the pathological trend of the disease and aids in defeating the very end for which it is employed. For the purpose of counteracting the spread of the pneumonic process, I have, therefore, lately applied rubber bags filled with ice over and around the inflamed lung area, and so far as I can see, with rather favorable results. At least, I think this is a measure which bears repetition.

Aconite and veratrum viride are also useful in reducing the pulmonary hyperæmia. Of the two, I prefer aconite, because its physiological effects can be produced with greater certainty and safety. It must be given for effect, and it is well to begin with drop doses of the fluid extract every half hour, or two drops every hour, until the pulse becomes soft and easily compressible.

Reduction of fever.—All the depressant measures which have been mentioned—viz: local bleeding, local application of ice, aconite and veratrum viride—have a strong antipyretic action; but over

and above the influence of these agents, steps must be taken to depress the pyrexia in a more direct manner. This is accomplished by applying ice to the head and neck, by sponging the body with cool water, adding to the latter alcohol, bay rum, vinegar, or liquor ammonia. Quinine may be administered in ten or twenty-grain doses three or four times a day. Binz has shown that this alkaloid exerts an inhibitory influence on the migration of leucocytes—a process which is actively going on in pneumonia and it may therefore serve the double purpose of diminishing high temperature, and of restraining undue cellular activity. It is possible, however, and indeed it is probable that quinine manifests its febrifuge power by checking cellular metamorphosis. Phenacetin, antifebrin and antipyrin, the first two in four grains, and the latter in from seven and a half to fifteen-grain doses, every four hours, are productive of excellent results, and one of these agents should always be employed.

Elevating the nerve tone.—Whatever the precise relation may be which exists between croupous pneumonia and the nerve-supply of the lung, it is very certain that the former process is always accompanied by grave disturbance of the general nervous system, and that those therapeutic agents which have a special action on the pneumogastric nerves and the respiratory centres also exert a beneficial action on this disease. Among the agents which possess such a selective affinity, strychnine, digitalis and atropine rank the highest. Strychnine, on account of its local and general nerve-action, should be preferred, and should be given in doses ranging from one-fiftieth to one-thirtieth of a grain every four hours. Digitalis should only be employed in the form of leaves, and in doses from half a grain

to a grain, and atropine in one-six-hundredth-grain doses every four hours. Quinine in small doses, and alcohol in doses which, in their effects, fall short of the point of narcotism, always tend to enhance the vigor of the body. This point of alcoholic tolerance varies much with the course of the disease; for when the latter is the most aggressive, toleration by the body for alcohol seems to be the greatest, and to be gradually diminishing as recovery sets in. Practical experience teaches us that alcohol may be given in very large doses, say in one, two, or three, or even four tablespoonfuls every hour or two.

Relief of dyspnoea.—Dyspnoea is nearly always present; sometimes it becomes so urgent that marked cyanosis supervenes. If this is not alleviated by the measures already recommended, oxygen must be administered by inhalation. This gas is readily obtained or made, and is given to the patient out of a bag in its pure state, or diluted with a varying proportion of atmospheric air. When there is great restlessness with the difficult breathing, the admixture of twenty parts of nitrous oxide to eighty parts of oxygen has a very quieting effect on the patient. This combination, or the oxygen alone, must be given as frequently as the case demands it.

Nutrition.—Nearly all that has been done so far for our patient is only of temporary service, and only tends to bridge him over the present emergency in case the strength which he possesses holds out against the disease. It is our duty, therefore, to support the patient's resisting power, and give him material wherewith he is able to repair and rebuild the textures which are rapidly disintegrating in his body. In other words, we must feed him with substantial nourishment, and feeding here implies the use of food which concentrates

a large amount of nutritive material in a small bulk, and which requires a small amount of digestive energy on the part of the stomach and intestinal tract. Such food is readily provided in the freshly expressed juice of beef muscle, of oysters, and of clams.

These foods are prepared in the following manner: Beef, preferably taken from the round steak, is cut in pieces of the size of a walnut and placed in a pan and held over the fire momentarily for the purpose of broiling the surfaces. Stirring will accelerate the process. The whole is then placed in a large-sized beef-press, which separates the juice from the fibre. This juice, divested of fat and well seasoned, is to be taken cold in one, two, three or four table-spoonful doses every three to four hours. In the case of oysters and clams, heat is applied and the juice expressed in the same way, and the latter is taken cold and seasoned, but in somewhat smaller doses. These juices contain the very essence of fresh nourishment, and are of easy administration to the most fastidious of patients. I have also for a long time employed these juices in feeding phthisical patients, and can confidently say with the happiest advantages. Beef meal is another excellent albuminous food to be given in tumblerfuls, every three to four hours with or without brandy or whiskey. With the exception of an egg, occasionally in the form of milk-punch, no other food is necessary until convalescence is established.

Rest and Sleep.—It is very important to counteract restlessness, sleeplessness and delirium. If the remedies already advised fail to accomplish this, morphine, hyoscine, chloral or codeine may be employed. Hyoscine may be given hypodermically in $\frac{1}{100}$ grain doses at bedtime, and morphine may, indeed, be administered in the same way throughout the course of the disease, in $\frac{3}{4}$ or $\frac{1}{8}$

grain doses every four hours, with admirable effect.

General management.—Do not disturb the patient with frequent physical examinations, unless these are absolutely necessary. Make your diagnosis, lay down your general plan of treatment at the outset, and follow out the latter with as little variation as possible. The patient must not be worried by administering food or medicines too frequently. After the nature of the local applications has been decided on, I prescribe the following:

R. Phenacetin or antifebrin . . . gr. lx.
 Quininae sulph
 Pulv. digitalis aa gr. xx.
 Strych. sulph gr. ʒ.
 Atropin. sulph gr. $\frac{1}{80}$.
 Morph. sulph gr. i.

M. Ft. capsul. No. 20.

Sig—One capsule four times a day.

If aconite is administered it must be given in frequently repeated doses in the early stage of the disease. The albuminous juices of beef, oysters and clams, already mentioned, and the milk, may be alternated with the capsules every two hours during the day-time. Throughout the night the food is to be given at least twice, one of which times must be early in the morning. Brandy or whiskey must, of course, be administered as often as the case requires. Any extra antipyretics, such as quinine, antipyrin, or whatever may be needed, are subject to the same rules in their administration. Sponging of the body entails such little inconvenience to the patient that it may be carried out at reasonably frequent intervals. The temperature of the chamber must be maintained at a uniform rate, the air kept pure, and all noises excluded as much as this is possible. Liquid discharges from the bowels, which frequently occur at the crisis period, as well as at others stages of the disease, should be carefully disinfected.—*Univ. Med. Mag.*

Ocular Symptoms as Diagnostic Aids.

Richard H. Satterlee, M. D., in the *New York Medical Record*, says that attention to the eye symptoms will often result in a physician looking for other signs, and that this may lead to the detection of a state of affairs hitherto unsuspected.

Edema of the lids is often the first thing noted in the examination of a patient. This may mean conjunctivitis, a premonitory symptom of coryza, the simple fevers, hay fever, arsenical poisoning, some lesion of the heart, lungs, or kidneys. When administering arsenic this œdema is a valuable sign as showing that the drug is being given in excess of the bodily powers to eliminate.

Styes show an anæmic or strumous condition, or derangement of the digestive apparatus or organs of reproduction. They are also found in certain forms of eye strain. The same conditions that produce styes may cause that chronic inflamed condition of the lids termed blepharitis marginalis.

Ptosis, while due to inflammation of the lids, tumors or erysipelas, is also frequently indicative of brain lesion with paralysis of the third nerve.

Blepharospasm may occur during mental excitement or an epileptic seizure; it may also be found in chorea and hysteria.

Marked protusion of one eye would probably mean a new growth in the orbit; of both eyes, exophthalmic goitre. Inability to move the eye outward would lead one to suspect paralysis of the sixth nerve. Paralysis of the sixth with hemiplegia of the opposite side points to a lesion at the pons Varolii—usually on the same side as the eye affected.

The fixed stare of some forms of hysteria and insanity are well known; also the rolling of the eyes during convulsions and approaching dissolution.

The cornea and conjunctiva are often red and injected, or have a peculiar appearance. In diphtheria the membrane sometimes forms here, though rarely. The reddish appearance in hay fever, scarlet fever, measles, and from an overdose of the iodides is familiar to all of us. Phlyctenules show a depraved condition of the system and improper diet. Painless ulcers on the cornea generally indicate a lesion of the fifth nerve. In jaundice the conjunctiva becomes of a brownish hue, in Addison's disease it looks lustreless and dark colored.

Arcus senilis in the young or middle-aged is often an accompaniment of fatty heart or fatty degeneration of other organs.

Nystagmus—that rapid involuntary movement of the eyes—is a sign of third or sixth-nerve paralysis, or a premonitory symptom of disseminated sclerosis. It is also found where the eyes are of unequal refraction.

The pupil should be carefully watched. It is dilated in hysteria, hypochondria, lead-poisoning, hydrocephalus, paralysis of the third nerve, reflex irritation from seat worms, and after the administration of large doses of the following drugs: aconite, salicylic acid, strychnia, belladonna, cannabis indica, conium, duboisia, digitalis, ergot, hyoseyamus, quinine, lobelia, pulsatilla, veratrum viride, santonium, stramonium, nitrite of amyl, and gelsemium. The dilated pupil during chloroform narcosis is a danger signal.

The pupil is contracted in all early

stages of brain disease, cholera, intracranial tumors, cerebral apoplexy, and all lesions of the brain or spinal cord above the dorsal vertebræ. Opium, jaborandi, tobacco, physostigma, carbolic acid, calabar bean, and chloral hydrate all contract the pupil when given in large doses. The pupils being of unequal size is almost certain to be a precursory sign of insanity. If the pupil does not react properly, and the iris is slightly altered in color, you have an iritis of syphilitic, rheumatic, or gouty origin. Post-partum or any other severe hemorrhage may be followed in from two to fifteen days by loss of eyesight, which is not usually regained.

Subjective Symptoms.—The patient complaining of the eyes becoming easily fatigued may be the first symptom calling your attention to a general anæmic

condition. If complaint is made of only seeing half an object, look for beginning paralysis with a lesion or tumor of the brain.

In many cases of parametritis and pelvic cellulitis the eyes are easily fatigued, accompanied by orbital pain and more or less sensitiveness to artificial light.

In spinal disease the patient is apt to have diplopia, photophobia, *muscæ volitantes*, and undue retention of after images.

Loss of accommodation is often present in pathological irritation of the dental branch of the trigeminus, a spur on the nasal septum, intestinal irritation from worms, diseases of the stomach, liver, or intestines, and during convalescence from diphtheria.

Camphor-Menthol in Catarrhal 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 the camphor appeared 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 from any other they had ever tried. This effect of camphormenthol 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-per-cent. or ten-per-cent. spray of the same liquid in hypertrophic tympanic catarrh, increased the hearing and produced a sense of clearness and comfort in the head.

Camphor-menthol contracted the capillary blood-vessels of the mucous membrane, reduced swelling, relieved pain and fullness of the head, or stenosis, arrested sneezing, checked excessive discharges, and corrected perverted secretions. — *New York Medical Journal*.

Thirteenth Annual Commencement

OF THE ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS

MARCH 14, 1892.

The entertainment hall of the Exposition Building was crowded with appreciative citizens, who came to witness the graduation of eighty-five young men from this now famous institution. The rapid growth of this College, and the most excellent literary standing of this large class, attest, more than words can do, the character of work being done by the Faculty in every department.

After prayer by Rev. Mr. Rhodes, D.D., Dean Barnes spoke briefly in his usually happy manner of the continued prosperity of the College and the bright outlook for the future. "The College of Physicians and Surgeons," he said, "was now in the front rank and expected to remain there." The statements regarding the condition of the College, were received with applause, which was heartily accorded, especially by the many members of the St. Louis profession who were present.

Dr. Barnes then, assisted by Mr. Kammerer of the Board of Directors, conferred the diplomas; after which the class valedictory was given by Dr. Magoon.

Dr. Magoon said:

"Coming events cast their shadows before."

This saying is oft quoted with reference to occurrences that portend evil. With those that carry only pleasant memories we can scarcely connect the idea of shadows, but would rather speak of them as bright reflections. This

event, to the men constituting this class, is one which has been looked forward to for days, with hope and anxiety wrought to the highest pitch. At last our hopes concerning it are realized.

We would not leave the impression that our work has been that of unrelenting toil and drudgery. Long, weary days of study under the guidance of men whom we delight to honor, followed by work into the night, has been made pleasant by the fascination which is to be found in the intricate depths of our beloved science. The fellowship of chance acquaintances from every part of our land, brought together within our Alma Mater, has been congenial. The variety of pleasantries and hearty good feeling among us has served to give our association together a spice which has indeed been quite palatable. To-night we look back upon it and leave it with a reluctance that we could scarcely have believed a few weeks or months ago.

The grand profession across whose threshold we pass to-night, needs no praise at my hands before such an audience as confronts me. As to the interests of the profession at large, of course many of you care but little. No doubt there is a common desire to see the onward march and higher attainments of science in all departments, whereby the happiness and well-being of the race and nation may be advanced. Personally, however, when the medical profession is mentioned, there comes to the mind of nearly every one present a certain individual. There arises the

memory of a man who, from your earliest recollection, has been to you, and to those around you, a true and abiding friend. He has stood untiringly by you in times of darkness and distress, fighting manfully with every available force to drive back the grim destroyer from your fireside. In times of deepest gloom, when all seemed dark and foreboding, his voice has come to you full of encouragement and good cheer, and has proven as a stimulant to your fainting spirits. This man, you to-day count among the chief of your friends, and he holds—as he has ever held—a place in your confidence accorded to few. I refer to your family physician.

No matter with what ideas of infallibility you associate this ideal whom I have just described, the fact remains that he is mortal, and, like others, subject to decay. The years that have silently yet swiftly passed over his head, and the responsibilities which he has for so long carried, have silvered his locks and bent the once erect figure. The days of toil must soon close, and younger, stronger men must bear the heat of the battle.

We sincerely trust, that the pessimistic views are erroneous which would have us believe that mankind has become degenerate, and that the coming man of to-day is less worthy of confidence and esteem than those who have gone before. On the contrary, the man of to-day would be ignoble indeed, if he did not arouse to his highest capabilities and avail himself of the increased opportunities for scientific research and the ripe experience of his predecessors. In the pursuit of our professional work there will doubtless be demands upon us, the nature of which I need not enter upon in detail, where courage not surpassed by that of the soldier upon the battlefield will be required. I trust that we may attain to that high standard of in-

tellectual excellency, moral integrity and professional fidelity, where the confidence into which we are taken shall be as effectually sealed within the ventricles of our memories as is that confided to the priest within the confessional.

The men who to-night leave this rostrum to embark in the practice of this branch of science, are to take their places in the ranks of the profession, to fill the broken lines or to seek new fields where our ever-broadening nation offers opportunities. May we be enabled to so order our conduct and acquit ourselves that we may never be looked upon as having committed a single act that would tend to lower the dignity of our profession.

Standing as I do to-night just within the doorway of the profession, I will claim the privilege to speak briefly on the theme of possibilities. But, says one, why will you presume without experience to tell us of the possibilities of your profession? From association and observation we are compelled to say that true worth coupled with honest, earnest efforts in the right direction cannot be restrained. The man who preserves his integrity, stands firmly by a conscience void of offense and strives with unrelenting toil to keep abreast with the van, cannot know defeat. For such a one the realm of possibilities cannot be fathomed. Barring the misfortune of ill-health there can be no obstacle placed in the path of the man of to-day who with a determination to excel in his profession, places his ideal high and refuses to be satisfied with anything less.

In contemplating the opportunities offered in the field of scientific research, I am reminded of the experience of a traveler in the Himalayas. He has gained the summit of one of the foothills, or perchance a peak of minor importance. Looking below he sees an

inviting realm of prosperity extending down the mountain side and stretching away across the fertile plains of the Ganges. So we, from the slight vantage point reached at this time, may look in our mind's eye to the fields where we hope to engage in the service of humanity. If the enraptured tourist, looking off into that grand vista below, imagines for a moment, that he has reached the summit of the mighty Himalayas, let him turn, and in the clear, sharp, frosty air of the early dawn cast his eyes upward until they rest upon the crests of those peaks twenty-eight thousand feet high—those sentinels of time in their priestly robes of eternal snow beckoning him onward and upward—and still further on to the white-turbaned peak of Mount Everest, and then he will realize the grandeur of the possibilities that are still open to his ambition. So to-night from this point we cast our eyes upward until they rest upon that exalted professional eminence, reached by the men who shine brightly in the firmament of our beloved science. Then we can realize the possibilities that are open to our ambition.

HONORABLE FACULTY:—

In saying that we appreciate the sterling worth of you, the men who have thus far guided us in our medical career, I but feebly express our sentiments. When we are thrown upon our own resources and the stern reality of professional problems confronts us, then it is that we will look back to these hours and associations and know indeed more fully how to appreciate you.

Constantly, week after week, we have been brought in contact with you and our course gradually and wisely shaped by your efficient and systematic teaching.

Our association withal has been pleasant. From the individuality and pecu-

liarities of each member we have been enabled by observation to derive that which to us may prove more than gold. Aside from the theoretical and practical instruction which you have labored so hard to impart to us, you have at all times cheerfully given us the benefits of your rich and varied personal experience. I trust that we have manifested a willingness to avail ourselves of these advantages, and that they may prove as armor and shield to us during the course of our professional careers.

The boatsman cuts loose from his moorings and pushes out into the current and must rely upon his own ability for his safety. So we to-night are cut loose from the solid, substantial anchorage which you have afforded us and push out on to the high seas of this busy world. The ability to carry our careers to a successful issue will of course depend largely upon the skill which we have acquired. If any of us are destined to a plodding mediocrity and we do not measure up to as high a standard as we should, we are quite sure that it will not be due to any lack of good intention or perseverance on your part. With no other feelings than that those of highest regard and with memories of pleasant association which we shall delight to keep green, we now say farewell.

FELLOW STUDENTS:—

I am now to address you briefly in these parting moments. Feelings akin to sadness come over me as I am to speak to the class that will meet in our lecture halls no more.

The men with whom we have touched shoulders during these months in our onward march toward a goal which has been the ardent desire of us all to reach, now leave us. The men who have been our neighbors in the class room until to-day, will to-morrow be removed to

entirely different quarters of the nation and gradually in the busy struggle of life, time will partially efface them from our memories.

"We live in the future by hope and anticipation." The lad looks forward with longings as intense as the soul is capable of, to the time when he shall reach that climax of human possibilities, viz:—to be a man like his father. The heart of the apprentice is made to rejoice as for the hundredth time he revolves in his mind the achievements that shall be his when he becomes a master mechanic. The aspiring barrister, peering into the future, revels in the glories that will crown his statesmanship when he shall sway senates with his eloquence and the nation rises up to do him homage. The medical student has a share of this inexpensive luxury as his ideals pass in review before his mind and he looks forward to the time when he shall reach that pinnacle of fame and be known to the people for miles around as "the doctor."

To us this time has now arrived, and as we part let us pause a moment and look back. We are about to withdraw ourselves from the association of men at whose feet we have been delighted to sit and learn. In fancy we will revert to the long hours spent together, to solid friendships formed, to good resolutions adopted and to hopes that have been fanned into existence by our fertile imaginations. I am told that medical men, like others, do at last learn that their student life was not the least happy part of their existence. How can a man keep down the memory of such days? During the past months we have daily met together and constantly pursued our studies. In this period we have traversed an immense field of observation and inquiry, and endeavored to take from it a rich and bounteous

harvest. Let us make our experience here a solid foundation upon which to build the substantial superstructure—a nucleus around which to collect those attributes which are enviable in the symmetrical characters of scientific men and gentlemen.

So much for a retrospect. As to the future we can no longer look forward collectively. The morrow will find us dispersing to our homes, and each one in his plans and anticipations is a volume within himself. What does the future hold for each of us? I am glad that the power is not given to part the curtain at this time and point it out. Let us act upon the counsel given us frequently by men who have had experience along the lines which we are to travel. It would be a happy thought indeed if we could be assured that we would at all times absolutely avoid the pitfalls against which we are warned. I suppose, however, that our experiences will be repetitions of many others and *only* experience, harsh and real will bring forcibly and indelibly to our minds the oft repeated truths that "Things are not what they seem," and "All is not gold that glitters."

The last thought that I leave with you now in parting and one which each of us would do well to incorporate in his motto, is this, that the wise and brave conquer difficulties by daring to attempt them: sloth and timidity shiver at the sight of toil and hazard, and by fear make them impossibilities.

Hoping then that the curtain which separates us from the morrow, when pushed back may reveal to each one a bright and prosperous future and that the clean, spotless pages upon which we are to write the coming chapters of our several histories may be kept from unsightly blots and scars, I bid you a fond *adieu*.

Prof. J. A. Close spoke for the Faculty, and the following brief résumé of his address can only imperfectly convey an impression of his address, which held the large audience in rapt attention for over half an hour :

Professor Close said he first intended to devote a few minutes to a comparison of modern methods of medical education with those of twenty-five years ago. Then it was the custom to devote four or five years to the study of Latin and Greek as a species of mental training, before entering on the study of medical science. Modern ideas have much simplified these methods, and the immense development of branches and specialties has demonstrated that all the time that can be spared to preliminary study should be given to physiology, chemistry, hygiene, and their like. Within the last few years the secular press has been teeming with accounts of the astonishing discoveries relating to germs or bacteria.

The general public, however, has but an indistinct conception of the true value of these discoveries, and of the almost incredible amount of care that must be exercised to guard against accidents or equivocal results, of the preciseness of methods, of the scrupulous cleanliness, of the ingenuity, of the work, the patience, and the precautions required to secure results that will stand the test of time and take their place as data upon which has been erected the magnificent edifice of bacteriological science as it stands to-day. The speaker exposed in a lucid manner a few of the seeming wonders of bacteriology, its relations to health and disease—its application and usefulness in the prevention of contagion.

The graduating class were then given some parting advice as to the direction of their ambitions, the manner of conducting themselves before the world,

their sacred relations to their patients, and the exalted position which the family physician occupies in society. They were exhorted to maintain these high principles rigidly, and were promised in return not only the continued affection and esteem of their teachers, but also that most priceless boon, public approbation. Those who embarked in the practice of medicine merely for the acquirement of riches, exhibited very little judgment, for the same amount of application and toil necessary to qualify a man for the duties of a physician would make him a millionaire in other pursuits. Hence their aim should be to do good. If patients do not flock to his office at once, the young graduate should not be discouraged. He can then have time to co-ordinate the many facts which he has learned, and pursue the studies which on leaving College are only just begun. His anxiety should be, not as to how many patients he can prescribe for, but how intelligently he can treat such as come.

Advertising was next touched upon. The speaker drew a comparison between the grocer, who, he said, could advertise his wares in the public prints as being the best and cheapest, because these commodities could be procured by purchase anywhere in open market. Advertising would perhaps not be so reprehensible if only the great and competent physicians resorted to this practice, but this class does not need to advertise. Knowledge and experience are not commercial commodities and cannot be purchased. They can only be acquired by arduous labor, by unremitting study, and by constant practice. As skill increases, renown follows in its wake. It is therefore dishonorable to claim by advertising that which practice and labor alone can properly elaborate and which time will unflinchingly make known to the world.

Matrimony was then stated to be of vast assistance to the young physician, and its various advantages were touched upon in a humorous way. In the doctor's absence his wife could hold a patient until his return, entertaining him (or her) meanwhile on the doctor's special fitness and skill, and withholding thereby a patron from the crusty old bachelor across the way.

Shall the physician discuss medical subjects with his patients? Yes, the speaker argued; for in educating the public lay the most certain means of exterminating quackery. Besides, the solution of the problems which confront Boards of Health everywhere requires the co-operation of the people as well as their material assistance, and the opposition which sanitary measures sometimes encounter is to be attributed not to ill-will on the part of the public, but to ignorance. Hence

people should be made to understand that the future health of nations depends not so much on the skillful treatment of diseases as on their prevention by observing the laws of hygiene.

Speaking of the inestimable benefits of vaccination to the human race, reference was made to the "Anti-vaccination Societies," whose members believe that countless diseases may be transmitted from arm to arm by inoculation, and who oppose it on this ground. To refute this statement it is only necessary to remember that the mortality from variola during pre-vaccination times was 35 in every 100 attacked, while at the present time the percentage of deaths is scarcely 1 in 200.

With a few well-chosen words of parting to the class, Professor Close bade them God-speed and sat down amid the cheers of the assembly.

Following is the list of graduates:

Allcorn, J. R. Tex.	Everett, C. W. Ia.	Norwood, J. B. Mo.
Auderhub, J. C., Switzer- land.	Faith, A. H. Ind.	Patchen, C. C. Ill.
Appleby, W. Wash.	Ferrell, W. R. Mo.	Pease, F. D. N. Da.
Back, J. W. Mo.	Fitzgerald, H. F. Mo.	Pendergraft, W. C. Mo.
Bailey, O. L. Miss.	Forbes, C. J. Tex.	Pesold, C. Mo.
Ball, S. C. Kas.	Franke, W. E. Ill.	Potter, Wm A. Mo.
Barnes, A. S., Jr. Mo.	Frankel, C. L. Mo.	Potts, C. D. Mo.
Barnett, G. C. Mo.	Hall, S. C. Ill.	Ring, F. Mo.
Bartens, H. F. Mo.	Halliburton, J. M. Mo.	Roberts, C. S. Ark.
Bath, T. W. Mo.	Harmon, O. S. Mo.	Robinson, F. D. Tex.
Beckmeyer, J. F. Ill.	Kinyoun, J. V. Mo.	Rose, F. Ill.
Bentley, J. M. Ind. Ter.	Klein, S. Mo.	Russell, M. V. Tex.
Blackmon, S. Tex.	Lockwood, W. A. Mo.	Schroepfel, G. H. R. Ill.
Boggs, E. O. Tex.	Lucas, T. H. Mo.	Scott, J. R. Kas.
Brazill, T. A. Ia.	McCall, C. G. Tex.	Shaffer, C. P. Neb.
Brown, G. S. Mo.	McCord, L. A. Tex.	Stephenson, W. T. Mo.
Brown, J. L. Ill.	McCormack, J. L. Ill.	Trivett, M. F. Kas.
Burns, W. F. Ill.	McElroy, R. Tex.	Trovillion, M. H. Ill.
Bushey, M. E. Minn.	McFall, J. W. Tex.	Tucker, C. E. Ill.
Campbell, G. B. Mo.	Magoon, F. L. Mo.	Wagner, G. M. Mo.
Chandler, J. J. Mo.	Martin, J. M. Mo.	Wagner, S. V. Tex.
Clark, J. W. Mo.	Mead, G. F. Ill.	Weaver, A. Kas.
Clark, W. A. Ark.	Millen, S. C. N. C.	White, W. G. Mo.
Coy, W. A. Mo.	Mooneyham, J. M. Ind. Ter.	Williamson, F. Mo.
Crow, J. A. Ill.	Moore, C. A. Mo.	Witter, M. G. Mo.
Duke, Wm. W. Tex.	Morrow, J. W. Tex.	Wise, D. Mo.
Dutro, E. O. Ill.	Mozley, C. A. Ill.	Yager, G. W. Mo.
Evernden, T. F. Ill.	Myers, C. C. Tex.	Youngs, Wm. Mo.
	Nolte, R. F. V. Wis.	

(OVER.)

The benediction by the Rev. Mr. Rhodes closed the most successful session that the St. Louis College of Physicians and Surgeons has yet known.

An unusually large number of floral tributes, instruments, etc., were distributed to the members of the gradu-

ating class and to the bachelor members of the faculty. The (printer's) devil tells us that the forlorn condition of the latter class is the only reason why Profs. Close and Powers were specially selected, and not that they were any better than the rest of the faculty.

THE REGULAR SPRING SESSION of the St. Louis College of Physicians and Surgeons will begin Monday, March 20, and continue till the last Saturday in May. Tuition for the entire term, \$20.00, which sum will be deducted from the tuition of the following Winter session. The Lecture Course will con-

sist of didactic lectures, clinical and laboratory work. Special stress will be laid on clinical teaching, bacteriological and microscopical work; the building will be less crowded, while the opportunities for individual study will be much enhanced, making this in many ways equivalent to a post-graduate course.

Books and Pamphlets Received.

"Syphilis in Ancient and Prehistoric Times." Syphilis To-day and Among the Ancients. In three volumes. Volume 1. By Dr. F. Buret, Paris, France. Translated from the French, with notes by Dr. Ohmann-Dumesnil, M.D., St. Louis, Mo. Price \$1.25 net. The F. A. Davis Co., Publishers, Philadelphia: 1891.

"Diseases of the Skin." By George H. Rohé, M.D., assisted by J. Williams Lord, A.B., M.D. Extra Cloth, price, \$1.25 net. The F. A. Davis, Co., Publishers, Philadelphia. 1892.

"Essentials of Medical Physics." By Fred. J. Brockway, M.D., New York. Price, \$1.00 net. W. B. Saunders, Publisher, Philadelphia.

"The Mediterranean Shores of America; or, the Climatic, Physical, and Meteorological Condition of Southern California." By P. C. Remondino, M. D. Extra Cloth, price, \$1.25 net; cheaper edition in Paper, price 75 cents, net. The F. A. Davis Co., Publishers.

"Zymosis and Pathogenesis: a Bacteriological Sketch." Jas. I. Fellows, London: 1891.

"Obstetric Problems." Price 25 cts. Muslin 50 cents. D. T. Smith, Louisville, Kentucky.

"Treatment of Laryngeal Phthisis." Robert Levy, M.D., Denver, Colorado. (Reprinted from the *Medical and Surgical Reporter*.)

"Disposal of Waste and Garbage." Presented at the Nineteenth Annual Meeting of the American Public Health Association, Kansas City, October, 20-23, 1891. (Reprinted from Vol. xvii of the Transactions of the American Public Health Association.)

"Aphasia Due to Sub-Dural Hemorrhage Without External Signs of Injury; Operation; Recovery." By L. Bremer, and N. B. Carson, M.D., of St. Louis, Mo. (Reprint from *The American Journal of the Medical Sciences*, February, 1892.)

"Trendelenburg's Posture in Gynecology." By Florian Krug, M. D. (Reprint from the Transactions of the Association of American Obstetricians and Gynecologists, September, 1891.)

"An Account of the Influenza as it Appeared in Philadelphia in the Winters of 1889-'90 and 1891-'92." By J. Howe Adams, M.D., Philadelphia.

"Sapremia and Septicemia during the Puerperal Period." By William S. Gardener, M.D. (Reprinted from *The Maryland Medical Journal*, of October 12th, 1889.)

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Physicians' Wants, Etc.—A department will be devoted to the free publication of physicians' wants, practices for sale, good locations, etc.

Editorial Committee.—DR. A. S. BARNES, DR. A. A. HENSKE, DR. KEATING BAUDUY, DR. WILLIAM PORTER.
Edited for the Committee by DR. WILLIAM PORTER, assisted by DR. G. F. PIÉROT.

Vol. V.

ST. LOUIS, MO., MARCH, 1892.

No. 3.

Editorial.

To Our Alumni.

For reasons that will readily occur to all, we will urge upon the young men who are soon to start into practical work in their profession, that they join a reputable local medical society as early as possible.

As a rule the best men are found in the societies and it is especially the place for the development and growth of the young physician. Moreover by the

present method of representation, the local societies are linked with the State Association and the great American Medical Association, so that a member of a local society is entitled to membership in any of the larger ones.

We expect a number of good society workers from our class of '92 as we have reason to be proud of former classes in this important respect.

La Grippe.

While the people of the nineteenth century have been congratulating themselves upon the stamping out of several of the great devastating epidemics, it seems as though a comparatively new disease has made its appearance, threatening even to rival the "black plague,"

small-pox or yellow fever. Although by sanitation, quarantine and vaccination these have lost their terrors, the modern "grippe" with its sequences is fast becoming a widespread foe to human life.

Much has been written upon the

cause, character and treatment of "grippe," and we believe that the disease is becoming fairly well understood—at least enough so to promise a limitation to its ravages and fatality. While the manifestations are certainly different in different countries and under different circumstances, and consequently the deductions from personal observation are somewhat dissimilar, yet there is a consensus of opinion as to certain propositions.

First, "grippe" is not an entirely new disease, but has more rapidly developed within the last two or three years; and while, at first, certain climatic conditions were necessary for its development and progress, it now seems to have assumed the characteristic of a contagious disease. The recent published conclusions of scientists, confirm the idea that it is due to a specific cause and that the bacillus of influenza is discovered.

Again, while there are many complications of "grippe," in almost all cases there is profound depression. Some-

times this appears late in the course of the disease, but more frequently is present at the beginning. Indeed it might almost be called an acute general disease of the nervous system with local manifestations. This is one reason why people already weak and devitalized, the old and the feeble, are so little able to resist an attack. Even where serious organic changes take place in special organs, as where "grippe" is followed by pneumonia, there seems to be more than the ordinary conditions found in pneumonia—a more rapid invasion and a greater depression.

The disease in many instances seems to closely resemble some forms of rheumatism, and the local manifestations along the upper respiratory tract and the erratic and often severe pains are suggestive. It is probable, however, that in many of the cases these phenomena may be referable to vaso-motor impression (or depression), especially in those cases where the nervous system is markedly involved.

Sir Morell Mackenzie.

The master rests. After the day of toil
 An urgent message came to him, and he
 Well used to sudden calls, in quiet haste,
 With kind good-night went out and all was still.
 And now his work is done; to him no more
 Will come the suffering ones and those who need
 The helping hand and words of goodly cheer.
 His last response completed all his work.
 O strong and gentle heart, ours is the loss
 Who knew thee well—and knowing loved thee more.
 Ours is the loss and thine the great reward.
 We crown thee victor, O thou kingly dead.

W. P.

SYR. HYPOPHOS. CO., FELLOWS

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It Differs in its Effects from all Analogous Prepara-

tions; 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 products 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.

Items of Interest.

A diet of oatmeal and brown bread is said to greatly promote the growth of hair on the bald scalp.

AN HYGIENIC LABOR CONGRESS.—The next annual meeting of the French Labor Party is to be devoted to a discussion of hygiene as it affects the workman. The subject is to be divided into three parts—food, habitations, and workshops—on each of which there will be a general discussion, opened by a recognized sanitary authority and continued by the delegates.—*Med. Record.*

In the Illinois State Building at the World's Fair the women physicians, pharmacists, and dentists will prepare an exhibit.

THE reckless way in which the public are drugging themselves to prevent influenza, must make our homœopathic friends smile. The oceans of ammoniated tincture of quinine, and the tons of salicine, and other antiseptics that are being consumed during the present epidemic is alarming, except to the vendors of these drugs, and to them it must be quite a harvest. The curious thing is, the more that is taken the more the disease spreads; but it never occurs to people that the excessive drugging may be rendering them easy victims to the pestilence.—*Popular Med. Monthly.*

FOR THE PAST YEAR or two, I have been using Peacock's Bromides with good success, and from my experience find it the most satisfactory of any of that class of preparations now on the market.

A. CONWAY M. D.

Lamonte Mo.

CREMATION IN FRANCE.—During the year 1890 there were over 150 persons cremated in Paris as against about 50 the year before. The cost of the operation in France is very small, the total expenses only amounting altogether to 31 francs 60 centimes. Since October 1, 1891, in addition to the ordinary cremations, more than 1,614 bodies have been sent from the hospitals to be cremated.

INEBRIATE PHYSICIANS.—The *Medical Press* proposes that physicians who become intoxicated while engaged in visiting patients shall be suspended from the right to practice for a certain period of time, on conviction of an offense "infamous in a professional respect."

THE city of Philadelphia has adopted the kreatin test for tuberculosis in animals, discovered by Dr. S. G. Dixon, and is making extended trials of it in the case of suspected cattle.

ANENT the recent birth of a Chinese baby of a white mother in Philadelphia, as a result of maternal impression induced by a Sunday school class of Chinese, which the lady was teaching, a good joke is related:

The wife of a physician in this city read the account of the Chinese impression to her husband and asked him his opinion of it. "Humph!" he growled, "possible." "And," his wife resumed, "I read a short time ago, of a lady who had been chased by a negro and was afterward delivered of a negro child. Do you think such a thing could happen?" "Yes," replied our cynical doctor, "If the nigger caught her."

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 " D. HAYES AGNEW, THOS. G. MORTON, WM. H. PANCOAST, PHILADELPHIA.
 " H. P. C. WILSON, ALAN P. SMITH, - - - - - BALTIMORE.
 " J. MILLS BROWNE, *Surgeon-General U.S. Navy*; JOHN B. HAMILTON,
Supervising Surgeon-General, Marine Hospital Service; WM. A.
 HAMMOND, NATHAN S. LINCOLN, - - - - - WASHINGTON.
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 " A. L. CARSON, JAMES T. WHITTAKER, - - - - - CINCINNATI.
 " STANFORD E. C. CHAILLE, JOSEPH JONES, A. W. de ROALDES, NEW ORLEANS.
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—Landois and Sterling.

MALTOSE is a saccharose, not a glucose, and is a form of sugar which does not ferment.

—*Materia Medica and Therapeutics, Dr. Mitchell Bruce.*

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—*Eustace Smith, M.D., F.R.C.S.*

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THE DOLIBER-GOODALE CO.,
BOSTON MASS.

A Meek Man's Mishaps.

A Very Meek Man becoming afflicted with blindness in his left eye applied to a hospital for relief.

After an examination he was informed that a stay of some weeks would be necessary before he could be cured. At first he hesitated. "It will be a great loss of time," he said "but I want to be cured and I guess I'll do it."

He was accordingly assigned to bed 13, an ointment prescribed for the eye, and a syrup to be taken internally. The nurse who had him in charge was of colossal inexperience and fell into the singular error of feeding him with the ointment by teaspoonfuls and of smearing the syrup over his eye.

The mistake was discovered by the Courteous Interne, who apologized and encouraged him by remarking that fortunately no real harm was done.

"I reckon not," said the Meek Man cheerfully, "it only makes me greasy inside, and sticky outside, instead of t'other way."

The next day this nurse applied a large blister to his side which was intended for the occupant of bed 14. His feeble remonstrances were overcome by the serene assurance and certitude of his attendant, and by the time the mistake was discovered his patient skin elevated into a huge blister.

The Courteous Interne again apologized and comforted him by assuring him that, if anything, it would have a beneficial effect by drawing the inflammation away from the eye.

"It's powerful sore," quoth the Meek Man, "but I've often heard that blisters were good things; it do seem as if it were drawing something away."

The next day a Dapper Chap appeared at his bedside and proceeded to hold a napkin full of ether to his nose.

"What's this for?" asked the sur-

prised Meek Man, "Is it for my eye?"

"Of course its for your eye," replied the Dapper Chap soothingly, "what else do you suppose its for. We know our business I guess; breathe deep and keep quiet and you will soon be all right."

Thus assured the Meek Man did as directed, and in a few minutes was completely anesthetized.

On recovering consciousness, some hours afterward, he was surprised to find his hand bound up and on inquiry discovered that the thumb of his right hand had been amputated. In some inexplicable way he had been mistaken for a student who had received a dissection wound on the thumb.

The Courteous Interne was profuse with apologies, "But you are really very lucky," said he, "for it might have been your leg that was cut off, or your skull have been trephined or a kidney removed: if you look at it right you have much to be thankful for."

"That's so," said the Meek Man, "it might have been worse."

With the exception of receiving a powerful purge, intended for the occupant of bed 12, no mischance occurred the following day, but two days after he received some rather disheartening information.

The treatment he had so far received not having benefited him at all, a consultation was held over his case. The result was that the doctors found they had made a mistake in diagnosis, and that the only way of saving the sight of the sound eye was to remove the diseased one. "Do you know," quoth the Meek Man to the nurse, "that I kinder thought it was that way all the time."

That afternoon he was once more anesthetized. "I wish," said he to the Distinguished Surgeon "that you'd be keerful not to cut off a leg or an arm or anything like that."

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On recovering from the anæsthetic the Meek Man complained that he could not see at all and an examination revealed the fact that the Distinguished Surgeon had made a horrible mistake, and extirpated the sound eye.

The Meek Man sighed. "It's perfectly ridiculous," said he, "I can't see a thing."

"True," said the Courteous Interne, "but only consider how fortunate the blind are in some respects; how many hideous sights there are in the world which the blind are spared from seeing, and then how much more symmetrical it is to be blind in both eyes than in one only. A man with one eye cannot take more than a one-sided view of any question, while an entirely blind man is free from the prejudice arising from the fallacies of monocular vision. Of course it seems dark at first."

"Yes" quoth the Meek Man, "it does seem kinder dark, but I reckon I'll get along with a boy to lead me or somethin' like that."

The next day a fever set in, the pulse went up, the strength went down, the meek heart failed, and it soon became

evident that the poor fellow was approaching the end of his earthly life.

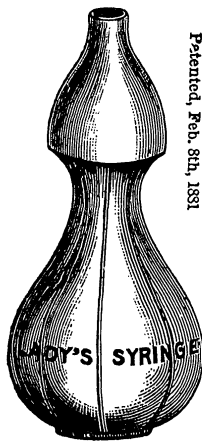
Said the Courteous Interne, "You can not live very long, not over an hour at best, but the longest life must end. You are only doing what each man living in the world must shortly do. What difference do a few years more or less make?" "Yes," crooned the Meek Man faintly but cheerfully, "life is pretty tough, I reckon death 'll be better."

A few minutes more, and he had passed through that narrow door which leads out of this world into the next.

—*Journal of Mat. Med.*

DEATH FROM PARALDEHYDE.—A death from paraldehyde is reported in the *Nashville Journal of Medicine and Surgery*. A girl of twenty, by mistake took six or seven drachms of the drug, became unconscious in a few minutes and died in a few hours.

IN Wisconsin the board of pharmacy will revoke the license of druggists who do not keep a record of liquor sales.



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The "Lady's" Syringe

Is the only **perfect** Vaginal Syringe in the world.

Being constructed upon the principle of **injection** and **suction** (a plan generally admitted by the medical profession as the only correct and efficient one) it cleanses the vaginal passage of all discharges to **perfection**, and enables the patient to **hold** medicated injections in close contact with the **cleansed** mucous membrane sufficiently long to get the benefit of the therapeutic action of hot water, emollients, narcotics, astringents, disinfectants, styptics, etc. Other advantages of the Lady's Syringe are: 1st.—Its simplicity of construction, it has no piston, extra nozzles, valves, washers, nor screws, which may get out of order, or may be lost, but consists simply of one piece of fine, soft rubber. 2d.—On account of its simplicity of construction it is very easily cleansed, and 3rd.—During injection not a drop of fluid need be spilled on clothing, etc.

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Albuminoids,.....	9.10	" "	
Milk Sugar,.....	11.87	" "	
Ash,.....	1.84	" "	
	<u>100.00</u>		

DIRECTIONS FOR INFANT FEEDING.—Mix immediately before using in boiling or boiled water, and add a little cane sugar to it. For the first two months, add 4 to 6 parts water. After the second month, gradually strengthen the solution with the advancing age of the child, so as to use about three parts water to 1 part of Germless Condensed Milk.

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A TOO ZEALOUS MALTHUSIAN.—An Oxford M. A. and legal practitioner has been arrested and fined in London for circulating pamphlets with directions for preventing conception. It was his habit to study the announcements of births in the newspapers, and send one of his circulars to the happy father.—*Med. Record.*

Dr. C. S. Robinson, Richford, Tiago, Co., N. Y., says: I have tried Papine (Battle & Co.) and I find it possesses the medicinal virtues of opium, unalloyed with the drawbacks following the use of other forms of the drug. I tested Papine in my own case, having used many forms of opium, during forty years, but only in acute attacks. It is not harmful like crude opium, morphine and other preparations, in delicate or irritable stomachs; on the contrary, it is acceptable as cordial. Also, the head is not made ill as it is by the other forms of opium that have come under my observation during most

half a century. Papine is more prompt than morphine, except when the latter is used hypodermically. My wife has acute rheumatic attacks, and so-called "sick headaches," and long ago decided she was unable to bear morphine or opium treatment. On hearing me extol Papine, she tried it unbeknown to me, and afterwards reported, saying: "I believe it is indeed a good remedy, I can take it, for it does not make me sicker when I am sick."

OVERTAXING HIS BRAIN.—Old Mrs. Bently—"Did your hear, Josiah, that the young student who has been boardin' at the Hendrickses is very sick?" Old Mr. Bently—"Yes, I heerd so; what's the trouble with him?" Old Mrs. Bently—"Studyin' too hard, I s'pose. The doctor says he's got information of the brain."—*The Epoch.*

SOME one has discovered a microbe that lives in a vacuum, and now they are trying to find out what it lives on.

INDICATIONS.

Catarrhal state of
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Vaginal Wash,
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CONTAINING 26 PER CENT. OF COAGULABLE ALBUMEN.

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BOVININE consists of the Juices of Lean Raw Beef obtained by a mechanical process, neither heat nor acid being used in its preparation. The nutritious elements of lean raw beef are thus presented in a concentrated solution, no disintegration or destruction of the albumen having taken place. The proteids in solution amount to 26 per cent. of the weight of the preparation, and give to it the great dietetic value it possesses in all conditions where a concentrated and readily assimilable food is needed.

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RECENT LEGISLATIVE ENACTMENTS IN ARKANSAS mention eight instances of unprofessional conduct which warrant the revocation of the physician's license. These are :

1. Procuring or aiding and abetting in the procuring of criminal abortion.
2. Employing or using what are known as cappers, steerers, or drummers, or the subsidizing of hotels or boarding-houses to procure practice.
3. The obtaining of a fee on the assurance that a manifestly incurable disease can be permanently cured.
4. The wilful betrayal of a professional secret to the detriment of a patron.
5. All advertisements of medical business in which untruthful and improbable statements are made.
6. All advertisements of any medicine or means whereby the monthly periods of women can be regulated or the menses re-established.
7. Conviction of any offense involving moral turpitude.
8. Habitual drunkenness.—*Med. Rec.*

A DRUGGIST in Michigan has been knocked down and robbed by highwaymen. They were silly enough to think the druggist could carry his little 4,000 per cent. profit about him.—*Times and Reg.*

HUMAN MORTALITY.—The annual mortality of the entire human race amounts, roughly speaking, according to a French medical journal, to 33,000,000 of persons. This makes the average deaths per day over 91,000, being at the rate of 3,730 an hour, or 62 people every minute of the day and night the year round. A fourth of the race die before completing their eighth year, and one-half before the end of the seventeenth year; but the average duration of life is about thirty-eight years. Not more than one person in a hundred thousand lives to be a hundred.—*New York Sun.*

THE HEALTH OF THE SMALL BOY AGAIN THREATENED.—An industry of great promise in Japan, for purposes of export, is the manufacture of cigarettes. Japanese tobacco, though not suitable for pipes or cigars, makes excellent cigarettes, pronounced by the majority of smokers to be only a little inferior to cigarettes made with Turkish tobacco, and the advantage is very distinctly on the side of the Japanese article in respect of cheapness, its ratio of price to that of the Turkish being as three to five, approximately.—*Japanese Mail.*

IN THE Medical Department of the University of Texas the salaries of professors range from \$2,500 to \$30,00.

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DOSE.—

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

INDICATIONS.—

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It has less tendency to cause Nausea, Vomiting, Constipation, etc.

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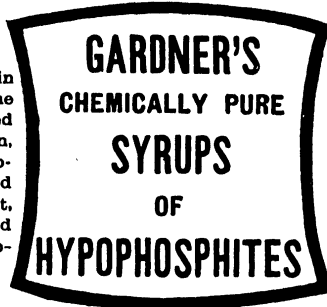
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DOSE.—For adults, a dessertspoonful to a tablespoonful three times a day, after meals. In urgent cases, where there is much pain, dose may be given every hour or two ALWAYS IN HOT WATER.

Jno. B. Johnson, M. D., Professor of the Principles and Practice of Medicine, St. Louis Medical College.

St. Louis, June 20, '88.

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L. Ch. Boisliniere, M. D., Prof. of Obstetrics, St. Louis Medical College.

St. Louis, June 18, 1888.

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L. Ch. Boisliniere M.D.

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St. Louis, June 23, 1888.

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H. Tuholske

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Kumysgen

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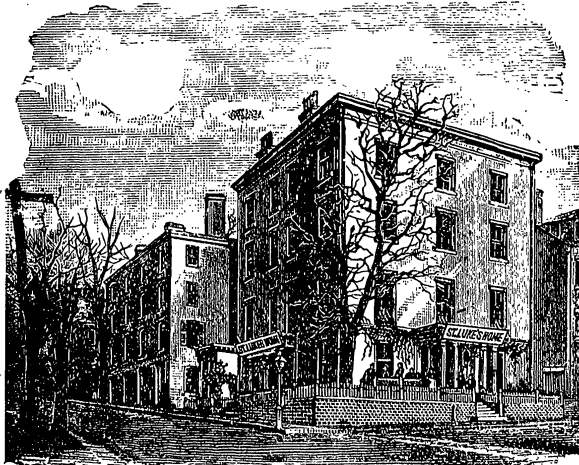
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VOL. V.

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Wm. Payne,.....	Jan. 2, 1890	Jan. 5, 1890
Gustav Thoman,.....	Jan. 21, 1890	Jan. 23, 1890

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and calmly resumed her consultations. Fresh complaints were made, and a fresh summons was issued against her. She tore up the paper and sent the pieces back to the public prosecutor. She also wrote letters to various authorities, stating that she had passed examinations in the nervous and mental disorders of women, and was greatly complimented on her knowledge. Several attempts have been made to arrest her, but hitherto they have been fruitless. She is greatly liked and protected by the inhabitants of the district, and they have invariably prevented the police from getting at her. What will be the ultimate issue it is impossible to say.—*Medical Record.*

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Pepsin, 1 gr. **Dose.—1 to 3 Pills.**

Pil. Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion, and malassimilation of food.

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La Grippe.

BY L. B. ANDERSON, M. D.

On December 24th 1891, I was called to see Mrs. A. L., a small fleshy woman, about thirty-five years of age, the mother of several children, who had been in vigorous health, up to the 20th inst., when she was seized with the usual symptoms of an ordinary catarrh (bad cold). She had some throat and bronchial trouble, headache and wandering pains in her body and limbs. At four o'clock of the morning of the 24th she awoke with a severe rigor, followed in a short time with a high fever, and increased pain in the body, head and limbs. At ten o'clock A. M. the same day she had another rigor, with an intensification of all her troubles. Soon after this I was summoned to see her. When I saw her at two o'clock P. M., that day, she was in a small room, hovering over a large cooking stove, which was intensely hot, shaking with a third chill—face flushed to crimson, pulse rapid and full, but vapory, heat intense, cough harassing with a severe pain in right side, and groaning, with intensest agony from head to foot. The bowels were torpid, the urine scanty, the skin dry, the tongue coated, and all

the pathological developments indicated extreme illness.

What was the status? She had been seized with a bad cold a few days before which invaded the mucous linings of the throat, bronchi, stomach, duodenum, hepatic ducts, bladder and kidneys. The secretions of all the glands which normally find an outlet through these membranes were estopped. Cholesteroline from the liver, urea from the kidneys, carbonic acid from the lungs, debris of retrogressive metabolism from the intestinal canal, are accumulating in the blood, or passing through chemical changes—are evolving leucomaines which, acting on the nervous centres are vitiating the blood, accumulating in the tissues, and contaminating all the vital fluids. The heat-disseminating functions are all more or less suspended, and caloric accumulates in all the organs and tissues,—the laboring organs strive in vain to liberate themselves, from accumulating vitiosities—the weaker parts succumb to the seething blood-current, freighted with poisonous leucomaines—the sentient nerves writhe under the burning tide of the acrid

humors, and the whole economy groans with agonizing torture.

Well, Æsculapius, what of the night? What you do, do quickly, for ere another sun shall rise, unless the accumulating poisons are removed, and the imprisoned organs are liberated, they will have so far succumbed, that all our art can not relieve them. How will it do to use the coal-tar extracts to obtund the pain and reduce the excitement: or quinine in large doses, to reduce the pulse and the temperature? There is neither philosophy or common sense in such a procedure. For the one acts virtually as the other, and the combination like either. They produce a fatal calm, overpowering the nerves, by making a profounder impression on them than the pent-up poisons themselves, and in no way freeing the system from their presence, which will be demonstrated so soon as the immediate effect of the remedies dies away. And if you persevere in maintaining the impression, it will be difficult to determine whether the inevitable *heart-failure* was produced by the remedy or the disease.

The indications are: 1, To liberate the pent-up secretions. 2, To excite the action of the eliminating organs. 3, To

neutralize the energy of the poisonous matters in the blood, while the above objects are being attained.

To accomplish this end, I used:

R. Salicylic acid..... \bar{z} i
Bicarb. potass.....gr. 46
Fl. e. ipecac and tr. acon.aa.mxx
Spirit. ether. nitros..... \bar{z} i
Rose water q. s. ad..... \bar{z} iv

M. S. Teaspoonful every hour.

This to be given till eight o'clock at night, at which time the following was administered:

R. Hydrg. chlo. mitis.....gr. xii
Pulv. jalapa.....gr. xx

Make three capsules. S. give at eight o'clock.

One hour after the administration of the capsules, the mixture was resumed and continued all night, unless when asleep.

25th. - I saw Mrs. L. at two o'clock P. M. The medicine had acted freely on the bowels, carrying off large quantities of mucus and bile (Ringer to the contrary notwithstanding.) The kidneys pouring out full discharges of urine, the skin bathed in perspiration, the cough had ceased, the pains all gone, the temperature normal and she craving food. She has been well ever since.

Norfolk, Va.

Eclampsia : Which is the Remedy ?

BY C. D. R. KIRK, M. D.

Until the discovery of veratrum viride and later on morphine in large doses as remedies for eclampsia, the disease had a greater mortality to the number of cases than almost any other disease—nearly every case died. My father, an old and successful physician, succeeded in relieving some cases by copious blood-letting and enemata of lobelia and other powerful relaxants; but we would not

miss it far to say that the physicians of his day lost nine of every ten cases, and the physicians of to-day would have no better success if veratrum and morphine were excluded from their materia medica. It is true that chloroform, by inhalation, is a powerful remedy for convulsive action; but for the relief of puerperal eclampsia, it will not cope with the other two remedies. I am quite

sure that veratrum and morphine will give relief, so far as the convulsions are concerned, in every case that is amenable to any remedy now known to the profession; and if we are to judge from the many journal articles on the subject, it makes no difference which remedy is used—either will be successful. The pathological condition cuts no figure in the case at all; but the doctor who attacks the disease under such impressions will find that, whilst these remedies will cure many cases, they will kill others. The case associated with small, weak, rapid pulse and cold extremities, cannot be relieved with veratrum in any size dose, but will surely sink under the influence of a large dose, and without the timely use of active stimulants will die very quickly. It is strange that veratrum may be given in ten-drop doses every fifteen to thirty minutes for the relief of one case, whilst the single

dose of ten drops will prove fatal in another; yet we cannot discover any difference in the two cases so far as the convulsions are concerned. Morphine is the remedy for the one and veratrum for the other, or the case with full, strong pulse. If the physician will always notice the pulse and give his remedies accordingly, he will not fail to control the convulsions. The cases with small, weak pulse, or full pulse without power, generally have less coma but more gastric derangement; they are relieved by hypodermic injections of three-eighths of a grain of morphine, which proves to be everything that is needed. It fills the place of stimulants and relaxants: in fine, it is *the* remedy. But if there is full, strong pulse, veratrum should be given as mentioned above. It is a specific for that pathological condition.

Shuqualak, Miss.

The Successful Treatment of Eclampsia.

BY J. D. KELLY, M. D.

I read an article on the treatment of eclampsia not long since, in which a physician tried the hypodermic administration of veratrum viride (Norwood's tincture), rather as a last resort, and to his complete surprise and satisfaction he saved his patient's life. Had he the confidence in the curative qualities of this drug, that I have, he would have used it as a first resort instead of a last.

My knowledge of the value of this method of treatment was first obtained at a medical society of Wilson County, Kansas, in which the treatment of eclampsia was the subject of a paper

read by the president, Dr. Wylie. He stated that he had treated, and assisted in treating eight cases of eclampsia in the past two years, and had stopped the convulsions in every case in one half hour after giving twelve drops of Norwood's tincture sub-cutaneously. This was surprising to most of us, who dreaded this most terrible of diseases; and it was a general understanding that each was to report his first case of the disease as herein treated.

The case here reported is one that I was fortunate enough to get on the third day after the meeting of the soci-

ety. I was called-out early that morning to see Mrs. W. —, who had been married one year, at the age of fifteen. She was quite fleshy and of a plethoric build. I found her with some pains, but no dilatation of the os. She complained of a terrible headache, and her face was of a dark purple flush. I informed the family that in my opinion we would have trouble in preventing a form of spasms; and after prescribing potassium bromide, I left for my home. I was called again in about five hours, the family being badly frightened, as they thought she was dying. Anticipating trouble, I took Dr. Johnson with me; we found her in the embrace of an epileptiform convulsion. She had had four before we arrived, and there was no interval of consciousness. This being my first case of eclampsia, and desiring to be on the safe side, I concluded to try every thing before veratrum viride. So we bled her, taking nearly two pints of blood. We found that did no good, and tried chloroform, with no better result. Then I told Dr. Johnson we would try a treatment I had great confidence in. Her pulse at this time was 110, full and throb-

bing. I prepared twelve drops of Norwood's tincture, and gave it; before ten minutes her pulse was 70 beats to the minute. I gave the second dose in twenty minutes, but only ten drops. Her pulse soon went down to 54 per minute, and, as it were, a weight had been lifted from her brain; for she was by this time conscious, not having had another spasm after the one she was in when I gave her the first dose of veratrum viride. From that on we had no trouble with the labor, and she was delivered of a ten pound boy.

I will say that I have had a case similar to the one just described, since then, which gave way equally as well under the same treatment, except that I did not wait, but gave the tincture in the beginning.

Now I have here as evidence, ten cases of this terrible malady; every case giving way before tincture of veratrum, sub-cutaneously given, not a spasm having occurred after the first injection.

I hope to hear from any physician who may have occasion to try this treatment.

Oak Valley, Kansas.

Acute Bronchitis.

A simple expectorant mixture in acute bronchitis is:

℞ Ammon. muriat. ℥ ss.
Mist. glycyrrhiz. comp. ℥ iv. M.

Sig. Take a dessertspoonful every four hours.

The dose is smaller in the extremes of life, and in severe coughs it is given every three hours.

Tablets of the muriate of ammonium and the compound licorice mixture are very efficient. When the secretions are with difficulty brought up, the use of senega is advised.

When the secretions are abundant and not easily coughed up, turpentine in emulsion is an excellent remedy, not so pleasant, perhaps, as terebene or terpine hydrate, but rarely failing to do good in properly selected cases. The formula, with occasional modifications to suit particular cases, is:

℞ Ol. terebinthin. . . . ℥ij to ℥iij.
Mucil acaciæ q. s.
Aq. cinnamomi. . . . ℥j.
Aquæ q. s. ad. . . . ℥vj. M.

Sig. A tablespoonful in a little water every four hours.

Ofttimes the cough is of such an irritating character that these ordinary expectorant mixtures avail little; then recourse must be made to a narcotic in some form. Codeine, a very useful alkaloid of opium, has the advantage of

not constipating as much as morphine. A good combination is:

R Codeinæ sulphat....grs. viij.
Syr. prun. Virginian..℥ij. M.

Sig. A teaspoonful in a little water three or four times a day and at bedtime if necessary.—*Therapeutic Gazette.*

Flushing the Colon.

BY J. F. GRIFFIN, M. D.

Some one in writing upon the subject of flushing the colon, said, he could not conceive of the necessity for introducing a long tube (two and a half to three feet long), to be pushed into the colon, when the colon itself is a tube, and will carry the water its full length if the hips are sufficiently raised for the water to gravitate. I am disposed to agree with him.

An obstruction sufficient to arrest the gravity of the water, would resist an india rubber tube sufficiently flexible to adapt itself to the turns of the colon, and I am inclined to think that it is only occasionally that such a tube can be made to reach the whole length of the colon, if it ever does, and it is quite possible that when we think it has gone its full length, the tube is simply doubled on itself.

I hardly think there is ever an impaction of the colon, except below the sigmoid flexure, and a tube long enough to reach the flexure is all that is needed for flushing the colon, and having always been successful with such a tube is the reason for such belief. I do not say a tube cannot be made to reach the length of the colon, but I cannot see the necessity of it.

In cases where there is flatus, as in tympanites, a longer tube than one to

reach the sigmoid flexure is necessary, but it should be firm enough to pass through impacted feces.

I call to mind a case of a child I was attending some twenty-five years ago. The child was about a year old, the accumulation of flatus was frightful, the pressure upon the diaphragm was so great that the infant could scarcely get its breath, and the fever being high, added to the alarm.

All in the room (it was filled with women), declared that the child was dying, and I was greatly blamed for thrusting a large sized india rubber catheter into its bowels, some of them asserting that it was cruel.

After getting the catheter beyond the impaction, the wind and loose feces (I had previously given the child a water injection), began to pass through it, and in a little while the tympanitic bowels subsided, greatly to the relief of the little sufferer.

The child got well. Had it died it would have been said the doctor *killed* it; as it was I got great credit for a trifling affair.

It is possible that Dr. C. C. Edison, (who ably treats upon the subject of flushing the colon, under the heading, "The Colon Douche," in the January number of the *Medical Summary*), may

be right as regards the necessity of a long tube, yet I find many who take quite a different view of the the matter.

Dr. Forest, a writer in the journal already alluded to, "seems to think that even the patients themselves could properly perform the feat" of flushing the colon.

I quote from Dr. Edison :

"The value of the treatment no one should doubt. It is very efficacious in the treatment of all forms of dysen-

tery, accompanying other treatment."

I have just had a case of cystitis, accompanied with a slight stricture of the sphincter ani, rendering the pain of micturition very great during and after the act of defecation, resulting from the straining, in which I found that by introducing into the rectum, a quart or more of water, as hot as it could be borne, it gave prompt relief whenever used.

Illawara, La.

Dyspeptic Diarrhœa of Infants.

BY H. A. CHIPMAN, M. D.

Among the diseases which in the past have greatly increased the mortality rate in the warm season, the various digestive complaints of nursing children have furnished a large proportion.

Better hygiene is reducing this mortality. A brief article on the subject, while perhaps not furnishing anything new, will refresh our memories on points gained in the past.

As dyspeptic diarrhœa is one of the most common forms and is an important factor in nearly all cases, we will consider it as it occurs in babies, who are the victims of artificial feeding. Cow's milk, prepared food, or condensed milk may have been used. Either of these, properly used, will answer in most cases, but neither is proof against the abuse it so frequently meets with.

In most cases we will be called to treat infants fed with cow's milk, and in most cases either the milk will have been tainted or our patients will be the victims of too frequent feeding. During the hot summer days the child becomes thirsty, and instead of being allowed water to drink, it is given the bottle.

Being thirsty as well as hungry, it overloads the stomach, not once, but repeatedly.

The stomach is not able to digest all that is forced upon it, and the undigested curd passes on into the intestines to become a source of irritation, and we have acute dyspeptic diarrhœa set up. The overfeeding still continues; the stomach at last rebels; the food is immediately rejected. No food being retained and the profuse evacuations continuing, rapid emaciation takes place, followed by entero-colitis.

For the sake of treatment we may speak of two forms:

1, Where milk is speedily ejected and the passages are sour, green and contain curdled milk.

2, Where there is less vomiting and the evacuations are putrid.

For the first class the following is very useful:

R. Syr. rhei aromatic....
 Aquæ calcis.....a a ʒ ii.
 Spts. ammonia aromatic ʒ ii.

M. Sig. One teaspoonful after each movement of the bowels.

Eliminate all carbo-hydrates from the food, and let albumen be given, but very sparingly, for 24 hours. The white of eggs, beef juice or Bovinine answer well.

For the second class we may use

R. Zinc sulpho-carbolat...gr. v
Bismuthi subnitrat....gr. xxxvi
Lactopeptine.....gr. xxiv

M. ft. chart No. xxiv. Sig. one every two hours.

Here the food should consist of carbo-hydrates: barley water or starch water well cooked to convert the starch into dextrine. After the acute stage and in chronic cases, well diluted cream is very successful. Meat broths are useful in both classes.

These hints as to diet are only intended for the acute stage.

Properly diluted cow's milk or one of the many prepared foods will usually be suitable in two or three days.

In this connection I will report a case which threatened a fatal termination. A thin, nervous child æt. 3 months. Had been fed on condensed milk from birth. Had been fed both too frequently and

in too large quantities. Bowels relaxed and stools undigested.

The inevitable result followed: enterocolitis which developed an acute hydrocephaloid condition within 24 hours of my first visit.

There was constant rolling of the head which was drawn back. Eyes staring but would not notice anything. An unfavorable prognosis was given. Milk was forbidden and starch water was given. Various remedies as indicated were given for the cerebral complication but the proper control of the intestinal disturbance was considered of more importance. Suppression of urine following was met with tincture apocynum. The acute symptoms subsided in a short time but it was found impossible to use a milk diet. Peptonized milk and various prepared foods were used with only partial success till at last we began the use of Lacto-preparata which has the advantage of being pre-digested and also that it does not require the addition of fresh milk to prepare it for use. On this the baby continued to thrive.

Stoughton, Wis.

An Improved Method of Grafting Ulcers.

Having had an exceptionally large number of chronic ulcers of the leg, which incapacitated the patients from work, and finally brought them into the infirmary, I tried the ordinary methods of grafting, but being disgusted with the very large number of total failures I experienced, I undertook various experiments, and at last adopted the following plan, which I distinctly disclaim as my own, but which consists in adopting and combining the ideas of several people. The success I obtained with this method was so marked that I think a large number of practitioners at home

and abroad (in India especially, where I found all ulcers very intractable under ordinary treatment) will welcome it. Even when the ulcer is deep, with hard thickened edges and extending all round the limb, the method applies. This is to cleanse the surface well for two or three days with boracic fomentations, and then (contrary to what I was taught) slightly abrade the granulations, just sufficient to cause oozing, and apply the graft directly to the abraded surface, where it is held in position by a small pile made of half-inch squares of green protective, four

or five squares being placed one on the top of the other. A graft is thus applied to every square inch of surface.

And now comes the most important thing of all, and which is an idea I received from a friend. This is to encircle the limb with a fold of carbolic gauze, which extends two or three inches above and below the ulcer, where it is attached to the sound skin by collodion. The ulcer is then thoroughly dredged with boracic powder through the gauze, and the whole is wrapped in a layer of wet boracic lint, which is kept thoroughly moist. As a rule, the dressing is not disturbed for three days, when the lint is removed, and the limb well irrigated with boracic lotion, the grafts remaining perfectly secure under their heaps of protective, which again

is kept in position by the gauze. The limb is then redusted with boracic powder, and done up in the wet lint, which is now changed daily. At the end of ten days the gauze and protective are removed, and each graft will be found as large as a sixpence, while those near the edges will have exercised a spermatie influence, and caused a rapid ingrowing of epithelium.

Since adopting the above plan, I may say I never lost a single graft, though employed on most unfavorable surfaces—a very different result to the old way of covering the grafts with a large piece of protective which retained some exudations under it, and thus bathed the tender graft in a poisonous medium, with a result that eighty per cent. of them never “took.”—GILL, *the Lancet*

An Easy Method of Plugging for Epistaxis.

Dr. A. A. Philip describes a ready method of plugging the posterior nares, which in his hands is both effectual and easily accomplished. A piece of old, soft, thin cotton, oiled silk, or silk, about six inches square—a piece of an old handkerchief will answer—is taken, and by means of a probe, metal thermometer case, or penholder, is pushed “umbrella” fashion into the nostril, the direction of pressure, when the patient is sitting erect, being backward and slightly downward. It is pushed on until it is felt that the point of the “umbrella” is well into the cavity of the naso-pharynx.

The thermometer case is now pushed on in an upward direction and then toward the sides, so as to push more of the “umbrella” into the pharynx, and is then withdrawn. The closed end of the sac protrudes well into the pharynx, and its open end protrudes at the an-

terior nares. The inside of the sac may be brushed with some astringent, such as alum or turpentine.

A considerable quantity of cotton wool is pushed well back to the bottom of the sac in the pharynx. Then, the thermometer case being held well against the packed wool, the mouth of the sac is pulled upon, and thus its bottom is drawn forward, and forms a firm, hard plug wedged into the posterior nares. The sac may now be packed full of cotton wool, dry or soaked in some astringent solution. The mouth of the sac is tied just outside the nostril, trimmed with scissors, and the ends of the thread secured outside.

In removing the plug, open the mouth of the sac, and, with small dressing forceps, gently remove the cotton wool bit by bit. If there is bleeding, simply syringe the sac with weak carbolic lotion or Condy's fluid, and re-

pack with clean cotton-wool. If there is no bleeding when the wool is picked out, gently pull out the sac, or if it be adhering to the mucous membrane of the nostril, apply a little warm water, and it may then easily be removed.

By this method no damage is done to the floor of the nose or back of soft palate by strings, etc., no disagreeable hawking, coughing or vomiting takes place during introduction, and no disagreeable strings are left hanging inside the mouth.—*British Med. Jour.*

A New, Safe and Sure Method to Expedite Difficult Cases of Labor.

BY MARSHALL L. BROWN, M. D.

Dr. Playfair, F.R.C.P., Professor of Obstetrics of King's College, London, writes recently of an "entirely modern oxytocic by manual pressure applied directly to the uterus to increase the force of feeble pains, etc."*

It is something like ten years since I commenced the use of the herein-described method† of expediting difficult and retarded cases of labor with pelvic or breech presentations. I have made use of the same method in difficult labors with vertex presentations, since that time, when the presentation was a safe one and, from any cause, the expulsive pains of the patient seemed inadequate for the delivery of the child.

I well remember the teachings of our professor in obstetrics, Dr. Dix Crosby, of Dartmouth College, who was pre-eminently a practical man, who said that having made out the presentation, as a general rule, we were to wait patiently; we were not to use the blunt hook; we were not to get our fingers into the flexure of the joint, at the groin; but we were to wait; nature

would eventually accomplish the delivery. I had had a few cases of labor with breech presentations and followed these eminently practical directions and all went well. In the following case they did not work as satisfactorily.

Mrs. G., a closely-built, vigorous, young woman, weighing one hundred and thirty-five pounds, of sanguine temperament and florid complexion, was taken in her first labor in the afternoon. The night wore away—the following day, the next night, another day; to the third night. Up to this time, everything being natural, the parts cool and moist, the presentation having been early made out, we had kept her courage and hope sustained by telling her that as long as she remained cool, the pulse and temperature natural, the parts moist, there was no cause for anxiety or alarm, and that all would eventually come out right. During the evening the pains increased in strength and duration. The patient became excited at the delay, and called for ether and the instruments, and later in the night begged piteously for them. I finally gave her ether at the commencement of each pain, and while it continued. While giving the ether, in her writhing, she

*. Braithwaite's Retrospect, Part cii, January, 1891, p. 200, first two paragraphs.

†. Read before the Boston Gynecological Society, 1884.

got crosswise on the bed, with her head toward the wall. I gave the towel cone, by means of which the ether was given, to the nurse, and, placing my hands well spread out over the fundus of the womb, I applied a gentle and continuous force in downward and backward pressure, while the pains were on, upon the womb and contents, in line of the axis of the pelvis. When the pains ceased I stopped the pressure. As the patient made no complaint, I continued applying the force, gradually increasing it at each pain. After an hour or so, on making examination, I found that she was making progress, and the breech was engaging. I continued the application of this force; and after about three hours more of hard labor, on the part of the patient and myself, I had the satisfaction of knowing that the labor would terminate successfully. Meanwhile, however, the husband and friends had become panic-stricken (in spite of my assuring them that all was going on well) and desired counsel. I assented. While the husband was after the counsel, I gradually increased the force applied, until it was all I was capable of exerting with my hands, as before described, upon the abdomen of the patient.

After the breech had passed the upper strait, she made more rapid progress; and at the proper time, when the breech began to be delivered, I passed to the other side of the bed and rendered the necessary assistance and delivered her safely of an eleven pound girl, before the return of the husband with the counsel.

As this was the first time of my applying force in this manner, I felt not a little anxious as to the result although I had reasoned, that, if the force was properly applied, and in the right direction, no harm could be done to the patient. I have to say, however, that

she did not complain of any unusual tenderness of the abdomen, and she made as quick and perfect a recovery as any patient I ever had.

I searched the authorities for any description of the application of force applied in this manner, to expedite labor, and have thus far failed to find any mention or hint, of its ever having been before so applied.

From that time to the present, I have made use of this method, and have at times applied so much force as to be apprehensive lest some harm might come to the patient; but in every instance the patients have made speedy and perfectly satisfactory recoveries. From the experience I have had in the use of this method, I am satisfied that it is a safe, sure and satisfactory help in the delivery of difficult and retarded cases of labor, with either breech or vertex presentations.

Briefly, the method consists in applying a force synchronously with the natural labor pains, by and through the hands of the obstetrician, so spread as to embrace as large a portion of the fundus of the womb, as may be possible, and applied downward and backward in the direction of the axis of the pelvis.

The following are directions which should be remembered and followed in making use of this method :

1, As to the position of the patient. It can best be made use of when the patient is crosswise on the bed, in nearly the same position as when the forceps are to be applied.

2, The hands of the obstetrician should be so spread as to embrace as large a portion of the fundus of the womb as possible.

3, The force should be applied when the pain commences, gently at first, gradually increasing it to the end of the pain and should cease with the pain.

4, The force must be applied downward and backward in the direction of the axis of the pelvis.

Finally, certain precautions should be borne in mind in the use of this method :

1, It should not be used unless the presentation is a safe or deliverable one.

2, It should not be applied spasmodically, by jerks, but with a gentle,

steady, gradually increasing pressure.

3, It should not be used unless the os uteri is dilated or dilatable.

Following the above directions, and bearing in mind the cautions given, this method will, I am sure, be found of great value in difficult and retarded cases of labor, and for the average general practitioner, safer than the forceps. —*Boston Med. and Surg. Jour.*

Therapeutic Notes.

I have treated in the past four years fifty cases of typhoid fever as follows:

R. Acidi carbolici.....
Tr. iodinii.....aa gtt. xxxvi.
Bismuthi subnit.....ʒiss.
Ol. terebinthinæ....ʒij.
Mucil. acaciæ q. s. ad. ʒvj

M. S. Shake and take one teaspoonful every three hours in water.

If diarrhœa is troublesome increase the bismuth, and add a little laudanum to the above. Also, I give 20 drops dilute muriatic acid three times a day to aid digestion, and quinine in the remission of the fever; acetanilide if the fever goes above 103°. This treatment has seemed to be all that could be desired.

Pneumonia. — For the contagious stage:

R. Tr. aconiti, (or veratri viridis) gtt. v to viii.

Every two to three hours.

In the stage of hepatization, to promote absorption:

R. Ammonii carbonatisʒij.
Potassii iodidi.....ʒiss.
Syr. aurantii cort.....ʒij.
Aquæ.....ʒij.

M. S. Teaspoonful every two hours.

I also generally blister. *I never lost a case.*

When there is much depression and debility I combine digitalis with the ammonium potash mixture.

It may be well to say a word on "grippe," as we all have specifics. When it first appeared here in 1890 I was using the ammonia mixture suggested in the *Medical World*, and have seen little reason to change it. Antikamnia I have found the best analgesic. One singular coincidence occurring in my practice, which points to its neurotic tendency, was an extensive eczema in the course of the facial nerve. I had just returned from visiting the patient when I received my mail, and saw in the *Medical Record* a lecture by Burdon Sanderson, in which he described a similar case.

I have had some trouble with the bowels in a few cases. When they assumed a dysenteric character, the old stand-bys, lead and opium, utterly failed me; but I mastered the situation with this:

R. Acidi sulphurici dil.....
Tr. opii deod.....
Tr. cardamomi comp..aa.ʒ ij.
Aq. cinnamomi... q. s. ad ʒvj.

M. S. Two to three teaspoonfuls every two to three hours, according to effects and necessity.

Also, valuable in other forms of diarrhœa and dysentery.

In some old debilitated cases I used the following with excellent results:

R. Ammonii chloridi..... $\bar{3}$ ij.
 Tr. ferri chloridi..... $\bar{3}$ iv-vj.
 Potassii chloratis..... $\bar{3}$ j.
 Syrupi et aquæ...q.s.ad. $\bar{3}$ iv.

M. S. Teaspoonful every three to four hours.

I wish to say, so far as my experience and observation go, I consider the above the most salutary combination in medicine for the conditions in which it is indicated, and its range of application is very large.

For cases of "grippe," characterized by pain in the orbital region, I have found gelsemium to act well:

R. Tr. gelsemii.....gtt. x-xii.
 Aquæ..... $\bar{3}$ iv.

M. S. Teaspoonful every ten min-

utes for the first hour; then every half-hour.

For dysentery the following is a favorite:

R. Tr. opii deod..... $\bar{3}$ j.
 Tr. catechu..... $\bar{3}$ iiss.
 Bismuthi subnit..... $\bar{3}$ vj.
 Sp. etheris nitrosi..... $\bar{3}$ j.
 Sp. menthæ pip..... $\bar{3}$ ij.
 Mucil. acaciæ....q.s.ad. $\bar{3}$ viij.

M. S. Teaspoonful every 3 hours.

The best all-round gargle for sore throat I have found is the following:

R. Aluminis (pul.)..... $\bar{3}$ ij.
 Potassii chloratis..... $\bar{3}$ ss.
 Tr. myrrhæ..... $\bar{3}$ ij.
 Glycerini et aquæ..... $\bar{3}$ iij.

M. S. Use as a gargle.—L. B. YOUNG in *Times and Register*.

Intolerable Fissure of the Anus.

In intolerable fissures all other measures besides dilatation are perfectly useless. Some time ago I saw a foreign young woman who had been treated in vain for two years for fissure of the anus, with all sorts of medicines; topical applications of many kinds, mineral waters, cauterizations, excision of hemorrhoids, but all to no effect. Dilatation of the sphincter gave her relief in a few hours.

In performing this painful operation, I employ anesthesia by chloroform; I am afraid of interstitial injections of cocaine, especially in this region, which have been recommended. The only preliminary step necessary is to empty the rectum by a gentle purgative, given the day before the operation; a light diet and an enema before operating. The patient lies on his side, the lower leg being extended and the upper one flexed and the buttock raised by an assistant. I perform the dilatation by introducing the two index fingers into

the rectum, and using the thumbs only when the resistance is very great. I never use a dilating speculum. It is necessary to avoid a blind and brutal dilatation; we should, above all, avoid the practice which recommends that the thumbs be separated until they touch the ischia. We should dilate until we feel that the resistance of the sphincter has been overcome, but we should not go beyond that; at the same time the fissure should be watched so as to see that no tearing takes place. Tearing of the fissure, and even of the sphincter, which often happens when a dilating speculum is used, is not a very serious accident, but it is worth avoiding.

The after treatment in cases of dilatation is almost nothing. If the fissure be slightly torn, an ointment containing iodoform might be used.—M. DUPLAY in *Gazette des Hôpitaux*.

30 drops of sulphuric ether, hypodermicably, will relieve gall-stone colic.

Surgery.

UNDER THE CHARGE OF GEORGE W. CALE, M. D.

DISLOCATION OF BOTH SHOULDERS.—A man of nineteen, whilst pushing a heavy truck in a coal-pit, knocked against a prop that was supporting the roof; this gave way, bringing down with it a large part of the roof, which fell on his back; he managed to struggle a little way, but was unable to extricate himself from the rubbish, and was finally pulled out by the right arm. When seen he was suffering from slight shock, and had a sub-coracoid dislocation of both shoulders, with slight bruising of the back. Reduction was easily effected on both sides by manipulation without the use of an anæsthetic. The arms were then fixed in front of the chest by Sayre's method of strapping by adhesive plaster. They were kept up for twelve days and then taken down. Eight weeks after the accident the functions were excellent.—YEOMAN in *Lancet*.

THE EXCISION OF CARBUNCLES.—Wöfler (*Centralblatt für Chirurgie*, No. 40, 1891,) writes as follows: The slow healing of carbuncles after treatment by the usual method of deep incisions, the gangrene of the skin, and the danger of renewed infection of the adjacent parts, as well as the formation of a frequently disfiguring cicatrix, induced Riedel, since 1883, to excise at once in all cases. For this purpose a circular incision is made around the infiltrated parts. This is followed by radiating incisions, starting from the periphery of the previous one, and perpendicular to it, in the direction of the sound tissue. The carbuncle itself is not incised. In this way, at least four skin

flaps are formed. These are cleared of inflammatory products. Once beyond the area of infiltration, the knife must be carried down to the fascia of the muscles and the whole of the morbid tissue removed, to bring the operation to an end. There is frequently very free bleeding, which is arrested by pressure and plugging. On the evening following the operation, the temperature tends to become normal; on the following day, the skin flaps are brought nearer together. The central solution of continuity allows escape of secretions. Riedel praises this method for the following reasons: 1. A harmless loss of skin and subcutaneous tissue gets rid of a dangerous focus of inflammation. 2. The excision brings the local morbid processes to an end at once, and consequently all danger of general infection is removed. 3. The loss of sound tissue is small. 4. The healing is rapid. 5. The cicatrix is good.—*The Provincial Medical Journal*.

VASCULAR TUMOR OF THE URETHRA.—McMordie (*Medical Press and Circular*, vol. lii., No. 2746), records a vascular tumor near the neck of the bladder, causing pain and retention of urine. The patient, a married woman, aged fifty-four, had suffered for eight months from frequent and painful micturition, with uncontrollable desire to repeat the act every five minutes; there was also weakness, loss of flesh, and sleeplessness. Ten ounces of urine were drawn off, and a tumor detected by the catheter. Under anæsthesia the urethra was dilated by a three-bladed dila-

tor sufficiently to admit the passage of a finger, and a vascular tumor was found near the neck of the bladder and easily removed. Pressure was applied by plugging the vagina, and the urine drawn at intervals by a catheter. The patient made a good recovery.—*Am. Jour. Med. Sci.*

retractile cicatrix and to obtain linear union, with the result of a smooth scar. Total primary union is frequently obtained—even more frequently than could be expected—and uninterrupted healing takes place in spite of slight contamination by urine.—*Am. Journal Med. Sci.*

THE TREATMENT OF STRICTURES DUE TO INCOMPLETE RUPTURE OF THE PERINEAL URETHRA.—Guyon, in a clinical lecture at the Hôpital Necker (*Le Mercredi Médical*, 1891, No. 51,) spoke of strictures following incomplete rupture of the deep urethra, and exhibited five cases.

These cases are characterized by rapid formation of the stricture, with a persistent tendency to recurrence. The contractile power of the new tissue is never entirely overcome.

In case of complete rupture of the urethra, the rule is to incise the perineum at once, without making any attempt at catheterization, and to join the two ends of the urethra after having passed a sound. Guyon has been a strong advocate of this true surgical principle, and advises in addition the immediate sewing of the ends of the urethra, if they are not too irregular. If the ends are not sufficiently even they may be resected.

This treatment would probably be satisfactory in cases of partial rupture of the urethra, if done at once; but when one is compelled to operate for conditions due to lesions already formed it is better to remove the cicatricial constriction by partial resection of the urethra. The results, both primary and remote, are satisfactory in the highest degree, the more so when compared with other plans of treatment, including external urethrotomy.

The object of the resection of the urethra is to remove the hard, thick, and

LINEAR CRANIOTOMY.—At a meeting of the French Academy of Medicine, Prengreuer (*Münchener medicin. Wochenschr.*, No. 5, 1892, p. 80) reported the successful performance of linear craniotomy in a case of simple idiocy in a boy nine years old, without morbid hereditary predisposition, in whom development was retarded after the eighteenth month of age, the child learning to walk only at three, being filthy, and unable to read or write, and behaving like one of three or four. The cranium, elongated vertically, presented an elevation in the course of the fronto-parietal suture. The frontal and parietal fossæ were entirely obliterated. The cranium was asymmetrical, the left side being less well developed than the right. A strip of bone, a little more than an inch wide and about four inches long, was removed from the left side of the cranium about an inch from, and parallel with, the sagittal suture. Corresponding to the elevation at the fronto-parietal suture a thickening of the bone, directed inward, was found exerting pressure upon the brain. The offending structure was removed. The primary result was most satisfactory. Too little time had elapsed to warrant any opinion as to the ultimate result.—*Med. News.*

COMBINED USE OF IODINE AND ELECTRICITY.—Dr. McGuire says that a case of old, large, hard, bilateral thyroid enlargement, with marked dyspnoea, which had resisted all other treatment, was benefited as follows: A cup-

shaped electrode was filled with cotton which had been dipped in water and squeezed as dry as possible, and then ten to fifteen gtt. of iodine tincture were placed upon the cotton. This cotton was applied to the most prominent part of the tumor by means of the electrode (anode), and the cathode was placed upon the back of the neck. A current of from six to eight milliampères was allowed to pass for ten minutes, when, upon the removal of the anode, most of the iodine had disappeared. A marked taste of iodine was noticed during and after the application—being the most disagreeable feature of the treatment; séances were given daily for three weeks, and at first the tumor decreased rapidly in size, but slowly after that, and became more indurated as it contracted. Treatment was renewed after a month's absence, and the tumor was reduced to one-fifth its original size, after which it remained stationary, all subjective symptoms disappeared and the general health was much improved. Two other cases of chronic goiter gave the same result; but in four cases of recent enlargement of the thyroid in young women the tumor rapidly disappeared under this treatment.—HUNTER MCGUIRE, *Jour. Electro-Ther.*

DIMINUTION OF VIRILE POWER BY THE INTERNAL USE OF ANTISEPTICS.—Dr. Van Den Corput, of Brussels, calls attention (*Rev. De Thérap*), to the diminution of virile power which he had observed in patients to whom he had prescribed antiseptics, such as salicylic acid, quinine, menthol, carbolic acid. The author supposes that these antiseptics act on the blood elements, and on the seminal cells as on inferior organisms. The spermazoids become in effect completely immobile under the microscope, like all the leucocytes, which lose their ameboid movements,

and can no longer effect their migrations. Salicylic acid acts in the same manner upon the ovary, and causes the lengthening of the menstrual period.—*N. Y. Med. Times.*

ABORTIVE TREATMENT OF BUBOES.—Welander's object (*Archiv. für Dermat. u. Syph.*), was to treat buboes so as to do away with the permanent cicatrices which follow ordinary treatment. He injected a cubic centimetre of a 1 per cent. benzoate of mercury solution in $\frac{1}{2}$ per cent. salt solution. Apart from cases where abscesses with distinct fluctuation had already formed, his results were very favorable. In ninety-one per cent. of the cases absorption of the infiltration products is said to have taken place.—*Provincial Med. Jour.*

CORRUGATED PAPER IN SURGERY.—I have on several occasions lately made use of this convenient packing material as a splint: for instance, in one as "first aid" to a broken arm seen some distance from my house, and where a large piece of the familiar ribbing, which had safely carried a bottle of liqueur by post, lying on a table first suggested the new use for it: and a very comfortable and efficient guard it made. In another I employed it in place of the usual pieces of millboard in putting up a leg with both bones snapped across three inches above the ankle, and where it would have as much firmness with a quarter of the weight. On the field and in the equipment of travellers I am convinced it would prove most useful; so, I have asked the makers if they could manufacture a special kind for this purpose with a calico base and the ribs made of paper twice as stout. As a flat splint I find two superimposed pieces quite efficient for the wrist, but it is, of course, stronger when rolled into a truncated cone or cylinder.—*Prov. Med. Jour.*

A Case of Acute Parenchymatous Nephritis.

BY MARTIN W. BARR, M. D.

The treatment of acute parenchymatous nephritis is a series of compromises all through the whole course of the disease, and each drug given cannot be too carefully watched. So much has been written on the subject - on purely theoretical grounds - that frequently when a case of this dreadful disease comes under the care of a busy general practitioner he is bewildered by the variety of remedies presented. I have endeavored to describe this case most accurately, going into all the minute details of both symptoms and treatment.

S. T.,—aged thirty years. An unmarried gentleman of unexceptionable habits. Native of England. Had been in America about ten months. Was engaged in intellectual work for a number of years. Family history good. Patient has not been feeling well for several weeks. Complained of headache. Was irritable and listless. Sleep was disturbed at night, would doze much during the day. Appetite failed.

On May 3, 1891, complained of sore throat. On examination I found the throat much congested.

Prescribed:

R. Fld. ext. rhus. glab.....
 Glycerine.....aa ℥i
 Sat. sol. potass. chlor.... ℥ij
 M. Sig. Gargle every half hour.

Used gargle during day, and in the evening throat was improved. Took a walk and half an hour's smoke after night-fall. Retired early.

May 4th.—Was dull and heavy and slept much during the day. In the evening had a slight chill. Became dizzy

and staggered when walking. Complained of double vision. Conjunctiva much congested. Tongue was heavily coated. Gave hydrarg. chlor. mitis, gr. iii., and later, sod. brom., gr. i.

May 5th.—Passed rather a restless night. Was very nervous and exhibited signs of mental disturbance. Had severe cephalalgia and aching pains in shoulders and lumbar regions. Voided urine in large quantities, but with great difficulty. The desire to micturate was almost constant, and the flow strongly resembled that in polyuria. The urine was colorless, and contained neither albumen nor sugar. Specific gravity was 1006.

Polydipsia was a marked symptom, the craving for cold drinks being most intense. This continued until convalescence.

Kept patient in bed and gave:

R. Potass. iodidi..... gr. clx.
 Syr. sarsap. comp.... ℥ss.
 Aquæ..... ℥ss.

M. Sig. Teaspoonful in water every four hours.

Also:

R. Fld. ext. hyoseyamus, gr. xl.
 Sodæ bicarb..... gr. xxxii
 Aquæ, q. s..... ad ℥i.

M. Sig. Teaspoonful in water every two hours.

In addition I used the galvanic battery, applying the electrodes alternately along the spine, and to the hypogastric, lumbar, and inguinal regions; and also to the root of the penis. I began with moderate currents, but rapidly increased them in strength. Gave milk freely.

May 6th.—Patient passed a bad night. Muscular twitchings of face and limbs. For hours I momentarily expected a convulsion. Uræmic symptoms were very prominent. There was but a faint odor to the urine—breath and perspiration were strongly urinous. Cephalalgia was less severe. Vertigo very marked. Conjunctiva was a bright yellow and blood-vessels strongly injected. Disordered vision—diplopia. A *bruit* was distinctly audible in cardiac region. No fever. Pulse slow and full. Respiration during day was shallow and irregular (Cheyne-Stokes); toward evening, labored. There was some delirium which was mild and muttering. Tongue still furred. Teeth covered with sordes.

Ordered tinct. digitalis, m. v., *ter in die*. In the evening gave hydrarg. chlor. mitis., gr. v., followed by a Seidlitz powder.

May 7th.—Patient passed another wretched night. Diplopia more marked. Every thing appeared a bright green color. Delirium increased. Would lie muttering to himself, then suddenly have attacks of wild maniacal excitement. Had illusions and hallucinations. Thought that he had had a quarrel on the quay with some negro roughs, by whom he had been injured. Afterward a strange man had given him a cigar and told him to go lie down in his (the man's) room. This story was repeated over and over. He held conversations with an imaginary man, clad in blue trousers, sitting on a stile. Was much interested in some black trees. Attended his own funeral. Had a severe disagreement with his brother. Was much afraid of a box, which he thought had been placed high up in a window by his head. Became violently angry with me, and, later, imagined that I was the devil. Toward evening became more quiet but insisted that he was not in his own chamber. Bowels

moved freely. Urine passed in large quantities and with great difficulty. Continued treatment, and at bedtime gave: sod. brom. ʒj., and morph. sulph., gr. ʒ.

May 8th.—Passed a restless night. Arose frequently to urinate. Was extremely weak and dull. Wild delirium had subsided, and given place to listless apathy. Patient lay during morning in a lethargic state, from which he could be easily roused to take nourishment and medicine. Toward noon he began to wander again. Spoke of a choir singing; held a conversation with a little child of whom he was very fond; then began to talk of suicide. Gave podophyllum gr. ʒ every hour, until three doses were taken. Bowels were freely moved late in the afternoon. Fell asleep early in the evening, waking occasionally. Recognized me. Strong urinous odor to breath and perspiration. Gave chloral gr. x, and morph. sulph. gr. ʒ at bedtime. I now placed patient on an absolute milk diet, feeding him at regular intervals. He would take seven pints in twenty-four hours. My schedule ran thus:

8 a. m.	1 pint.
10:30 a. m.	1 “
12 m.	1 “
3 p. m.	1 “
6 p. m.	1 “
10 p. m.	1 “
During night when awake..	1 “

May 9th.—No change of any importance. Hebetude of mind still continued. Heart irritable and irregular in its movements. Patient had no idea of time. Had completely lost it. Morph. sulph. gr. ʒ at bedtime.

May 10th.—Slept rather better during night. Mind was wandering. Was aphonic, speech unintelligible at times. While left alone for a few minutes, escaped down two long flights of steps, and engaged in an altercation with a man whom he met. Was returned to

bed much exhausted. Passed urine with less difficulty, and in smaller quantity. Bowels freely moved by hydrarg. chlor. mitis. gr. iii, and podophyllum gr. ʒ. Stopped hyoseyamus mixture, also digitalis.

May 11th.—Much disturbed by having room changed. Toward evening became drowsy.

May 12th.—Patient passed a quiet night. Abnormal flow of urine had ceased. He had an almost constant desire to urinate, but could pass only a few drops at a time. Urine of a dark red color, and was loaded with urates. Bowels freely moved, spontaneously.

May 13th.—Urinous odor to breath not so marked. But little odor to the urine. Patient was still very dull.

May 14th.—Micturition not so frequent, and only a small quantity voided at a time.

May 15th.—Urinous odor rapidly disappearing from breath. Urine was a pale straw-color, neutral reaction, specific gravity 1010, and contained neither albumen nor sugar. Small cloudy sediment on standing-water. Microscopic examination revealed some pale hyaline casts. Polydipsia was still most intense. Slept much during day. In the evening had an attack of maniacal excitement which came on without warning. Had the delusion of a quarrel. Was quieted with difficulty. In the morning I gave podophyllum gr. ʒ, followed in half an hour by a Seidlitz powder. Full movement resulted. Stopped all other medicine and prescribed:

R. Tinct. digitalis..... ℥ lxxx.
Potass. acetat..... ʒ vss.
Aquæ..... q. s. ad. ʒviii.

M. Sig. Teaspoonful well diluted every 4 hours.

This I gave between meals. Directly before each meal the patient took tinct. ferri chlor. m. x., together with Mens-

men's beef tonic, ʒ jss. Immediately following the meal he took liq. potass. arsenit. m. ii., in wineglassful of water. At bedtime gave morph. sulph. gr. ʒ and sod. brom. ʒi.

May 16th.—Had rather a quiet night. Mind was much lighter, although he had no idea of time. Talked coherently. Aphasia disappearing. Diplopia in less degree. Dipsomania unabated. Allowed him to get up for a few minutes. Was extremely weak. Some diarrhoea in the afternoon. Promptly checked it by fl. ext. geranium maculatum, and tinct. opii m. x. to iv., every hour until took four doses.

May 17th.—Improving; delusions disappearing. Eyes clearing up, congestion less intense, yellow color fading. One healthy voluntary stool. Allowed him to smoke a little morning and evening. He also took two short walks. Much exhausted afterward.

May 18th.—Gave usual sleeping potion on previous night. Slept through the night and until 11 a. m. Is much improved in every way. Began to take solid food. Steak, eggs, custard, bread and butter, etc. Took two walks. Was not so tired after them.

May 19th.—Mind quite clear. Urine voided in normal quantities, and with no difficulty. Appetite good. Took much exercise during day. Was extremely tired at night. Gave sleeping draught.

May 20th.—Diplopia disappearing rapidly. Dipsomania is not nearly so intense. Urinous odor hardly perceptible on breath.

May 21st.—Took a twenty-six-mile ride on the cars, and did much running around in the city. The day was very warm, and in the evening patient was much exhausted. No movement from bowels.

May 22d.—Slept soundly during the night. Eyes yellow and slightly con-

gested. Urinous odor to breath exaggerated. At 2 p. m. gave pulv. jalapæ comp. gr. xiv. Free evacuation in the evening.

May 23d. -- Restless night. Urine light colored. Specific gravity, 1020. Taking nourishment freely. Good movement from the bowels. On this day the patient was removed from my personal care, although I continued to prescribe for him at a distance. I followed the treatment last mentioned for a number of days, and the patient improved rapidly. About June 1st I changed treatment, and put him on the chloride of gold and sodium. The prescription read:

R. Auri et sodii chlorid, gr. iij.
 Aquæ..... $\frac{3}{4}$ iv. M.

Sig. Teaspoonful in water after each meal.

No inconvenience in any form was experienced from the continued use of this drug.

By the middle of July discontinued all treatment. Saw patient on August 7th. Looked well and strong. A microscopic examination of the urine was made on October 5th; a number of granular casts could be plainly seen.

At the present time of writing the

patient is in splendid mental and physical condition. I have warned him of the great care he will have to take of himself.

The most curious symptom in this case was the vast quantity of urine passed in the beginning. So large was the amount that I at first thought the disease was diabetes insipidus. Usually in acute parenchymatous nephritis the flow is diminished, or suppressed entirely.

The delirium is also worthy of special notice. It was that of enteric fever, but there were no other typhoid symptoms. One thing I should *not* recommend in the treatment of acute Bright's disease—the allowing the patient to smoke. My patient was determined to smoke, and no amount of persuasion nor arguing on my part could prevent him. When I found that he was rapidly working himself into a state of mental excitement, I quietly submitted. Fortunately, no bad results followed, but it is an experiment I should not care to try again. It will perhaps be noticed that I never allowed my patient to lower his vital forces, but kept the fuel burning brightly by the forced feeding—milk and beef tonic.—*Med. and Surg. Reporter.*

Scarlet Fever.

The method recommended was to disinfect the throat by painting it frequently with a strong solution of boracic acid in glycerine. In dealing with the skin more exact methods were available. These consisted in the employment of warm baths every night from the very first, and in the application to the entire surface of the body, including the head, of an ointment composed of

R. Acid carbolic..... gr. xxx.
 Thymol..... gr. x.
 Vaseline..... dr. i.
 Ung. simplicis..... oz. i.

M.

Seven cases were selected; the baths and anointing were persevered in from the second day of the disease till the eighth day of desquamation, the seventeenth and eighteenth of the disease. An ointment for inunction containing carbolic acid in the proportion

of one in sixteen had formerly been employed. Now and again slight evidences of absorption of carbolic acid had taken place, and, therefore, in these seven cases, an ointment of only one in thirty-two was made, use of [one half the strength of the formula given above]. On the eighth day of desquamation one leg was once more carefully anointed, enveloped in a thick layer of sterilized cotton wool bandaged and covered with a stocking, and allowed to remain undisturbed till the thirtieth day. The wool was then removed by Dr. Edington, with the same precautions as in the other cases, and scales transferred to sterilized tubes for cultivation.

It will be seen that the wool was put on at a period of the disease before the bacillus had been obtained from the scales, in cases where no disinfectants

had been applied to the skin. This method subjected the procedure, therefore, to a rather severe test. In cultivations of scales from five of the seven cases no bacillus was found. In two it appeared in the cultivating medium; but, whereas, under ordinary circumstances the bacillary pellicle is formed in thirty-six hours, it took six days to develop any evidence of its presence in the jelly. In five, therefore, the powers of reproduction of the bacillus had been checked, by the method adopted, while in the two others a remarkable retardation of the virus had resulted. We submit, therefore, that proof, clinical and experimental, had been furnished that by such simple methods one can neutralize the contagiousness of scarlet fever, so far as that arises from the desquamating flakes of the cuticle.—*Brit. Med. Jour.*

Cocaine an Aphrodisiac and Remedy for Spermatorrhœa.

In a Western journal, the anxious query appears: "Is cocaine an aphrodisiac?" And having nowhere seen anything like a decided, definite reply to the question, I beg leave to answer respectfully, but categorically, No! Cocaine hydrochlorate is not only *not* an aphrodisiac, but, given in several-grain doses, or in smaller ones, repeated so as to assert itself at all distinctly in the direction referred to, it is very obviously and conspicuously *anti*-phrodisiac in its effect. And whether this effect be direct or indirect, it is also a fact—and one of easy proof—that if the agent be pushed still a little further, not only is this alleged effect increased *pari passu*, but even the genital organs will be dwarfed (temporarily, of course), constricted or shrunken, exactly as by a cold shower bath.

A consideration of this invariable effect, along with that well-known one which brought the drug first into notice (*viz.*, local anæsthesia of the mucous surface to which it is applied), has led the writer to resort to it—and with most gratifying results—in quite a number of cases of that wide-spread malady, spermatorrhœa, which prevailing in all countries where there are young people, is worrying and harassing alike to patient and doctor. And whilst most serious and distressing to the former, to the latter, there is scarcely any other disorder known whose treatment (*i e.*, hitherto recommended and tried, so far as I know), has been so unsatisfactory and full of disappointment.

The *rationale* is plain: If the theor of spermatorrhœa, as generally accep

ted, and which led us to combat it with Lallemand's porte-caustique, etc., is correct, then the main factor in the malady, and the one which perpetuates it, is essential redundancy, or over-secretion of seminal fluid; and this is due to the morbid irritability, or supersensitiveness, or hyperæsthesia of the urethral mucous lining at and about the ejaculatory duct.

The local hyperæsthesia here is, therefore, *the disease*. Then how better antagonize or destroy hyperæsthesia than by anæsthesia? And what better means of doing this here, than by injections of muriate of cocaine, which is par excellence, *the anæsthetic* of anæsthetics for local uses? At the same time it is safe, certain, and equally ap-

plicable and efficient for the slow, gradual, insensible loss of semen, as in what are regarded, fearful cases of frequent, obstinate, nocturnal emissions.

And now what better treatment of this distressing disorder than, after weakening the back-lying cause of the hyperæsthesia with constitutional doses of such an antiprodisiac, as I aver the hydrochlorate of cocaine to be, than to attack it at the place it expresses itself in the shape of the exciting cause, hyperæsthesia, by the self-same means which for local anæsthesia, all aver to be sure and powerful?

My experience so far bears out the theory. Try it.—R. S. HAMILTON, in *Va. Med. Monthly*.

Lactate of Strontium in Bright's Disease, Etc.

The salts of strontium are among the most recent additions to the unofficial pharmacopœia and the discovery of their therapeutic application constitutes a distinct step in advance.

The bromide of strontium has been shown to be in every respect an efficient and reliable substitute for bromide of potassium, over which it possesses the unquestionable advantage of being better tolerated, while the lactate of strontium on the other hand, has been found to exercise a favorable influence on the gastro-intestinal functions, hence it is indicated in conditions of depraved nutrition.

In the course of the investigations which demonstrate the absolute innocuousness of the puresalts of strontium, Dr. Laborde, the Chief of the Physiological Laboratory of the Faculty of Medicine of Paris, had occasion to observe the remarkable influence of these

salts in promoting assimilation and nutrition, and relieving obstinate and painful cases of dyspepsia associated with painful manifestations.

His conclusions have since been confirmed by numerous clinical observations made by Professor Germain Sée, bearing on the value of strontium salts in affections of the stomach, in the treatment of which he considers them far superior to the alkaline carbonates. This opinion is upheld by Dr. Constantin Paul, Dr. Dujardin-Beaumetz and others, who have at various times communicated the results obtained by them to the Academy of Medicine and the Society of Therapeutics, notably in respect to the action of lactate of strontium salts in conditions associated with albuminuria.

Dr. Constantin Paul testifies to the fact that the lactate is well borne even in daily doses of from 8 to 12 grammes

(120 to 160 grains). From a therapeutical point of view he employed it with advantage in visceral congestion, in the treatment of which it gave better results than lithia, and in Bright's disease. Although lactate of strontium is in no sense a diuretic, it brings about an immediate diminution in the amount of albumen excreted and leads to a corresponding improvement in the collateral symptoms and general condition of the patient. When the exhibition of strontium is suspended, the albumen reappears in the urine in some cases and disappears on the resumption of the treatment.

These observations have since been confirmed by others, which show clearly enough that lactate of strontium is indicated in the parenchymatous nephritis of gouty and rheumatic subjects as well as in puerperal and post-*puerperal* albuminuria. There is moreover every reason to believe that its influence on the renal function may be turned to good account, in the treatment of glomerular (*scarlatinal*) nephritis.

Dr. Bucquoy, from observations of his own, found that the administration of lactate of strontium immediately reduced the proportion of albumen in the urine.

Dr. Dujardin-Beaumetz reports having given lactate of strontium in five cases of albuminuria of various origins, nephritic, cardiac, etc. In all, within from one to four days, he succeeded in reducing the proportion of albumen fifty per cent. He concludes his report with these words, the importance of which cannot be exaggerated: "In lactate of strontium we possess an invaluable agent, the action of which is at the same time certain and inoffensive."

Dr. Laborde in a communication to the Society of Biology remarks that now that strontium salts are generally adopted in practice, he cannot too urg-

ently insist on the necessity of their purity, if further accidents are to be avoided. Recalling his first contributions to the therapeutical uses of strontium, he stated that his physiological studies were made with absolutely pure salts, prepared specially by M. Paraf-Javal; these were also used to determine their clinical uses by Drs. G. Sée, Constantin Paul, Dujardin-Beaumetz, Bucquoy, Ch. Féré and others.

The authenticity of these pure salts he looked on as an essential condition of success, and he considered it important to bring it to prominent notice.

In addition to the therapeutical effects alluded to, it should not be forgotten that salts of strontium, more particularly the lactate, exercise well marked antiputrescent and antiseptic powers on the tissues and excreta. It is moreover an anthelmintic of no mean order.

THE TREATMENT OF DYSENTERY.—At a meeting of the Medical Society of London, held October 19, 1891, Professor Bahadurji, of Bombay, read a paper on the treatment of dysentery, which he said was not a contagious or infectious disease, nor in any sense specific. He claimed to have reduced the mortality to almost nothing. Instead of endeavoring to keep up the strength of the patients by meat juices and extracts, which he said acted only as irritants, he gave arrow-root milk. In the way of medication he gave bismuth, Dover's powder, and soda, with the object of neutralizing the acidity of the blood, of calming the abnormal action of the glands of the large intestines, and of rendering the canal sweet and free from decomposition. He pointed out that the action of the ipecac and the alkali was to render the thick, sticky mucus more liquid, and thus enable it to be got rid of.—*Med. Press.*

Breech and Foot Presentations.

WINTER (*Deut. Med., Woch. Archives of Gynecology*) contrasts the different line of treatment to be adopted in breech and foot presentations, and the more favorable prognosis offered by the former variety. Expectancy is the attitude to be adopted in footling cases, but interference is necessary if in breech presentations delay becomes dangerous to mother or child. The indications for bringing down a foot in breech cases and completing delivery are, complications endangering the life of mother or child, such as slowing of pulsation in the cord, impending asphyxia, hæmorrhage, septicæmia, etc. In prolapse of the cord, eclampsia, and contracted pelvis, this method of procedure may also have to be adopted. The writer quotes the opinions of various authors as to the particular form of contracted pelvis in which the operation can be performed with beneficial results. He considers that in normal conditions it is wrong, because it is unnecessary, and while not entirely harmless for the mother, may be very detrimental to the child. In eighteen cases where delivery speedily followed drawing down of the foot, seventeen of the children survived, while in nine cases, where delivery was more tediously accomplished, four of the children were lost.

The writer advocates bringing down a foot in preference to traction with the fingers, loop, or blunt hook, all of which are either tedious or dangerous. If these were as safe instruments for the breech as forceps for the head, there would be no necessity for bringing down the feet. All the breech forceps invented have been failures.

If the foot cannot be brought down,

the author recommends traction with the finger, inserted between the thigh and abdomen of the child; and if this be unsuccessful, a skein of worsted or silk may be employed; but this is often difficult or impossible of application. Poppel advocates introducing it by means of a Bellocq's sound. Winter strongly recommends an instrument invented by Bunge, and called a "loop carrier." It consists of a curved metal staff, grooved on its concave surface, and containing a thick hempen cord covered with gutta-percha, and about eighteen inches long. The latter is passed, by means of the staff, between the thighs and abdomen of the child; the staff is withdrawn, and the loop can then be used as a tractor.

His conclusions are: 1, Normal cases to be treated by the expectant method. 2, Bring down a foot in cases of prolapse of the cord, eclampsia, and contracted pelvis, but not, as a rule, before the os is well dilated. 3, Complete the labor in breech cases, where desirable, by bringing down a foot, and proceed at once to extraction of the child. If the breech is too low in the pelvis for this operation, use the finger as a tractor, and should this prove unsuccessful, employ Bunge's instrument or a skein of wool.

DR. WM. I. HAMLIN says that children under two years often suffer from fissures of the anus, and that all cases of painful defecation should be carefully searched for fissure; which, when found, should be stretched and then touched with a sharp pencil of lunar caustic. One or two applications will generally cure the fissure. — *Er.*

Strychnine Nitrate in Dipsomania.

Dr. Portugalow, of Samara, reports that he actually cured 455 cases of dipsomania with hypodermic injections of strychnine nitrate. He gives expression to his unbounded confidence in this remedy by saying that he knows "of reliable and specific remedies for two affections only: Strychnine for the various forms of alcoholism, and quinine for malarial fever."

He prescribes:

R. Strychnine nitrate.....gr. j
Distilled water.....f ʒss.

For subcutaneous injections: daily, 1—2 injections, using for each, at first, 8 minims: later, 4 minims.

Usually 10—16 injections suffice for a complete cure. Some sodium bromide may be administered at the same time.

Dr. W. N. Jergolski also has published his experience with the strychnine treatment of dipsomania. His cases—10 in number—include men of most widely different vocations—ministers, merchants, gardeners, farmers, etc.

The results of the treatment were truly surprising. Topers who had been addicted to drink for many years—some even for decades—became endowed, as a result of the strychnine treatment with an invincible repugnance for alcohol, and could no longer bear spirituous liquors. One of the author's patients, prior to the treatment, scarcely passed a single day without drinking $\frac{1}{2}$ —1 liter and more of brandy. On the day following the first injection of 0.0015 gramme ($\frac{1}{40}$ grain) strychnine nitrate, he was astounded to find that he had no desire for alcohol, and experienced neither mental uneasiness nor any feeling of pressure in the epigastrium. The

injections were continued and the patient was cured.

Another case, of 15 years' standing, complicated with chronic intestinal catarrh and incontinence of urine, was cured by 10 daily injections of 0.003 gramme ($\frac{1}{20}$ grain) strychnine nitrate, combined with the internal use of strychnine in pills. Not only was the dipsomania permanently cured, but the intestinal catarrh gradually disappeared, and the bladder again performed its functions normally.

All of Jergolski's cases were completely and permanently cured, save two, in which the patients, after having acquired a thorough distaste for alcohol, became addicted to it again through subsequent medication, in other diseases, by means of alcoholic menstrua.

The author, therefore, ascribes a wonderful action to strychnine, and he regards it as a specific for dipsomania. —*Merck's Bulletin.*

RHUS POISONING.—Dr. Silas Hubbard writing to the *Medical Summary* on rhus toxicodendron, says that in cases of poisoning from this plant many remedies have been recommended as specifics, such as carbolic acid solution, sulphate of copper, tinct. of ipecac, glycophenique, etc., but no specific has as yet been found to neutralize the poison as well as hot-water bathing.

Hot-water bathing will ordinarily perform a cure in forty-eight hours. After trying everything that has been lauded, I find that bathing the parts affected much and long with hot water affords more relief than anything else.

recommends its use as a purgative,
association with infusion of senna.

INJECTION FOR GLEET.

R. Hydrarg. bichlorid. gr. $\frac{1}{2}$
Zinci sulph. carbolat. $\bar{3}$ ss.
Acid. boric. $\bar{3}$ jss.
Liq. hydrogen peroxid. $\bar{3}$ iij.
Aquæ destillat. ad $\bar{3}$ vj.

M. Use injection in the morning and evening.

PREGNANT WOMEN should discard the garter and the corset, wear an easy, comfortable waist, and suspend their clothing from their shoulders, instead of from the hips.

MOUTH WASH.

R. Acid. benzoic. $\bar{9}$ ij.
Tinct. eucalypt. $\bar{3}$ jss.
Alcoholis abs. $\bar{3}$ x.
Ol. menth. pip. gtt. v M.

PELVIC ABSCESS.—Mr. Tait declares it far better to kill the patient on the table than to leave her with pieces of suppurating cyst in the pelvis. These things never heal, and the patient finally dies, after inflicting infinite discredit upon surgery and upon the surgeon who operates.—*Brit. Gyn. Jour.*

FOR NOISES IN THE HEAD, in all cases where the pulsation is severe, B. W. Richardson recommends dilute hydrobromic acid, *mxv* to *xx*, and infusion of digitalis, $\bar{3}$ ss.

LOTION FOR PRURITUS.

R. Acidi carbolic. $\bar{3}$ ij.
Glycerini. $\bar{3}$ j.
Aquæ rosæ. q. s. ad $\bar{3}$ viij.

M. S. Lotion.—*Potter.*

quickness. In the graver forms, with limited hyperplasia of the posterior portion of the vocal chords, he employs Kranke's or Gougenheim's forceps, and with good results. Internal medication has but slight influence upon the affection.

CHRONIC ALCOHOLISM.

R. Tinct. capsici.
Tinct. zingiberis. aa $\bar{3}$ i
Tinct. valerinae ammon.
Celerina. aa $\bar{3}$ ij

M. Sig.: Teaspoonful in teacupful of hot tea three or four times daily.

HAY FEVER.

R. Acid. boric pulv..... $\bar{3}$ ss.
 Natri salicyl.....gr. vj.
 Cocain. hydrochlor. pulv..gr. ij.

M. Ft. pulv. S. For external use,
 to draw into nose.

NEW TREATMENT OF HERPES ZOSTER.

R. Ext. gelsemium.
 Sodium sulph-carb.....aa $\bar{3}$ j.
 Dist. water..... $\bar{3}$ iij

Teaspoonful every two hours.

At the same time 5 drops of tincture of belladonna are administered every two hours until a slight dryness of the pharynx is experienced.

EYE TROUBLES.—For the complaint of the eyes use washes of zinc or copper sulphate. Inhale 10 drops of ethyl of iodine, or 3 drops of nitrate of amyl.; also, change of air.—*Pharm Post.*

TREATMENT OF DIPHTHERIA BY CYANIDE OF MERCURY.—M. de Ruelle has obtained good results from the use of cyanide internally, recommended by Werner and Loeffler, and as follows:

R. Cyanide mercury.....gr j
 Alcohol..... $\bar{3}$ ij
 Water..... $\bar{3}$ viij

M. Sig.: A teaspoonful every hour.

PRURITUS VULVÆ.—Pruritus vulvæ results, generally, either from a discharge from the uterus and vagina, from diabetes or from structural lesion of the vulva. Being an effect, the cause should be ascertained. For the local treatment, applications of a solution of bichloride of mercury will prove the most serviceable.—GODFREY, in *Times and Register.*

ACID DYSPEPSIA.—Dujardin Beaumetz advises the following in dyspepsia caused by acidity of the stomach:

R. Subnitrate bismuth.....
 Magnesium carbonate...
 Prepared chalk.....
 Phosphate lime.....aa $\bar{3}$ ijss.

Mix, and divide into forty papers. One paper to be taken at each meal, or whenever oppressed by gastrodynia or gastralgia due to superacidity.

DIPHTHERIA.—An Australian physician recommends, as an unfailing remedy in diphtheria, the inhalation of the vapor of carbolic acid, eucalyptol and turpentine.

SCHLEICH says that of late years severe forms of diphtheritic colitis, following the use of mercurial lotions, are of frequent occurrence.

A LOCAL ANESTHETIC.

R Acidi carbolicī..... gr. x.
Ætheris..... ℥̄ vss.

M. et ft sol.

Richardson employs this mixture as a spray, having found that it causes more rapidly and more lastingly insensibility of the parts, and it decreases the painful sensations which usually return with the return of sensibility.—*Sem. Med.*

HOURLY CONTRACTIONS.—A writer in the *Lancet* reports good results from a stream of hot water thrown for fifteen minutes against a constricted uterus. This condition had followed instrumental delivery. The writer suggests the possible aid of hot water, two or three quarts in the bowel.

TESTING CASTOR OIL.—To detect cotton-seed oil in castor oil, 10 grams of the suspected oil are mixed with 6 grams of a reagent made with 5 grams nitrate silver, 1 gram nitric acid, 100 grams alcohol, heated to 100° C. on water bath. In presence of cotton-seed oil the mixture assumes a red color after five minutes.—*Apoth. Ztg.*

INFLAMMATION OF THE NECK OF THE BLADDER IN WOMEN.—The following is the treatment recommended (*Le Progrès médical*):

R Camphorated lanoline.... ℥̄ i.
Extract belladonna..... ℥̄ ss.

Introduce upon a tampon, morning and evening into the vagina.

Forbid the use of spices, and, above all, beer. Give a rectal injection containing six drops of laudanum, and administer decoctions of uva ursi, juniper berries, fir-tree sprouts, or tar-water internally.

TREATMENT OF TUBERCULOSIS BY SUBCUTANEOUS INJECTIONS OF ARISTOL (Naudaud).—The author having successfully employed aristol as a dressing for a tuberculous wound, determined to utilize it in the form of subcutaneous injections. The form is as follows:

R Aristol..... gr. xv.
Oil of sweet almonds
(sterilized)..... ℥̄ iij̄.

Dose.—15 minims a day by subcutaneous injection.

Twenty-three patients were treated exclusively by this method. In seven cases the amelioration was such that the patients may be considered as cured. Duration of treatment twenty-five to thirty days. No accidents occurred.—*La Médecine Moderne.*

BALDNESS.—Apply to the scalp a strong lather of coal-tar soap, which remove after ten minutes by tepid water, cooling gradually. After drying, shampoo with a little of the following:

Hyd. bichlor..... gr. x.
Glycerin.....
Spirit rect..... aa ℥̄ ij.
Aq. dest..... ℥̄ v.

Then apply a little absolute alcohol to which ½ per cent. of naphthol has been added. Finally rub a little of this solution into the skin:

Acid salicyl..... ℥̄ ss.
Tinct. benzoin..... ℥̄ j.
Oil..... ℥̄ iij̄.

ANTIDOTE IN PHOSPHORUS POISONING.—Bókai and Koranyi recommend a solution of permanganate of potash, of the strength of from one-fifth to one-third per cent. as an antidote in phosphorus poisoning. This solution oxidizes the phosphorus into a harmless phosphoric acid, whereas the solution permanganate if no stronger than one-half of one per cent. does no harm to the stomach.—*Ev.*

CREASOTE IN DIABETES.—Dr. P. Valentine, in *Med. Rec.*, says he has good results in diabetes mellitus, from the administration of creasote. The amount from four to ten drops a day.

WHOOPING-COUGH.—Dr. Galvagno (*Lo Sperimentale*) proposes the following formula:

R. Distilled water.....fl $\frac{3}{4}$ ijss.
Resorcin
Antipyrin..... aa gr. xv.
Muratic acid..... gttss. x.
Simple syrup.....fl $\frac{3}{4}$ j.

Or—

R. Gum arabic solution, fl $\frac{3}{4}$ ijss.
Resorcin
Antipyrin..... aa gr. xv.
Syrup of pine tar..... fl $\frac{3}{4}$ j.
Three to five soup-spoonfuls a day.

TO ABORT A BOIL.—The early application of the ointment of the nitrate of mercury is recommended as an effective means of aborting a boil.

SCABIES.—Have patient to bathe twice a day in water as hot as he can bear it. Then apply this:

R. Acid. salicyl.....
Sulphur sublimat..... aa gr. x
Vaselini..... $\frac{3}{4}$ j

M. Sig: Apply twice a day.

NEW REMEDY FOR PHTHISIS.—The latest remedy for phthisis is monochlorophenol. It is described as a powerful antiseptic, free from the disagreeable odor and from the caustic and irritant action of its related compound, trichlorophenol. It has been introduced by Tacchini, a chemist of Pavia, and successfully tried by several Italian doctors. It is recommended as an inhalation in various affections of the respiratory passages, and especially in pulmonary tuberculosis. Monochlorophenol is very volatile, giving off heavy vapors on heating, which are antagonistic to bacilli.—*British and Colonial Druggist*.

TEREBENE IN BRONCHITIS.—Excellent results follow the use of terebene inhalations in acute or chronic bronchitis.

LOCAL ITCHING.

R. Creasoti purif..... $\frac{3}{4}$ ss.
Cocainæ purif..... gr. xij.
Ung. conii..... $\frac{3}{4}$ j.

M. S. To be freely smeared over part at bedtime.

PROF. HARE said that for dysmenorrhœa, due to contraction of the os uteri, the application of belladonna liniment will usually give relief.

MENOPAUSE.—To carry a woman over her critical period—change of life:

R. Tinct. ferri chlor..... $\frac{3}{4}$ ij
Strychninæ sulph..... gr. ss
Quininæ bisulph..... $\frac{3}{4}$ ss
Aquæ..... $\frac{3}{4}$ iv

M. Sig: Teaspoonful three times a day at meal time.

Have it refilled as often as necessary. Use fluid extract of valerian for weak spells.—*Med. Brief*.

MORPHINE IN HEART TROUBLES.—The use of morphine in painful aortic affections is well known. The *Semaine Médicale*, December 30, 1891, calls attention to the efficacy of hypodermic injections of morphine, the strength varying from 0.005 milligr. to 0.02 centigr., in cases of mitral disease where there is asystolia, intense pain, dyspnœa, nervous phenomena, and even impending death. It steadies the fluttering heart, strengthens its action, provokes diuresis, diminishes œdema and anasarca, and brings about a temporary resurrection when all other remedies have failed.—*Med. Record*.

YELLOW FEVER AND JAUNDICE.—These have been successfully treated by Dr. Carreau (*Sem. Méd.*), with large doses of oil of turpentine.

ACUTE CATARRHAL JAUNDICE. — For a case of acute catarrhal jaundice, Prof. Da Costa prescribed the following treatment:

An absolutely rigid diet, excluding starchy, fatty, and oily foods. Give meats and green vegetables.

To stimulate the secretions: Sodii phosphatis, $\bar{3}$ j, daily in broken doses; also, potassii bitartras $\bar{3}$ ss, daily in broken doses. — *Coll. and Clin. Rec.*

ACID DYSPEPSIA. — The following (*Med. Record*) often affords relief in cases of persistent sour stomach:

R. Sodii salicyl. $\bar{3}$ j.
 Spt. vini gall. $\bar{3}$ ij.
 Solve et adde.
 Syr. aurant. cort. $\bar{3}$ j.
 Vini albi fort. $\bar{3}$ iij. M.
 One tablespoonful before meals.

LARYNGEAL DIPHThERIA. — According to Rosenberry this should be treated with the following:

R. Ol. eucalypti.
 Ol. terebinth. aa $\bar{3}$ j
 Ol. vaselini. $\bar{3}$ vi
 M. Sig: Use in a steam atomizer every half hour.

PURGATIVE INJECTION.

Dr. Porter (*Le Progrès Médical*, No. 50, 1891,) recommends the following:

R. Extr. bil. bovis. $\bar{3}$ vj.
 Glycerin. fl $\bar{3}$ iijss.
 Ol. ricin. fl $\bar{3}$ jss.
 Aquæ. fl $\bar{3}$ vj.

Mix with one pint of warm soap and water.

OXALIC ACID IN THE TREATMENT OF AMENORRHOEA. — A French correspondent gives one-half of a grain of oxalic acid every four hours in solution, in the treatment of all forms of amenorrhœa, with successful results in every case. There is no taste and it does not irritate the stomach.

MALARIAL FEVER. — I have found the following combination most efficacious in the treatment of the malarial fevers of California, in adults, especially when there is reason to apprehend a torpid condition of the liver:

R. Quinin. sulph. $\bar{3}$ j.
 Podophyllin. gr. j.
 Aloin. gr. ij.
 Extract hyoscyam. . . q. s. M.

Ft. mass, et in pil. No. xxx div.

S. Two every three hours.

The foregoing should be administered uninterruptedly until the whole quantity prescribed is taken. The following should then be ordered:

R. Quinin. sulph. $\bar{3}$ j.
 Acid arsen. grs. ij.
 Strychnine sulph. gr. j.
 Aloin. grs. ij.
 Ext. gentian. q. s. M.

Ft. mass, et in pil. No. lx div.

S. One morning, noon and night. — *Occidental Med. Times.*

THE SALTS OF STRONTIUM, particularly the lactate, are said by Drs. Dujardin-Beaumez and Paul to diminish albuminuria about one-half.

PLEURISY.

R. Tinct. opii deodoratae.gtt. xx.
 Tinct. digitalis. gtt. xvj.
 Syr: pruni virginiae. $\bar{3}$ j.
 Aquæ. $\bar{3}$ iss. M.

Sig. A teaspoonful every 3 hours for a child two years old. (In first stage.)

—J. LEWIS SMITH.

NERVOUS ASTHMA. — Prof. Da Costa recently treated with marked success a case of pure nervous asthma with one-fourth grain of cocaine per diem. After obtaining the desired result the remedy was only given twice afterward, and but once a day.

CHLORIDE of gold is said to antidote the cobra poison, if injected hypodermically before asphyxia sets in.

INFLUENZA.—Prof. Baccelli, of Rome (*Le Bulletin médical*), praises the following formula in the grippe:

R. Phenacetine.....
 Salicylate of quinine...aa gr. jss.
 Camphor.....
 Kermes mineral.....aa gr. $\frac{1}{15}$

Sufficient for one powder. Three or four such powders a day.

MIGNONETTE FOR TAPEWORM. — In Russia the flowers of the mignonette are used as a sure cure for tapeworm. A decoction of the flowers is made and the liquid is drunk during fasting; it is then followed with a dose of castor-oil. The entire worm is rejected in a few hours.

LARYNGISMUS STRIDULUS.

R. Chloroformi.....gtt. v-x.
 Aquæ dest.....ʒv. ʒiv.
 Glycerini.....ʒiv.

M. S. A teaspoonful every half hour.

FOR INCONTINENCE OF URINE IN CHILDREN, due to exposure to cold, Prof. Hare recommends the following treatment: Where the urine is high-colored and concentrated, and the child has fever, give—

R. Tinct. aconit...gtt. xij to xxiv.
 Spirit. ætheris nitrosi...fʒij to iv.
 Liq. potassii citratis, ad fʒvj.

M. Sig.—A dessertspoonful every three hours.

FOR CHRONIC ENDOMETRITIS, Polk washes out the uterine cavity with bichloride, 1 to 5,000, dilates under ether, and packs the uterus with cheese cloth strips, soaked in bichloride solution, 1 to 500, and then in hot water. The vagina is then plugged with gauze. Any ensuing pain is relieved by hot abdominal fomentations. The plug is removed in a week, and the patient allowed to rise. Profuse discharge ensues.

A NEW AND RAPID TEST FOR SUGAR. — At a meeting of the Austrian Surgical Society, Professor Nothnagel showed a handy test for sugar, which had been forwarded to him by Dr. Becker, of Cairo. It is simply a visiting card saturated with a solution of potash, part of which is coated with sulphate of copper, and the urine applied. The card is then laid on the globe of a lamp, when the saccharine urine will color the card brown, and this color will be the deeper the greater the amount of sugar.

FISSURES OF THE TONGUE.—The following (*Le Bulletin Médical*) is praised:

R. Carbolic acid.....ʒxxxviiij.
 Tr. iodine.....
 Glycerine,.....aa ʒiiijss.

FOR ANGINOSE SORE THROAT, Prof. Hare recommends the following:

R. Potassii chlorat.....ʒij.
 Ext. rhus glabrae fluid.. fʒss.
 Aquæ.....fʒiiij.
 M. Use as a gargle.

OPIUM POISONING.—Dowson (*Pacific Med. Jour.*) reports good results from the hypodermic injection of ether in a case of opium poisoning. A syringe of ether was injected into the arm, and repeated in an hour.

FOR BUBO.

R. Ichthyol.....ʒiv
 Lanoline.....ʒjss. M.

J. LEWIS SMITH states that the mortality of diphtheria in America is 140 to 100,000 of the population. He favors the use of the following inhalation:

R. Acidi carbolicum.....
 Ol. eucalypti.....aa f ʒ j.
 Ol. terebinthinæ.....f ʒ viij.

M, S. One ounce in a quart of water to be kept simmering on a stove in the sick room.—*Atlanta M. and S. Journal.*

PNEUMONIA.—A. H. Smith says that in pneumonia the strain is on the right heart, and the indication is to dilate the blood-vessels and empty the veins into the arteries. Digitalis contracts the vessels, and is therefore contra-indicated.—*Times and Reg.*

—————
SICK STOMACH.

R. Aquæ calcis..... \bar{z} ij
Creasoti (beechwood)....gtt. iv
M. Sig: Teaspoonful every fifteen minutes till stomach is quiet.

—————
POINTS IN DIAGNOSIS.—Swelling under the eyes, greyish, white or waxy color of the skin, denote granular disease of kidneys.

Swelling of the labia, on one or both sides, will accompany inflammation of the kidney.

Carbuncles on the shoulders, or scapular region, are frequent accompaniments of diabetes.

Pain referred to the meatus urinarius, is sure to be the result of cystitis, prostatitis or nephritis.

Pruritus of the anus will be the evidence, often, of disease of prostate.

Pain or numbness in the outer part of the thigh, denotes some disturbance of the sexual organs, in both male and female. Sciatic neuralgia often depends, in females, on inflammation of the ovary: in men, on irritation of lumbar or sacral nerves.

Pain in the heels, in females, may be the only evidence of ovarian abscess, while pain and swelling in the mammæ will evince some trouble in the same side of uterus or fallopian tube.

—————
SUPPOSITORIES FOR CHRONIC PROSTITIS.

R. Iodoform.....10 grains.
Olive oil.....1 drachm.
Cocoa butter.....q. s. M.
Sig.: For ten suppositories. One each night. Very successful.—*Med. Press.*

ANTISEPTIC PROPERTIES OF PEROXIDE OF HYDROGEN.—Dr. Paul Gibier (*Med. News*), says:

I believe that the practitioner will meet with very satisfactory results from the use of peroxide of hydrogen, for the following reasons:

1, This chemical seems to have no injurious effect upon animal cells.

2, It has a very energetic destructive action upon vegetable cell-microbes.

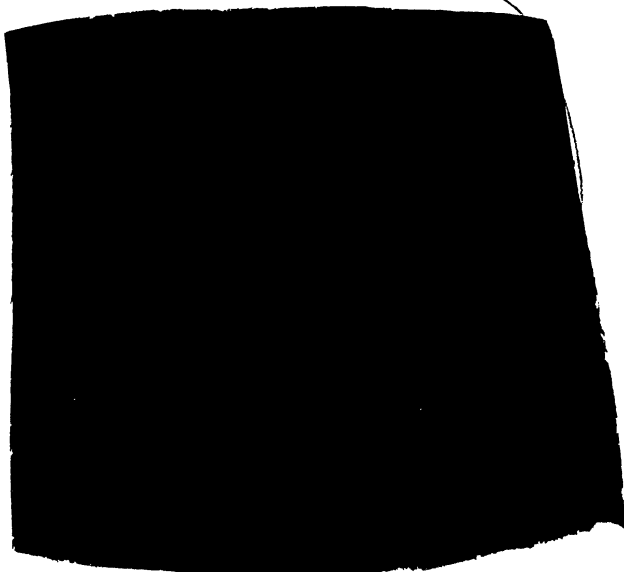
3, It has no toxic properties: five cubic centimetres injected beneath the skin of a guinea-pig do not produce any serious result, and it is also harmless when given by the mouth.

As an immediate conclusion resulting from my experiments, my opinion is that peroxide of hydrogen should be used in the treatment of diseases caused by germs, if the microbial element is directly accessible; and it is particularly useful in the treatment of infectious diseases of the mouth and throat.

—————
VOMITING OF PREGNANCY.

Cocaine with acetanilid is recommended in the vomiting of pregnancy, also in acute gastralgia, in this proportion:

R. Cocain. mur..... gr. iij.
Acetanilid..... \bar{z} ss.
Aquæ..... \bar{z} v.
M. Sig.—A teaspoonful hourly.



TREATMENT OF MORPHINISM.—Prof. Obersteiner (Doebbling Insane Asylum, Vienna) writes as follows on this question:

The drug should not be stopped too quick, neither too slow. He gives his patients their regular allowance, but this dose is as quickly reduced as it is possible without causing too much complaint. During the last centigrammes the quantity is less quickly reduced. At this stage warm baths of 5–15 minutes' duration, eventually combined with cold wet packings (68–75° F.), in which the patient may remain wrapped up in from one-half to two hours, will be found very beneficial. Alcohol in large quantities will also help to make the patient comfortable. Cocaine should be only used temporarily to counteract the violent symptoms caused by abstinence from the drug. It should not be given any earlier than 24–48 hours after the last dose of morphine. It should only be given internally, and never hypodermically. A good formula is:

R. Cocaine muriat. gr. viiss.
 Acid salicyl. gr. iss.
 Aquæ dest. ℥iij ℥v.

A single dose should be from $\frac{3}{4}$ gr. to $1\frac{3}{4}$ grs., and should be given a few times daily, the amount pro die not to exceed $7\frac{1}{2}$ grs. The quantity of cocaine pro

allay the resulting inflammation use—

R. Acid. boric. ℥ij.
 Zinci sulph. gr. ij.
 Alcoholis. ℥j.
 Aquæ. q. s. ad ℥iv. M.

S. Apply three or four times daily.

After subsidence of the inflammation, return to the use of chrysarobin. When psoriasis is localized, external treatment alone should be used; though in some cases, constitutional treatment will prove advantageous. Relapses are the rule, but patients sometimes escape. —*Med. News.*

IODINE IN ABDOMINAL SURGERY.—In a paper on damaged uterine appendages, Dr. H. S. Ostrom says, that since he has learned to use iodine without fear, he hesitates not to separate the most dense adhesions. It is superior to persulphate of iron, and he has never yet failed to check profuse oozing from torn adhesions. In one case, hemorrhage being alarming, much iodine was used, and iodism apparently developed, but it was only temporary.

A PURGATIVE AND DIURETIC PILL.—Dr. Lancereaux (*Le Bulletin médical*) recommends the following:

R. Powdered squills.
 Powdered digitalis.
 Powdered scammony. aa gr. $\frac{1}{18}$

One pill. Three to six per diem.

This pill produces diarrhœa and polyuria. They are indicated in asystolia and uræmia. In asystolia the diarrhœa unloads the abdominal venous system and liver, while the digitalis acts upon and reinforces the systole. In uræmia the diarrhœa which results from this combination eliminates the toxic substances. Diarrhœa in uræmic subjects should be respected; if it does not appear spontaneously, it should be forced.

The Importance of Examination of the Genital Tract Directly After Labor.

BY ALEXANDER DUKE, F.R.C.S.I.

In a short paper some time since I endeavored to point out the advantages of flushing the uterus with hot water directly after labor, and my reasons for adopting such a proceeding. I now wish to point out the importance of making a close exploration of the genital tract for any injury that may occur (more especially in primiparæ) during the process of parturition, by visual and tactile examination. The cervix uteri is frequently torn, the edges of the os lacerated, and the vaginal walls injured, *leaving the perineum intact*; so the conclusion is oftentimes come to that all is well, while considerable mischief may have been done unobserved. By the hot-water flushing we get rid of several sources of danger, and if a thorough examination is then made for vaginal and cervical injuries it will be comparatively an easy matter to draw together the torn surface in severe cases, and cauterize in minor ones with strong carbolic, thus leaving the parts concerned in a better condition for repair, and less liability to absorb. It will be obvious that at no other time subsequent to labor have we a better opportunity. No objections will be raised by the patient, and on the old proverb principle that "a stitch in a time saves nine," may save a patient from septic absorption, with all its train of misery. The comfort to the practitioner's mind (when such lesions are found), by treating them *at once*, is no small recommendation to the adoption of this proceeding, and the no less pleasurable disappointment of finding that none exist (*which could not be determined without examination*), will also commend itself.

I am fully convinced that, in cases of labor or miscarriage where septic symptoms develop subsequently, and where no contagion or infection can be traced as the cause, some injury has been done during the process of labor, as the patient has been inoculated by her own morbid discharges. The constant recumbent position for several days at least by retaining the secretions accelerates absorption, should any breach of surface (however small) exist; and the sitting posture, even for a few minutes while taking nourishment, etc. will be found advantageous from the very first. As a rule, the uterus is not washed out directly after labor, and no examination made except of the perineum.

The consequence is that in some cases when septic symptoms develop *the true cause is never known*; whether depending on a piece of membrane left to decompose *in utero* (which should have been removed at the time of labor), or a lacerated cervix never discovered, or some tear in vaginal surface, allowed for days, perhaps, subsequent to labor, to absorb the morbid products of conception, and so by permeating the patient's system bid defiance to the best directed efforts of the practitioner. I may also allude to the danger in cases where no examination has been made, and septic symptoms develop, of syringing with corrosive sublimate solution the abraded or torn surface which, in the first instance, took up septic matter, being also capable (as proved by some cases lately published of severe burn) of absorbing the corrosive solution, and so contributing, if not actually occasioning, the patient's death.—*Prov. Med. J.*

Book Reviews.

First Lines in Midwifery: A Guide to Attendance on Natural Labor, for Medical Students and Midwives. By G. Ernest Herman, M. B., (Lond.), F. R. C. P. With 80 illustrations. Price \$—, Pages —.

This is undoubtedly the best book on the subject I have seen. It fills a place in medical literature which has long been vacant. The illustrations are most excellent. I take great pleasure in recommending it to the profession and students. A. S. BARNES, M. D.

Surgery: Its Theory and Practice, by William Johnson Walsham, F. R. C. S., Assistant Surgeon to St. Bartholomew's Hospital; Surgeon in charge of the Orthopædic Department, and Demonstrator of Practical Surgery at St. Bartholomew's Hospital; Surgeon to the Metropolitan Free Hospital, London, etc. Third Edition, Revised and Enlarged, with three hundred and eighteen illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St. 1891.

The fact that this book has undergone three editions in the short space of a few years well attests its popularity. Mr. Walsham's years of experi-

ence in one of the leading hospitals of London, has eminently fitted him for the work which he has so well done.

The ground is well covered, and Virchow's theory of inflammation is substituted for that of Cohnheim. The book is written in a clear and entertaining manner. The illustrations are well selected and the general make-up of the book in keeping with the work of the publishers. G. W. C.

A Manual of Autopsies. Designed for the Use of Hospitals for the Insane, and other Public Institutions. By I. W. Blackburn, M. D., Pathologist to the Government Hospital for the Insane, Washington, D. C. Illustrated. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St. 1892.

This little work will undoubtedly fill a gap which has long existed. The performance of thorough autopsies, partly from a lack of knowledge and system, and partly from indifference or lack of time, are of somewhat infrequent occurrence. This book should fill a place in the library of every practicing physician. G. W. C.

DRY NASAL CATARRH.—The following answers were given in the *British Medical Journal* in reply to a correspondent for treatment of the above:

Dr. R. M'C. Service (Glasgow). Try the ointment prescribed by Lennox Browne. I have found it most useful:

R. Ol. eucalypt. ʒ ss.
M. Vaseline ʒj.

Smear the nostrils well by means of a camel-hair pencil.

Mr. Frederic Vicars (Cadogan St. S.W.). Examine the condition of the turbinate bones. Try local application of iodine and glycerin:

R. Iodine ʒ parts.
Iodide of potassium . . . 10 parts.
Glycerin 100 parts.

Twice a week with an alkaline lotion—
Sodæ bicarb. ʒ iij.
Borax ʒ iij.
Acid carbol. ʒ iv.
Glycerin ʒ iv.
Water ʒ vj.

With twice the quantity of warm water, morning and evening. Iron internally.

Mr. R. Lake, F. R. C. S. (Barnes), writes: After washing the nasal passages with a boracic lotion, apply a 5 per cent. solution of ichthyol in water thrice daily with a brush.

Gynaecology and Gynaecological Electro-Therapy.

UNDER THE CHARGE OF GEORGE F. HULBERT, M. D.

THE INTERNATIONAL PERIODICAL GYNECOLOGICAL AND OBSTETRICAL CONGRESS. — It is proposed that this congress convene once in four years. The first session is to be held in Brussels, Belgium, September 13 to 19, 1892.

Three principal topics have been chosen for leading discussion, viz.:

Pelvic Suppuration. Referee, Dr. Paul Legond, Paris, France.

Extra-uterine Pregnancy. Referee, Dr. A. Martin, of Berlin, Germany.

Placenta Prævia. Referee (to be designated.)

Fees: Participating members, 30 francs; founder members, 300 francs.

Further information of this association will be published later.

F. HENROTIN,

American Secretary.

Dr. Jacobs, Secretary-General, 12 Rue des Petits Carmes, Bruxelles, Belgique.—*Lancet-Clinic.*

PUERPERAL ENDOMETRITIS, *The Histology of.* — Bumm (*Archiv. für Gynäkologie*, 1891, Band xl., Heft 3; *Am. J. Med. Science*) from a histological study of five uteri from cases of puerperal endometritis, divides this affection into putrid and septic varieties. The first is characterized by the presence of saprophytic bacteria, septic germs being absent. The superficial layers of the decidua are involved, and the chemical products from the bacteria absorbed by the lymphatics produce fever and the other phenomena of intoxication. The peculiarity of this form of endometritis is the foul odor which characterizes the discharge. These cases are not at all

uncommon, happening frequently after abortion. After the uterus has been washed out or curetted, the odor rapidly disappears and fever falls. Pathogenic bacteria are not often found in these cases. A zone of infiltrating cells is found beneath the decidua, through which bacteria do not often penetrate. The infectious material in these cases is apparently the chemical product of the bacteria.

In septic endometritis, streptococci are the most frequent infective agents. This form of endometritis is found as localized, or endometritis followed by general infection. In the first the bacteria are shut off from the circulation by a layer of connective tissue cells in the localized lesion; the streptococci do not, as a rule, penetrate this layer; after disinfection of the uterus recovery usually follows in these cases.

In cases of general infection the lymphatics are the usual conveyers of bacteria. Occasionally the infective material is carried by the venous channels of the uterus, thrombosis developing, followed by puerperal pyæmia.

GONORRHEA IN THE FEMALE, AND GALVANISM.—According to the *British Medical Journal*, Prochownick, in cases of gonorrhœa in women, tested the antimycotic action of the positive pole of the galvanic current. The anode was introduced into the uterine canal and 120 milliampères passed for ten minutes. There were gonococci in the uterine discharge before treatment, but they disappeared after five treatments, and the discharge became thin and watery after

six or seven séances. The anode was introduced in this way, as the female urethra is unable to tolerate more than 40 milliampères, and that is too weak a current to destroy the specific germs.

URETHRAL CARUNCLE. — Christopher Martin (*Birmingham Medical Review*, September, 1891; *Univ. Med. Mag.*), thinks this neoplasm has hardly received the attention it deserves. He classifies it among the vascular tumors. It is exceedingly doubtful whether the connection between the majority of causes usually assigned to it and the disease is more than accidental. On the other hand, he thinks it likely that in many cases the exciting cause is a highly acid or irritating condition of the urine. Uric acid is peculiarly responsible for many cases. At the end of each micturition a drop of highly concentrated urine loaded with sharp crystals is left at the meatus. The crystals settle on the mucous membrane, and possibly lodge in the glandular crypts which are so abundant there, and the repeated irritation of their presence determines the new growth. This irritation is partly mechanical, partly chemical. Whether or not it actually causes it, certain it is that, after the growth has developed, a highly acid urine frightfully aggravates the patient's sufferings. The great symptom is pain. The suffering is out of all proportion to the size of the growth. The distress is present on walking, passing urine, during coition, or at any time the parts may be impinged upon.

The diagnosis is made complete on inspecting the external genitals. On drawing apart the labia, there is seen at the meatus urinarius, or just within it, a bright crimson growth. It varies in size from a pin's head to a cherry, but is generally about the size of a pea.

It is usually situated on the posterior lip of the meatus. It is very soft and friable, and bleeds readily on manipulation. If carefully prepared sections of a caruncle are examined with a moderate power, the growth is seen to consist of very numerous and widely dilated capillary loops embedded in a delicate connective tissue stroma.

The treatment consists in the complete removal of the growth. The patient is anæsthetized and placed in the lithotomy position. An elliptical incision is made in the mucous membrane of the vestibule around the meatus, and about one-sixth of an inch distant from it. By means of fine scissors this incision is deepened, and the entire lower end of the urethra, for about one-third of an inch of its extent, is separated from the surrounding tissues. The piece of the urethral canal thus isolated is gently drawn down and removed by a snip of the scissors. The edge of the divided urethral mucous membrane may then be united to the edge of the divided vestibular mucous membrane by a few sutures, or the raw surface may be allowed to granulate. Cicatricial stricture may be prevented by the regular passage of a soft bougie. If a stricture should form it may be easily remedied by slitting the urethra up for about a third of an inch. The prognosis as to the likelihood of such an occurrence after removal should be guarded.

ENDOMETRIUM.—Dr. Bossi, in *La Riforma Medica*, from experiments on animals, concludes: 1. The mucous membrane of the uterus, when removed in part, or in whole, is reproduced together with the glands. 2. This reproduction takes place slowly, and is sometimes arrested for some time, from unknown causes. 3. The new epithelium is derived from the epithelium of

the uninjured glands at the margin of the denuded surface. 4. The new glands are reproduced from the new epithelium, which has assumed a cylindrical form. The practical deduction from this is that curetting is preferable to the use of strong escharotics in the treatment of chronic endometritis, since, if the latter are used, the mucosa may be so completely destroyed that its reproduction is impossible.

ENDOMETRITIS.—(Treated by Cauterization and Amputation of the Cervix without Success cured by Curetting.) Dr. A. F. Phillipeau (*Gazette de Gynécologie*) reports a case of a woman æt. thirty-one, last child ten years ago. Since nine years she has suffered from pain, menorrhagia and leucorrhœa. Menstruation is regular, but lasts eight to ten days. The blood escapes in clots when she is up and about; rest in bed relieves her, but is worse again when she is up and about.

She was admitted into an hospital and treated with a "crayon" (undoubtedly a solid stick of chloride of zinc). She had severe cramps during which the "crayon" was expelled. She returned home after eleven days, her health somewhat improved. The hemorrhages had disappeared; menstruation had become infrequent, scanty, and irregular, becoming more and more irregular and variable as to quantity. Sometimes there being only a slight stain, and sometimes the hemorrhages were profuse. She then had an amputation of the cervix performed, after which she was better for a short time.

After a course of thermal treatment at Vichy, her digestion improved and her strength increased, but suffers considerably from a painful sensation of pressure in the hypogastric and lumbar regions. She has worn a ring pessary

for two years, and finds it impossible to walk without it.

On examination the uterus is large and sensitive, abdomen is distended and painful; she is constipated. Her menstruation has become irregular, frequent, increased in quantity and duration; in the intervals she has a profuse mucopurulent discharge. Discouraged by the previous lack of success, she objects to returning to the hospital and has decided to receive a new surgical procedure for relief, and after deciding her condition was due to endometritis fungosa, we concluded to curette her at our clinic.

After carefully irrigating the vagina with carbolic solution, we introduce into the uterus a laminaria tent which has remained in an ethereal solution of cocaine and iodoform for ten days, and the vagina is packed with iodoform gauze to maintain it in place. We are obliged, on account of the cicatrix of the amputation, to repeat this three days in succession, when the dilatation is sufficient to admit the index finger, and we perceive the mucous membrane is irregular, rough, and protruding into the cavity. We inject cocaine into the anterior and posterior lips of the cervix and into the uterine cavity; the uterus is fixed with Muzenx's forceps, and the whole uterine cavity is curetted; the cavity washed out with carbolic solution, and packed with salol gauze, the same being placed in vagina. The operation lasted one half-hour, the patient feeling no pain, and was returned to her bed pleased not to have been anaesthetized. The next day the dressing was changed, intra-uterine irrigation performed, endometrium painted with tincture of iodine, and repacked with salol gauze.

She has not lost appetite, was out of bed on the sixth day, no pain in the hypogastric or lumbar regions, the dressings being changed every second day.

On the tenth day was allowed up all day; she walked a little, but felt heavy. She was discharged on the fifteenth day, cured, her uterus being reduced in volume, painless, walking and other movements easy and comfortable. The last few dressings were slightly moist, but not abnormal. She came to see us fifteen days later; her menstruation regular, lasting four days, during which time she remained in bed as we advised. She has now menstruated for the third time without pain, and has no need of her pessary.

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UTERINE FIBROIDS, *The Medicinal Treatment of.*—Engelmann, of Kreuznach (*Edinburgh Medical Journal*, November, 1891), from an experience in nearly 700 cases of uterine fibroid treated at Kreuznach, gives the results of medicinal and hydro-therapeutic treatment. The mutterläuge baths are prescribed for this condition, and compresses wet in the diluted mutterläuge are kept on all night. If the tumor is growing rapidly, and hemorrhage is profuse, he gives daily injections of ergotin. These are never given during the menstrual flow, as they increase the hemorrhage. Three hundred and four cases were treated by baths alone; in 61 cases the patients were in poor condition from pain and hemorrhage; 38 cases were much improved, 11 recovered completely, and 12 showed no improvement. In 31 per cent. the hemorrhage was entirely checked, and in 50 per cent. it was diminished. Pressure-symptoms were partially or entirely relieved in 83 per cent. of these cases. In only 19 per cent. did the tumor diminish in size. Ergotin in addition was used in 96 cases, all of which were of the most severe type. In 21 of the worst cases there was entire relief from the hemorrhage in 17, from the pressure-symptoms in 20, and the tumor

diminished in size or ceased to grow in 73 out of the 96 cases.

Twenty-one patients were treated by Apostoli's method, the treatment extending over a year or more. Of the 8 cases in which hemorrhage was profuse only one was cured. Pain was relieved in 33 per cent. In 33 per cent. the tumor diminished in size, and in 43 per cent. it ceased to grow. In general, the serious symptoms due to the presence of the tumor were either cured or much relieved in 80 per cent. of the whole number of cases. In from two-thirds to three-fourths of the cases the tumor either diminished in size or its growth was arrested.

The writer expresses the opinion that while the poorer classes may be obliged to submit to operations for relief from uterine fibroids, such operations ought to be rare in the case of those who have the time and money to undergo a thorough course of palliative treatment.

—————

PAPILLARY CYSTOMATA OF THE OVARY.—Williams contributes a paper on the histogenesis of these growths to the *Bulletin of the Hopkins Hospital*, December, 1891. He arrives at the following conclusions regarding the origin of papillary cystomata:

1. They usually develop from the Graafian follicle, and will be lined with ciliated or non-ciliated epithelium according to the original condition of the cells in the membrana granulosa. The growth will be intra-ligamentous if the affected follicles grow between the folds of the broad ligament.

2. Superficial papillomata probably develop from the germinal epithelium only, and is often the starting-point for ordinary multilocular papillary cystoma.

3. It is possible that some cysts of this variety may develop from ingrowths of the epithelium of the tube into the ovarian stroma.

College Chat.

ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

THE March number of the CLINIQUE contained the complete list of graduates of the College of Physicians and Surgeons, together with the Valedictory Address by Dr. F. L. Magoon, of Clarence, Mo., and the reply on behalf of the Faculty by Prof. Close. The offer of five extra copies to members of the graduating class who sent in their subscriptions in March is now withdrawn, since our supply of this issue is now nearly exhausted. Single copies of this issue will be sent postpaid for 10 cts.

DR. G. T. WIELAND, class of '91, Morrison, Mo., after using the CLINIQUE as "informant and guide" in practice for nearly a year, is well pleased with the advice derived from its pages, and renews his subscription as a mark of his satisfaction. He is doing very well, and finds his practice daily increasing.

MARRIED.—Dr. M. Dwight Jennings to Miss Cora Locey. at Carlyle, Ill., on December 30th, 1891, by Rev. Dr. Matthews, of St. Louis. This information—interesting to all the Doctor's friends, and to the several successive classes of students who have attested his painstaking attention to clinical work and morphological demonstrations—has, through some oversight remained unpublished in the CLINIQUE until now. The Doctor's modesty is commensurate with his worth, and we are sure the lady is to be congratulated on her choice. If the Doctor's solicitude for her happiness is one tithe as assiduous as were his efforts to properly perform his various duties in the College, hers will be an enviable lot. The CLINIQUE wishes the couple unbounded happiness and prosperity.

DR. WM. GRAY, class of '90, Clinton, Tex., is enjoying a fair degree of prosperity. He has had plenty of work as a result of "la grippe" and its sequelæ. Every issue of the CLINIQUE is interesting to him, and he turns with special pleasure to "College Chat" department, and scans it for familiar names. In this connection we will say that we are always glad to hear from graduates and former students of the College of P. and S. All who write to the CLINIQUE may be sure that their letters are read with pleasure by the editors, and even the brief mention made of them here is interesting to those who have known the writers.

DR. F. W. SMITH, Bluefield, W. Va., class of '91; writes an interesting letter in which he expresses satisfaction at his success in practice, although obliged to measure swords—professionally speaking—with ten competitors. He endorses the editorial policy of the CLINIQUE in furnishing strictly practical articles on subjects which are met with in daily practice. The therapeutic hints and short-cuts in treatment which are found under the head of "Practical Points" also come in for a share of commendation. He advises his fellow-subscribers to preserve their journals and have them bound at the end of the year, and kept for reference in the future.

DR. A. J. MULLEN, JR., Michigan City, Ind., an old-time student and graduate of the College of P. and S., (class of '81), accompanies his subscription with some complimentary remarks to the school, and welcomes all news pertaining to its students.

DR. W. A. OLIVE, of Edwardsville, Ill., came over to the Commencement last month, and reported practice in his locality as good.

DR. T. R. MONTGOMERY, class of '88, Roseville, Ark., accords the CLINIQUE his approval, and sends his subscription for 1892. He reports practice satisfactory, and expects soon to visit the College. The Doctor very sensibly remarks that although he is out of College, he will continue to rank himself as a student for all time.

DR. T. J. SULLIVAN, class of '90, has located at Slater, Mo. We wish him all success in his new location.

DR. J. W. JOHNSON, class of '90, has removed from Seattle, Wash., to Wellsville, Mo., which will hereafter be the scene of his labors. Dr. Johnson is a painstaking physician, and we are glad to hear that he has forsaken the wilder West for a place nearer his alma mater.

DR. W. C. KIMBRO, Tyro, Ark., class of '84, sends his regards to the Faculty and graduating class, incloses his subscription to the CLINIQUE, and closes with these words: "As I am one of you, your prosperity is my joy."

DR. B. F. GREEN, class of '89, Bloom, Ky., likes the CLINIQUE, thinks its contents practical, and inclines to the opinion that the publication of more such journals would tend to lessen the sum of human suffering. Such expressions as these are too disinterested not to be sincere, and we rejoice to think that the efforts of the Editorial Committee are so well appreciated. The Doctor's practice is more than sufficient for his needs, and his success is unselfishly attributed to a medical education properly directed in the halls of his alma mater. He closes as follows: "I owe

it all to the College of Physicians and Surgeons. I cannot be too thankful to the Faculty of said College for their never-tiring efforts to train our minds in the right way."

DR. METCALF, class of '90, Bancroft, Mo., is now visiting St. Louis. He is here to recuperate after a rather tedious convalescence from "la grippe" which prostrated him early in the year. He is the same quiet, well-informed gentleman that he was during student days, with two busy years of experience added on. He brings news of several of the P. and S. graduates in his part of the country—among others, Dr. B. R. Harmon, '90, Dr. Robinson, '90, and Dr. Ramsay, '91. All are doing well. "I couldn't do without the CLINIQUE," says Dr. Metcalf with a smile, in answer to a question on the subject.

DR. J. T. STEEL, class of '91, who has spent the past year at his home in England, for the benefit of his health, has sufficiently recovered to resume the practice of his profession, and intends to locate in California. He returns to America this spring and will shortly pay the College of P. and S. and old friends a flying visit.

DR. A. A. MAYFIELD, class of '91, Millersville, Mo., writes to the CLINIQUE as follows: "Find inclosed one dollar, for which renew my subscription to the CLINIQUE I am having a good practice, and have had extremely good success so far. My brother, Dr. J. J. Mayfield, a graduate of '85, and I, are practicing together, and having all the work we can do. We have been having some wonderful experience with that much-dreaded malady "la grippe" the past winter, and I am going to write an article on this subject as soon as I have a little time."

THE ST. LOUIS CLINIQUE,

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Contributors of original articles will receive five copies of the issue containing their article.

Photo-Engravings to illustrate accepted articles will be made free of charge, if proper drawings or negatives accompany the manuscript. Electrotypes of such cuts furnished at cost.

Physicians' Wants, Etc.—A department will be devoted to the free publication of physicians' wants, practices for sale, good locations, etc.

Editorial Committee.—DR. A. S. BARNES, DR. A. A. HENSKY, DR. KEATING BAUDUY, DR. WILLIAM PORTER.
Edited for the Committee by DR. WILLIAM PORTER, assisted by DR. G. F. PIERROT.

Vol. V.

ST. LOUIS, MO., APRIL, 1892.

No. 4.

Editorial.

Thoughts on Commencement Day.

A day of rejoicing is this day of days at all colleges. Especially is it a glad day at a medical college when the student first dons his professional robes and writes "M.D.," after his name. To some of us who as teachers have seen these days come and go repeatedly, there is both joy and sadness on commencement day—joy that the winter's work is over—that earnest young men have been added to our ranks—that another successful year has been placed to the credit of a life-work. The sad thought is that so many part to meet no more, while with this comes the estimation of possible failure on the part of some of those who are hopefully looking forward to success.

The wonder is that comparatively so many succeed in the practice of medicine, but we believe the day is coming

when there will be a larger proportion of failure than even now. So many young men are crowding into the profession and the opportunities at many colleges are so inadequate, that necessarily some acquire the right to practice medicine who are not fitted for it. Moreover the public now demands a higher grade of intelligence in the physician than formerly, and often these young men find themselves unable to meet the calls made upon them and are handicapped at the outset.

Some one has soberly remarked that the profession is "too full." It is in one sense—it is not in another. It is too full of mediocre men—of men who content with a few months' roosting on hard benches—grasp a diploma and order a shingle. It is not full enough of men who having worked earnestly so

far as their time and money would permit, are still students—using their collegiate gain as a foundation for continued acquisitions.

It is true that in many of our medical schools the standard is too low. We are glad that this is being remedied by common consent and by legal enactment. Let the man who finds himself defrauded by misrepresentation and wakes up to the fact that his medical education is at a discount, go to work patiently and with a purpose to succeed. A medical college cannot make a physician, though it may label him. Money and position cannot compel success though they may afford the opportunity. Many parents and guardians can truly say with Aaron of old, "I threw gold into the fire and there came out this calf."

The fact that a medical student's professional future depends largely upon himself, does not relieve the medical college of its responsibility. A good student at a good school will do better than a good student at a poor school. He will possibly succeed irrespective of the character of the college from which he graduates, but the possibility will be a probability if he gets a good start in the race for life.

In the changes and new requirements demanded of medical colleges, we can see failure and ruin for some, but great advance and advantage for others. The next few years will see "the survival of the fittest" only—and the result will be fewer Colleges but better opportunities for the student—smaller classes it may be, but a better average of result.

The Illinois State Board of Health.

Some uneasiness was felt a year ago by Colleges that had not then adopted the three year term as to whether their diplomas would be recognized by the Illinois State Board of Health. The situation was peculiar. Most of the medical colleges had decided to require attendance upon three courses of lectures, from the date advised by the American Medical College Association *i. e.* after the session of 1891 and '92. The Illinois Board made the requirement one year earlier.

We are glad to know that the Board with its usual clear sightedness has

made an arrangement by which students of these colleges can be registered and yet its own position be sustained. Students who have graduated in two years from the College of Physicians and Surgeons can be admitted to practice by simply passing a formal examination (for which no fee is charged) before the Secretary of the Board on four practical branches, and presenting their diplomas for registration.

This is a very simple and just solution of what at one time threatened to be a question of no little importance.

The St. Louis College of Physicians and Surgeons is the first medical college in America to elevate the branch of Gynecological Electro-Therapy to the dignity of a full Chair. By a purchase

recently made from the McIntosh Electrical Supply Co. of Chicago, the equipment for this branch will be adequate and complete in every particular.

Items of Interest.

INSTRUCTION FOR GERMAN ARMY SURGEONS.—In order that the Prussian medical officers shall have an acquaintance with the new discoveries in the department of public medicine, arrangements have been made for their attendance on a course of lectures to be held in all the Prussian Universities. These courses will extend over three weeks of each year at the end of the regular session, and it will be incumbent on each surgeon to attend one such course.

PROHIBITION OF COCAINE AND SULPHONAL.—According to an announcement in the *Medico-Chirurgical Review*, of Constantinople, an imperial irade has been issued forbidding the use of cocaine and sulphonal throughout the Turkish dominions.

MEDICAL ODE.

I am going into partnership
With a lovely young M.D. ;
She brought me safely through the grip
And now she'll marry me.
She'll keep her practice as before,
She's wise in everything ;
And as for me—I'll tend the door
And do the marketing!

—*Med. Record.*

PROFESSOR:—“Where do we find squamous epithelium?” Student: “The favorite situation is the squamous portion of the temporal bone.” Professor: “Ah! indeed! then what does the professor of dermatology mean when he speaks of squamous skin disease?” Student: “Oh! yes, sir. I forgot. We find that variety of epithelium most common in certain affections of the skin.” Professor: “Shades of Dalton!”
—*Western Med. Reporter.*

A PHYSICIAN who had been away upon a pleasure trip, and had placed his practice in the hands of a recent graduate for attention during his absence, upon his return, learning how his patients had been attended to during the time, he hurriedly called upon his medical friend, and in evident great distress of mind, addressed him thus: “You have shamefully abused the trust I placed in you. With confidence did I place my living in your hands, but you have abused it and played havoc with my interests, and I find on my return a practice irretrievably ruined. With much skill and patience had I worked up a fine lot of patients who for a long time have yielded me a handsome income; and now, ingrate, you have in two short weeks cured them all and ruined my living!”

DANGEROUS HAIR TONICS.—Many of the so-called hair tonics of the market consist of sulphur, acetate of lead and water, with a little glycerin. Their “tonic” effects are chiefly exhibited in slowly dyeing the hair by means of the lead, the use of which for such purposes is quite dangerous, as it is liable to be absorbed and cause the insidious disease known as lead poisoning. Lac sulphur alone is thought to exercise some beneficial effect on the hair, but this is doubtful.—*Chemical Gazette.*

INFLUENZA AND LIFE INSURANCE.—It is stated in the *Mercure medical* that from 1890 to 1891 an English insurance company had to pay over a quarter of a million dollars on deaths caused by influenza. This is two and a half times as much as cholera had cost that company in forty-five years.

"HAVE your teeth pulled out for a Christmas present," was the cheerful sign displayed by a London dentist for a few weeks before the holidays.

At the request of Mr. M. Lanza, we have instituted at the Medico Chirurgical Hospital some trials on the Febricide Pills. We gave them in two cases of pelvic cellulitis. In one there was a great tenderness and fever, and every night about 12 o'clock the patient had an attack of agonizing pain, with numbness in the right leg. Morphine simply narcotized her without relieving the pain; and the only relief obtained was from chloroform inhalations—a dangerous procedure, necessitating the attendance of the physician.

One of the Febricide pills was ordered every four hours. The relief from pain was prompt, certain and permanent, though no improvement in the tenderness or other local symptoms ensued which could be attributed to the pills, rather than to rest, hot injections and absorbents. All these had been previously used without relieving the pain.

The second case was similar as far as relief from pain was concerned; but the other treatment was less successful and a laparotomy became necessary.

In both cases the pain was fully controlled by the pills. In several cases of hemicrania the same remedy proved effectual.

Cases of neuralgia frequently occur in which there is a depression of the heart, with feeble pulse and cold skin. In these the use of chloral or of bulky doses of the depressant antipyretics is not altogether devoid of danger: and the Febricide pills may here be given with less anxiety.—*Times and Register*, May 4, 1889.

DR. SOMER claims to have relieved vaginismus with the galvanic current.

THE Committee appointed at the last meeting of the American Medical Association to consider the best means for promoting the prosperity of the sections of the Association will hold an adjourned meeting in the Hotel Cadillac, Detroit, Mich., June 6, at 3 P.M.

Members of the Committee are requested to notify the Chairman of their intention to be present at this meeting.

The Committee would esteem it a favor if each member of the Association would communicate in writing his or her views concerning the best measures for promoting the development of the sections. Such communications may be sent to the Chairman of the Committee.

JOHN S. MARSHALL, M.D., Chairman,
9 Jackson St., Chicago.

THE DOCTOR WAS ASKED:—Why should you avoid prescribing castor oil for wealthy patients? He gave it up. Because it is only used for working people, was the explanation.

AT one of the Detroit hospitals the drunkards are treated after the manner of Keeley. The results of the study will be given the profession should they be deemed worthy the attention of intelligent students.

WOUNDS FROM MODERN BULLETS.—In an Austrian periodical, says the *Lancet*, a regimental surgeon named Thurnwald makes an interesting comparison between the wounds caused by the new small-calibre bullets and those caused by less recent forms of projectiles. His verdict is favorable. The soft parts are less bruised, and the bones less shattered. At fighting distances the bullets hardly ever remain in the body, and the wounds are smooth, clean, and of small diameter—conditions giving fair chances of recovery.—*N. Y. Med. Times*.

SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization—Potash and Lime;

The Oxidising 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 Prepara-

tions; 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.

IN cold weather, says an authority, never wear a woolen stocking inside a tight shoe. To do it is to invite frozen feet. The wool grows damp and clammy from insensible perspiration, and the shoe pinches the blood-vessels into sluggish torpor. Betwixt them you have a frozen foot almost before you know it. Much better put a thin silk, lisle-thread, or cotton stocking next to the foot, and draw the woolen one on outside the shoe. With arctics over the stockings, you can defy Jack Frost if you are shod like Cinderella herself.

GOOD LOCATION. - Property and practice for sale,—consisting of a new two-story 5-room house, outbuildings, large lot of one-half acre in a nice little village 30 miles south of St. Louis on the Mississippi river; good German settlement. Practice worth from \$2500 to \$3000 a year. Only one other physician in the town. Price \$2500. Address DR. S. C. SKEEL, Harrisonville, Ill.

TO STUPEFY BEES, some apiarists are in habit of burning in the hives ammonium nitrate, which thereby is converted into laughing gas (N_2O).

DOCTOR: "What you really need—what you ought to have - is a little sun and air. It's the confinement—"

YOUNG WOMAN (interrupting): "Why, doctor, I've only been married two months. Son and heir and confinement, indeed! What do you take me for?"

THE difference between drunkenness and inebriety is stated by M. Trelat thus: "Drunkards are people who drink whenever they find an opportunity for drinking; persons affected with inebriety are diseased, and drink only when the attack seizes them." Drunkenness is a vice; inebriety is a disease.

HOW TO CURE A COLD.—A medical journal tells how one man was cured of a cold: He boiled a little wormwood and hoarhound together, and drank freely of the tea before going to bed. The next day he took five pills; put one kind of plaster on his breast, another under his arm, and still another on his back. Under the advice of an experienced old lady, he took all these off with an oyster knife in the afternoon, and slapped on a mustard plaster instead. Then he put some hot bricks to his feet and went to bed. Next morning another old lady came in with a bottle of goose oil and gave him a dose of it on a quill; and an aunt arrived about the same time with a bundle of sweet fern, which she made into tea and gave him every half hour until noon, when he took a big dose of salts. After dinner his wife, who had seen a fine old lady of great experience in doctoring in High Street, gave him two pills of her own make, about the size of a walnut and of similar shape, and two teaspoonfuls of home-made balsams to keep them down. Then he took a half pint of rum at the suggestion of an old sea captain, visiting in the next house, and steamed his legs with an alcohol bath. At this crisis two of his neighbors arrived, who saw at once that his blood was out of order, and gave him half a gallon of spearmint tea and a big dose of castor oil. Before going to bed he took eight of a new kind of pill, wrapped about his neck a flannel soaked in hot vinegar and salt, and had feathers burned on a shovel in his room. He is now cured, and full of gratitude.

It is now reported from Bhanguipur, in Bengal, that the coffee remedy as a germicide for cholera is being put into practice there with astonishing success.—*Western Druggist*.

OF INTEREST TO ALL MEDICAL PRACTITIONERS.**WHY "MUMM" IS SO POPULAR WITH PHYSICIANS.**

G. H. MUMM & CO.'S EXTRA DRY is recommended for its purity, its small amount of Alcohol, and its wholesomeness by such eminent Physicians as :

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 " FORDYCE BARKER, LEWIS A. SAYRE, WM. H. THOMSON, - - - - - NEW YORK.
 " D HAYES AGNEW, THOS. G. MORTON, WM. H. PANCOAST, PHILADELPHIA.
 " H. P. C. WILSON, ALAN P. SMITH, - - - - - BALTIMORE.
 " J. MILLS BROWNE, *Surgeon-General U.S. Navy*; JOHN B. HAMILTON,
Supervising Surgeon-General, Marine Hospital Service; WM. A.
 HAMMOND, NATHAN S. LINCOLN, - - - - - WASHINGTON.
 " H. BYFORD, CHR. FENGER, R. JACKSON, C. T. PARKES, E. SCHMIDT, CHICAGO.
 " A. L. CARSON, JAMES T. WHITTAKER, - - - - - CINCINNATI.
 " STANFORD E. C. CHAILLE, JOSEPH JONES, A. W. de ROALDES, NEW ORLEANS.
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"Champagne, with a minimum of alcohol, is by far the wholesomest, and possesses remarkable exhilarating power."—THOMAS KING CHAMBERS, M.D., F.R.C.P.

"Champagne, while only possessing the alcoholic strength of natural wines, is useful for exciting the flagging powers in case of exhaustion."—F. W. PAVY, M.D., F.R.S., *Lecturer on Physiology at Guy's Hospital, London.*

"Having occasion to investigate the question of wholesome beverages, I have made a chemical analysis of the most prominent brands of Champagne. I find J. H. Mumm and Co.'s Extra Dry to contain, in a marked degree, less alcohol than the others. I therefore most cordially commend it, not only for its purity, but as the most wholesome of the Champagnes."—R. OGDEN DOREMUS, M.D., *Professor of Chemistry, Bellevue Hospital Medical College, New York.*

Pronounced by Connoisseurs the Champagne par excellence.

FRED'K de BARY & CO., New York, Sole Agents in the United States and Canada.

Mellin's Food

For Infants and Invalids.

A SOLUBLE DRY EXTRACT, prepared from Malted Barley and Wheat, consisting of Dextrin, Maltose, Albuminates, and Salts.

The SUGAR in MELLIN'S FOOD is MALTOSE. MALTOSE is the PROPER SUGAR for use in connection with cow's milk.

The sugar formed by the action of the Ptyalin of the Saliva and the Amylopsin of the Pancreas upon starch is MALTOSE. In the digestive tract MALTOSE is absorbed UNCHANGED.

—Landois and Sterling.

MALTOSE is a saccharose, not a glucose, and is a form of sugar which does not ferment.

—Materia Medica and Therapeutics, Dr. Mitchell Bruce.

"I have never seen any signs of fermentation which I could attribute to the influence of MALTOSE."

—Eustace Smith, M.D., F.R.C.S.

MELLIN'S FOOD, prepared according to the directions, is a true LIEBIG'S FOOD and the BEST SUBSTITUTE for Mother's Milk yet produced.

THE DOLIBER-GOODALE CO.,

BOSTON MASS.

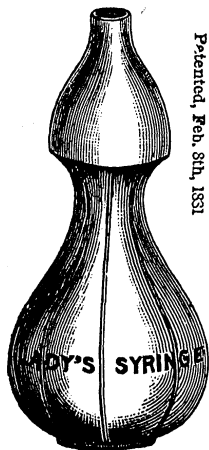
WOMAN FINDS A NEW OCCUPATION.—Buffalo is blessed with a "lady undertaker." says the *Sun*, who takes charge of every detail of a funeral, embalming the body, draping the funeral apartments, furnishing shroud, casket, chairs and carriages, arranging the flowers, and purchasing the mourning outfit for the entire family. In the latter capacity she has great advantage over the man undertaker, who has vague and unsatisfactory ideas on ruching and borders, doesn't know the fine distinction in mourning etiquette between the suitable garb for maids and matrons, and is no use whatever in deciding which style in mourning bonnets is most becoming. Many people prefer to have this little woman attend women and children especially, and she is doing a thriving business, which she intends to supplement in the spring by a mourning millinery establishment, from which to supply promptly the requisite costume at short notice. St. Paul has a woman engaged successfully in this solemn business. Chicago has also one who has retired very wealthy, and Rochester boasts a woman who acts as assistant undertaker.

It is said of Horace Greeley, that upon one occasion a note of his, in which he refused an invitation to dinner, was submitted to a chemist to be dispensed. The chemist looked and was puzzled, but was not to be done. Making up an innocuous mixture, he handed it to the customer. "For cough?" was the laconic question. "Yes; and a very good cough mixture, too!"—*Pacific Rec.*

An Irish doctor has recovered \$1,000 damages, for breach of promise to marry, from a young lady.

M. PASTEUR has succeeded in obtaining a grant from the French government, which is to be used to assist poor persons living in France to reach his institute, in case they are in need of his treatment.

WE are pleased to notice that the publishers of *Merck's Bulletin*, 73 William st., New York, have enlarged and otherwise improved that excellent publication. It continues to give monthly the latest discoveries in materia medica and practical therapeutics.



Patented, Feb. 8th, 1881

The "Lady's" Syringe

Is the only **perfect** Vaginal Syringe in the world.

Being constructed upon the principle of **injection** and **suction** (a plan generally admitted by the medical profession as the only correct and efficient one) it cleanses the vaginal passage of all discharges to **perfection**, and enables the patient to **hold** medicated injections in close contact with the **cleansed** mucous membrane sufficiently long to get the benefit of the therapeutic action of hot water, emollients, narcotics, astringents, disinfectants, styptics, etc. Other advantages of the Lady's Syringe are: 1st.—Its simplicity of construction, it has no piston, extra nozzles, valves, washers, nor screws, which may get out of order, or may be lost, but consists simply of one piece of fine, soft rubber. 2d.—On account of its simplicity of construction it is very easily cleansed, and 3rd.—During injection not a drop of fluid need be spilled on clothing, etc.

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For making and improving the flavor of Soups, Stews, Gravies, etc.

One quarter of a teaspoonful will make you a cup of delicious Beef Tea, served with Celery Salt, Table Salt or other added flavor.

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"GARROD SPA" (Lithia-Potash Water)

Compounded from most reliable scientific sources.
Uniform in composition. Agreeable of taste.

CONTAINS MORE LITHIUM BICARBONATE

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CARLSBAD WATER.—Certain diseases of the liver, stomach and alimentary canal are benefited by Carlsbad water to such an extent that the springs bearing that name have acquired a world-wide reputation and belong to the most popular springs in Europe. To those whose means will permit it, the use of the waters at the springs is, no doubt, the best. But for those, whose incomes are limited, a faithful reproduction of the natural water is far better than the genuine bottled and sent to a distance. The reason of this is that the bottling of natural mineral waters, especially those of a thermal nature, is never satisfactory, the relative proportion of the salts not being preserved. Dr. Enno Sander has succeeded in reproducing the Carlsbad water in his Carlsbad Sprudel, which he puts up in double strength, to that of the natural, so that by adding an equal quantity of hot water we have an exact reproduction of the original in every respect. An advantage which it possesses over the natural water lies in the fact of its being double strength, so that those requiring a stronger remedy have it ready at hand. It is without doubt an incomparable remedy for gallstones, its continued use preventing any recurrence, which is so dreaded by those who are subject to this distressing malady.—OHMANN-DUMESNIL, in *Courier of Medicine*.

THE number of medical students at the University of Vienna last summer was 2427, and of these 348 were foreigners of various nationalities. The number has considerably fallen off as compared with the previous winter, when there were 3243 students in the medical department.

“Now, my little man, describe your symptoms.” “I haven’t dot any symptoms, I dot a pain.”—*Harper’s Bazar*.

DR. ORTEGA reports the case of a large still-born infant weighing twenty-three and one-half pounds.

HE WANTS HIS BODY BACK.—A man in Massachusetts was very hard up some twenty years ago, and was glad to sell his body, to be delivered at death, for ten dollars. Since then, however, he has made a comfortable fortune, and now wants to buy back the deed of his body. The former purchaser is reluctant to sell for any small amount, holding off for a rise, and it is now only a question for the courts to decide.

COMMON SENSE IN MEDICINE.—A celebrated bishop, president of one of the most noted universities of this country, said to his class in divinity: “There are three things necessary for making a successful minister of the Gospel: first, a thorough, liberal education; second, the grace of God; third, common sense. The first may be obtained by earnest, dilligent application to study; the second by prayerful intercession at the throne of grace, with a sincere desire for purity of heart; but unless you have the third born in you, may the Lord have mercy on your souls and the souls of your congregation.” While common sense is an absolute necessity for any profession or vocation, I know of no one where it is more necessary or important than in the study and practice of medicine. If I were asked to define the term common sense, it might be difficult; but it will be sufficient for our purpose, at the time, to say it consists in applying rational, simple rules of construction to the various theories of medical science, adopting and practicing what can be measured by such rules, and rejecting those that are at plain variance and antagonism with them.—S. C. Gordon M.D., Portland, Me., in *Boston Med. and Surg. Jour.*

THE FIRST RAW FOOD EXTRACT.

(Introduced to the Medical Profession in 1878.)

BOVININE

The Vital Principles of Beef Concentrated.

CONTAINING 26 PER CENT. OF COAGULABLE ALBUMEN.

An Ideal Food. *PALATABLE.* *Keeps Perfectly.*

BOVININE consists of the Juices of Lean Raw Beef obtained by a mechanical process, neither heat nor acid being used in its preparation. The nutritious elements of lean raw beef are thus presented in a concentrated solution, no disintegration or destruction of the albumen having taken place. The proteids in solution amount to 26 per cent. of the weight of the preparation, and give to it the great dietetic value it possesses in all conditions where a concentrated and readily assimilable food is needed.

BOVININE is easily digested and COMPLETELY absorbed from the intestinal tract, thus furnishing an extremely valuable nutrient in Typhoid Fever, after surgical operations in the abdominal regions, in all diseased conditions of the intestinal tract characterized by ulceration or acute and chronic inflammation, and in diarrhœic complaints.

BOVININE, containing as it does all the nutrient properties of lean raw beef in a highly concentrated form, furnishes to the Medical Profession a reliable and valuable aid to treatment in Phthisis, Marasmus of both young and old, in all wasting diseases, in continued fevers, and in supporting treatment.

BOVININE, on account of its BLOOD-MAKING PROPERTIES is especially of service after surgical operations, in cases of severe injuries attended with great loss of blood and in the puerperal state.

BOVININE, for rectal feeding, is unsurpassed in excellence, having been used for weeks continuously with no irritation or disturbance resulting. The most satisfactory results from its use as an enema are obtained by adding to each ounce of **BOVININE** ten grains of Pancreatic Extract and two ounces of water. This should be well-mixed and injected slowly. No preparation of opium is necessary in the enema.

SAMPLES will be furnished to any member of the Medical Profession free, carriage paid, upon application to the company.

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A magnificent microscope has just been completed by the Munich Poeller Physical and Optical Institute for the great Chicago Exposition, at a cost of \$8,750. It possesses a magnifying power of 11,000 diameters. As might be expected, electricity plays an important part in the working of this gigantic instrument, which, after inspection by American citizens, is expected to give an impetus to the Munich mart for scientific apparatus. The electricity furnishes and regulates the source of light, which, placed in a focus of a parabolic aluminium reflector, reaches an intensity of 11,000 candle power. The electricity also provides the means of an ingenious automatic mechanism for the centering of the quadruple condensers and illuminating the lenses. There is an arrangement for the exact control of the distance of the carbon point. The most important novel feature is the cooling machine, which is indispensable on account of the extreme heat, 1.43 calories per second, generated by the intense illuminating arrangement.

TO MAKE STEEL INSTRUMENTS AS BRIGHT AS NEW.—Clean the instruments by scrubbing with wood ashes and soft water, to remove all rust and

grease; then soak them in a weak solution of hydrochloric acid in water (about ten to fifteen drops to the fluid ounce) for a few hours, to remove the remaining rust and grease; then wash them well in pure soft water. The next step is to place them in a bath, consisting of a saturated solution of *tin chloride*. Let them remain ten to twenty-four hours, according to the coating desired. When removed from the bath, wash them clean in pure water, and dry well. When the job is well done, the steel will appear as if nickel-plated. The technique of the process is so simple that no one should fail to make a good job, the main points being to remove all rust and grease, and have the bath a *saturated* solution of chloride of tin, the immersion being continued long enough to insure a good coating of metallic tin.—*Med. Brief*.

THE St. Louis College of Pharmacy held its Annual Commencement at Memorial Hall, Thursday evening, March 31st, 1892.

A BULLET wound in the groin of a man shot in Reno, Nevada, set up adhesive inflammation, which radically cured a hernia.

What a boon it would be to the Medical Profession if some reliable Chemist would bring out an Extract of Malt in combination with a well-digested or peptonized Beef, giving us the elements of Beef and the stimulating and nutritious portions of Ale."—J. MILNER FOTHERGILL, M. D.

ALE & BEEF "PEPTONIZED"

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Two full-size bottles sent to any Physician who will pay Express charges.

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THE HYPNOTIC.

FORMULA.—

Every fluid drachm contains fifteen grains EACH of Pure Chloral Hydrat. and purified Brom. Pot and one-eighth grain EACH of gen. im. ext. Cannabis Ind. and Hyoscyam.

DOSE.—

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

INDICATIONS.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness and delirium of fevers it is absolutely invaluable.

IT DOES NOT LOCK UP THE SECRETIONS.

PAPINE

THE ANODYNE.

Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being eliminated. It has less tendency to cause Nausea, Vomiting, Constipation, etc.

INDICATIONS.—

Same as Opium or Morphia.

DOSE.—

ONE FLUID DRACHM—(represents the Anodyne principles of one-eighth grain of Morphia.)

IODIA

THE ALTERATIVE AND UTERINE TONIC.

FORMULA.—

Iodia is a combination of active principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum and Aromatics. Each fluid drachm also contains five grains Iod. Potas. and three grains Phos. Iron.

DOSE.—

One or two fluid drachms (more or less as, indicated) three times a day, before meals.

INDICATIONS.—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhœa, Amenorrhœa, Impaired Vitality, Habitual Abortions and General Uterine Debility.

SPECIFY "BATTLE" WHEN PRESCRIBING OUR PREPARATIONS.

SPECIFY "BATTLE" WHEN PRESCRIBING OUR PREPARATIONS.

PURE STRONTIUM SALTS (PARAF-JAVAL)

RECOMMENDED AT THE FRENCH ACADEMY IN

BRIGHT'S DISEASE, DILATATION OF THE STOMACH, EPILEPSY, Etc.

Strontium Salts, (Paraf-Javal) are non-toxic and free from traces of Barium; they are the only ones employed at the Paris Hospitals.

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LACTATE OF STRONTIUM,
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SOLUTION OF
BROMIDE OF STRONTIUM,
(PARAF-JAVAL.)

These solutions are put up in $\frac{3}{4}$ x original bottles containing 3j to the fluid ounce, and their purity is guaranteed by the signature of (*Paraf-Javal*) on the labels.

APIOLIN-CHAPOTEAUT.

The True Active Principle of Parsley, differing from so called Apiol.

Professor Laborde finds it has a decided action on the utero-ovarian reproductive apparatus, and is indicated in genito-spinal atony and dysmenorrhœa.—*Un. Med. Mag.*

Shoemaker's "Materia Medica and Therapeutics" says: "It is especially appropriate when **Amenorrhœa** depends upon anæmia."

"Apiolin is decidedly the most reliable drug that I have yet used in **Dysmenorrhœa**. In all cases relief invariably resulted."—Dr. R. HILL.

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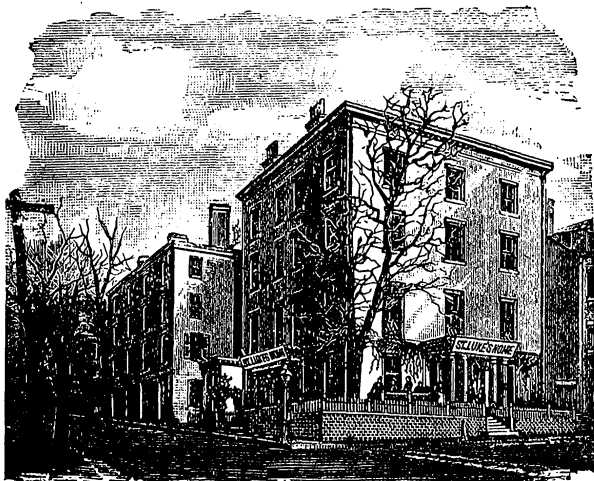
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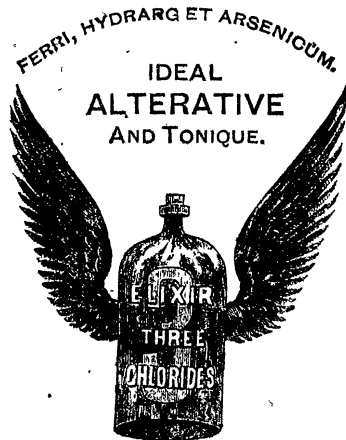
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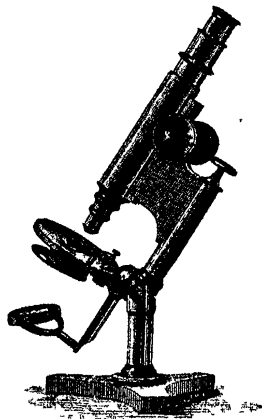
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This WINE OF COCA is so prepared that it contains the active principle of the leaves in a perfectly pure form. Moreover, it is absolutely free from all those foreign substances which all other wines of coca contain, and which interfere, to a great extent, with its curative influence. It is well known that the cocaine contained in the coca leaves varies considerably in its proportion; hence, giving to the wines as ordinary made, uncertain strength, and causing them to be unreliable in their action on the system. In the RESTORATIVE WINE OF COCA the proportion of alkaloid is invariable, and the physician can therefore, prescribe it with the certainty of obtaining uniform results.

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I have daily prescribed the FEBRICIDE PILLS all through our Epidemic of Influenza and Pneumonia, with capital results.
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The prevalence of "La Grippe" has enabled me to test your FEBRICIDE and I consider it the most efficient remedy I have yet used in the pains of said malady.
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JOHN L. WARING, M. D.

I have used your FEBRICIDE with excellent results in our Mountain Fevers (Typhoid), reducing in one case, the temperature from 104½ with dry, brown furried tongue in ten hours, to 99½ with tongue cleaning promptly and moist, and rapid improvement dating therefrom. Have used Antipyrin in similar cases with no good results.
SPRINGVIEW, NEB., November 25, 1889.
ALBERT S. WARNER, M. D.

Febriocide in Pneumonia.

The following cases of Pneumonia were treated in the Medico-Chirurgical Hospital with the Febriocide Pills (one being given every four hours, as a rule), and with hot poultices externally:

	Admitted	Crisis
William Johnson,.....	June 1, 1889,.....	June 8, 1889
Fanny Winney,.....	Dec. 29, 1889,.....	Jan. 4, 1890
William M. Johnson,.....	Dec. 30, 1889,.....	Jan. 5, 1890
Belle Smith,.....	Jan. 8, 1890,.....	Jan. 12, 1890
Wm. Payne,.....	Jan. 2, 1890,.....	Jan. 5, 1890
Gustav Thoman,.....	Jan. 21, 1890,.....	Jan. 23, 1890

All ended in recovery. These are all the cases of croupous or lobar pneumonia treated in the hospital during the influenza epidemic excepting one case, which was admitted in a moribund condition, and died before any treatment could be instituted. One case, which was apparently moribund when admitted, is included in the above list, and is at present recovering from an attack of femoral phlebitis.—Phila. Times and Register, Feb, 17, 1890.
JOHN A. KEYBURN, M. D., Resident Physician.

Samples sent Free of Charge to any Physician who mentions this Journal.

HEALTH RESTORATIVE COMPANY,
90 South 5th Avenue, NEW YORK.

MISCELLANEOUS.

Note Relative to the Buffalo Lithia Water.

BY WM. A. HAMMOND, M. D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia water which has not yet, I think, received sufficient attention. It is well known that many cases of diseases of the nervous system are complicated with lithæmia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from over-mental work or much emotional disturbance, and in epilepsy, (to say nothing of many cases of insanity,) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithæmic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents for uric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia

Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the twenty-four hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolved in water in various proportions, but it certainly does not, in cases to which I refer, have the same effect as Buffalo Lithia Water.

Washington D. C., Jan. 25th, 1892.

DR. G. W. MORRIS, of Adamsville, Tenn., in the *Southern Practitioner*, suggests the name "Asthenic malarial fever" for the disease now incorrectly called "Typho-malarial fever."

ANTI-CORSET MEETING. — We learn from a foreign contemporary that for a long time there has been a strong feeling in America against the corset,

especially among the women of Canada. Recently in a town in Ottawa a largely attended anti-corset meeting was held, at which all the ladies present made a vow that they would no longer be slaves to that particular fashion. In the vicinity of the building in which the meeting was held, a large bon-fire was built, in which all the corsets belonging to the party were thrown.

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**A Pure Liquid EXTRACT OF MALT,
Sparkling and Effervescent.**

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**A CONCENTRATED FOOD,
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CONTAINING LESS THAN 3 (2.8) PER CENT. ALCOHOL.

Among the various preparations with malt as the basis, I do not know any which exceeds in beneficial effect DAVID NICHOLSON'S PURE MALT EXTRACT, and which has given equal satisfaction to my patients.

Its nutritive action upon the sick may be readily demonstrated by their increasing weight under its use.

The agreeable and palatable form of this preparation renders it particularly valuable to infant invalids and nursing women.

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Prof. of Surgery, Consulting Surgeon to the City Hospital, etc.

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St. Louis, April 28th 1888

*"We have been using "Nicholson's
Liquid Bread" in our hospital
and are very much pleased with
results obtained.*

Sisters of St. Mary

Diphtheria.

BY I. N. LOVE, M. D.

Ex-Chairman Section of Paediatrics, American Medical Association.

An application destructive to the membrane and at the same time germicidal in its effects, is a vegetable product derived from the Papaya Carica and possessed of marked digestive powers, known as Papoid. It comes in the form of a powder, a small portion of which should be used at intervals of one, two or three hours as may be desired, according to the extent of the deposit which we may desire to remove. The same should be made into a paste with a small quantity of water and applied with a fine camel's hair brush. I have found this product very satisfactory as a destroyer of the membrane. An additional advantage of this application is that such parts as may be swallowed will serve to help nature to digest whatever food there may be in the alimentary canal. This is not an unimportant point, and right here, in order to emphasize the importance of nutrition we will anticipate that which will be considered later, and suggest that in the beginning of the treatment, the alimentary canal should be promptly emptied and placed in the best possible shape for the securement of nutrition, because we have a "battle of the cells" before us, and the greatest enemy to the

Klebs-Löffler bacillus, or any other, is well-nourished blood. Insist upon an abundance of nourishment from the start. Food that is in a form ready to be promptly assimilated, such as eggs, peptonized milk with beef, together with fresh well-ripened fruits should be given ad libitum.

Another delicacy which we can give them, and one that they are fond of, is ice cream, and if we can have it made at home, it is better for then we can be sure that the best and purest cream is used. Ice cream, by the manner of preparation, is rendered more digestible than cream would otherwise be without this treatment. It is grateful to the palate, cooling to the burning throat, and may be utilized as one of the rewards which we can offer to our little patient, for the taking of our medicines. We will not go far wrong if during the progress of our case we give from one to two grains of Papoid just referred to, either in the form of a powder, in a capsule, in solution or it may be mixed with a little powdered chocolate and sugar and taken as a bonbon. Given in this way it serves to help the digestive apparatus in the important work that is before it.—*Medical Mirror*.

THE SURGEONS of the National Guards held their annual meeting in St. Louis during April. On Wednesday, April 20, Prof. Senn of Chicago, held a clinic at the city hospital that was largely attended. In the afternoon of the same

day, Dr. Van Hoff of the Regular Army drilled the hospital corps at Armory Hall. Dr. Bernays entertained the visiting surgeons in the evening. The next meeting will be held at Washington, D. C.

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Formula suggested by
Carl Seiler, M.D.

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Sodii Bicarb. et Sodii Bibor.	aa dr. vi
Sodii Benzoate et Sodii Salicylate.	aa gr. xx.
Eucalyptol et Thymol.	aa gr. x.
Menthol.	gr. v.
Ol. Gaultheria.	gtt. vj.
Glycerine.	oz. viiiss.
Alcoholis.	oz. ij.
Aque.	q. s. 16 pints.

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No. 5.

Double Chancre à Distance.—An Inquiry Into Syphilitic Auto-Inoculation.

BY A. H. OHMANN-DUMESNIL, M. D.,

Professor of Dermatology and Syphilology in the St. Louis College of Physicians and Surgeons.

The question of auto-inoculation in syphilis was, at one time, a fruitful theme for discussion and led the way to numerous experiments of the greatest importance, when viewed in the light of the results that were achieved. After a lull of several years the question has been revived, in latter years but in a different form. It is one of the highest importance from the fact that, should it be established that auto-inoculation is possible, during a certain limited period, it would conclusively prove that the disease was still localized, and the very fact that this localization existed would render reasonable attempts to jugulate syphilis by means of early excision of the chancre and of the indurated ganglia anatomically connected with it. The following cases are interesting as bearing in some respects upon the question of auto-inoculation, and as affording examples of a clinical variety not frequently met with.

Case I.—Mr. B.—about 22 years of age, contracted a chancre and pre-

sented himself to Dr. A. C. Bernays for treatment. I saw the patient at this time. He could not fix the probable time of infection. Upon examination he presented a well marked chancre of the prepuce on the right side. The induration was well defined and the inguinal ganglia of the corresponding side were also indurated. In the centre of the lower lip he presented a sore having the size of a silver half-dime, well defined, of a roundish shape and implicating a small portion of the mucous membrane and vermilion border. On both sides of the inferior maxillary the lymphatic glands were enlarged and indurated. More especially was the condition marked upon the left side. The induration of the labial sore was very distinct. Patient was subject to fissures of the lower lip. He was not aware of handling his preputial sore and transferring the virus to his lip. In fact, he rather thought he did not. In about two months after a marked secondary eruption appeared and his hair fell out. Both chancres healed

spontaneously and simultaneously, the induration disappearing in the sores and lymphatic glands at the same time.

Case 2.—Mr. C.—presented himself to me for treatment, December 22nd, 1886. He presented two chancres. One was situated upon the mucous surface of the left side of the prepuce and extended to the border. It was somewhat larger than a silver dime, the induration being plainly apparent to the feel. The lymphatic glands in the left groin were enlarged and indurated. The other chancre was situated in the centre of the upper lip and was a little smaller than a silver dime. The induration was very marked, so much so, that it partially everted the lip. The lymphatic ganglia beneath the inferior maxilla were indurated not so markedly so upon the left side as upon the right. Those on the right, however, were plainly enlarged. Upon inquiry the fact developed that the upper lip was almost always fissured, at its central portion, in winter and had been in that condition for quite some time before the appearance of the sore. On Feb. 22nd, 1887, two months after the patient first presented himself, a fine-papular eruption made its appearance. Upon the face, back and legs were pustules scattered here and there. Mercurial treatment caused these to disappear in a couple of weeks, but it was not until March 12th that the induration of the glands, and the chancres disappeared completely. This *restitutio ad integrum* was simultaneous in both localities. Inquiry elicited the probabilities of the simultaneous appearance of both sores. At least, as far as the patient knew, they came on at the same time; but he was naturally more solicitous concerning the sore upon his prepuce, regarding the other

as merely an ordinary sore due to irritation of the fissure.

Multiple chancres are not rare by any means. They are quite frequently seen, if we are to believe the statistics of those who see many cases of syphilis. Of course, the relative percentage is not great in comparison with the grand total, but an observer who has not seen this condition has not had many cases under his care. The same may be said of extra-genital chancres and more especially of chancre of the lip. The condition, however, which I have detailed does not seem to be one that is frequent; in fact, it is a most unusual one, viz;—to have chancre of the prepuce and of the lip occur simultaneously. While genital and buccal mucous patches often occur synchronously, the primary lesion of syphilis does not seem to affect parts so distant from each other, nor those particular portions which I have mentioned. On this very point F. N. Otis (¹), speaking of extra genital primary lesions, says, "Usually they (chancres) are rare in proportion to their distance from the genitalia." How much rarer must this condition be when the case is one of multiple chancres, at such a distance from each other.

An interesting question which is now suggested is this: In the cases reported above were the chancres of the same age and due to the same inoculation in point of time; or, was there auto-inoculation? A consideration of this would lead us to a critical examination of the question of auto-inoculation, and the success which has attended attempts to establish the truth of its probability. I do not intend to discuss these questions exhaustively, but merely analyze a few points and point out some possible sources of error. In my opinion, in the two cases which I have

briefly outlined the chancres of the lip and of the prepuce, in each case, were of the same age and inoculated simultaneously. My reasons for this are founded upon the fact that the induration of the sores and of the ganglia occurred at about the same time so far as this was observed. In the next place, the induration disappeared exactly at the same time, both in the lymphatic glands and in the chancres. In other words, while the appearance of the induration could not be exactly determined, the synchronous disappearance was observed; and this in two cases. Had either one of the chancres been due to an inoculation from the other, we would expect its induration to appear and disappear as much later than that of the primary infecting focus as the period intervening between the appearance of the one and that of the other.

Now let us examine the evidence adduced to support the possibility of auto-inoculation and then we will consider the probabilities.

P. A. Morrow says (²), "The initial lesion is unique; multiple chancres are, however, by no means rare; they may be grouped in the same region, or be disseminated over different portions of the body.

"Multiple chancres are almost always due to the simultaneous inoculation of a number of rents or abrasions; they are not produced by successive inoculations, as in the case of chancroid.

"The *non-auto-inoculability of the chancre* is a rule to which there are few exceptions, and these only possible when inoculation is performed at an early period after the appearance of the chancre; the result is usually an abortive pustule."

E. L. Keyes (³) has about the same opinion in this matter. He states that "When the chancre is quite young, and

the organism presumably not saturated with syphilis, some of the poison taken from the patient's own chancre may be successfully auto-inoculated, producing a second characteristic chancre upon him. (Puche, Wallace, Sperino, Bidentkap, Lee and others.)"

In Bumstead and Taylor (⁴), the main issue is avoided to some extent, as witness from the following: "If multiple at all, it is almost always true that they (chancres) are so as the immediate effect of contagion, and because several rents or abrasions were inoculated together in the sexual act. If solitary at first, they continue to be so; since successive chancres rarely spring up in the neighborhood, as in the case of chancroid, owing to the fact that the virus ceases to act upon the system, as soon as it is once infected."

Of course, the question is, when does the system become infected; or, in other words, what is the limit to the period when auto-inoculation is possible, or is it possible at all?

The possibility of auto-inoculation from the primary sclerosis is doubted by a number of good observers. Fournier in giving the differential diagnosis of simple and syphilitic chancre, states that in the latter the pus is not auto-inoculable. H. Leloir (⁵) says that "the infecting chancre is not inoculable on the carrier of it, and this last proposition may be laid down as an invariable rule (*une règle absolue*) - this characteristic of the non-inoculability of the infecting chancre is of the highest importance and may be considered as pathognomonic." He adds a note in which he states that, in some exceptional cases, auto-inoculation *seems* to have succeeded.

H. G. Piffard (⁶) says that the "Chancre is not, as a rule, inoculable upon a person bearing it, or upon another who is already syphilitic."

Berkeley Hill (⁷) in speaking of the primary sclerosis of syphilis says that "the papule is habitually solitary. When there are more than one, the papules are all of one age," implying that all were inoculated at the same time.

Alfred Cooper (⁸) in considering the same question states that "if several hard chancres are found upon the same person, the probability is that they have become simultaneously developed; for a sore of this character is not inoculable, as such, upon the subject of it."

Jonathan Hutchinson (⁹) does not seem to be very favorably impressed by the doctrine of auto-inoculation. In referring to the multiple chancres he says that "The number of these indurated spots, or chancres, will depend upon the number of different places which were inoculated at the *same time*, just as is the case with vaccination vesicles. It is not very often that more than one is seen, and if there be two, three, or more, they *are always at the same stage of progress at the same time*. *No new ones are ever produced subsequent to the full development of the first.*"* If for the sake of experiment, it were attempted by direct inoculation to produce others, the attempt would fail; just as we should fail to re-vaccinate an infant, on the eighth day, from his own spots." While we see that the possibility of auto-inoculation is mentioned the author makes some pretty positive statements to the contrary. I will make another quotation from P. A. Morrow in which he states (¹⁰) that "the non-inoculability of the secretion of the chancre is the rule to which there are few exceptions and these only possible when inoculation is performed at an early period after the appearance of the chancre. The four or five cases reported in which positive results have been ob-

tained from auto-inoculation of the chancre are of doubtful authenticity; the almost invariable result is an abortive pustule. A distinction is always to be recognized between the specific serous secretion of the chancre and the inflammatory products of this same lesion when irritated into copious suppuration."

With this I will close citing authors, although a number of others holding similar opinions could be quoted. Admitting the auto-inoculability of the chancre for the sake of argument, the question which presents itself is this: At what time does the susceptibility cease, or, in other words, when is syphilis constitutional? The rapid recital of a few cases may throw some light upon the subject. After this I wish to make a critical analysis of a few of the reported successful cases of auto-inoculation.

In the first place I wish to call attention to a very interesting and brief *résumé* on the subject by Dr. E. L. Keyes (¹¹). In one case (his own) excision of the chancre was performed before the lesion was twenty-four hours old and before any induration had manifested itself. It proved unavailing as far as preventing the general symptoms from appearing was concerned. In commenting upon this the author says — "This case I consider worthy of record because it fulfills the most exacting conditions for testing the question still under consideration in the profession as to whether syphilis is or is not already a constitutional disease when the chancre appears." In Berkeley Hill's case cited in the same paper, a man tore his frenum during intercourse and in less than twelve hours later had the wound thoroughly cauterized with fuming nitric acid. A month later a general syphilis manifested itself. Leloir (¹²) relates an analogous case. A medical student had a suspicious intercourse and watched his

* It is possible that certain rare exceptions to this statement may occur.—H.

penis constantly for any sign of the chancre. One night at twelve o'clock nothing was apparently visible. The next morning he noticed a macule. This was largely excised at two o'clock in the afternoon of the same day, and the uselessness of the measure was shown by the appearance of general syphilitic manifestations later on.

Barthèlemy (¹³) reports a case of undoubted indurated chancre accompanied by ganglionic involvement in which the induration of the sore persisted for three months and of the glands for four months. No treatment whatever was given and eighteen months later no general manifestations had shown themselves. The author asks the question, Had I excised the sore would I not have ascribed the mitigation (?) of the disease to that operation? He might have asked himself: Was the case one of syphilis?

Zeissl (¹⁴) has observed that the excision of the induration does not prevent the appearance of secondary symptoms; and Depech has noted, as well as others, that after excision the induration is reproduced at the site of the operation and secondary symptoms follow.

In one case I excised the chancre largely as soon as it appeared. General symptoms came on nevertheless, in a mitigated form, it is true.

In some of the cases just given extirpation of the initial sclerosis was practiced as soon as it was possible to do so, and yet the results were negative. We must conclude from a clinical point of view that in those cases the disease was constitutional at the time the chancre was excised. The sores were only suspected, as the principal signs of differentiation were absent, and it could be very well argued that, had one been excised and not been followed by general symptoms, the sore was not an initial sclerosis in spite of confront-

ation and the probabilities in the case.

We will now take up some of the reported cases of successful auto-inoculation and examine them critically. First, we will take the cases reported by Pontoppidan (¹⁵). 1, Patient with ulcer in the sulcus coronæ, having slight induration. Inoculated in three places on the abdomen. On the eleventh day slight infiltration of base observed.

2, Infection dating back three weeks. For past fifteen days excoriation on prepuce and ulcer in sulcus coronæ. Later, sclerosis about urethral orifice. Three inoculations on abdomen appeared as papules on the twenty-second day.

3, Infection a month old. Sclerosis in sulcus coronæ. Inoculation showed papules on the thirteenth day.

4, Infection four weeks back. Inoculation showed elevated reddened places on the twelfth day. On the nineteenth papules, and on the twenty-sixth a syphilitic eruption.

5, Infection dating back twelve days. Inoculation visible on the fourteenth day, reddened on the eleventh and papular on the eighteenth.

Haslund (¹⁶) reports five cases of multiple chancres due to auto-inoculation, a brief notice of which is as follows:

1, Ulcer of prepuce, near frenum, superficial. Six days later indurated, as also inguinal gland. In two days after, it was excised. Ten days later, a small ulcerated point, due to the tearing out of a suture, indurated; and, a few days later there was found a small ulceration at the meatus urethræ which became distinctly indurated. Four weeks later a macular syphiloderm appeared.

2, Small excoriation of frenum. No induration. Cauterized with chromic acid and dressed with chloride of lime. Five days later wounds became indurated. In two more days, two superficial erosions, one on internal surface of

prepuce, the other in the sulcus coronæ. In three days one sore indurated and a new ulcer in the middle of the balanopreputial sulcus. Ten days later there were eleven indurated ulcers. About a month later abundant macular syphilide. A number of the ulcers healed, leaving a well-developed induration.

3, An indurated ulcer on the left side, in the sulcus coronæ. Left inguinal ganglia indurated. Two days later an indurated ulcer on the inner surface of prepuce. A month later a macular syphilide appeared.

4, An indurated ulcer in the sulcus coronæ a little to the left of the median line. Three days previously one had appeared on the right side on the preputial portion of the sulcus coronæ. Ganglia indurated on right side. In about forty-two days a papular eruption appeared.

5, Right labium majus affected with two indurated ulcers; two smaller ones, also indurated at posterior commissure and on perineum to the left of the raphé. Glands in both groins involved, very typical on the right side. Five days later an indurated ulcer on internal aspect of left labium minus. Twenty days later a macular syphilide appeared.

A critical examination of these cases would lead us to look upon them as special pleas. Mracek, (¹⁷) in reviewing Pontoppidan's cases, states that, as proofs of the auto inoculability of the chancre, they have but little weight. In Case 1, of Pontoppidan's experiments we have an inoculation made with pus and *slight infiltration* observed in the inoculations; in Case 2, also purulent inoculation and papules appeared on the thirty-seventh day after appearance of ulcer; in Case 3, we have insufficient data, papules appearing; in Case 4, we have elevated reddened places as the result of inoculation, papules appearing the nineteenth day, and *one week*

later a syphilitic eruption; in Case 5, the inoculation was *visible* on the fourth day and papular on the eighteenth. We do not find a description of an initial sclerosis in any one of these inoculations and the author simply presumes that because lesions appeared at the site of inoculation they must be chancres. In Haslund's cases we find that the ganglionic involvement is always on the same side as the original chancre (Cases 1, 2, 4, and 5); and that when the other side is involved there are general symptoms appearing or other portions of the lymphatic system are also involved (Cases 1, 3, 4). In these cases the auto-inoculations are also supposed to be the result of the action of pus.

Taking the *tout ensemble*, it will occur to any fair-minded person that these examples are not satisfactory, nor are the experiments crucial. In reported successful cases we also note that an infiltrated sore is most generally the result of the inoculation. Even if an apparent induration takes place there is no corresponding induration of the lymphatic ganglia anatomically connected with the artificially produced lesion, unless it be at the time that general involvement of the lymphatic glands takes place.

We must not forget that inoculations, more especially when pus is employed, are irritating, and the resulting lesion is what has been denominated the "irritative sclerosis" of syphilis.

Taking all these points into consideration it seems to me that: 1, the probability of auto-inoculation in early syphilis has not been proven; 2, while there may be strong presumptive evidence in favor of it, it is only at best a possibility; 3, the most crucial experiments prove that excision of the chancre at the earliest possible moment is futile and falls short of its purpose; 4, In multiple chancres *à distance* the lesions are

due to the same inoculation, as a rule; 5, in multiple chancres of different ages it is probable that the younger lesions are merely irritative scleroses; 6, experiments so far apparently prove that syphilis is constitutional at the time the initial sclerosis makes its appearance.

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The Cremaster Truss.

BY HENRY V. GRAY, M. D.

This was casually spoken of some twenty five years ago by the present writer in one of the southern medical journals for the relief of some forms of hernia.

It was then given as a partial report of the afflicted child of Wm. Oakey of Salem, Va. The father and mother were both very anxious about their little boy. Recollecting the many fruitless efforts of the profession to do for, or cure cases of hernia by means of trusses or operations, I concluded the fault must be in not properly appreciating the true causes of hernia and its physiological and anatomical relations. The case was one of reducible scrotal hernia. A simple but effective device or apparatus was applied; instructions given to the mother, and within the short period of a few months a perfect cure was the result.

With a better and more defined experience, I am enabled to subdue the crudities of the former apparatus, and elaborate a more refined and intelligent

reportage more in accord with therapeutic deductions, and thus not enter any dominion but what belongs to our profession. The cures have been remarkable, and it was not until it thoroughly demonstrated itself that the author was forced to look further into it to find out whether the cures were positive, or whether one of those curative agents was at work which we could see but were totally unable to explain. Hastily reviewing the anatomy and physiology bearing upon the subject, it was not long before everything was bright, and what was to me before almost a mystery, is now within the scope of intelligence.

I have dropped the name suspensory and substituted the more appropriate one of Cremaster Truss; cremaster meaning to suspend, and is also one of the important anatomical tissues of the hernial region and seems to possess a lucky trick of nature by coming promptly to your aid when most needed. It is highly probable you have already

anticipated to some extent the line of argument I am about to mark out.

To take you back to the beginning, you will have to study, to a limited extent, foetal life so that you can readily comprehend the period of adolescence before entering into the *modus operandi* proper and detailing to you the necessary adjuncts.

GUBERNACULUM TESTIS.

This structure was first described by John Hunter. Gray, in his Anatomy, tells us that "it makes its appearance first at the third month of intra-uterine life, and attains its full development about the fifth or sixth month. It is a conical-shaped cord attached above to the lower end of the epididymis, and below to the bottom of scrotum and fills the inguinal canal." This tissue, the gubernaculum, is a peculiar structure and means to "govern or direct." "It is hollow and surrounded by a layer of striped muscular fibres and divided into several processes. Its connection above and below, together with its elastic action, causes it to perform a duty not unlike a child's jumping-swing or a spider swing, in letting down cautiously and coaxingly the testicle to the scrotum. Having fulfilled this important mission, it resolves itself into what is known as the cremaster tissue, which you are requested to study if you would admire this provision of nature. You have been told that the gubernaculum pulls from above downward thus performing its mission in intra-uterine life, that is to direct the testicle to its new abode. Becoming the cremaster, another office is now assigned it. It forms itself into a series of loose loops and many of its fibres extending into Scarpa's triangle, the perineum, and being arranged in a triangular manner it is able to perform the duty of drawing from bottom of scrotum

upward, and thus reduce a scrotal hernia.

Gray tells us that "many persons have the power to voluntarily contract this tissue or muscle and thus elevate the testicle almost to the external ring, by simply scratching the finger nail over inner and upper side of thigh."

If you have observed closely, you can readily appreciate the high duty of the cremaster tissue. It is the assistant to the surgeon in treating inguinal hernias, and its natural function is to act in opposition to intestinal displacements in this region. "Immediately beneath the skin of the scrotum is a loose, reddish contractile tissue, called the *dartos*, which forms two distinct sacs, one enveloping each testicle, the inner portions of these sacs fusing in the middle-line to form a septum."

Everything is now ready to make a demonstration of the human-like privileges accorded these tissues.

The testicle having descended to the scrotum, the mission of the *gubernaculum* is finished. It now disappears from the scene, followed by another tissue, the cremaster muscle, whose office is just the opposite. It draws from below upward. Every practitioner of experience has witnessed the tight scrotal or dorsal ball of the healthy boy baby; he has seen him again when the scrotum was all attenuated and relaxed from wasting disease. He looks forward to the scrotum drawing up and straightening itself as the return to health. Again he has seen the old or infirm man with a scrotal tissue hanging half way down his leg; scrotal or dorsal reflex entirely gone. He knows the cause; the system has lost its strength; the nerves presiding over this point are paretic—either primarily or secondarily. He examines into the *genito-spinal centre*, which is in the spinal cord, at a point opposite the fourth lumbar vertebra. Here, together

with the sympathetic, he finds the centre which preside over intestines, bladder, and vasa-deferentia.

You have not as yet applied any apparatus, notwithstanding your patient is waiting with a hernia (inguinal) for you to cure. You have acted wisely. You have been inquiring into the agencies at work in your patient, which you know should be corrected. You have taken the child and corrected the unhealthy influence at work in his system and brought back to action the scrotal reflex. You have noted the different points in the old man, and, as far as consistent with old age, you have made normal his condition, and partially threaded the needle which places a healthier and more embroidered warp upon the virile garment. It was necessary in his case though to reduce the scrotal tissue, and you have not hesitated to use the scissors in abbreviation, and, threading your needle, have sewn up the seams.

All these things having been accomplished, you have taken the child, and, placing it in a *double incline position*, you have reduced the hernia, (whether in scrotum or inguinal canal,) and are now ready to apply your truss.

The old man you have likewise put in a *double incline position*, and by manipulating the parts you reduce the dislocated gut.

Cremaster Truss—meaning “to suspend or tie up.” You are asking, What is a “cremaster truss”? It is simply an elastic spring-air bag with straps. You put the scrotum in the bag, whether the hernia (inguinal) has entirely come down or not. Your straps, which are the ordinary ones in use, are fastened round the body with the support or *pressure pad* over the hernial outlet. This is all. It has cured many patients, and will

cure yours if you use it intelligently.

You may have to use both electricity and strychnia in giving tone to the cremaster and dartal tissue. It will only be necessary to mention a few cases. The cure is not in the truss so much as in the assistance the cremaster and truss render to each other.

Major Wm. Jolippe and wife, of Buchanan, Va., brought their only son, Willie, aged 18, to me June, 1890. They had taken him to Baltimore and consulted a number of surgeons. They could not promise anything, but thought that he might be relieved by an operation. He had double inguinal hernia descending into scrotum, and varicose veins. Applied apparatus with instructions; in 3 months he was entirely cured.

Case 2.—Mr. Knightly, son-in-law of Wm. Kester, of this city, came to me about same time with a large scrotal hernia. He had used every conceivable truss without any result. Had to give up his position as a salesman. Applied truss as usual, with instructions. Was entirely relieved in three months, and returned to duty.

Case 3.—Dr. Oakey's son, then at Virginia Military Institute, was afflicted in same manner. He consulted with me and I gave him necessary instructions. His son was entirely cured. He was already acquainted with its action in the case of his brother's child, and has cured many cases in his section, Salem, Va.

Try the cure, and, if used properly, you will relieve your patients, much to your pleasure and I hope an obeisance to me. Do not forget what you base your treatment upon and do not expect to cure an incurable case, or one where the cremaster and intestinal reflexes are used up. If you can restore this, you will cure your patient.

Roanoke, Va.

Rational Treatment of Pneumonia.

BY W. C. MARTIN, M. D.

The treatment of pneumonia, in a way that will lessen the mortality and alleviate the disease, in our present state of knowledge, is all that the physician can hope to do. The cardiac depressants which have so long enjoyed more or less reputation in the treatment of this disease, seem to me to be contra-indicated in the great majority of cases, from the fact that a great number die from heart failure, due to overwork in forcing blood through a congested lung. Now if we give heart depressants, we are depressing the very organ that needs all the help it can get, but on the other hand, we need a drug that will aid in expectoration and stimulate the heart, and we find it in the one drug carbonate of ammonia, and I always give it from the very beginning. Digitalis is another drug I think highly of. If it be true that it gives tone to the heart at the same time that it slows the pulse, it seems to me to be one of the best

drugs that can be employed in this disease. Then to sum up, the treatment I have followed for the past three years is carbonate of ammonia, digitalis, quinine, and just enough morphine to enable them to rest. In the beginning I give a purgative of calomel, in most cases, and, if the fever runs high, I give a few doses of antifebrin, but discontinue it as soon as the patient becomes weakened. Of course in the later stage, if required, I gave spirits freely. Since I have been pursuing this course of treatment, I have lost only one case of pneumonia, unless this disease occurred as a complication of some other and this case was one that had pneumonia years before and left one lung impaired. Now I do not give this treatment as any thing new, but simply the manner in which I treat pneumonia and the success that has attended it in my practice.

Cana, N. C.

PESSARY DON'TS.—Don't recommend a pessary for a woman unless she complains of pain in the back. In all our long and varied career we have the first woman to meet with who does not complain of her back, and a rigid adherence to this rule will not curtail your practice much, for you may safely count on getting in your pessary in ninety-nine and nine-tenths of your female patients.

Don't be afraid to overstate the malpositions of your patient's uterus; if anything pleases a woman better than

telling her she is afflicted with prolapsus, it is to tell her that she has retroversion, ante-version, prolapsus, and two or three flexions well developed, with a possibility of pyosalpinx. She will freeze to you for such a diagnosis and advertise you better than any newspaper interviewer.—*The Country Doctor*.

ATROPINE IN DELIRIUM.—In low muttering delirium, with moist skin, $\frac{1}{60}$ gr. atropin, hypodermically, is beneficial.

La Grippe—With New Symptoms.

BY J. J. HACKETT, M. D.

On the 4th inst. I was called to see a married lady aged 39 years, and found a veritable case of epidemic catarrh with the characteristic severe cephalalgia, break-bone feelings in the dorsal spine and limbs, stiffness of the neck, great prostration, and fever. Pulse 112, small, hard, and irregular. Temp. 101 F. The case was complicated with subacute gastritis, bilious vomiting, abdominal tenderness, and partial tympanites. After palliating the gastric symptoms by dry cupping and a mustard plaster, I gave the following antipyretic:

R. Tr. aconit. rad.....℥ jss.
 Tr. Verat. vir. (Norwood) ℥ ij.
 Nitroglyc. sol. 1 p.c. ℥ j.
 Spts. nitr. dul. ℥ xxx.
 Spts Mindereri. ℥ xxx.
 Syrupi simplicis. ℥ xxx.
 Aq. q.s. ad. ℥ ss.

Retained. Two hours afterward, pulse 100, temp. 100 F., but stomach and abdomen more painful. Repeated the frebrifuge, and applied fly blister 5x4 inches to scrobiculus cordis, and hot flaxseed poultices sprinkled with turpentine to abdomen. Six hours after seeing her, fever reduced and stomach settled, but headache and bone pains persistent. I gave her antikamnia 10 gr., pil. hydrarg., pulv. ext. coloc. co., and ex. hyoscy. in a soft bolus with honey, as an anodyne, and to act on the liver. The medicine acted favorably, reducing pain and producing copious bilious dejections, but leaving a diarrhœa, which was checked by a few 3 gr. doses, each of Dover powder and salol with 8 drops spts. camphor (for its anti-neurotic effect) in a bolus of honey.

This prescriptions also produced three hours refreshing sleep—a happy transition from previous insomnia. In eight hours the blister had drawn nicely, and all the gastric and abdominal symptoms disappeared. In the early stages the thirst, which was excessive, was greatly mitigated by painting the tongue with glycerine occasionally, and allowing small lumps of ice to dissolve in the mouth. As the case was urgent and my home thirty miles distant, I remained over night. Next day at noon I took my departure, the patient being ostensibly on the road to recovery. Both nourishment and stimulation being indicated, she was ordered small doses of chicken broth, and whiskey eggnog frequently. In a week I heard that she was up and around. She had been sick eight days when I first saw her.

In this patient and in the last three cases out of five of influenza, that I attended, I observed symptoms not spoken of by the profession, namely: bilateral swelling of the face but more on one side, on which side the parotid gland and tonsil were inflamed, causing difficult deglutition: also conjunctival congestion without photophobia. Antikamnia is a prompt and reliable anodyne in a 10 gr. dose, but in certain conditions of the heart, like all coal tar needs to be derivatives, guarded by glenoine, digitalis, strophanthus, strychnine, sparteine, etc., according to circumstances.

Fortunately, in our neighborhood, La Grippe is on the decline.

Markha, Cal.

Rural Obstetrics—The Tractor Vs. Forceps.

A Patient who Threw Large Worms from Stomach in a Coughing Fit.

BY S. S. REYNOLDS, M. D.

On night of February 24th, '92, was summoned to attend Mrs. K. in labor. On arrival found true labor pains, but no possibility of reaching the os with my finger, although I made an effort to do so. The parts were so highly congested as to render the introduction of even one finger difficult. Upon examination a malformation was plainly felt, similar to a net, which caused the most severe pains I ever witnessed from a digital examination. After gaining this information, I sat down to think over the case. Placed my patient on brom. potas. and flu. ext. gelseminum for dilation, flu. ext. belladonna and lard ointment passed into and around external parts. Waited four hours, strong pains continuing. Patient being about 35 years old and weakly, I feared that her strength would fail. I ordered her to stand on her feet, or kneel by a chair, or walk with help, if preferred, which she did. Gave sulph. morph. and sub. nit. bis., which gave temporary relief. All this time uterus was high up in the abdominal cavity. A skirt would drop off the patient when buttoned in usual place of wearing. Patient woke up with a strong pain. Uterus had sunk much lower, and on examination I could feel that the "*net work*" had given way, and that dilation was progressing; occipital presentation. Patient said she would die; had made up her mind to this six months previous to night of confinement; also her husband and family thought and taught the same idea. I

informed her she was not going to die yet, even if matters were out of the usual channel. The os being sufficiently dilated I placed "tractor" on head, and making use of the usual turns in such delivery, succeeded in delivering her of a live, sound boy babe. The "tractor" spoken of is little used. I not being experienced with it, it being my first trial of the invention, give my preference to "forceps." Readers may think it strange that I did not introduce my hand. I have usually done so heretofore, but as stated before, I could not even introduce my finger in this case without causing the patient great pain. Introduction of my hand would have been impossible without the administration of chloroform, which I could not use on account of the condition of the heart.

After delivery there was hemorrhage and syncope. To combat the first, flu. ext. ergot with firm pressure over the uterus, continuing until firm contraction ensued and placenta was thrown off, when further trouble ceased. For syncope, patient was stimulated as required. A good recovery followed. (I asked the father how he ever got that child up there, and he told me that up his wife one and a half inches he came against something as solid as a board, to use his own language.)

Thus, my fellow practitioners we may steer clear of obstructions until we begin to think everything lovely and serene, when we will meet a case which calls for

cool deliberation, and requires all the knowledge we possess. This was the first case of this nature I have met with in a practice of ten years. I have notes on all cases attended, and intend reporting some in the near future for the information of my fellow practitioners. Let each throw his "mite" by way of cases from actual practice, in the CLINIQUE.

Case 2.—February 2d, '92. Patient, male, 45 years. Had all symptoms usually observed in "grippe," but had passed through an alarming fit before my arrival, in which they all thought he would die. Pulse weak and wiry, tongue furred, breath foul, tympanites of abdomen, tenderness on pressure, temperature high, head cold, delirious.

Treated patient on general principles. Patient came to office in five days complaining of cough and weakness, with constipation. A comp. hepatic powder was given, with scillia comp. and carb. ammon., which he informed me worked nicely. After taking fifth dose patient in a fit of coughing threw three large worms from stomach, strangling him, necessitating the pulling of worms from mouth with hands. Since which he has gained rapidly in flesh and strength.

I should like to have given some favorite prescriptions used daily in practice, but will defer this until some other time, fearing my paper is tedious already.

Stuyvesant, Kas.

Report of A Case of Psoriasis.—Recovery.

BY H. M. PAYNTER, M. D.

Miss H. presented herself at my office during September 1890 with the following history: *Æt.* 20 years, weight 102, height 4 feet 10 inches, sallow, waxy complexion, dark hair and eyes. Mother is a stout, healthy woman with good family history; father died from lung trouble; no history of syphilis from parents. She was suffering from some kind of eczema, as she expressed it, commencing on sides of neck and at elbows, finally covering the entire body with the exception of face, palms of the hand and soles of the feet. The surface presented small rings with healthy-looking tissue in the center, which broke up, after a time, into segments which coalesced and covered the entire surface of the body with patches. I concluded the case to be one of marked

psoriasis. The patient although weakly, had as good health as before, the disease seeming not to affect her, other than to cause a slight fever in the beginning, lasting a few hours. The disease itself lasted about three months, but from the commencement of the treatment appeared better, and continued so until a complete cure was effected. Treatment in the start was an alterative purge followed by quinine and a diuretic, for the purpose of breaking up the fever. Afterwards five drops doses of Fowler's solution were given for a time, but were withdrawn on account of the effect on the system. Later gave her an ointment of the following:

R. Chrysophanic acid.....gr. xx.
Purified lard.....ʒi.

M. Apply to surface twice daily. From the beginning of this treatment a marked improvement was noticed; ordered the acid increased to xxx grs. to ℥i of lard, and being continued several weeks was withdrawn, as the surface showed the scales to be dry and coming off, leaving healthy-looking cutis beneath. Ordered ℥i of benz. ox. of zinc ointment, applied while standing before a hot fire, twice daily to the affected

parts. At the end of the second month, fearing a return of the disease, I ordered gr. xx. of the acid in an ounce of lard and applied as before, alternating the mixture and the zinc ointment the last week of treatment, and the patient has never shown a symptom of her former disease. She has since married and given birth to a fine, healthy boy.

Salem, Ind.

Dr. Churchill On the Degree of Efficacy of the Hypophosphites
in Phthisis.

I have now been using the hypophosphites for more than thirty years. I have seen as large a number of cases of consumption as any living physician, perhaps a larger; and I again deliberately assert that I have not yet met with a single case, all the circumstances of which were clearly known to me, in which the hypophosphites have failed to arrest the disease, by preventing the deposit of fresh tubercular matter.

In all instances in which the case has terminated fatally, this result has been produced by one of the following circumstances: the hypophosphites which the patient had been taking were not *pure*; he had not *carried out the treatment properly*; the amount of lung destruction already existing before the commencement of the treatment was *too great* to allow of recovery; or lastly, the fatal event was produced by the occurrence of some accidental complication, most frequently inflammatory, such as bronchitis; or secondary, such as hæmorrhage, diarrhœa, &c.

So that now, after thirty years of matured experience, I persist in laying down as facts the following conclusions, which are substantially the same as

those which I state in my first paper of all in 1857. The prognosis rests upon two series of conditions; the extent of existing pulmonary lesion, and the presence or absence of complications.

When there are no complications the prognosis may be thus stated:—phthisis in the first stage always ends in recovery. It also almost always ends in recovery in the second stage, provided one lung only is affected. In this case the proportion of recoveries may be as high as nine-tenths. Hence it ensues that the use of the hypophosphites is followed by recovery in every case where the local lesion has not gone beyond certain limits, and consequently every patient may be cured, provided the specific treatment be used in time.

At the present day I no more expect to lose a curable case of phthisis than I should to see a patient die of a simple fracture of the arm.

So far no medical writer who states that he has failed in the use of the hypophosphites, has made even a show of proving that he had first of all made sure that the patient was *within the limits of curability*, and next, that the *treatment* had been *carried out* upon the

lines and according to the *rules* which I have found and laid down as essential to their *successful use*. Nearly all the most essential of these conditions were carefully pointed out by me, either from the very first, or at least more than twenty years ago. There is no one of them that has not been mentioned and confirmed by several independent observers. No contradictions of the results which I claim to be obtainable by the

hypophosphites, have ever yet been given in a scientific form. They have consisted in mere general denials, or expressions of disappointment.

As for any attempt to show that any one single case had ended in disappointment, when all the conditions of curability existed in the patient, and those necessary for a cure had been observed by himself and his physician, I know of none.

New Operation for Hypertrophy of the Prostate Gland.

BY E. B. ROBERTSON, M. D.

M. D.; aged sixty-eight years; of good constitution and general health; residing five miles out of town; consulted me at my office on the 15th day of May, 1890.

The urine, upon examination with heat and nitric acid, was found to be albuminous in a marked degree. Under the microscope pus cells were numerous, but no tube casts were discovered.

He complained of frequent desire to urinate, which was always more or less painful.

The treatment consisted in washing out the bladder with hot water through an ordinary catheter after relieving it of urine, and then injecting a solution of boracic acid, five grains to the ounce of hot water, and left to be passed voluntarily.

The following prescription was ordered to be taken by the mouth. R. Potas. acitatis 1 oz., fl. ext. uva ursi, fl. ext. buchu aa. f. 1 oz., aqua font. ad. 8 oz. M. Sig: Take one tablespoonful three or four times daily. With this treatment he got along passably well until about the first of February, 1891,

when, owing to the continued enlargement of the prostate, micturition became difficult, urgent, and imperfectly accomplished.

February 16.—He came to town and hired a room, to be near me for treatment, he being unable to empty the bladder completely at any time.

The treatment now consisted in drawing off the urine by means of Mercier's catheter, and injecting the bladder each time with hot water, followed by the boracic acid as before, and such adjuvants as seemed indicated. At this time the outlook was that of palliation only, without any prospect of cure.

I now set about devising some means of relieving the retention consequent upon the prostatic enlargement. This may be accomplished according to authorities in two ways. First, by Mercier's operation with a kiotome, an instrument resembling a lithotrite, described in Wyeth's Surgery at page 603.

In the fifth edition of Gross's Surgery, volume 2, page 833, I find the following extracts: "The treatment of hypertrophy of this gland seldom fullfills

the expectations of the surgeon. On the contrary, chagrin and disappointment nearly always attend his efforts, however judiciously directed, especially in the more aggravated forms of the affection." * * * "Crushing of the middle lobe of the prostate gland has occasionally been performed in cases in which this portion of the organ was the cause of retention of urine; the part being seized with a lithotrite and ground into small fragments." * * * "A safer plan in such a condition would be the lateral perineal section and the removal of the middle lobe with a probe-pointed bistoury, the urine passing off by the wound until the parts are healed." This last operation referred to by Dr. Gross, I should not regard as formidable; I having operated for stone seven times successfully, but, I decided to try a simpler and less formidable procedure which I call new; because I fail to find it described or referred to in any of the text-books on surgery, as I will now endeavor to describe.

March 6th.—Patient took a full dose of black draught at bedtime, which moved the bowels freely the following morning. At nine o'clock A. M. his bowels were washed out with a large injection of warm water; at ten o'clock, the following operation was resorted to, namely: the patient being placed supine across the bed, with the nates near its edge, and a pillow beneath the hips; his hands caused to grasp the ankles, and secured by a few turns of a roller as for lithotomy; the knees steadily held by Dr. Hutchins; I took up a scalpel previously wrapped with adhesive plaster to within about three-quarters of an inch of its point; placed it flat on the palmar surface of the index finger of the left hand with its cutting edge upwards; both finger and knife

being well oiled, were passed as far into the rectum as the finger could reach. Then, by depressing the handle of the scalpel, its cutting edge was caused to divide the anterior wall of the rectum, the areolar tissue, the fibrous sheath of the prostate, and into the substance of the gland from its base to its apex. Owing to the great enlargement from behind forward of the gland the incision was about two inches in extent. The finger and knife being withdrawn, the index finger of the right hand was introduced, and its point insinuated into the incision; the gland being fragile, it was easily torn into two about equal halves.

The effect of this operation, as was intended, was to permit the escape of blood and serum, and thereby deplete and reduce the gland; and the division of the gland had the effect of removing the pressure from the urethra; in all of which I was neither surprised nor disappointed, and perhaps more than satisfied.

After the operation, the patient was given two grains of acetate of lead and one of opium, to confine the bowels for forty-eight hours, at the end of which time, a large enema was administered, by which the bowels were reopened.

On the fourth day after the operation the prostate was found, upon examination, to be reduced more than one-half in size, and the patient was passing urine voluntarily; and ten days later he went home quite well, and has remained so ever since.

I do not report this operation as infallible in all cases of enlargement of the prostate gland, but I believe there are cases like this one, in which this procedure, may be made useful; and I have been thus minute in the details, that I may not be misunderstood.—*Pacific Med. Journal.*

Report Upon the Use of Bromide of Ammonium and Antipyrin in Epilepsy.

BY CHARLES S. POTTS, M. D.

Some time ago the writer † reported a series of cases of idiopathic epilepsy treated with this combination of remedies with what he considers better results than usually attend the treatment of this disease. Since that time this treatment has been continued, and also used by others ‡ with such continued good results that he wishes to bring it again to the attention of the profession by reporting the results obtained at the University Hospital since his first paper appeared.

During this period thirty cases have been treated by this method, with the following results: Nineteen have been greatly benefited; eight did not return after the first visit, and three received no relief; of this latter number, one returned in four days and reported more spells than usual; he was not seen again. The second was a case of *petit mal*, and the third was under treatment but two weeks. Brief notes of some of the more marked cases are appended.

Case 1.—P. McK., male, æt. 32. This case is reported in the first paper as Case 2. At that time the frequency of his seizures had been reduced from one a week to eight in six months; he was then lost sight of for five months, at the end of which time he returned and reported no spell. From this period,

September 29, 1890, nothing was heard from him until October, 1891, when he was again seen, and reported only *five spells*, very light in character, during this period of over a year's duration.

Case 2.—H. S., male, æt. 22, reported in the former paper as Case 5. He was under observation four months after this report was made, and during that time had two spells, being a total of four spells in the nine months that he was under treatment. Previous to this time he had twelve spells in three months.

Case 3.—H. S., male, æt. 14. When this patient first came to the dispensary, on August 14, 1890, he had been having epileptic attacks for the past three years, the spells averaging in frequency about six a week; they were violent in character, no aura was present, consciousness being lost and tongue bitten. Headache and drowsiness were present afterward. He frequently fell and hurt himself, his face being bruised and scratched when he presented himself at the clinic. Various physicians had prescribed for him. At the end of six months he had had but eleven spells, ten of these having taken place during the first three months of this period. He was also much improved in general health. This patient was seen again in December, 1891, nearly a year after his last visit to the dispensary, and during this time he had but one light spell, and is at work, the medicine having been steadily taken during this time.

* Read before the Philadelphia Neurological Society, January, 1892.

† University Medical Magazine for October, 1890.

‡ C. M. Hay, Medical Age, July, 1891.

(1) "*Does it lessen the number of fits?*" A perusal of this paper will, I think, answer this question decidedly in the affirmative, and I would especially call attention to Case 1, under observation for two years; Case 3, treated a year and six months.

Under this heading Dr. Diller makes one statement with which, if I understand him correctly, I do not agree, and that is, "that to prove the efficacy of a remedy it must be administered for at least a year." As yet, unfortunately, nothing has been discovered that will cure idiopathic epilepsy, and therefore I claim that any remedy or combination of remedies which will decrease the number of seizures, if only for a month, or in only a relatively small proportion of cases, is of value, especially so if it does good after other known remedies have failed. It will be noticed that in all the cases reported the number of fits had been stationary for some time, or else were increasing; therefore I would claim that the combination of remedies used has been efficacious even in those cases which were under observation a comparatively short time.

(2) "*What is the effect upon the character and the severity of the fits?*" It will be noticed in all the above cases that when a seizure did occur it was, as a rule, much milder in character than those which the patient had been having previous to commencing the treatment.

Cases of nocturnal and diurnal epilepsy and both *grand* and *petit mal* were treated and all about equally benefited.

As the third and fourth indications, *i. e.*, *the effect upon the mental and physical condition of the patients*, it will be seen that several of them were enabled to return to their business, and in none were there any of the symptoms, mental or physical, caused by large doses of the bromide salts. Several of them gained flesh and were much improved in every way. In conclusion, I would say that most of these cases had been treated in various ways before coming under our care with but little or no benefit, or if they had previously received benefit from any drug it had lost its effect. The doses used for adults were of antipyrin, eight grains, and ammonium bromide, twenty grains; children in proportion. - *Univ. Med. Mag.*

The Difference Between Man and Woman.

This perennially interesting subject has been scientifically treated by Dr. Harry Campbell, who points out, among other differences, the great recuperative power of women; they bear the loss of blood extremely well, and even the most sickly of them show an extraordinary power of fighting against exhausting diseases. Dr. Campbell says that he knows of few facts in biology more remarkable than this tenacity of life in women. Not in a few diseases merely is the mortality of the male sex greater than in women, but in almost

all. The author's explanation of the fact is, that "men being more catabolic than women, and their nervous centres therefore more explosive, one would expect them to show the greater tendency to those disorders which are attended by an excessive expenditure of energy." The differences between the boy and girl in nervous organization are very marked. With the one exception of infantile hemiplegia, boys are more frequently affected than girls by idiocy, acute anterior poliomyelitis, pseudo-hypertrophic paralysis, menin-

gitis, and epidemic cerebro-spinal meningitis. Girls are more frequently than boys affected by habit, spasm, and chorea. Suicide is much more common in boys than girls. If we are to regard—with Herbert Spencer—women as to some extent an undeveloped man, we should expect the woman to resemble

the child more than the man does, and this, Dr. Campbell believes, is the case.

Apropos of this the *Medical Record* remarks that it long ago pointed out the significant fact that between man and woman there is a *vas deferens*.—*Med. Age*.

What to Do in Emergency Cases.

APPARENT DEATH.—*From Drowning.* Place person on abdomen, one arm under forehead; raise body to empty stomach and air-passages of water or mucus. Remove clothing from chest. Lay the person on his back with roll of clothing (a man's body will do) under the back, to raise stomach, and lower head. Pull tongue forward, and secure it by tying string over it and under the jaw. Stand astride or kneel at patient's head; grasp the arms below the elbows and draw them outward, upward and backward till they meet over the head; keep in this position two seconds, then carry them down to side of chest again till elbows nearly meet over the stomach, and press firmly for two seconds. Repeat fifteen times per minute. Persevere in these efforts for hours, or until breathing has been restored, then promote circulation by friction, artificial heat, etc. As soon as the person can swallow, give hot milk, beef tea or coffee to drink.

From Cold. Place body in a cold room and rub with snow or bathe in ice-cold water until limbs are soft and flexible, then place in bed and rub with flannel; warm the room gradually and wrap in flannel. As soon as the person can swallow, give spoonful doses of hot coffee.

From Inhaling Gas, Chloroform, Etc. Expose to fresh air, loosen clothing,

keep head cool and feet warm. If necessary, use the method of resuscitation explained under Apparent Death from Drowning.

From Hanging, Choking, Etc. Endeavor to induce respiration by same method as recommended from Apparent Death from Drowning.

From Lightning. Dash cold water on head, face and body; pour it on head from a height. If this does not revive, place the naked body in a freshly made opening in ground, in a half-sitting posture, and cover it all over, except face, with fresh earth.

BITES, of Animals or Snakes.—Heat a knitting needle or stout wire to a white heat, and burn the wound; act quickly. If the wound is on the arm or leg, tie a cord above the wound.

BROKEN LIMBS.—Support the injured part on blankets or pillows.

BRUISES.—Apply cloths wrung from hot water. Re-apply as soon as cool. Later apply diluted tincture arnica or essence peppermint.

BURNS.—To extinguish fire, wrap a woolen garment or rug around the person. When the fire is out, undress carefully in a warm place. Do as little injury as possible. Soak old linen in equal parts of linseed oil and lime water, or in a solution of salerat us (tablespoonful to pint of water), and apply. Flour and molasses mixed are

also good. Protect the parts from the air.

CHOKING.—*From Hanging.* See Apparent Death from Hanging. Give a smart stroke between the shoulders with the open hand.

From Swallowing Buttons, Etc. Bend the person forward and give a sharp stroke on the back. Remove obstacle, if within reach. Bread swallowed will sometimes clear a small obstacle from the throat. Do not give cathartics.

CONVULSIONS.—Undress as quickly as possible, and place in warm bath. Keep the head cool. As soon as proper, rub dry and wrap in warm blankets. Inhale camphor. Keep quiet.

COLIC.—Hot ginger or peppermint drinks, with dry heat, externally.

CROUP.—Apply warm, moist cloths to the throat, and place the child in a moist atmosphere. Let the child breathe over steam.

CUTS.—If profuse bleeding occurs, use pressure above the injury, if on hand or feet, and apply styptic cotton or old linen ravelings. If bleeding is slight, cleanse in warm water and bind with a soft cloth.

DIZZINESS.—Give plenty of fresh air. Loosen clothes. Inhale ammonia or camphor. Rub feet and hands. Give water to drink.

EARS.—*Flies or Insects in Ears.* Put in a drop or more of glycerine or sweet oil, simply to entangle the offender. As a general rule, glycerine, oil, or any sticky substance should not be put in the ear. If a hard substance gets in the ear, unless it can be shaken out, do not interfere further. For ear-ache, use warm cloths externally, and, if necessary, put warm water in the ear.

EYES.—When particles of coal or dust get into the eye, unless removed easily with the softened end of a small stick, see the doctor at once. When lime

gets in the eye, wash carefully and put in olive oil.

FAINING.—Lay the person down and give plenty of fresh air. Loosen clothes. Sprinkle water on head. Give water to drink. Give stimulants. Inhale ammonia or spirits of camphor. Rub feet and hands. Keep quiet.

HEMORRHAGE.—*From Lungs.* Lie down and do not cough if possible to prevent. Use cold drinks. Ergot is useful—half teaspoonful dose.

From Nose. Apply ice to nose, externally and internally. Scrape lint and apply to nostril. Do not remove clots. Stand upright and raise both arms above the head.

HYSTERIA.—During an attack, guard person against injury; loosen all clothing and give plenty of fresh air. Keep head cool.

POISONS.—Produce vomiting as soon as possible. Use mustard—teaspoonful in pint of warm water—or ipecacuanha— $\frac{1}{4}$ teaspoonful to a cup of warm water. Repeat, if needed, in fifteen minutes. After vomiting, if sleepy, keep awake by moving about. Drink strong coffee if necessary.

STINGS, of Bees, Etc.—Examine carefully and remove sting with forceps. Apply camphor, ammonia, or arnica diluted.

SUNSTROKE.—Place in a cool place, loosen the clothes, keep the head cool and feet warm.—*The Nurse.*

CATHETERIZATION OF THE FEMALE BLADDER.—Professor Parvin advocates the use of the ordinary male catheter, instead of the female, as by its greater length, the bladder can be emptied without soiling the clothes or necessitating any exposure of the patient. It is passed into the bladder just as easily as the other kind.—*Coll. and Clin. Record.*

Surgery.

UNDER THE CHARGE OF GEORGE W. CALE, M. D.

INTESTINAL ANASTOMOSIS AND SUTURING. — Dr. Abbe (in the *Medical Record*), reports seven very interesting cases of intestinal surgery. Three were cases of *simple* anastomosis, in which all of the cases recovered; one of circular suture with recovery; one lateral suture with recovery; one gastro-enterostomy followed by death; and one of lateral anastomosis with cat-gut rings, followed by death. The paper ends with the following :

“In conclusion I would reiterate my conviction: 1. That the attempt to simplify the technique of lateral anastomosis by bone plate and other devices, has not improved it. 2. That lateral anastomosis properly done is eminently the safest and best method of restoring the canal in most cases. 3. That simple and thorough suturing with a fine silk suture, applied after the manner detailed, is most satisfactory. 4. That in order to allow for the inevitable tendency to stenosis an aperture four inches long should be made between bowels. 5. That scarifying opposing surfaces is entirely unnecessary to quick and solid repair.”

It will be remembered that Abbe invented the cat-gut rings, and when an inventor discards his own invention it is a very good proof of its uselessness.

COCAINE ANTIDOTES. — S. MITCHELL (*Medical Record*) has found that while ammonia, digitalis and brandy will relieve the milder toxic manifestations of cocaine poisoning, they signally fail when these symptoms are superseded by severe precordial pain, weak and

rapid pulse, sighing respiration, borborygmus and belching of wind, muscular rigidity, and, later, paralysis of the whole body, except the brain, which is unnaturally active. In such a case he used a large teacupful of clear coffee, and has found it equally efficacious on subsequent occasions. It can be administered cold or hot. He makes no mention of amyl nitrite.

I. Gluck (*Ibid*) advocates dissolving the cocaine in a three per cent. solution of phenol. This, he claims, prevents the toxic effects of the former drug and renders the solution stable; as is well known, such solutions otherwise lose their anesthetic effects after twenty-four hours. Phenol, besides, has a certain anesthetic power of its own, forms a superficial eschar, which prevents absorption of the cocaine, destroys bacteria, fungi, etc., prevents decomposition in the solution, renders it aseptic, and wards off reactive congestion. — *Med. Times*.

DEATH FROM COCAINE. — “I have never seen it: *ergo*—” No man’s experience, however wide, can cover all the possibilities of disease and accident. It may be wise and well for one to say, “I have not seen it,” when the possibility or likelihood of this or that pathologic or toxic accident is under discussion; but it is never wise and never well because of the perhaps happy limitation of one’s own experience, to deny the reality of occurrences vouched for by competent observers, and not in themselves incredible.

These remarks are prompted by the

report in *L'Union Médicale* for December 22, 1891, of a death following the injection of half an ounce of a one and one-half per cent. solution of cocaine into the tunica vaginalis testis, preparatory to the injection of iodine for the cure of hydrocele.

The solution of cocaine was withdrawn after less than a minute and the iodine injected. In a little while the patient returned, complained of great weakness, had clonic and then tetanic convulsions, became comatose and died in cardiac syncope.

At the autopsy there was found general congestion of the meninges and lungs, mitral insufficiency, and alcoholic lesions in the viscera. The tunica vaginalis did not communicate with the peritoneal cavity.

M. Richardiere, in whose service the accident occurred, stated that he had made autopsies in eleven cases in which death had resulted from the injection of cocaine.

In a recent discussion at one of our Philadelphia medical societies, several speakers were inclined to make light of the dangers attending the use of cocaine, on the ground that in their own practice no accident had happened. This was in the discussion, too, of a paper in which two cases of syncope and delirium were reported and several other cases—some of them fatal—were recited.

While far from wishing to restrict the legitimate use of cocaine, we do wish once more to emphasize the fact that the same caution should be observed in ascertaining individual susceptibility (idiosyncrasy) to this drug as in ascertaining the same fact with regard to opium, arsenic, and the like.—*Medical News*.

ACUTE NECROSIS OF TIBIÆ. — Mr. Percy Ashworth showed specimens of

acute necrosis of tibiæ, occurring in a girl of thirteen. She was sent into hospital as a case of rheumatic fever. In a few days sub-periosteal abscesses appeared in front of each tibia, accompanied by symptoms of pyæmia. Free excisions and drainage were employed, but the right knee-joint became involved, and spontaneous fractures occurred in the left tibia and right humerus. Death occurred about seven weeks after the onset. The tibiæ showed almost complete denudation of the periosteum from the upper third of the shaft, and on making a sagittal section of the right tibia, two fractures developed, one about an inch below the upper epiphysis, the other three or four inches lower down, due to the fact that separation of the dead from the living bone was taking place here. The cartilages of the upper articular surface were almost entirely destroyed. The left tibia showed a spontaneous fracture in much the same position as the upper fracture in the right tibia.—MANCHESTER PATH. SOC. in *Provincial Med. Jour.*

RELAPSING APPENDICITIS — REMOVAL OF KINKED APPENDIX — RECOVERY.—*Clinical Society of London* (Sir Dyce Duckworth, president). Mr. Page read short notes of the above. The history was that of a medical student who had had several attacks of appendicitis in the course of five years, and who was submitted to operation during a period of quiescence after an acute attack in October last. The abdomen was opened by an iliac incision, and the appendix was found sharply kinked, distended with mucus, and having its walls much thickened, but there were no signs of concretion or ulceration. It was bound by adhesions to the cæcum throughout its whole length, and to neighboring coils of intestine by firm adhesions. An uninterrupted recovery followed the re-

moval of the appendix, and the patient remains free from discomfort up to the present time. It appeared that in this case there had been no other cause than kink to account for the attacks, and nothing short of an operation could possibly have freed the patient from the risk of their recurrence.

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 SLOUGHING OF THE VERMIFORM APPENDIX.—Mr. Stephen Paget read notes of an unusual case of sloughing of the vermiform appendix. The patient was a man of twenty-five, who had never had any sort of trouble with his bowels. An acute abscess formed round the cæcum, and when Mr. Paget opened it, the vermiform appendix floated out with the pus. No foreign body or concretion was found at the operation, nor afterwards in the dressings. The appendix had sloughed off at its base; it had a pin-hole perforation at its free end.

The president commented upon the fact that the term typhlitis seemed to have dropped out of use in favor of "appendicitis," a word which might be American, but was certainly not English. He would undertake to say it would not appear in the Nomenclature of Disease, now in course of compilation by the Royal College of Physicians, nor in the Transactions of the Society. He urged that there must be many cases of tumefaction in the ilium not associated with diseases of the appendix; such, for instance, as local inflammation of the caput cæcum, for which the best remedy was a purge. He asked Dr. Lees how he recognised "tenderness over the appendix"? He thought many of the cases arose from catarrh of the vermiform appendix, and this might be determined by cold. From a condition of catarrh to the promotion of concretions was but a step. *Post-mortem* a very large proportion of

appendices were found to contain concretions, without having given rise to local trouble.

Mr. Frederick Treves observed that the mesentery of the appendix was so short as to favor its folding over and forming a bend. This conduced to concretion formation. As a matter of fact, however, in many cases no concretion was found. Moreover, many acute cases terminated favorably. In one or two cases of his own, in which operation had been refused, the patients recovered without it. If operation became general some lives might be saved, but certainly, many persons would be subjected to an operation without any actual necessity. Judging from the published, but not altogether reliable, statistics of operation for relapsing typhlitis the mortality seemed to be only about one in fifty. The *post-mortem* examination of the appendix in cases where there had been several attacks, showed that obliteration sometimes took place. He advised the incision further out than had been suggested, in fact, as what was known as McBurney's point, that is to say, two inches horizontally inward from the superior iliac spine. In conclusion, he observed that no operation on the abdomen was more apt to result in ventral hernia than these, and he suggested that this might be due to the too ready healing of the wound under the antiseptic treatment. By setting up local inflammation a drainage tube was likely to be useful. Patients should not be allowed to rise for at least a month.

Mr. Dyson mentioned two cases, (1) boy, symptoms moderate for three days, collapse on fourth day and death; (2) boy, with mild symptoms two days, death on the third. In both, at the *post-mortem* examination, they found suppurative peritonitis due to concretion and rupture of the appendix.

When was one to operate in these cases? He did not agree with Mr. Page's conditions for operation, for he had satisfied himself in his own person of the fact that operation was not always necessary under these circumstances.

TREATMENT OF PACHYMENINGITIS HÆMORRHAGIA BY TREPHINING.—Mr. Stanley Boyd read an account of a case under the care of Mr. Johnstone Harris, of injury to the left side of the head and concussion, in which almost all the symptoms—except occasional headache and lack of energy—disappeared in two or three weeks, and the patient, believing himself of apparent health, developed, in about ten days, right hemiplegia, commencing in the arm and spreading to the leg; at the same time he became more and more drowsy, and, finally, almost comatose, whilst his temperature rose to 102. He was trephined with the view of evacuating an abscess which was supposed to occupy the right arm-centre, but in place of an abscess a cystic clot containing about four ounces of clear, dark red fluid was found, emptied, and drained. Consciousness was not regained for several hours—perhaps, because the walls of the cystic clot were somewhat rigid and prevented expansion of the brain. Both the right limbs began to move on the day after the operation. The patient passed through an attack of delirium (*e potu*?) lasting several days, but finally made a perfect recovery. The opinion was expressed that the clot found was not an immediate result of the injury, but that, more probably, it was due to cortical hæmorrhage beginning about the time of the onset of the late symptoms. It was however, pointed out that this view did not fully explain the final *rapid* increase of insensibility. He called attention to a fissure running across the portion of bone

removed. From the absence of callus he concluded that this was probably not due to fracture. He showed a parietal bone with much the same appearance.—*Provincial Med. Journal*.

COCAINE ANESTHESIA IN MAJOR SURGICAL OPERATIONS. — In an article in the *International Journal of Surgery* for October, 1889, Professor Wyeth called attention to the manifold advantages of cocaine anesthesia in a large number of surgical operations, and demonstrated conclusively that when the drug was employed in proper dose and the injections properly made, no danger need be apprehended from its use. Indeed, a study of the literature of cocaine poisoning reveals either that, in many of the cases reported, the limits of safety as to dosage were greatly exceeded, or that effects were ascribed to the drug which were actually the results of the operative procedure practiced.

In a recent paper on the subject, Dr. Albers makes a plea for the employment of cocaine anesthesia in operations of major importance. He states that the injection of a five per cent. solution of cocaine is an excellent means of securing local anesthesia in operations upon large tumors, if their enucleation does not occupy more than a half or three-quarters of an hour. Solutions of a greater strength than five per cent. are not necessary if the drug is injected gradually; and, according to Dr. Albers, the anesthesia thus induced is superior to that resulting from the administration of chloroform in certain cases in adults, both on account of the absence of danger and the greater rapidity with which the anesthetic effects may be secured. He would, therefore, restrict chloroform anesthesia to operations upon children and nervous persons and to surgical procedures of a protracted character.—*Med. Times*.

Gynaecology and Gynaecological Electro-Therapy.

Rationale and Method in the Management of Primary Gonorrhœal Infection in Women.

BY GEORGE F. HULBERT, M. D.,

Professor of Gynaecological Electro-Therapy in St. Louis College of Physicians and Surgeons.

If there is any one thing which modern study and investigation in the domain of gynecology has seemingly established upon an almost irrefutable basis, it is the *Protean effects of gonorrhœal infection* in women in its ætiological relation to disease of the endometrium and adnexia of the uterus.

The retrospective as regards the usual and customary methods of managing the stage of primary infection of the genital tract in women in the light of the knowledge of to-day, is not at all pleasant to the conscientious physician. The usual and customary method of treatment is not wholly, unfortunately, a thing of the past, judging from the daily experience of those who have the opportunity to see much of this character of trouble, but it is a method of to-day. It is not stating the case too strongly, when we say that fully fifty per cent. of pelvic inflammatory conditions are probably due to this special character of infection, and if a more proper and effective method of treatment was judiciously and intelligently applied, this enormous and lamentable sequence ought to be very materially controlled. The obstacles in the way of the effective application of intelligent therapeutics are beyond doubt, many are trying, but still, can, by judicious persistency on the part of the physician,

be largely overcome. The most difficult class is composed of young newly married women who receive only too frequently, as a marital endowment, a blennorrhœa from a recent or latent infection in the one who but a few days before promised "to love, honor and protect" the loving and trusting being he takes as his wife. Here the ethical, individual, and physical sights and problems, are so intricate and far reaching that most of us feel unequal to the task of doing what we know should be done, and done quickly. It is not agreeable to the physician to force an entrance to the sacred precincts of the moral boudoir, nor be the party to suggest to the mind of the innocent sufferer any "womb disease" at the beginning of the new life before her, and thereby open the door to disgust and complaint at the undreamt sequences and realizations of her anticipated blissful honeymoon; nor invade the sacred domain of her mental or physical wifehood by any gynecological "tinkering." Neither is it any more agreeable and comforting to the truly conscientious physician to stand idly by, and let slip the golden opportunity that we may feel presents the one and only chance of saving to our trusting patient a clean bill of sexual health during the rest of her life.

While all these considerations are real and present, we cannot admit them to interfere, but with a full realization of their import, proceed to do that which must be done if duty is to be discharged. Simple douches, washes, etc., are only palliative and cure nothing. The infection of the urethra has ceased to be the differential diagnostic sign by which we know the discharge from the genitalia is a gonorrhœa. The idea that the external genitals are the original site of the infection has been relegated to the shades of oblivion. We now know, and how strange that we were so long catching the philosophy of the method of infection, that the *primary* site of the infection is at the fornices and cervix, and only too frequently still farther upward. For diagnosis we resort to the methods of modern bacteriology, and the microbe is observed, and its habits and activity studied. Herein we find the key to the situation, and nowhere else. Given the infection, we look to the upper part of the vagina and endo-cervix as being the chosen site for the application of any means we select: given the habitat and activities of the microbe, we find that it is not *the surface of the tissue* but the *substance of the tissue* that must be reached before the infection can be overcome and its influence annihilated. Lastly we perceive that the means applied must not be external, but persistently carried on until all evidences of activity on the part of the microbe as expressed by the tissue infected are overcome.

From the above we are in a position to state the theory, principle, and method, that rationally should be received and acted upon in the primary or active stages of gonorrhœal infection in women.

The theory is fully and completely the germ theory, and on none other can we stand and attain success in pro-

phylaxis or relief from the condition when once developed. To the gonococcus of Neiser must we attribute the active principle of the process, with the demonstrable fact, that its habitat and activity is exercised, not on the surface of the epithelial covering of the tissue involved, save possibly in the first few hours after the infection, but *within* the substance or structure of the *epithelial cell*. Therefore the principle for action is necessarily to strive and search for this site, by any direct therapeutic measures that may be selected. Secondly the environment of the immediately diseased structure of the epithelial cell must be placed and kept in the best possible condition. This implies intelligent attention to, and consideration of, the resident physical energy and power, general as well as local, of the tissues of the patient as attained by and through excretion, secretion, and nutrition.

Primarily is the application of local treatment. Until recently this has been decidedly defective; to-day we can claim far better and more effective methods. We proceed as follows: immediate and thorough search and exposure of the tissues involved, the most important points to be exposed being the fornices of the vagina and *endocervical cavity*. In the primary gonorrhœal infection during the first few days, unfortunately, this is only too often passed before the case is presented for relief, the tissues at these sites, as well as elsewhere, are abnormally dry and more or less intensely injected, the endocervical cavity when involved being especially marked in the symptomatology. More or less heat and itching is experienced by the patient at this time when much of the vaginal tissue is involved, otherwise, very little, if any, change is appreciated. Pain and heat on micturition usually occur later, and only when the

infection has reached the vulva and urethra. The dry stage is usually passed and hypersecretion is developed before the latter symptom on micturition is observed, and the testimony of our patient is that she first noticed a discharge before the pain and burning on micturating.

At this time examination of the fornices of the vagina and endocervical cavity reveals hypersecretion, mucopurulent, the os uteri being more or less filled, and discharging the same character of fluid; the entire vaginal tract being injected and bathed with the same character of secretion. This is the period at which we usually receive our patients for treatment.

Our experience teaches us at this early period over 80 per cent. of the cases of the primary gonorrhœal infection show endocervical infection, about 15 per cent. show endometrial involvement, *while 5 per cent. show vaginal infection alone.*

Where there is a history of previous infection, we have yet to meet a case that did not show endocervical disease, and it is rare not to find a history or evidence of diseased conditions of the uterus or adnexia. Outside of women of loose morals, prostitutes, kept women, etc., there has been a history of a previous or recent gonorrhœa in the husband, and in several instances, the attack in the husband has been only a matter of a few weeks before marriage. One case progressed to a gonorrhœal peritonitis resulting in death in the short space of six weeks from the date of marriage. (This occurred in July, 1891, a post-mortem clearly demonstrating pathological lesions from vagina to peritoneum.)

Having determined the fact of infection as regards site and character by proper examination and the use of the microscope, the application of a thor-

ough germicidal and antiseptic dressing is next in order. In this we cannot rely with any degree of certainty upon douches or washes, but must apply that which has some probability of reaching the buried gonococcus, and persistently maintaining perfect antiseptic local conditions and *drainage*. Carbolic acid, corrosive chloride and iodoform are only useful for preliminary cleansing of the genital tract involved, the endocervical cavity cannot be efficiently reached by them. Their toxic sequences locally and systemically are objectionable when permanently applied, and they are inefficient so far as regards reaching the site of the infecting microbe, and they are therefore rejected.

Preference is given to the dry antiseptic tampon for vagina, endocervical cavity and uterus when necessary. As regards material for tampons, gauze is preferred, though cotton for vagina may be used. Experience has been had with the various antiseptic powders, boric acid, hydronaphthol, iodoform, tannic acid, pyoktanin, etc., in several combinations and percentages with each other, the result being that with pyoktanin and boric acid we have attained the most prompt and effective result. In pyoktanin, (blue), do we believe we have the most ideal and effective germicidal antiseptic yet presented for this class of infections, its powers of penetration and staining of the superficial tissues being, theoretically at least, especially desirable.

For the vaginal forms of infection, after thorough cleansing with hot water, douching, the vagina is opened with a Sims' speculum, the patient being in Sims' position, and the cavity freely and liberally dusted with a ten per cent. mixture of pyoktanin in boric acid, especial care being taken that the fornices and spaces about the cervix are well filled. Strips of gauze (carbolyzed

eucalyptol or any mild antiseptic) are then rather firmly packed in the vagina to the hymen, care being taken not to over distend the canal. The external genitals are then dusted with the same powder, and a compress of gauze applied and held in place with a T bandage. If the urethra is involved it is well washed out, and a solution of one per cent. of pyoktanin applied by means of a camel's hair pencil, or a cotton-wrapped probe, or a pyoktanin pencil maybe passed. This dressing is not disturbed or removed for two or three days, save the outer one for micturation. The discharge from the vagina is usually free for a time, then becomes much less. After the first dressing, if the tissues are found well stained, the boric acid alone is used in placing the tampon. This is persistently applied unless there be evidences of injection of the tissue after the shedding of the stained epithelial covering. In this event the original application is again made. Subsequently the simple boric acid dressing is applied until all evidences of hypersecretion have disappeared, and the vaginal mucous membrane appears perfectly normal.

Where the endocervical cavity is involved, moderate dilatation of the external os is made by steel dilators, the sharp curette used, scraping out clean all secretions and superficial tissues, and pyoktanin in solution or by pencil is applied, the cavity firmly packed with gauze soaked in pyoktanin solution and followed by the previously described vaginal tampon. The second dressing is the same as far as the endocervix is concerned, but the boric acid vaginal tampon is used the same as previously described.

Where the endometrium is involved, the cervix, under anaesthesia, is sufficiently dilated and the cavity *washed out* by a warm one per cent. solution of py-

oktanin, and is then firmly packed with strips of gauze soaked in the same solution, entirely filling the cavity down to and out of the external os. The vagina is then packed with the boric acid tampon, and the uterine tampon is not to be disturbed nor removed for four to six days, when the cavity is again washed with the same solution, and the cervix only tamponned, the vagina now receiving the pyoktanin-boric-acid tampon. The vaginal tampon is changed once, that is, on the second day of the uterine tampon. One of the reasons is to see if the latter has been expelled or slipped out, if so, the cervix and vagina are tamponned with the pyoktanin gauze, as before described. The purpose of this minute description is to show that the strength of the germicidal and antiseptic agents is reduced to the minimum that is permissible, and still not sacrifice efficiency, while the principle of drainage is always and throughout the entire tract of infection, maintained at the maximum. Hence we expect that the surgical element will not result in any of those accidents or reactions so common where modern surgical principles are inefficiently applied. As auxiliaries, rest, proper attention to excretion, secretion, and nutrition, are of pronounced importance, and form no small part of the procedure.

The only disagreeable effects met with are the inevitable staining and soiling consequent on the presence of the pyoktanin. This is of small moment when we consider the consequences of the gonorrhœal infection. The average duration of treatment is from ten to fifteen days: the average number of dressings three to five.

As regards results for the primary infection, no case has failed to promptly yield. As regards prophylaxis in the sequences such as inflammation or infection of the tissue beyond the site at first

observed, the time has not yet arrived to speak; it can only be said that there was no further extension of the infection after treatment was instituted, and as yet no case has developed any conditional complication such as too frequently follows gonorrhœal infection. At the same time, it must be noticed that this is a possibility and does not occur where there has been undoubted gonorrhœal infection and the usual simple methods, or no method of treatment has been resorted to.

In the last three years there have been treated.

5 cases of vaginal infection.

27 cases of vaginal and cervical infection.

3 cases of vaginal, cervical, and endometrial infection.

Of these, all of the first, nine of the second and two of the third have received the benefits of pyoktanin. The averages as above stated are for the latter agent.

3026 Pine Street.

INDUCTION OF PREMATURE LABOR.—
(*Report of Case by Dr. E. Zinke, to the Cincinnati Obstetrical Society.*) Four weeks ago he induced labor in a woman, the mother of four living children. She had been operated on four years ago for laceration of the cervix and perineum. Dr. Zinke first saw her during the 6th month of gestation, at which time her abdomen was as large as it should be at full term. Her urine was loaded with albumen and rather scant in quantity. At the 7th month anasarca and dispnœa were very marked.

She was admitted to the German Hospital and he introduced a tupelo tent from which he secured sufficient dilatation to permit the introduction of his finger. He dilated the cervix every day for a week with his finger. Labor not coming on, he introduced a catheter

between the anterior wall of the uterus and the membranes. Pains came on but no progress being made he ruptured the membranes and found there were twins. The vertex of one presenting, he applied the forceps and delivered the child alive. He then ruptured the membranes of the second child and delivered it breech first.

The mother's temperature remained normal for one week, when she began to complain of pain in the left shoulder, only relieved by subcutaneous use of morphia. Three days later the left forearm swelled and the temperature went to 105. In 48 hours this swelling subsided and the abdomen became tender and she suffered from diarrhœa. Urine passed as before. Two days later she died.

Unknown to the Doctor there was erysipelas in the house at the time he introduced the tent. One case had been in the same room with her before the erysipelas made its appearance. One child was still alive. He thought Bright's disease the cause of death.

Dr. Giles S. Mitchell said, death was doubtless due to pyæmia from sepsis in the hospital.

In many cases of albuminuria during pregnancy it was not necessary to induce labor. The alarming symptoms will frequently disappear under the judicious use of iron and digitalis. Severe cases of sepsis were hopeless and treatment of no avail.

In closing the discussion Dr. Zinke said: That his patient was poor but very respectable, and he had taken a deep interest in her case. It was that she might receive proper nursing and be in more hygienic quarters, that he advised her removal to the hospital. While in the institution she received a bath daily and douche containing bichloride.

His hands and the catheter were thor-

oughly sterilized. When, after the introduction of the catheter, he learned of the presence of erysipelas in the house, he had her removed to a clean room, placed in a clean bed and continued his antisepsis with renewed vigor. He had used the tent because he had found it impossible to introduce his finger and still regarded the use of the tent advisable under the circumstances.

INDUCTION OF LABOR BY ELECTRICITY.

—(Report by E. S. McKee, M.D., 57 W. 7th St., Cincinnati, O.) The induction of labor pains by means of the application of electricity to the mammary glands is reported by Freund, (*Centralblatt fuer Gynecologie.*) He applied the cathode to the gland and the anode to the abdomen. Five to seven milliamperes are suggested. (The galvanic form of electricity is evidently referred to.) Galvanism in gynecology is discussed by Engleman of Krentznach in the *Deutsche Medicinische Wochenschrift*. He believes that a retrograde metamorphosis in fibroid tumors is seldom had under galvanism, at least enough to show sensible diminution in size, endometritis is benefited, hemorrhage and leucorrhœa disappear, pressure symptoms are relieved, reflex neuroses disappear, and he thinks the method of value as an adjunct to other plans.

ATROPINE AS A HEMOSTATIC IN MENORRHAGIA. — Dr. A. N. Dmitriuff, in *Vratch*, speaks very favorably of the use of atropine hypodermatically administered as a powerful means of controlling hemorrhage. He reports two cases of metrorrhagia from his practice. One of a lady suffering from metrorrhagia of a rather obscure ætiology, examination not having revealed any abnormal condition of the sexual organs

save an atonic state of the uterus. Ergot plugging etc., proving ineffective, resort was had to *hypodermic administration of $\frac{1}{100}$ gr. of atropine sulphate, twice daily.* After the fourth injection the flooding, which had lasted two weeks, stopped completely and permanently. Some five years later she reported no recurrence of her previous experience, but had been in continued good health. The second case, seemingly more brilliant in result, was in a lady aged thirty-two with membranous dysmenorrhœa of nine years' standing. In September 1890, there appeared a formidable menorrhagia, "the patient swimming in blood in the morning, and daily losing quantities sufficient to soak through six bed-sheets folded sixteen times." Persistent use of ergot, hydrastis, etc., proving of no avail, profound anemia developed. September 11th, $\frac{1}{100}$ gr. of atropine sulphate was given hypodermatically, and in half an hour the extremities became warm, the face slightly flushed, pulse fuller and slower, and the subjective state much better. At 7 A. M., eight hours later, the second injection was given. During the night the hemorrhage considerably decreased, the patient sleeping soundly until morning. At 7 A. M., the third and last injection was given. Four hours later the bleeding ceased and did not recur.

TO DISSOLVE COCAINE.—Squibb recommends the use of a half of one per cent. solution of boric acid to dissolve cocaine, this amount being needed to prevent decomposition.

SPASMODIC STRICTURE.—Two or three drops of tincture gelsemium every four hours for a few days, will relieve acute spasmodic urethral stricture, and enable the patient to urinate freely.

Varicose Veins.

Dr. William Taylor, in the *Provincial Medical Journal*, advocates blistering. He discovered its good effects, accidentally, when treating a case of gout by means of blisters, and had since tried it in many cases with considerable success, and found it specially useful in old people. He considered blistering to be "eminently restorative" in varicose veins. Dr. Taylor did not believe in elastic stockings, and considered operative treatment unscientific. He supposed that the coats of the veins participated in some way which he could not explain, in the restored vitality set up by the action of the blisters. He found that the veins remained sound for several years, but were then apt to become distended again, and required the treatment to be renewed. Its great advantage was that it could be used in cases where palliative treatment was contra-indicated, and that it always did good to the solid edema so often associ-

ated with the varicose condition. The details of the treatment were as follows:

- 1, Remove the cause.
- 2, Obviate the tendency.
- 3, Elevate the limb for twenty-four hours.
- 4, Blister from the foot upward, six inches daily, watching the kidneys and bladder. First paint the part with Rubini's tincture of camphor, then with blistering fluid, and lastly with colloidion. The blisters must rise and serum be withdrawn to do good.
- 5, When whole limb is blistered, apply plaster to the whole length of the vein for two weeks.
- 6, Remove the plaster and see what is the result of the treatment. If the veins bulge, blister again; if they are all right apply more plaster, and allow gentle exercise for a week.

If, at the end of that time the veins are still in good condition, no further treatment is needed.

Obstruction of the Bowel by A Gall-Stone.

Dr. Bircher (*Correspondenz. bl. für Schweizer Aerzte*, 1892, No. 5, p. 142) has reported the case of a woman, sixty-two years of age, who for two years had complained of anorexia, digestive derangement, and constipation. Three or four years and one year previously, there had been attacks of severe cardialgia, after which the urine was deeply colored, but no jaundice appeared. When the patient came under observation there had been severe abdominal pains, followed by vomiting that soon became fecal. The abdomen was soft and retracted, but on deep manipulation a sense of resistance was

evident in the right hypogastric region. Tenderness and spontaneous pain developed a little below the ileo-cecal region. Upon opening the abdomen, the intestines were found free but reddened; there were no evidences of peritonitis. Further examination disclosed the presence of a hard body occluding the lumen of the small intestine. In this situation a fecal odor was perceptible and the bowel appeared to be ulcerated. On opening the bowel a stone was found and removed, and the bowel was resected for a distance of almost eight inches, and was closed by three rows of sutures. The woman died in

collapse ten hours after the operation. An autopsy was not permitted. The stone was pear-shaped, more than two and a half inches in its longest diameter,

one and a quarter in its greatest thickness, and weighed eight hundred grains. It consisted of a nucleus of cholesterin and a cortex of lime-salts of bilirubin.

Tin Dressing for Chronic Ulcers of the Leg.

Dr. Watson Suffolk County (Mass.) Medical Society, said that there was one principle in the treatment of chronic ulcers of the leg which he thought hastened the healing process materially. The analogy was seen in the freezing of a sheet of water. If the water were smooth, the skimming of its surface with ice went on more rapidly than if it were thrown into an uneven surface by the wind. In the same way if the surface of an ulcer were made flat and smooth, the epithelium would extend across it more rapidly than if, like the rough water, its surface were occupied by granulations, and the open surface were above or below the level of the surrounding skin, as in the exuberant or indolent ulcer respectively. It had, therefore, been his practice in such cases as required it, to secure this condition by the application of a shield of sheet-tin on top of the ulcer to bring the surface even with the surrounding tissues. The dressing was known at the City Hospital as the "tin dressing," and its method of application was as follows: The ulcer and surrounding surface were soaked in corrosive sublimate, 1 part to 4,000, and thoroughly cleaned; a bit of protective was then placed upon the surface of the ulcer, covering a little more surface than the ulcer actually occupied; protective, or some substance having a perfectly smooth surface, was used in order that the new epithelium, which shot in from the edge over night, so to speak, should not be pulled off by adhering, as it did to cheese-cloth, or compress, or anything having a mesh-

work-woven surface. The tin, made to fit the surface on which it was to lie, is then placed on the protective, and the whole, as well as the surrounding tissues, covered with a dry corrosive sublimate gauze dressing, which was held in place by an evenly-applied bandage extending from toes to knee.

Ulcers which had been lagging for days would often take a rapid start under this dressing.—*Medical Times*.

EXTRA UTERINE PREGNANCY.—Extra uterine pregnancy has been observed by Pinard, (*Le Bulletin Médical*, August 19th, 1891), in seven cases. In these cases the primary accident and functional trouble occurred in every case at the end of the first month. The fœtus usually died before its complete development. In one case it was found of normal weight. The fœtal cyst was generally immobile through adhesions of the abdominal wall. Possibly mobile as in his second case where it prevented contractions which one could contribute to the uterus. The fœtal cyst always presented two apartments, one fœtal and one placental. Sometimes the fœtal apartment was such as to render the extraction of the fœtus difficult or impossible, as in his fourth case, where decapitation of the fœtus was necessary.

Together with three already reported it makes ten women operated upon with nine recoveries through judicious surgical intervention. The single woman who succumbed was operated upon in extremis.

Book Reviews.

Diseases of the Eye : A Handbook of Ophthalmic Practice, for Students and Practitioners. By G. E. de Schweinitz, M. D., Professor of Diseases of the Eye, in the Philadelphia Polyclinic, etc. Philadelphia: W. B. Saunders. 1892.

The preface mentions that "this book has been written in the hope that it may prove of service to students and practitioners who desire to begin the study of ophthalmology." We have perused the work with great interest, and gained the impression that it ranks among the first in the long list of text books on ophthalmology published in the English language.

Chapter I treats on general optical principles, and is written by James Wallace, M. D. About 56 pages are devoted to this important subject with which a great many students are unacquainted when entering college, and about which others may have forgotten a great deal. It is written in a clear, simple manner, and in such a way as to be easily comprehended. Chapter II treats on the examination of the patient, and external examination of the eye, and takes up 45 pages. Chapter III, on reflection, the ophthalmoscope and its theory, ophthalmoscopy and retinoscopy, by Dr. Wallace and Dr. Edward Jackson, is clearly and concisely written. Normal and abnormal refraction is the heading given to Chapter IV, and it has been very ably written by Dr. Wallace. Beginning with Chapter V, and ending with Chapter XVI, are devoted to the diseases of the eyelids, conjunctiva, cornea, sclera, iris, ciliary body, and sympathetic inflammation, choroid, glaucoma, crystalline lens, vitreous, retina, and optic nerve. Chapters XVII and XVIII take up the various forms of amblyopia, about which, for the sake of the general prac-

itioner, a little more might have been written. The movements of the eyeballs and their anomalies are well treated in Chapter XIX. Chapter XX gives a description and the treatment of the diseases of the lachrymal apparatus. Chapter XXI finishes the diseases usually included in works on ophthalmology by describing the diseases of the orbit. The last chapter in the book, Chapter XXII, is devoted to the various operations on the eye and its appendages. The operations are only briefly described; but probably sufficient is said about them for the student and general practitioner. The introduction of this chapter, describing the preparation of the instruments prior to an operation, and especially the antiseptic precautions, and the description of dressings, is well written, without wasting words.

Many of the illustrations of the book are taken from other text books, and where this is the case they are acknowledged; but quite a large number are new and original drawings. Taken all in all, we consider the book before us as one of the best text books for the *student and practitioner* published on the subject in the English language.

The publishers deserve credit for the clear type, and the general get-up of the work.

J. G. E.

W. B. SAUNDERS announces the preparation of two new and valuable works: one, an American Text-Book on Surgery, by thirteen of the most eminent of American surgeons, including Profs. Keen, White, Senn, and many others; also, an American Text-Book of the Theory and Practice of Medicine, edited by William Pepper, M. D., LL. D. We have no doubt that these two books will be among the most valuable of Mr. Saunders' many publications.

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Edited for the Committee by DR. WILLIAM PORTER, assisted by DR. G. M. WAGNER.

Vol. V.

ST. LOUIS, MO., MAY, 1892.

No. 5.

Editorial.

The American Medical Association.

Next month the annual meeting of this great Society will be held in Detroit. We urge upon all the importance of attending. Of this Association it can be said more truly than of any other, that it is of our profession, for our profession, and by our profession. Its growth and prosperity have been continuous till now it stands first in authority and place in all America.

With all of its grand record it is more than ever needful that its friends should be solicitous. Success in the past does not of itself insure success in the future. Those who depend upon the *vis a tergo* will soon be minus momentum, and those who are satisfied by membership in, and casual attendance upon, the American Medical Association, without individual effort, will contribute largely by neglect, to its failure.

What is needed now more than ever is work, downright, upright, honest, intelligent work. If we are not careful, the many special societies will sap the scientific strength of the Association in no small degree. They are well organized, are not unwieldy, and hold out inducements to the best men in the several departments. They are all of them, worthy organizations and possibly one of their best results may be to make the workers in the American Medical Association more earnest and effective.

If the time should ever come when the best scientific work should be done mainly in special societies, it will be the fault of the present membership of the A. M. A. There is no grander medical organization on earth, and each section is representative if rightly

conducted. The loyalty of every reputable physician to his profession may well be called in question, if the interest in the Medical Association is in any way permitted to lapse.

We do not greatly fear this, however, for already upon the horizon are the indications of renewed life and strength. The medico-political member has been branded. Combinations in and about the nominating committee are better understood. The itch for office is fast disappearing under proper local treatment. Even the most obtuse are beginning to understand that better is he who readeth a good paper than he who secureth only an office.

We would again urge upon all who can, to go to Detroit and join hands with those who are endeavoring to increase the usefulness of the different sections. The very foundation of the Association is the scientific work done in these departments, and this work must not be hampered either by indifference, or by barter and sale of "the

push and the pull" in the rush for place.

We would like to see the rule adopted and enforced that no man should hold an office either in a section or in the general association, until he has shown some personal interest in the scientific work of the Association. An office in a medical society should be desired because of the opportunity it gives for serving the best interests of the society and not because of personal advancement.

Membership in the American Medical Association is in itself a high honor. Having attained that, let each one endeavor to make that membership more valuable and to do that, he must do all he can to help along the legitimate work of the Association.

We understand that the physicians of Detroit under the leadership of Dr. Walker, the Chairman of the Committee of Arrangements, with the aid of the State Society are making preparations for a grand meeting. They must not be disappointed.

WE understand that a man by the name of H. Wolf, representing himself as belonging to the faculty of the St. Louis College of Physicians and Surgeons has been victimizing the people of San Marcos, Tex. We do not know the man, and hope he will be captured and punished as such offenders deserve.

RAILROAD ACCOMMODATION TO DETROIT.

—The Wabash Railroad, through its officers, is holding out every inducement to the physicians of the great Southwest to attend the meeting of the American Medical Association in June. The magnificent service of this famous route needs no special mention, for it is generally conceded to be unsurpassed.

Special features have been added, however, for this meeting.

The rate is reduced to one and one-third fare for the round trip, leaving St. Louis either in the morning or evening and going direct to Detroit, or by way of Toledo.

For the same rate members can go or return by Chicago, and can stop off one day.

Satisfactory rates will be made for those who wish to go around by the great lakes—going to Chicago, thence by steamer by way of Mackinac to Detroit and return by rail.

For any additional information, address E. H. Coffin, City Ticket Agt. Wabash R. R., St. Louis.

College Chat.

ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

DR. A. S. BARNES, JR., class of '92, is attending a post-graduate course at the University of Pennsylvania, Philadelphia. While we expect the Doctor to devote the greater part of his energies to medical subjects, nothing forbids that he should look around for a congenial atmosphere in a social way. Of course we know that Philadelphia is not St. Louis. The effete East lacks that easy unconventionality with which acquaintanceship is struck up in the "wild and woolly" West, and a stranger in the City of Brotherly Love can not be expected to "catch on" at once, even with "Doctor Algie's" winning ways.

WE clip the following item from the "Personal" column of the *Philadelphia Press* of recent date:

YOUNG PHYSICIAN, EDUCATED, REFINED, wealthy a stranger in Philadelphia, adopts this method of finding his ideal; a pretty shapely brunette 18 to 22 and a seminarian preferred; object matrimony. L. 66, Press Office.

DR. T. D. S. McCALL, Rocky Comfort, Mo., sends his subscription to the CLINIQUE. He says: "I consider it a very valuable journal, and could not do without it. It seems to me like a letter from home. Success to the College." The doctor reports practice as good in his locality. He is an active worker for the College and may rest assured that his efforts are appreciated.

DR. J. E. NORMAN is located at Pilot Grove, Tex., and is building up a nice practice. He has been very successful thus far, and expresses his thanks to his Professors for their painstaking efforts in his behalf.

DR. F. C. BENTLEY of Milton, Lamar Co., Tex., accompanies his subscription to the CLINIQUE with best wishes for the journal and its promoters. The doctor is doing good work in his neighborhood, and his friends in St. Louis all wish him the greatest success.

DR. A. TOOKE, Fairmount, Kansas, says that he is much pleased with the CLINIQUE, and enlists as one of its supporters. His report of an interesting case occurring in his own practice will appear shortly. Wait for it.

DR. J. W. BACK informs us that he is located at Lutesville, Mo., and that practice is good. Let us hear from you again, Doctor. We should be glad to hear from all the alumni, and wish to assure them that this department (College Chat) belongs to them and is intended to furnish little items of news of different men, and to serve the very useful purpose of keeping up remembrances of old classmates. Without something of the sort, men busily engaged in practice soon forget even those with whom they were most intimate. So now, old friends, let us hear from you all, and have a little social chat every month through the columns of the CLINIQUE.

DR. P. H. PINARD, Jefferson, S. D., regrets not having been able to be present at the commencement exercises this year, but hopes to be with us at that interesting event in '93.

Correspondence.

Editor St. Louis Clinique:—We wish to call your attention to an excerpt in the last issue of the *ST. LOUIS CLINIQUE* headed "Pepsin as a Solvent for Dead Tissue." As the article appears, it would seem that Dr. Stewart stated certain facts, for as they are quoted there can be no other inference than that they are his original writings or utterances. As a matter of fact, this appeared originally in an article by Dr. Robert T. Morris in the *N. Y. Medical Journal*, of April 11th, 1891. This article we have quoted from ourselves and repeatedly referred to. We were not only interested in the subject in a general way, believing that the digestive ferments have a valuable field in what may be termed their surgical application, but we had some correspondence and interviews with Dr. Morris on the subject and it was our pepsin which he employed, and we have done all that we could to aid him and the profession generally in the proper use of the ferments for this purpose. Subsequent to this paper, Dr. Morris made further experiments in the digestion of bone, which had been previously treated by application of dilute acid to soften it

and make it amenable to the action of the digestive ferment, and he has already sent an article on these experiments to some journal for publication. It will be noticed in this article which we send you, herewith, that Dr. Morris says he used Fairchild's preparations in the experiments.

We have marked enclosed circular in which you will see the very paragraphs which now make their appearance as having been quoted from Dr. Stewart.

Of course, we do not make this communication in any fault finding spirit, but we were somewhat surprised to see this reprint in your journal and we believe that Dr. Morris deserves the credit of having made these experiments and should have his own article properly accredited.

With kind regards, we are
Yours respectfully

FAIRCHILD BROS. & FOSTER.

[The above article arrived too late for insertion last month, but we are very glad to give it place in this issue. We certainly wish to give credit where credit is due, and regret that the article appeared originally in so distorted a form.]

The *Kansas City Medical Record* favors castration as a punishment for criminals. This shows thought, and some progress, but not as I would have it manifested. I advocate the castration of criminals, but not as a punishment, for they are objects of pity. Criminality is an evidence of a pathological condition, and for this the poor wretch is not to blame, and therefore undeserving punishment. It should be

done for the good of society, and for the ultimate stamping out of crime, for the purpose of bringing on the millennium of which people talk so much and know so little. If any one doubts that a criminal disposition is hereditary, let him investigate and be convinced. Let him read scientific works and statistics, and make observations himself, and he will find overwhelming confirmatory evidence. I repeat what I have

before stated, (and which is on record), viz: "All the sermons that have been preached from the dawn of man's existence, and all that can be preached from now on to the winding up of his course on earth, have done, nor will they do as much by way of suppressing crime, as the scientific regulation of procreation within the limits of parental ability to properly feed, clothe and educate their progeny, and this practiced on the vicious and imbecile would do in three score years, and at less than one ten-thousandth part of the expense we now incur."

The foundation head of depravity must be dried up; villains and outlaws must not be allowed to curse the earth with progeny having inherited their own pathological and unbalanced organizations of body and mind. I would neither electrocute nor hang; but simply incapacitate incorrigibles for the great mission of life, and the result would soon fill the earth with rejoicing. The knife would awaken more terror than prisons, halters or electrical chairs; and general safety would fol-

low. Idleness would become an obsolete word, for there is work for the hand and brain of every one. Two propositions cover the whole ground of reform and progress, viz: moderation and emasculation. Moderation in propagation, and emasculation of these incorrigibles.

I've heard strong men, and young, declare,
 "How time is spent we do not care;
 "We will not work for what you're giving,
 Because the world owes us a living"
 Poor worthless fools! It is a lie!
 The world owes you? For what, and why?
 What have you done? Come show your hand:
 Foot up the books! See how you stand.
 I see you're charged with thirty years,
 And all this time as it appears
 You've scarcely worked one day in seven,
 And yet expect to go to heaven.
 The knife I say! I say the knife!
 You need not take the wretched life;
 You need to shed but little blood,
 But stop the increase of the brood.
 This course would not be practiced long
 Until a race full-grown and strong
 In mind and body will appear,
 With more of brain, and less of ear.
 Lawyers and preachers will object;
 But thinking people will respect
 The man who advocates this theme,
 For it is not an idle dream. REFORMER.

DR. RANSOM DODD, Rose Bud, Ills., writes as follows: "Find enclosed \$1.00 for the CLINIQUE for 1892. I consider it *the best* journal I read, no excepting the higher-priced publications. Besides giving all the College news, it contains information on medical and surgical subjects which I find of great value to me in my practice. May the CLINIQUE and the dear old P. and S. continue to prosper, and their guiding spirits be blessed with health to continue their labors in their chosen fields."

DR. S. V. WAGNER, Bremen, Tex., sends us a very valuable article describing a case of obstruction of Wharton's duct by salivary calculi. It will appear in the next number of the CLINIQUE.

WE are in receipt of a letter from Dr. T. D. Miller of Webb City, Mo., a graduate of the College of P. and S. in which he compliments the College on its growth and development, and ends by wishing it continued prosperity.

WE call the attention of our readers to the ad. of A. S. Aloe & Co., of this city, which appears for the first time in our May issue. This is an old established firm that has made its reputation on its merits. Besides a large stock of microscopes and microscopists supplies, they deal in surgical instruments and anatomical plates and models.

We advise our friends to give them a call when needing anything in their line.

Practical Points.

ACTION OF ICE AND ICE-WATER IN DIPHTHERIA.—The treatment of diphtheria as employed by Dr. Bleyne consists in the application of ice upon the neck, and the internal use of ice. If ice is not obtainable, water as cold as possible may be used instead. The author claims that cold destroys the bacillus of diphtheria.—*Buffalo Med. Journal.*

SUBACUTE BRONCHITIS.

R. Syrup. ipecac,
Spirit. etheris nitrosi...aa ʒ ij.
Olei ricini.....ʒ iij.
Syrup tolu.....ʒ iij.

M. Sig. Teaspoonful four times a day; and counter-irritation over the chest with tincture of iodine. This is for a child, aged four.—*Coll. and Clin. Record.*

FOR A CASE of supra-orbital neuralgia in a middle-aged woman who was very anæmic, Prof. Da Costa prescribed:

R. Ferri sulphat,
Potassii carbonat.....aa gr. iss.

M.

In pill three times a day, and increased to four or five times a day. She had been treated for the neuralgia by the use of aconitia, which had given temporary relief, but the neuralgia having returned, Prof. Da Costa said that he thought it was due chiefly to the anæmia.

VAGINISMUS.—Prof. Parvin said that for the treatment of vaginismus the use of a six per cent. solution of cocaine, penciled on the part before coition, usually is sufficient to cure the condition.—*Coll. and Clin. Rec.*

SORE THROAT.—A gargle of hot claret often affords much relief in cases of acute catarrhal pharyngitis. When the inflammation is rheumatic in character, a spray of the following (*Med. Record*) is useful:

R. Morphinae.....gr. iv.
Ac. carbolici.....aa ʒ ss.
Ac. tannici.....
Glycerini.....aa ʒ iv.
Aquæ dest.....

M. Sig: Use as a spray in the throat, about a teaspoonful at a time.

NERVOUS DYSPEPSIA.—Some cases of nervous dyspepsia that resist pepsin, are not amenable to the ordinary remedies, especially where there is a high state of hyperæsthesia of the centres; then small doses of tincture of valerian and bromide of potassium, ten drops of the former and two grains of the latter, every hour, will be more likely to relieve the symptoms, and under proper diet and rest a cure will be effected.

TURPENTINE IN ICTERUS.—Dr. Carceau (*La Semaine Médicale*,) has recently used the essential oil of turpentine in all forms of icterus with hemorrhages and albuminuria, as Weil's disease, bilious fever, hæmoglobinuric fever, as well as yellow fever. He administers it as follows:

R. Ozonized oil turp.....ʒijss.
Liquid vaseline.....fl. ʒjss.

Inject subcutaneously.

The same quantity may be given in capsules, of which some sixty may be taken within thirty-six hours. By this means he has been able to cure the most severe cases of icterus accompanied by great albuminuria and convulsions.—*Lancet-Clinic.*

RACHITIS.

R. Phosphorus.....gr j
 Absolute alcohol.....℥v
 Spirits peppermint.....℥ss
 Glycerine℥ij

M. Sig. Six drops of this mixture may be given in water three times a day, and after the lapse of one week another drop may be added.

TREATMENT OF UNIVERSAL PRURITUS.

—Lange has found a very prompt action in sodium bicarbonate combined with lithium carbonate in four cases of universal pruritus. The pruritus in one case, which occurred in a lady of 51, formerly well, and by no means hysterical, and which had localised itself in the genital region, was so severe that her friends feared that she would either lose her reason or throw herself out of the window. She became emaciated and hollow-eyed, and suffered from pruritus of the entire body. Only compresses as hot as could be borne, with large doses of chloral, would produce sleep. The administration of the alkalis mentioned, together with carbolic acid compresses, improved her condition in a few days. In six weeks she was markedly better, but still required hypnotics and a compress at night. In three months hypnotics were no longer necessary. In the urine of two other patients, an abundant precipitate of uric acid and urates was found.—*Jour. of Cut. and Gen-Urin. Dis.*

DIPHTHERIA

R. Hyd. chlo. corrosiv.....gr. j.
 Spt. vini. rectific.....℥ ij.
 Elix. bism. et pepsin, ad. ℥ iv.

M. Sig. Teaspoonful every two hours for a child of six years.—J. L. SMITH.

MINISTER'S SORE THROAT.—In the laryngitis, known as minister's sore throat, give fifteen drops of the tincture of collinsonia.

TO ABORT BUBOES.—For forming bubo, from whatever cause, the application of a wad of absorbent cotton, soaked in fluid extract of phytolacca decandra, kept moist by a covering of gutta percha tissue, has been found to have marked controlling effect. The use of this remedy in bubo was suggested by its usually prompt dissipation of caked breast, when applied in a similar way.

TREATMENT OF DIABETIC COMA.—In a paper on the treatment of diabetic coma, Dr. Reynolds points out that as no case of recovery is known of, it is necessary to recognize the earliest stages of impending coma. The chief points in this early stage would be according to him: A distinct sense and appearance of increased illness, often with loss of appetite, increased weakness, slight drowsiness, pain in the left hypochondrium, labored respiration—the expiration being especially prolonged, an acetone-like odor in the breath and urine, lessened excretion of sugar, so-called acetone reaction (port-wine coloration with perchloride of iron) in the urine, and albuminuria. When these symptoms are present the patient is in the greatest danger. His treatment is absolute rest in bed, purgation (but not to an excessive degree,) a slight relaxation of the diabetic diet, large doses of citrate of potassium, and very large quantities of fluid taken internally. These fluids may consist of milk, tea, water, or even barley water, a variety being necessary in order to induce the patient to take a sufficient total quantity, which should amount to nearly a gallon in twelve hours. He quotes two cases in which this plan of treatment was adopted with marked success, and thinks that it is to be preferred to the treatment by intravenous saline injection.—*Med. Chronicle.*

ERYSIPELAS.

R. Acid carbolic
Tr. iodine
Alcohol..... aa ℥ss.
Turpentine..... ℥j.
Glycerin..... ℥iij.

M. Sig. Apply with camel's hair pencil several times daily, or on a soft cloth.—*Ind. Pharm.*

CHLOROSIS.—Dr. Pick (*Wiener Klin. Wochenschrift*,) basing his procedures upon the supposition that chlorosis is due to an auto-intoxication by toxines absorbed from the stomach, washes out the stomach, in the morning, and administers immediately afterward some preparation of iron. With this treatment he has been able to get results in three or four weeks, where, under the ordinary method of administering iron, no results would be obtained for months. If this fails he prescribes:

R. Creasote..... ℥j.
Sugar of milk..... grs. v.

M. Sufficient for one capsule. Take one capsule immediately after each meal.

THE PYLORIC PAIN OF DYSPEPTICS.—Dr. Coutaret (*La Semaine Médicale*,) recommends the following mixture as efficacious:

R. Saturat. chloroform water. ℥ x.
Syrup of columbo,..... ℥ iij.
Ex. cannabis indica..... grs. j½.

A teaspoonful every half hour until the pain ceases.

ANTIPYRIN IN DIARRHŒA IN CHILDREN.—Dr. Saint-Philippe (*Lo Sperimentale*,) recommends the administration of a ½ per cent. solution of antipyrin in the diarrhœas of children. If the child be less than six months old, one may give a teaspoonful every two hours. If over this age the solution may be increased in strength to 1 per cent.; if above six years a 1½ per cent. may be used.

TO PREVENT COCAINE INTOXICATION.—

Parker has discovered that the unpleasant or even poisonous symptoms which occasionally follow the local application of strong solutions of cocaine in the nasal and buccal cavities may be entirely prevented by combining the drug with resorcin. This combination is also of advantage in utilizing the antiseptic, astringent and hæmostatic properties of the latter drug.—*British Med. Journal*.

FOR DYSPEPSIA.

R. Tinc. nucis vomicæ... ℥v.—xv.
Ol. caryophylli..... ℥j.—iv.
Spir. chloroformi..... ℥xv.—xxx
Tinc. cardam. comp. ad. fl. ℥ j.

M. S. A teaspoonful in water after meals.—*Phila. Polyclinic*.

CHILBLAINS.—The following is recommended:

R. Ol. terebinth,
Balsam. copaiba..... aa ℥ i.

S. Apply to surface when not denuded.—*Notes on New Remedies*.

COLD AIR FOR HÆMORRHAGE FROM THE LUNGS.—Dr. Tullio, of Naples, an Italian physician, has recently called attention to the fact that hæmorrhage from the lungs may be most efficiently relieved by the inhalation of air at a zero temperature. The air is cooled to this temperature by passing through tubes placed in a box filled with broken ice and salt.—*Hall's Jour. of Health*.

PRURITUS.—The following (*Le Progrès Médical*,) is praised:

R. Menthol..... ℥j.
Alcohol..... fl ℥j.
Aquæ,..... fl ℥iij.
Acid acetic..... fl ℥ivss.

Apply with a sponge.—*Lancet-Clinic*.

NOTE THE PUPIL in chloroform anaesthesia. When the pupil dilates, the cardiac respiratory centers are beginning to be inhibited.

THE MEDICAL TREATMENT OF PERITYPHLITIS.—Dr. Saundby records a series of fifteen cases of perityphlitis, only one of which was subjected to operation, and this was the only fatal case. A large majority were males, and in six there was a tuberculous history. The duration varied much, but in several a cure was established in less than three weeks. The treatment adopted was rest, free evacuation of the bowels, and hot fomentations or the ice bag, with the addition in chronic cases of repeated blistering over the tumor. In one case spontaneous purging effected a cure without the aid of drugs. The remedies which Dr. Saundby mostly used were calomel, hot Seidlitz powders, and enemata. He does not believe that it is possible to distinguish between cases in which the appendix is really the seat of inflammation and those in which it is not; nor does he think it of the least practical importance. The occurrence of high temperature is no bar to successful medical treatment, as was evidenced by two cases. (*Birmingham Medical Review*, September 1891.)

PLEASANT COUGH MIXTURE.

R Ac. hydrocyan. dil. ℥ijj
 Syr. picis liq.
 Syr. prun. virg. aa ℥ss
 Spts. menth. pip. ℥x
 Syr. simp. q. s. ad. ℥ij
 M. et Sig.: $\frac{1}{2}$ to teaspoonful every 2 or 3 hours.

The mixture is quite pleasant to take and will promptly check a cough *without producing nausea*.—Ballard in *Miss. Med. Monthly*.

PROF. KEEN said that he has almost entirely abandoned subcutaneous operations, as by the modern methods of aseptic and antiseptic surgery the open operation is as safe, or safer, for the reason that the surgeon is able to see what he is doing.—*Coll. and Clin. Rec.*

A SPANISH surgeon recommends that in anaesthetizing the ether should be warmed to about 88° F.

INHALATION FOR ASTHMA.—The following mixture, to be inhaled during an asthmatic attack, is of value:

R. Ether. ℥j.
 Oil turpentine. ℥iv.
 Benzoic acid. ℥iv.
 Balsam of tolu. ℥ij. M.

THE TREATMENT OF INOPERABLE UTERINE CARCINOMATA.—Dr. Haeberlin treats his cases of inoperable carcinoma uteri by a mixture of equal parts of chloride of zinc and flour, with water enough to form a thick paste. This he applies, by means of a tampon, to the carcinomatous spot, and with gauze packed into the vagina this tampon is held in place. The pains are controlled by morphine; the tampon is removed every day, the vagina irrigated and the paste renewed. In six to eight days a thick eschar forms, which, cast off, leaves fresh granulations; the hemorrhage and putrid discharges cease. If much cancerous tissue be present he first removes it by the curette or finger.—*Ugeskrift fr. Læger*.

ATROPINE IN DELIRIUM.—In low muttering delirium, with moist skin, one-sixtieth of a grain of atropine, administered hypodermically, will be beneficial.

FOR HOARSENESS.—In addition to the measures employed in the treatment of the causative condition, the following formula will prove useful in the amelioration of hoarseness:

R Acid. tannic. ℥j
 Pulv. sodii biborat. ℥j
 Tinct. capsici. ℥ss
 Aquæ rosæ. f℥x.—M.

S.—To be used frequently as a gargle.—WHITLA in *Med. News*.

Items of Interest.

SEVENTY-FIVE to eighty per cent. of the Russian Hebrews arriving at the barge office in New York, have either a single or double rupture.

SIR MORELL MACKENZIE is said to have received \$60,000 for attending the late Emperor Frederick. There can be found those who would have taken the case at a lower rate.

THE use of the bromide of strontium (Paraf-Javal) is highly recommended by Prof. Dujardin-Beaumetz. According to him it is better borne by the stomach than the other alkaline bromides. Experiments on rabbits show that it is six times better tolerated than bromide of potassium. Professor Germain Sée has cured several cases of gastric dilatation with bromide of strontium (Paraf-Javal) and improved many others. He believes that it will ultimately take the place of bromide of potassium in the treatment of epilepsy.

A good story is related in the *Boston Medical and Surgical Journal* of a sea captain who was prescribing for a friend and finding the case too tough for him, consulted a physician. He told him that he had begun in the northeast corner of his medicine chest, and having tried every remedy in turn with a praiseworthy lack of therapeutic prejudice, he had conscientiously worked around into the southwest corner of said chest, and declaring with justifiable astonishment that he could detect no change in his patient notwithstanding, acknowledged that he was now at a loss what to do.

THE PEPSIN STANDARD ADVANCED.— There are many varieties of pepsin in market, differing widely in purity, activity and adaptability for therapeutic use.

Whether pepsin be prescribed with success or failure depends on its quality. The physician prescribing pepsin should demand in his prescription a pepsin product which he has convinced himself is pure and active and can be relied upon.

By prolonged investigation of digestive ferments the standard has been again and again advanced. It is announced by Parke, Davis & Co., that they have succeeded in making a pepsin capable of digesting 4,000 times its weight of coagulated egg albumen under the conditions of the pharmacopœial test.

This product is prepared by a new and original process which renders it aseptic, free from odor, agreeable in taste to the most sensitive palate, and superior to any pepsin product hitherto made.

In these days, when novices and pork-packers are flooding the market with pepsins, it behooves the careful physician to see that his prescriptions are filled by the product of some reputable manufacturing chemist.

TWENTY-THREE deaths from chloroform were reported in New South Wales during the six years ending with 1890.

FOR carrying the body of a child, dead from scarlatina, by public conveyance in England, a man was fined the sum of \$1.25. Cheap enough.

CHANCRE of the tongue is rare, according to Fournier, although the most frequent of extra-genital chancres after that of the lips. It is usually situated on the anterior portion of the organ, and is almost always single. Two initial forms are found, the erosive and the ulcerating, the former being much more frequent than the latter.

IMPORTANT NOTICE AND REMOVAL.—To avoid failure or doubtful success in use of Peroxide of Hydrogen, be sure you get MARCHAND'S MEDICINAL; no substitute can replace it, statements of dealers, interested or unscrupulous parties to the contrary notwithstanding. There is great inducement to substitute in this article, for the reason that Peroxide made for bleaching and varying trade purposes costs to produce only a fraction of what MARCHAND'S MEDICINAL costs, and the unscrupulous druggist or dealer pockets the difference in profit at the expense of the physician's reputation for skill and MARCHAND'S PEROXIDE OF HYDROGEN MEDICINAL.

Put up in 4oz., 8oz., and 16oz. bottles only, with which every careful physician should be familiar, in order to frustrate dishonest substitution and assure success in practice.

DREVET MANUFACTURING CO.,
28 Prince Street, New York.

SHE MEANT SOMETHING ELSE.—Not long since, says a medical contemporary, an officer died at a certain British military station. At an afternoon "at home" of one of the leading ladies on the station, the captain's death was mentioned; and the hostess who "knew all about it," volunteered the information that he had died of disease of the kidneys, adding with some unctious and a little bashfulness, "how thankful we women ought to be that we have no kidneys."—*Boston Med. and Surg. Journ.*

THE Mayor of Barfleur, France, has forbidden the wearing of low-necked dresses by the women of that commune, as being prejudicial to peace and social morality.

CUDAHY PACKING COMPANY,
SOUTH OMAHA, NEB.

GENTLEMEN:

"A physician always appreciates a first class food product, and when such an one is found it is his duty to bring it to public notice; recently I was induced to try Cudady's "REX" Beef Extract peptonized, in cases requiring a stimulating and nourishing food of easy assimilation, and I have been greatly pleased with it.

"For a long time I have endeavored to have my wife, whose general health has not been good for years, and who is illy nourished, use a product of this kind, and various brands were secured, all of which from odor or effect disagreed or disgusted her. I finally got her to try the "REX" extract, and it was just the thing. She now uses it regularly and is receiving great benefit from it, as there results immediately a delightful sensation of exhilaration never before secured.

"Gentlemen, your "REX" Extract is a No. 1 article, and receives my hearty recommendation.

Respectfully,
(Signed) G. A. SMITH."

THE Iowa State Medical Society will hold its forty-first annual meeting at Des Moines, extending over Wednesday, Thursday and Friday, May 18th, 19th and 20th.

We notice among the members, the names of some friends of ours, prominent among them, Drs. F. M. Everett and J. W. Coknower. A large attendance is expected.

SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization—Potash and Lime;

The Oxidising 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 Prepara-

tions; 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 *Medical Bulletin* publishes a very interesting article on the composition and therapeutic action of *strophanthus hispidus*. It is said to contain an active principle, *strophanthin*, a crystallizable glucoside, most abundantly present in the seeds, which however, is but little more powerful than the alcoholic extract of the seeds. Either produced, upon frogs, slow and irregular respiratory movements, followed by cessation, great muscular weakness, and paralysis of the heart. It exerts a paralyzing influence upon motor nerves, by affecting their peripheral endings in the muscles, reduces the rate of the heart's action, and prolongs ventricular systole. Larger amounts render the contractions irregular and arrhythmical, and finally arrest the heart. Large doses abolish the contracting power of the muscle.

Rentz & Henry,
Drug Importers,
 264 and 266 East Market St.
 Louisville, Ky.

I TAKE pleasure in recommending after ample experience the Elixir Three Chlorides, as producing the best alterative effect, especially in chronic syphilis and post-syphilitic cachexia.

Yours respectfully,

J. W. COKNOWER, A.M. M.D.

Sec. Iowa State Medical Society.
 April 19th, 1892.

THE Mississippi Valley Medical Association will hold its eighteenth annual session at Cincinnati, on Wednesday, Thursday and Friday, October 12th, 13th and 14th, 1892. A large attendance and a valuable programme are expected.

DR. G. THEOBALD, of Chicago, was arrested by an over zealous policeman, who saw the doctor enter a house with his satchel, and concluded he was peddling or canvassing without license.

WE insert in this issue for the first time the advertisement of the *McIntosh Battery & Optical Co.* of Chicago. This house has gained the highest point yet reached in the manufacture of electro-therapeutical apparatus, being the largest in the world devoted to that specialty.

Their goods are well made, of the best material, and we can confidently recommend them to the profession, as we know their value from actual experience.

VICTOR HORSLEY reaches the following conclusions in summing up a recent address on the origin and seat of epileptic disturbances: "Whatever be the point which the epileptogenous agency first attacks, we must conclude that the principal seat of the disturbance of a general or idiopathic fit must be the cerebral hemispheres, and especially their cortical mantle. Further, that the condition of the cortex during the attacks is one of congestion, and not of anæmia; and finally that in all probability, this portion of the encephalon is actually the place of origin of the disturbance.—*Boston Med. and Surg. Age.*

A GERMAN COURT has decided the legal point of whether menstrual blood can be diagnosed. Franke made a microscopical examination, but could not detect any of the broad epithelial cells of the vagina; and this point caused the conviction of the accused woman, who confessed to her husband's murder.

A DOCTOR in Bootle, England, has the following printed on his prescription blanks: Gratefulness of the patient is part of his disease, is most prominent when the fever is highest, lessens during convalescence, and disappears as health is reestablished. Hence prescriptions only for cash.—*Memphis Med. Monthly.*

NO OPENERS FOR CHAMPAGNE REQUIRED.

By means of a small seal attached to wire, the latter can be broken and easily removed by hand, together with top of cap, on G. H. MUMM & CO.'S Extra Dry.

G. H. Mumm & Co. having bought immense quantities of the choicest growths of the excellent 1884, 1887 and 1889 vintages, the remarkable quality and delicious dryness of their Extra Dry can be relied upon for years to come.

"By chemical analysis the purest and most wholesome champagne."—R. OGDEN DOREMUS, M.D., LL.D.,

Professor of Chemistry, N. Y.

Mellin's Food For Infants and Invalids.

A SOLUBLE DRY EXTRACT, prepared from Malted Barley and Wheat, consisting of Dextrin, Maltose, Albuminates, and Salts.

The SUGAR in MELLIN'S FOOD is MALTOSE. MALTOSE is the PROPER SUGAR for use in connection with cow's milk.

The sugar formed by the action of the Ptyalin of the Saliva and the Amylopsin of the Pancreas upon starch is MALTOSE. In the digestive tract MALTOSE is absorbed UNCHANGED.

—Landois and Sterling.

MALTOSE is a saccharose, not a glucose, and is a form of sugar which does not ferment.

—Materia Medica and Therapeutics, Dr. Mitchell Bruce,

"I have never seen any signs of fermentation which I could attribute to the influence of MALTOSE."

—Eustace Smith, M.D., F.R.C.S.

MELLIN'S FOOD, prepared according to the directions, is a true LIEBIG'S FOOD and the BEST SUBSTITUTE for Mother's Milk yet produced.

THE DOLIBER-GOODALE CO.,
BOSTON MASS.

IN CHINA, woman's milk is used as an adulterant of cows' milk.

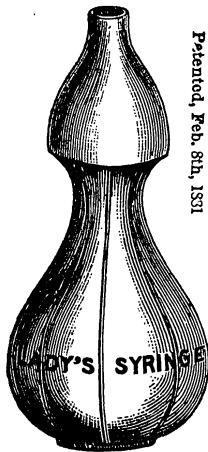
"VINOLIA" SOAP, EMOLIENT CREAM, ETC.—Every day's observation brings to attention cases of diseases of the skin, many of which could be averted or cured by the use of properly made soap. Messrs. Blondeau et Cie, of New York, N. Y., are the proprietors of a neutral soap, free from sugar and chemicals, but extra cream, which is an excellent help, in the prevention or cure of skin diseases. The "Vinolia" emolient cream is precisely what is needed in every dressing room for application to abrasions, skin-sores, etc. These "Vinolia" preparations, in short, should become generally adopted by the people as well as the profession. The delicate perfume given to each article of their manufacture gives a decided preference for them over others *claiming* as much, but not establishing their claim.

A NEW VEGETABLE DIGESTANT.—A digestive ferment has been isolated from the milk-juice of the Brazilian white fig tree (*Urostigma Dolarium*) by

Peckolt. The milk-juice of this tree is of a creamy consistency, has an almond-like flavor, and readily dissolves fibrin and coagulated egg albumen. In addition to this ferment the juice contains caoutchouc and a principle named dolarin, which, it is claimed, has tænicide properties.—*Meyer Brothers' Druggist*.

WE desire to call the attention of our readers to the new advertisement of Reed & Carnrick on page xiv.

This firm has spared neither labor or expense to perfect their Infant Foods in keeping qualities by sterilization and by placing them in hermetically sealed containers. They claim that Lacto-Preparata, an all-milk food, for young infants, and Carnrick's Food, composed of half Lacto-Preparata and half dextrinized wheat, for use after six months of age, have now practically reached perfection in keeping qualities, and that they are the only Infant Foods in the market that will alone thoroughly nourish a child during the nursing period. Their Lacto-Preparata almost perfectly resembles human milk in character, composition, and taste.



Patented, Feb. 8th, 1891

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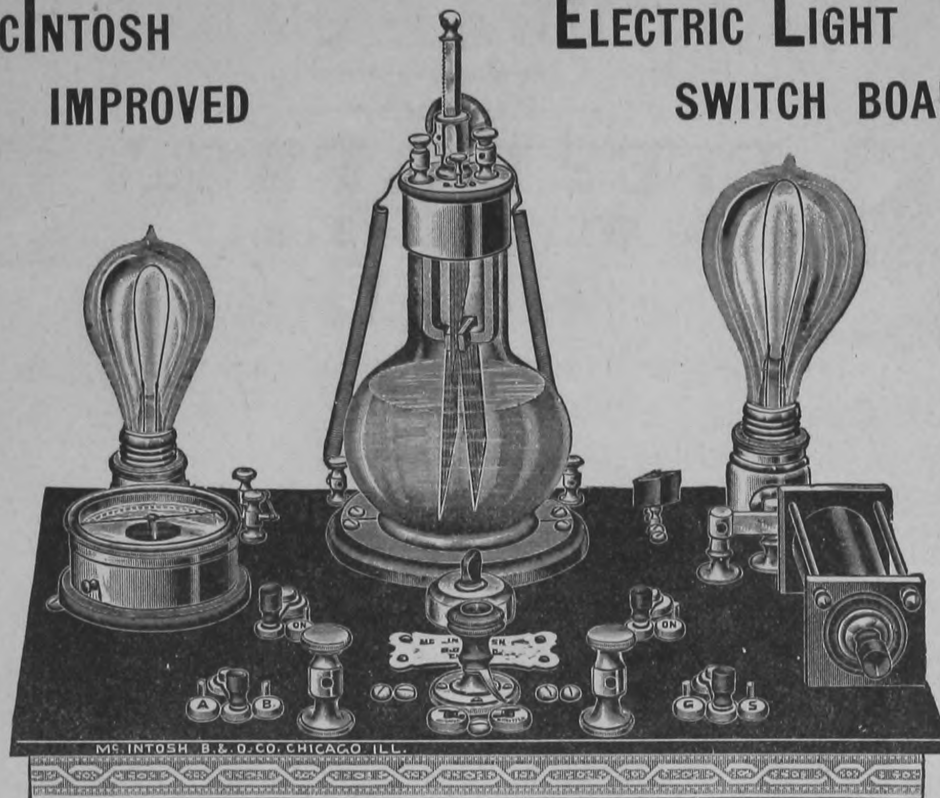
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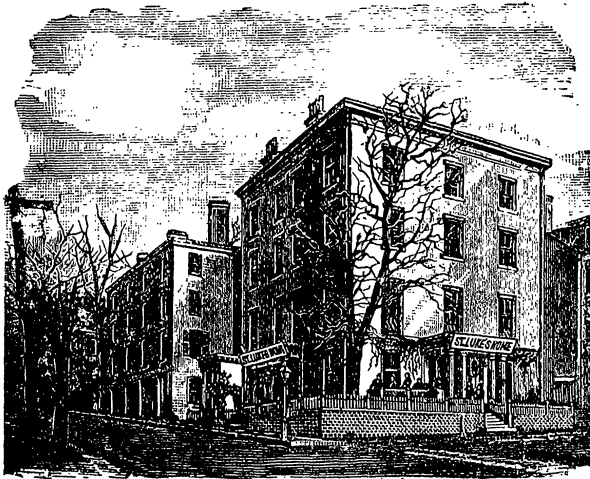
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(FOR TABLE OF CONTENTS, SEE ADVERTISING PAGE XIII.)

VOL. V.

JUNE, 1892.

NO. 6.



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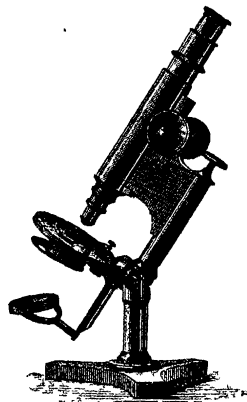
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Belle Smith,.....	Jan. 8, 1890,	Jan. 12, 1890
Wm. Payne,.....	Jan. 9, 1890,	Jan. 5, 1890
Gustav Thoman,.....	Jan. 21, 1890,	Jan. 23, 1890

All ended in recovery. These are all the cases of croupous or lobar pneumonia treated in the hospital during the influenza epidemic excepting one case, which was admitted in a moribund condition, and died before any treatment could be instituted. One case, which was apparently moribund when admitted, is included in the above list, and is at present recovering from an attack of femoral phlebitis.—Phila. Times and Register, Feb. 17, 1890.

JOHN A. REYBURN, M. D., Resident Physician

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BY C. A. BRYCE, M. D., RICHMOND, VA.,

Ed. Southern Clinic and American Doctor.

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I have taken my time and tested this preparation in a most rigid manner and in the most trying class of cases which the practitioner can meet. I refer to the sequelæ of "La Grippe," which I consider in many cases far more serious than typhoid fever or similar affections.

It has been my fortune to treat quite a number of cases this winter of bronchial asthma, bronchorrhœa, nervous prostration and general debility, all due directly to previous attacks of "la grippe."

I found all of these cases extremely hard to build up, and the usual remedies for these conditions were utterly inadequate for restoring my patients to their former condition of health. I considered this a most excellent opportunity to try the efficacy of the Ale and Beef, which had been placed at my dis-

posal for this purpose, and I accordingly commenced its use in quite a number of cases as mentioned above.

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 “ I have for a long time (being now past sixty-seven) suffered from muscular rheumatism, being feverish from weakness of the muscles. I had for a long time known that old people actually dry up so that the tissues become inactive. I also have known that to use a very stiff scrubbing brush vigorously would toughen the parts and clean the skin ready for absorption through the pores, of moisture, so that by lying in a tepid bath with the water at from 88° to 92° Fahrenheit for from a half to one hour, the body would actually absorb by weight from two to three pounds of water.

Benjamin Franklin, at about 60, began to feel greatly the encroachments of old age, so he went to Dr. Darwin for advice. The doctor recommended to him the lukewarm bath, to be taken twice a week. Franklin followed this advice, and very soon noted the beneficial effects of these warm baths upon his aged body. He is said to have continued their use up to within a short time of his death, which was at 84, and to the very last was very strong and vigorous in body and mind.

It restores elasticity and smoothness to the skin; it loosens the tissues and thereby brings back fullness and roundness to the limbs. It prevents eruptions of the skin, and where present, it removes them often, even from the face. It prevents the body giving off too much heat, which enhances nutrition.

Commence with these baths as soon as the first infirmities of age begin to make themselves felt, between the 50th and 60th year. Two or three baths should be taken every week. As the water cools off, hot water must be added and the thermometer consulted.

The best time for bathing is the forenoon, about two hours after breakfast, or the afternoon, about four hours after

the midday meal. After the bath the body must be well dried and rubbed with coarse towels.

Baths either too hot or too cold are dangerous to old people.—DR. EMERSON, in *Annals of Hygiene*.

NUTRIENT ENEMATA OF EGG ALBUMEN.—*Archives of Gynecology*, quoting from the *Medical Chronicle*, says that the assertions of Voit and Bauer and Eichorst, to the effect that egg albumen is absorbed by the rectum only in the presence of a certain proportion of chloride of sodium, but is returned unaltered with the fæces if this reagent be absent, has led the author to investigate this point anew, and to make his observations on man, and not on dogs, as his predecessors had done. The experiments were planned with great care, and the quantity of albumen removed from the body, both by the urine and the fæces, was estimated. As the outcome of several series of experiments, the results of which show a great agreement, Huber gives as his conclusions that egg albumen, simply beaten up, is absorbed by the rectum, but only in very small quantities, and consequently a nutrient enema of this kind possesses hardly any value. When, however, a certain amount of common salt is added (1 gramme [15 grains] to each egg, in the present series of experiments), the quantity of albumen absorbed is doubled. Peptonized egg albumen was absorbed in very slightly greater proportion than that treated with common salt. Of the albumen thus treated with salt, between sixty and seventy per cent. was absorbed, and we, therefore, have in this mixture an extremely valuable material for nutrient enemata.

In no case of Huber were the enemata expelled; nor was albuminuria ever found to occur after their use.

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	Sodii Benzoate et Sodii Salicylate.....	aa gr. xx.
	Eucalyptol et Thymol.....	aa gr. x.
	Menthol.....	gr. v.
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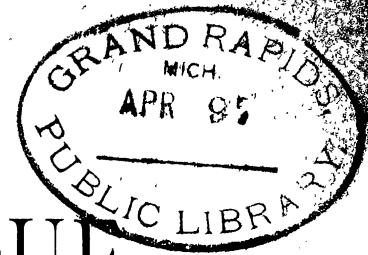
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ST. LOUIS CLINIQUE

A MONTHLY JOURNAL OF
CLINICAL MEDICINE AND SURGERY.

Vol. V.

JUNE, 1892.

No. 6.

The Clinical Features of Erysipelas.

BY H. BARTENS, A. M., M. D.

Erysipelas is an inflammatory affection, characterized by heat, swelling, intense redness, and a tendency to spread itself superficially or deeply, more or less rapidly in all directions. Hippocrates in his third book on epidemics is the first one who has given us an accurate description of it. Diodor and Thucydides give a description of an epidemic of erysipelas raging all over southern Europe from 430 to 425 B. C. This epidemic is recorded in history as the Attic pest. Galen describes the pest of Antonin, another epidemic of erysipelas raging throughout the Roman Empire from 180 to 165 B. C. Celsus confounds erysipelas with the exanthemata, and, from his time until the 16th century, medical literature reveals nothing as to this disease. But during this century we again hear from it, and we find that the medical men of that time held, that the origin of erysipelas was to be found in either a hypersecretion of bile or in a perverted state of that fluid. This theory was set forth and explained in the Tripartita, a medical work published by Gelman in 1552. In this work the author distinctly recog-

nizes two varieties of erysipelas; one caused by bilious blood, always amenable to treatment, and one fatal form, produced by bad air filled with a "contagium animatum." From this time to the end of the 18th century, medical literature says but little about this disease and even this is worthless on account of existing confusion. It is the present century which has given us the most minute and accurate descriptions of the various epidemics and which has successfully ascertained the true causes of this formerly very fatal disease.

Any local irritation of the skin, such as the application of dry heat, boiling fluids, or medicinal irritants, may produce a dermatitis, but they do not of necessity cause an erysipelas. An inflammation produced by such agents may be severe; it may closely resemble erysipelas, yet, there is a vast pathological difference between it and this disease. There must be another cause or causes, over and above those producing simple inflammation, and there are a number of facts showing that such causes exist either in the individual or outside, and that either one or both

combined may produce erysipelas. If this is not true, how then shall we explain the fact, that some people are liable to suffer from repeated attacks of erysipelas without the slightest provocation, whereas, others may be severely injured without exhibiting any existence of such a tendency?

It is equally well understood that erysipelas at times assumes an epidemic character, and it used to be a very common thing to find it haunting certain localities, especially in hospitals and public houses. Now, if we admit the special liability of certain persons to contract erysipelas without any provocation, we simply admit the existence of predisposing causes. Such predisposing causes are often hereditary, whereas, exciting causes are commonly found in external circumstances. Again, admitting exciting causes, we acknowledge the existence of an external morbid agent.

The real causation of erysipelas, lies, I believe, in a combination of both ideas just expressed, and this conclusion contradicts by no means the theory that sometimes the one, sometimes the other factor may be powerful enough to create erysipelas *per se*. As to constitutional predisposition I know nothing except the fact of its existence in some cases. Considering the exciting causes, I may begin with the age. Erysipelas is quite common among the newborn, but it is rarely met with between the first and fortieth years. This relative exemption of children can be clearly shown from the statistics of Rilliet and Barthez, who during their life long experience, met with only nine cases. But the aged, owing to a lowered state of vitality, are far more liable to be attacked. Sex is of importance, for statistics demonstrate the fact, that women are more frequently attacked by erysipelas than men and that they are especially exposed during

the menstrual period. Von Bardeleben quotes the famous case of a Berlin actress who regularly during her period suffered from an attack of facial erysipelas, so much so, that her face became permanently disfigured. Errors in diet, especially the ingestion of irritating substances, sometimes produce facial erysipelas, a fact which I had a chance to observe myself. But by far the most important, because the most frequent, cause of erysipelas is that specific poison, which exists in all cases, and which may be communicated to others by direct contact or transmission through the air and which has a peculiar affinity to persons already suffering from another disease or from a solution of continuity, viz., the *spreptococcus erysipelatosus*.

This leads me to say something about the peculiar affinity between erysipelas and the puerperal state. Whenever a puerpera comes into contact with the poison of erysipelas she is almost certain to have an attack of the disease, and happy she is if she does not succumb. The ancients believed that many cases of puerperal fever were true cases of erysipelas. "*Si mulieri prægnanti erysepelas in utero fiat lethale*" says Hippocrates.

Unfortunately, this is not even to-day appreciated among medical men as it ought to be; still, if we think one moment of the many abrasions and injuries inflicted upon the genital tract of a puerpera, should it not occur to us that more than anything else the puerperal state must be susceptible to the invasion of erysipelas poison? This is of such great importance to every practitioner that I will show by facts the peculiar affinity between the puerperal state and erysipelas. During the winter of 1840-41, says Dr. Storrs in the *Provincial Medical and Surgical Journal*, I practiced in the city of Doncaster, England. We had a widespread epidemic

of erysipelas of a peculiarly malignant character, and I treated a number of cases to whom I made regular visits. On January 7, I delivered a lady, who a day after delivery was attacked by puerperal fever, and died on the 12th. On the 13th, I delivered a second woman living out of the city, she was taken ill with puerperal fever and died on the 17th. On this day I delivered a third woman who died on the 22nd; on the 24th, I delivered a fourth one, she too was taken ill, and died on the 27th. on the 8th of February, I delivered a fifth and on the 14th a sixth woman, both of whom were promptly attacked by puerperal fever and died. After this most unfortunate experience I concluded to leave the city. Having adopted the most scrupulous cleanliness and wearing entirely new clothes, I returned on the 16th of March. On the 21st, I delivered a lady; she was taken sick with puerperal fever and died on the 25th. From this time on I declined to accept any obstetric practice. During all the previous time I was the only physician in Doncaster who met such terrible experience, there being no puerperal fever in the city. Any one interested in this subject can get similar testimony from Hutchinson, Elkington, Spencer Wells, Sir James Simpson and others, so much of it indeed, that there can be no room for doubt whether or not erysipelas will produce puerperal fever. *Vice versa*, the contagium of puerperal fever will in turn produce erysipelas. A striking illustration of this fact is related by Pihan-Dupeilly in the records of the Hospital St. Louis, Paris. He writes: "We have had a terrible time with puerperal fever, the mortality in our obstetric wards being such that I declined to accept any new cases. Ordering the evacuation of this ward, we had all the surviving puerperæ transferred into one of the large rooms of the

dermatological ward, and thirty-two of the inmates of the latter became occupants of the apartment infected by puerperal fever. Three days later, erysipelas appeared among these patients, three of whom died. The same fact is testified to by Rigby in Ramsbotham's Obstetrics.

What can we learn from these facts? Three points present themselves forcibly to our mind:

1. Puerperal fever and erysipelas occur at the same time.
2. The specific poison of erysipelas coming in contact with puerperæ creates puerperal fever.
3. Puerperal fever contagium in turn creates erysipelas.

Hence, it is our imperative duty, that when we treat cases of erysipelas, we must either not accept obstetric cases, or, if we do accept such, we must adopt the most scrupulous cleanliness, as to our person, clothing and instruments.

Erysipelas is contagious and infectious. I shall give an illustration of this fact by quoting the experience of Blin, interne of the Hôpital Lariboisière, Paris. Blin, after having treated two cases of erysipelas in the Hospital, was himself taken ill with it. One of his friends, M. Toraine, living in Guise, 75 miles from Paris, visited him on the 14th of November. Upon returning to Guise he was taken ill with erysipelas and died November 30th. The servant who had nursed him during his illness was next taken sick with facial erysipelas, but recovered. He had been nursed by a friend living in a distant town in the province who had scarcely returned home when he and his entire family were seized by erysipelas, rendering them perfectly helpless. They called upon a relative, M. Lefranc. This man declined to come, but sent two Sisters of Mercy. The Sisters had been there but 48 hours, when both of them were taken sick an

had to be returned to the convent. Here the house physician was called in; he was attacked by the disease and died, as did also his daughter who nursed him in his last illness. I could add to this the testimony of American and German physicians, but think the sad experience of poor Dr. Blin is sufficiently convincing to put every practitioner on the *qui vive*. If I should divide erysipelas into different forms for clinical convenience I would principally recognize four:

- 1, The simple cutaneous.
- 2, The phlegmonous.
- 3, The cellular.
- 4, The erysipelas of mucous membranes.

The symptoms of all these forms are generally twofold; constitutional and local. There is fever and there are definite structural changes in the skin, the subcutaneous, or cellular tissue, as the case may be. Sometimes the fever precedes the local inflammation and *vice versa*, but the former is the most common condition.

The commencement of a case of simple cutaneous erysipelas of the face (which is generally considered a typical one) is usually marked by uneasiness of the patient of not a very definite character. A slight chilliness at times marks the onset, either immediately before, or at the same time with, the appearance of the local inflammation. Upon the appearance of the inflammation there is no remission of pyrexial symptoms, on the contrary they are as a rule aggravated in intensity. The location of the trouble is in this case the face, local disease or any injury to the skin, even the slightest abrasion, will determine the exact site. Most frequently the nose, the angle of the mouth or the ear are the points at which the inflammation is first seen. It is of interest and a point of importance to know that, in the ab-

sence of any local irritation, abrasion, or wound, the erysipelatous process always begins in the proximity of those places, where the skin undergoes that transformation which results in its becoming a mucous membrane at the point of junction. Thus, if the nose is the point of attack, erysipelas begins just where the skin of this organ turns upwards into the nostrils. In the same way erysipelas is met with at the angle of the mouth, the eyelids, and the anus. The inflammatory process is at first confined to a spot. This spot feels hot, is smarting and irritable, of a peculiar, bright shining color which disappears upon pressure, but quickly returns. Once established, it spreads rapidly, sometimes in all, but generally in one, direction, and its line of advance is not only characterized by a difference of color, but by a distinct elevation of surface. Sometimes this swelling is inconsiderable, at other times it is enormous, disfiguring the patient in such a way that even his friends would not recognize him. Naturally this swelling must be the greatest where the skin is only loosely attached to the subjacent structure, as in the vicinity of the eye-lids and around the mouth. In all mild cases, even where there is much swelling, there is as a rule, always a *restitutio ad integrum* in due time, but in severe cases this is always doubtful. The rise in temperature is in direct proportion to the extension and violence of the erysipelatous process.

Much more serious is the phlegmonous form, differing from the simple type just described in two points; in the degree of the intensity of the inflammation, and in the depth to which the tissues are affected. Being more intense, the redness is of a deeper scarlet, pain exists from the very beginning, burning and pungent, sometimes throbbing, in character. The swelling increases more rapidly and the affected part ap-

pears, perhaps, to be twice its natural size. This state of affairs continues for about a week and then a change takes place, either resolution or suppuration. In the latter case, the skin assumes a dark purple color, becomes loose and boggy, and transmits to the finger the sensations of semi-fluctuation, an indication of the formation of pus beneath.

Still more serious is that form of erysipelas where the alteration of structure has gone further yet, where the cellular tissue becomes converted into a mass of sloughs, floating in ichorous pus. In this form, the skin being at first highly congested, turns pale, assumes a mottled appearance, and rapidly breaks down. In bad cases, muscles, facie, nerves and vessels become exposed, and the bony structures necrose. Fortunately this form of erysipelas is rarely met with and where it is found, well, just ascribe the cause to the doctor, who is not well up in antiseptics.

The prognosis in a case of erysipelas depends upon the form and seat of the disease, constitution and disease of the patient, the prevailing genius *epidemicus*, and complications. Erysipelas is always dangerous in the extremes of life, always a formidable enemy to a man with a broken down constitution, and means almost certain death to people suffering from albuminuria. Again epidemic erysipelas offers a very unfavorable prognosis, and erysipelas neonatorum invariably terminates fatally. "*Erysipèle neonatorum est invariablement mortel pendant le premier mois de la vie,*" says Trousseau. Lastly, erysipelas gravidarum (in the pregnant) offers a very unfavorable prognosis, because, such females usually abort and are then attacked by puerperal fever, which under the circumstances is generally fatal.

In conclusion, a prognosis should always be carefully guarded, for we never know how a case will terminate. Now,

one more word as to the mortality of erysipelas. The study from reports of private practice will as a rule show but a light mortality, whereas the study of statistics computed by surgeons will often reveal a terrible death rate. This, however, is easily explained. The practitioner as a rule treats the simple form, while the surgeon is the one who is called to treat the more serious. This assertion is verified by figures collected at various times by the best authors: Depres lost 50 per cent., Pujos, 32 per cent., Volkman, 5.2 per cent., Billoth, 12½ per cent., the American Military Surgeons, 11 per cent., and Luelzer who collected the history of 10,000 cases has arrived at the conclusion that the average mortality in erysipelas is 11 per cent., thus the American Surgeons came nearer the truth than anyone else.

PROPHYLACTIC TREATMENT OF POST-GONORRHOEIC AZO-OSPERMIA. — Dr. L. Seeligmann (*Sem. Méd.*) advises to treat every case of epididymitis as soon as the acute stage is passed by methodical massage, inunctions with ichthyol salve and permanent compression. At each seance one should massage besides the testicle, the epididymis, and finally the spermatic cord as high up as possible; then rub the paps with a salve of ichthyol (5 to 100 per cent.) and place them in a rubber suspensory. By these means the nutrition of the testicle is improved as well as that of the epididymis and spermatic cord; the bands and deposits of hyperplastic connective tissue, which cause contraction and obliteration of the tubes and seminiferous vessels and subsequent azoöspermia, are caused to soften and disappear.

Dr. F. R. Sturgis, of New York, says that albumen in the urine does not necessarily signify any renal disease.

Sterility—Its Causes.*

BY J. X. ALLEN, M.D.

During my twelve year's practice in St. Louis, Mo., I can safely say that for every woman that applied to me for advice as to how to become a mother, there were ten that applied for help not to become a mother. The latter class of cases I have always felt it my duty to turn over to specialists. During the fourteen years that I have practiced in this county, the case has been reversed: for every one that sought advice as to how not to become a mother, there have been ten ladies who have sought help in acquiring maternity.

The possible causes of sterility are too numerous for mention in this brief article. I shall, therefore, only mention the ones most commonly met with by me in the West.

1st. *Impotence in the male.*

It is my custom, when a lady applies to me for advice as to how she may have children, to make as thorough an examination as possible, and in case I fail to find any appreciable lesion, such as would naturally tend to prevent conception and gestation, I at once suspect the husband. Sometimes I am correct in my suspicions, but not always. There are men, who from disease or from masturbation, are not competent to propagate their species, I have, since I have been in Ogden, treated a number of men for masturbation and consequent seminal weakness, who have subsequently become fathers.

I find that age in men does not have

much to do with their power to beget offspring. I recall to mind a case, much talked about privately some years ago, in this country. A young woman, widow of an old man, who after returning from her husband's funeral, told a close acquaintance that she did not know what to do, she was afraid that she was in the family way and that she got that way only two days ago. Her husband, who was in bed in a sick and dying condition, asked her to get into bed. She gratified him and crept out leaving a corpse behind. Nine months from that time the lady was a mother.

2nd. *Catarrh of the cervix uteri.*

A very common cause of sterility in the female is chronic catarrh of the neck of the womb. After you get the speculum in position you behold a cervix somewhat swollen and covered with a glairy mucus. You wipe this away, and there you have exposed to view an eroded, angry-looking cervix. The canal is occluded with a tenacious mucus not altogether devoid of pus. With this condition of things, conception is all but impossible. True, some females do conceive who suffer from this complaint; and, I suppose that when such a phenomenon does occur, it takes place immediately after the catamenia, when the canal has but recently been washed clean.

The treatment in such cases is laid down in the text books, with which you are all familiar, and I will not take your time by recounting, but simply say: remove the obstruction, and your patient is made happy.

* Read before the Ogden Medical Society, Sept. 12th, 1890.

3rd. *Membranous dysmenorrhœa.*

Membranous dysmenorrhœa is another common cause of sterility. This you will have no trouble in diagnosing, and I sincerely wish that I could give you the same assurance as to treatment, but I am sorry to say that I cannot, nor do I know of any treatment in advance of what you will find in the most recent works on Gynecology.

4th. *Spasmodic dysmenorrhœa.*

This is a disease the younger men will find somewhat more difficult to diagnose.

The woman tells you that about twenty-four hours before the flow commences she begins to have severe cramps, which last for twelve, twenty-four, or forty-eight hours after the flow shows itself. During the cramps and severe suffering the flow is scant, but as soon as the discharge becomes free she at once becomes easier and is, to all appearance, perfectly well, until the so much dreaded time comes around again. This condition of things is a pure neurosis and must be treated as such at the time of suffering, but the neurosis has a cause which you must discover, and if possible, eliminate, or some older man will be very apt to take your case away from you. I will cite a case that came under my observation three years ago. A Mrs. B. from a neighboring settlement called upon me, and, in answer to my interrogation as to what I could do for her, she replied to the following effect. She was passionately fond of children, and as she had none of her own, had adopted one. She did not like men, and never would have gotten married had she thought it was 'going to be this way.' I asked her how long she had been married. Her answer was four and a half years. "And you have never been in the family way? Never had a mis-carriage?" "No more than if I had never been married," was

her answer. On inquiring as to her monthly periods she said that she came around regularly every four weeks. "But oh it is terrible. I feel as though I would rather die." She appeared to be in perfect health, and to look at her an inexperienced practitioner would have been justified in suspecting her of exaggeration. She said that she cramped dreadfully, and had to go to bed for two or three days every month. The cramps came on about twenty-four hours before she saw anything and the flow was scant for the first day or two: after that it became more free and she felt easier and was perfectly well until the time came around again.

On examination, I found a very small uterus, the neck not larger than my little finger, and the canal so narrow that I failed to pass the smallest sound. Sufficient to say that after three visits, I succeeded in reaching the fundus. The whole length of the uterine cavity was one and three fourths inches. I stretched the uterus twice a week until within a few days of the catamenia. She never returned, but eleven months later I was in her neighborhood, and, on calling upon her found that she had a fine boy on the breast, and was as cheerful and happy as a queen.

Atresia of the vagina.

In the year 1886 a lady from a southern county called upon me to find out the reason of her not having any more children. On examination I found complete atresia of the vagina. I concluded that after her last confinement she had suffered from vaginitis, and, through neglect, had allowed the walls of the canal to become adherent. I made an incision and carefully separated the vaginal walls, and I have no doubt but she has since then reaped the benefit of the operation. I did not ask the lady how many wives her husband had, but I must confess that I suspect-

ed that she was not the sole object of her partner's affections.

During the summer of last year while attending a surgical case in a northern settlement, the midwife of the place asked me to see a young lady, about 23 or 24 years of age. On inquiring as to what was wrong, I was told that she never came around. On examination I found an imperforate hymen, so dense and resisting that one would be almost justified in believing that there was no vagina behind it. I wanted to operate on the lady then and there, but she wanted to know how much it would cost, and on my mentioning a very moderate sum, she said she could not raise the money then, but that she would come to Ogden whenever she had acquired that much money. I had another surgical case in the same settlement during the past Spring, and I made it my business to see the midwife and inquire about the young lady in question, and to my as-

tonishment, was told that she was married. I asked the midwife if she were likely to get a job in that quarter. The reply was "No, I do not think she is married enough for that." I have not heard of the case lately, but I do not despond of making a bill in that quarter some day.

Anæmia is a very, if not the most, common cause of sterility. It is a very common thing for a lady so poor in flesh to apply for help to motherhood that one cannot suppress the silent thought "skin and grief." Such patients nearly always tell you that the discharge at "the time" is nearly colorless, and that between "times" there is more or less leucorrhœa. As a general thing I do not subject such cases to examination, but give tonics. I have seen dozens of ladies made happy without any other treatment from a medical adviser.

Ogden, Utah.

The Treatment of Pneumonia.

BY C. W. WATSON, M. D.

I deem it unnecessary to describe this disease minutely in this brief article, as I believe the description laid down in even the older text books will suffice in treating of pneumonia. Of course we all know that it is an inflammation of lung tissue, ushered in with a chill, followed by more or less fever, and we know, or ought to know, the characteristic symptoms well enough to recognize the disease when we see it. The most noteworthy diagnostic symptom being the brick-dust color of the sputa, then the many other symptoms

following, namely, the pain in the lung or lungs, the crepitant and subcrepitant rales on auscultation, the dullness on percussion, etc.

Pre-eminently in my treatment of pneumonia I watch the heart and its action. My plan of treatment is as follows: if I reach the patient before the lung becomes hepatic, I apply cantharidal blister; large enough to cover well the seat of pain. I have never observed any harm from blisters used at the proper time, on the other hand, I have often noted good results from them. If

I find it necessary, I order the following little prescription:

R. Hydrag. chlor. mitis.....gr. i
 Sacchr. alb.....gr. ii

M. et tritura bene. Ft. chart. No. 4.

Sig. Give one on the tongue every hour.

This can be followed by a mild aperient if needed. I always prescribe ammonia in some form. I use morphia and atropia hypodermically to relieve pain, and always use opium in some form to relieve and control the nervous system. I use antipyrine to control the fever if it goes above 104 degrees. The antipyrine is prescribed in small doses. I use whiskey or brandy in the form of milk punches as nourishment when needed. A drop of spirits of turpentine on the tongue several times during the day will relieve the cough and the dryness of the tongue to some extent. Use turpentine freely, both externally and internally if there are any typhoid

symptoms. If I prescribe sulphate of quinine at all, it is in the form of inunction, and used in this manner freely on the soft vascular regions of the body, it is a most excellent way to administer quinine to both young and old patients.

A pneumonia patient should have nourishment frequently administered to him; in fact, the great majority of cases of pneumonia with no serious complications, with good nursing and nourishment, terminate favorably. Of course any complication arising in a case of pneumonia should be treated according to its nature. As I said in the beginning, I carefully watch the heart and its action, and I find nothing suits me so well as the tincture of veratrum viride and tincture of digitalis. If the pulse is rapid and bounding, veratrum is indicated; if weak and irregular, then administer the tincture of digitalis. I have more faith in the tincture of digitalis in pneumonia than any other one drug in our materia medica.

Quebracho in Pneumonia, Asthma, Bronchitis, Etc.

BY R. LAWRENCE, M. D.

Last summer my attention was called to an article on the virtues of the fluid extract of quebracho. I read it carefully and found that to this drug was attributed a result claimed for no other, so far as I am informed. The remedy was mentioned in the above named diseases because it has the power either to enable the red blood corpuscles to assimilate more oxygen, or to so stimulate the muscles of respiration that deeper and slower respirations are taken, probably the former.

I carefully noted the virtues claimed

for the drug and determined to try it upon the first favorable opportunity. I looked up all the literature obtainable and found no dangerous action mentioned, when given in ordinary doses.

Last month had a case of double pneumonia of a most severe type. The symptoms were all alarming, and as my patient, a little girl of eleven years, was breathing for days at a time at from 65 to 80 per minute, I concluded that the case very much needed something to diminish the rapid, short

breathing. I accordingly obtained some fluid extract of quebracho and commenced giving five drops every two hours. It seemed to have no very decided effect. I knew my dose was too small, but it being a new remedy in my hands, I concluded to feel my way carefully along, drop by drop. This I did until I was giving twelve, later on fifteen drops every two or three hours. I found that the latter quantity had a most beneficial effect. The pulse which was about 120 and not very strong, became slower and stronger, and in about one hour and a half after giving the drug, the breathing would fall from fourteen to eighteen respirations per minute. The remedy was given every two or three hours for two days at a time and was followed by the happiest results.

My nurse, a very observant and intelligent man, to whom I explained the action of the remedy, carefully noticed

the effect on the respiration, and soon found that it slowed and deepened the breathing.

The drug is a native of South America, and by the natives is used as a tonic.

Several nights ago I had another opportunity of trying its effect as I was called to visit a lady suffering severely from asthma. It was a case complicating Bright's disease, and obstinate to treatment. One-half a teaspoonful of the fluid extract of quebracho gave her prompt relief from the distressing desire for breath. It did not remove the spasm from the tubes but very perceptibly alleviated the suffering, and the patient readily gave evidence of relief. It is also highly spoken of in the treatment of phthisis and croup.

The remedy is new and is certainly a most valuable one, and every doctor should acquaint himself with its virtues.

An Injury to the Scrotum—With Treatment.

BY A. TOOKE, M. D.

December 28th last, I was called to see George T., aged 8. The messenger, who was brother of the patient, in reply to my question, said: "George has torn himself," and indicated the location of the "tear" by placing his hand in the region of his generative organs.

On reaching the family residence I was told the circumstances by the boy's mother. She stated that the boy had been playing at see-saw with another child, and, by some mis-chance, had lost his equilibrium while the board at his end was at the highest point, and, in falling, his clothing caught on the

sharp end of the board, suspending him in mid-air until the cloth gave way, when he fell to the ground. I made an examination at once and found that more than pants had been torn in the fall, viz: the skin of the scrotum at its base was torn in divergent directions from the lowest point, making a V-shaped opening, the edges of the wound forming two sides of a triangle and exposing the entire covering of testes and plainly showing the outline of the latter. The covering of the testes was uninjured, though how they escaped under the circumstances is wonderful.

The tear extended on the right side about one-half an inch from the point of the triangle, and on the left was a little longer.

I cleaned the wound by dropping carbolized water from a sponge held above, used warm water to relax and lengthen the scrotum, put in three silk sutures, one at the point of the V, the others mid-way between the point and upper edges of the tear on opposite sides. After this I used cold applications which drew up the scrotum, closing the surfaces of the wound nicely, put a pad of corrosive sublimate gauze and absorbent cotton below the perineum to support the scrotum, and finished the dressing with a modified bandage which would allow defecation without removal of the dressings. These I changed daily, and cut the stitches on

the fifth day when I found adhesion going on perfectly.

On the sixth day I called to dress the wound again, and to my chagrin, found the lower edge open and bleeding slightly. I made inquiry, but could elicit nothing until I accused the boy of causing the trouble. He then admitted that during the previous night he had scratched it "because it itched so." So as a last resort to prevent his indulging his scratching propensity again, I remarked that if he did not follow instructions we should be obliged to remove the testicles and then he would have nothing to scratch. Well, to conclude, I washed the wound again and brought the edges together with adhesive plaster, and, in five days the scrotum was as good as new.

Fairmount, Kas.

Multiple Calculi in Wharton's Duct.

BY S. V. WAGNER, M. D.

On the 6th of April, 1892, J. S., a Pole, æt. 20, a farmer living in the county for six years, came to my office. Patient complained of an incessant flow of saliva and difficulty of deglutition, also considerable pain in the mouth, especially under the tongue. Upon examination, I found externally, a swelling below the situation of the sublingual gland. Under the tongue, the swelling was considerable and the orifice of Wharton's duct patulous and angry-looking.

I introduced a very fine probe and found resistance caused by some hard substance with a rough surface. The pain was very much aggravated by pressure. Cutting down I found four

calculi, one behind the other, all of about the same shape and resembling wheat grains but larger and of rough surface. The aggregate weight after dessication was $9\frac{1}{2}$ grains.

I showed the calculi to several of my colleagues, but as none had seen any before, I was induced to look up the literature on the subject. I found it mentioned in Dwitt's System of Medicine, also in Wyeth's Text Book on Surgery. But little is said about it. The best information I found in Sajous' Annual of 1889, Vol. 3, p. 12, where Moïssëf mentions one case of multiple calculi which had an aggregate weight of 38 grains. I pitied Moïssëf's patient as I found my patient

had suffered agonies with one-fourth of the amount of solidified secretions. Still greater was my amazement when upon looking up the records in the *Reference Handbook of the Medical Sciences*, I found a statement by Dr. E. S. Wood that a calculus weighing seven and a half grammes, (approximately 116 grains,) is recorded. In the last named place I also found that these calculi are chiefly composed of calcic carbonate and phosphate mixed with epithelium and organic matter. Moi-

sëef's statement that there were no records that he could find of multiple calculi has been the chief cause of my reporting this case.

Patient returned April 13th and reported that the wound had healed kindly by the fourth day and no inconvenience whatever was experienced since. The swelling disappeared gradually and nothing abnormal can be detected. There is no pain on pressure and the secretions from Wharton's duct are apparently normal.

Stricture of the Urethra.

The *Western Medical Reporter* publishes an article by Prof. G F. Lydston, of Chicago, entitled "Observations on Stricture of the Urethra."

Dr. Lydston takes issue with those gentlemen who think that stricture is caused by the long continuance rather than by the severity of urethral inflammation. He thinks that the inflammation is kept up *by* the stricture which was formed during the acute stage.

In discussing the cause of stricture, the writer says that it is his belief that friction caused by the passage of urine through an inelastic canal, (the inelasticity being due to its inflamed state,) causes a loss of epithelium at the point or points of least extensibility, and a deposit of plastic material to take its place, and to resist strain. This deposit may possibly become absorbed, but the friction remains, and a gleet is often kept up.

Excluding deep urethral urethritism, the proportion of strictures in the pendulous portion of the urethra to those in the membranous portion is as ten to one. This may be partly accounted for by so-called "slight traumatism" to the urethra during erection, especi-

ally if chordee is present, or if intercourse be attempted. Attempts to "break the chordee," if successful, are almost invariably followed by stricture. Then it must be remembered that the pendulous urethra is much the longest portion of the canal, thereby giving more space for the formation of strictures, and often this is the only portion of the canal that is inflamed.

The writer points out the fact that all patients with serious strictures, particularly of the deep urethra, suffer in a greater or less degree from toxæmia. Granted that unclean instruments often cause infection, the question presents itself whether or not any instrument passed through a diseased anterior urethra can be aseptic by the time it reaches the deeper portions of the canal.

The different methods of treatment are then taken up and discussed in turn. It is the writer's belief, that every soft and tractable stricture should be treated by dilatation. This variety is common in the deep urethra, but rare in the pendulous portion of the canal. Care must be taken not to dilate too often. About twice a week is recommended in many cases, and the opera-

tion must be done with extreme gentleness.

In discussing urethrotomy, Dr. Lydston says that he considers it to rank among the major operations, that hemorrhage is likely, and that rest in bed for a week should be insisted upon. Sepsis is to be avoided by drawing off the urine with a soft catheter, and flushing the canal for a few days after the operation. External urethrotomy is recommended as preferable to an internal division of the stricture, one advantage being, that a guide can usually be introduced and cut down upon.

Divulsion is casually mentioned but not recommended except in stricture of the deep urethra in which time is an important consideration.

The writer believes electricity to be of value in certain cases where the stricture is complicated by spasm, congestion, or bands formed by plastic exudates organized within the canal. The galvanic current stimulates the circulation and absorbents, and allays irritation, but it never cures organic stricture, nor will it often obviate the necessity for an operation.

Operation in Pott's Fracture.

Dr. Iwing S. Haynes, in the *New York Medical Journal*, describes a rational operation for the correction of vicious union in an improperly treated case of Pott's fracture.

The case was one of fracture of the internal malleolus at its base, and of the fibula about three inches from its lower end. Patient was treated at home by placing the ankle between two side-splints, and the toes kept in line. When he left his bed at the end of six or seven weeks, it was noticed that his foot was turned outward. Walking caused so much pain that he was forced to enter Bellevue Hospital, and submit to an operation.

Up to this time four different operations for parallel cases had been reported, in which the bone had been broken at various points and the ankle resected. Dr. Haynes thought that the rational treatment in so recent a case would be to reproduce the original lesion, reduce the fracture, and then to place it in the proper position. Under a continuous irrigation of bichloride, 1 to

4000, an incision one and one-half inches long was made in the long axis of the fibula over the seat of fracture, and the bone divided by a chisel at this point. This allowed the foot to swing partially into place, its further inversion being blocked by the internal malleolus which had united to the tibia in a position of outward displacement. A vertical incision was now made over the internal malleolus, the periosteum peeled up, and the chisel entered transversely about one and a quarter inches from its lower end, and driven obliquely into the joint, to come out at the angle of junction of the articular surface of the malleolus and tibia. The joint was then irrigated with the bichloride solution, and the deformity reduced. The wound was then dressed antiseptically, and a plaster of Paris splint applied.

The operation resulted in a useful limb. Extension is perfect, flexion is resisted beyond a right angle, due to a shortening of the tendo Achilles. The ankle is as strong as the other, and pressure upon it causes no pain.

The Mineral Treatment of Tuberculosis and Catarrhal Diseases.

BY NEVIN B. SHADE, M.D., PH.D.

In my last article, appearing in *The Times and Register* of (February 20) last month, I gave the first four months' treatment of a bad case of catarrh of fifteen years' duration, in which tuberculosis had developed in the last five years. This gentleman has been under close observation in the last three months, making in all, seven months of treatment. He assures me at this time that he is cured, but still continues to take $\frac{1}{80}$ gr. of the mineral every week, claiming that this small amount keeps up the physiological effect, and so near the danger line that he is conscious of a peculiar sensation whenever he takes this small dose weekly.

As this patient is a graduate of medicine, and has enjoyed an enviable reputation in the profession, and has also had extensive hospital experience in lung disease, I recognize and appreciate his co-operation in the treatment of his own case, which has been very helpful in arriving at important conclusions, in regard to the tolerance of the mineral in the different temperaments, as well as in the conditions of the glandular system and stages of the disease. So that it will be understood, no two cases require the same management; on account of variation in the susceptibility to the mineral, whether it be the chloride of gold, zinc, or mercury. In this study of scientific medication and pathology of disease, the student finds the most difficult task, as well as the most fascinating and all-absorbing field of labor.

From what I have already said it will be understood that the greatest care on the part of the physician is required, which is indeed the most difficult task in managing the treatment successfully to secure the best results with so dangerous, though potent agency. I find it necessary only in a few cases to begin with the large doses with which Dr.—— began his treatment. The great aim is to break up the soil in which the germs develop, and annihilate the predisposition to tuberculosis by regulating the glandular system so perfectly that the source of supply from which the bacillus derives its nourishment is entirely cut off, or not allowed to accumulate in the system. The greatest source of supply is from the duodenum. The chyloferous vessels are called upon to carry excrementitious matter, as well as chyle from the fermented contents of the intestines into the right side of the heart, from thence to the lungs. Hence the lungs and mesenteric glands generally produce the greater crop of bacilli, for the reason that proper fertilization of the soil to develop the bacillus is in close proximity.

Physicians, generally, are under the erroneous idea that they "know all about administering the mineral," and no doubt have had a score of years' experience. Yet I must say, when I take into consideration my own experience of twenty-one years, that I am yet learning more perfectly how to handle this *implement of precision*. But when we take into consideration the great

variety of temperament and diathesis, in which we differ as much as in individuality, also environment, altitude, latitude, place of birth, rearing, history of ancestry, stage of disease, and condition of the glandular system, especially the mesenterics, and last, but not least, how long there has been a confined condition of the alimentary canal—when all this has been carefully looked into, then, and only then, can a correct and satisfactory conclusion be arrived at in beginning the treatment properly. If the mesenteric glands have already enlarged and are sensitive, it is better to give the mineral hypodermically in the form of the bi-chloride. But if, in addition to diseased mesenteric glands there is already a small volume of blood resulting from mal-assimilation of food, causing the heart to contract rapidly to sustain life, it were better not to begin the mineral treatment, for nothing will save the patient in this stage of the disease.

I would say, in conclusion, that any physician may begin the treatment if cautious, but not without the utmost care, as he may do more harm than good in approaching the point of tolerance and succeed in killing the *patient* instead of the *bacillus*. The ammonia chlorides and carbolate of tar which I use with a modified inhaler, repair the damaged throat and lung tissue, and in cases of the worst form of catarrh, bronchitis and laryngitis, where the aponeurosis is not destroyed, perfect cures are the result, in connection with one of the mineral treatments.

After the patient has become accustomed to the use of the inhaler, I recommend smoking it during the day; the more the better. In all my cases they enter into a covenant with me to flush the colon thrice weekly. This part of the treatment is of the greatest importance, for the glandular system

will be unable to eliminate the secretions of the system without assistance, especially in the patient who has been living a sedentary life, and has possibly been nursing himself for months. In such cases the inhaler accomplishes wonders in exercising the lungs, as well as giving resisting power to said organs.

Resisting power (which is of great import in taking charge of a case), can be best judged from the volume of blood. Rapid contractions of the heart indicate a small volume. A pulse under 90 indicates, in the majority of cases, a fair volume of blood and considerable resisting power. The condition of the lungs bears but little on the case. I know I have patients enjoying life, with the use of but one lung. The great object, as I have already said, is to break up the bacillus soil and thus annihilate the predisposition or susceptibility as soon as possible, before the patient is undermined by mal-assimilation of food, which produces anemia, diminishes the volume of blood and resisting power.

Out of the one hundred and thirteen cases of tuberculosis under the mineral treatment up to last September, seven have died to date, fourteen I have lost sight of, nine continue treatment, and the rest have resumed their accustomed duties and occupations.—*Times and Register*.

TO ABORT CORYZA.—Twelve or fifteen drops of plain tincture of opium, taken at bed-time, will almost invariably abort an acute rhinitis or "cold," when taken at an early stage of the affection; and if taken later, it will greatly lessen the severity of the attack and shorten its course, if it does not, indeed, cure it completely. This is our verdict, after having tried quinine, camphor, atropia and morphia, and many other sure cures.

Forcible Straightening for Permanent Flexion of the Knee. - Urethral Stricture, with A Combined Internal and External Urethrotomy in the same Case.

REPORTED BY JOEL E. GOLDTHWAIT, M.D.

The following case is of interest, particularly as it illustrates a new and very satisfactory mode of treatment for deformities of the leg resulting from chronic rheumatism. The patient was treated at the Boston City Hospital, and was under the care of Dr. E. H. Bradford and Dr. Abner Post. I am indebted to those gentlemen for permission to report the case.

P. C., thirty-four years of age, entered the Boston City Hospital March 18, 1890, upon Dr. Bradford's service. He gave the following history: Since boyhood he had been subject to attacks of acute articular rheumatism; at the age of seventeen, after an attack of gonorrhœa, the rheumatism, which had been quiescent for two or three years, became more severe; and from this time on he has had frequent attacks of gonorrhœa, each time followed by an exacerbation of the "rheumatism." Five years ago, after a fresh attack of the urethral trouble, the pain and swelling in the knee became unusually severe. From this he was a year in recovering, and at this time the deformity of the leg, which is present, occurred.

At the time of entrance to the hospital, the left knee was flexed to nearly a right angle, the tibia was subluxated backward and rotated outward. There was very little motion possible, and this was very painful. The foot of the same side was fixed in the position of extreme valgus. There were also strictures in both the deep and the anterior urethra.

One week later, Dr. Bradford operated. (In the interval the patient had

been kept in bed, with extension to the leg.) The adhesions in both knee and ankle were broken up, and the leg was brought into as good position as was possible by manual force. The subluxation of the tibia, however, could not be corrected. A plaster-of-Paris bandage was applied. Following this, the patient had a great deal of pain in the knee; he was obliged to remain in bed for four weeks, and even then could move about but little with the aid of crutches and the plaster bandage.

On the 23d of May a combined internal and external urethrotomy was done by Dr. Post, who was then on duty. From this the patient made a good recovery; the catheter was removed on the next day and the urine came in drops from the wound in about two weeks. At this time the pain in the knee became much more severe than usual.

Two months later, the pain in the knee still remaining, more radical operative procedure became necessary. He himself demanded amputation if relief from the incessant pain could not be obtained in any other way. On July 29, Dr. Post operated. After the adhesions were broken up, the genuclast devised by Dr. Bradford was applied; and, with the use of a great deal of force, the subluxation was corrected, the leg straightened and done up in plaster-of-Paris.

After this operation, or after the bones were once in place, the pain ceased, only a dose of morphia being necessary, whereas formerly it had been used very freely. In one week the patient

was up about the ward, and on the tenth day he was discharged, using crutches and wearing the plaster bandage.

Since then he has done well. When last seen, about six months ago or over a year from the time of operation, he was at work, wearing a Thomas caliper knee-splint, with a strap over the knee to prevent a recurrence of the deformity. Even without this splint he is able to walk very well, and is free from pain.

The case is of interest particularly, aside from the history in which gonorrhoea is so mixed up with the joint condition and urethral trouble, as it shows the possibility, by means of such an apparatus, of offering the patient a useful leg, whereas otherwise amputation would have been the alternative. The cessation of the pain is also noticeable, immediately after breaking up the adhesions and restoring the bones to their proper positions.—*Boston Medical and Surgical Journal*.

Craniotomy in Epilepsy.

Dr. Hugo Engle reports a case in the *Medical News* of an operation for epilepsy upon a boy of 14. The boy had been healthy up to his sixth year when he was seized with convulsions. These gradually became more frequent and more severe until he had from eight to fourteen, and sometimes as many as twenty-one in a day. Simultaneously with approaching unconsciousness his arms would become stiff, and be stretched out in front of him.

Not the least interesting point in the case was the fact that a most remarkable change had been noticed in his intellect. Before the commencement of the convulsions, the boy's intelligence had been of a high order; but after their occurrence a great change began simultaneously in the mental sphere. He became dull and vicious, wore a habitual frown, and sulked when questioned. He walked with a lumbering gait, and kept his eyes constantly fixed upon the ground.

Under treatment with bromides the severity and frequency of the attacks were greatly lessened, but no change was observed in the mental symptoms.

Upon examination of his skull it was found that "the upper part of the frontal and the upper anterior third of

each parietal bone, while soft, appeared to have been crushed in by some weight, and as if the same force had crushed the two parietal bones in front closer together—this changed formation of the skull continuing until ossification had become complete. The skull, besides, was far more massive than, considering the age of the boy, it should have been."

Operation was decided upon, but as most cases in which bone had been removed from both sides simultaneously ended fatally, it was thought best to resect first on one side, and at a later time on the other. This was accordingly done under antiseptic precautions, the two operations being performed about three months apart.

The result was remarkable. The attacks became much milder, the boy not being thrown with such violence as formerly, and the intellect was also greatly improved.

Dr. Engle, however, does not believe in wholesale operations for epilepsy. He thinks that trephining should not be done unless—(1) there is evidence of depressed bone as the consequence of an injury, or, (2) there is malformation, or, (3) there is proof of too early ossification. In other words, unless evident pressure by bone causes the seizures.

Surgery.

UNDER THE CHARGE OF GEO. W. CALE, M.D., F.R.M.S. LONDON.

THE RESULTS OF REMOVAL OF THE BREAST.—Terrillon has arrived at the following conclusions as a result of partial or total removal of the breast in one hundred patients, in the treatment of tumors of various kinds.

The gravity of the operation is insignificant; recurrence seems to be the rule when the axillary glands are involved in the disease; when mammary tumors are malignant, or of a mixed character, the entire gland and involved lymphatic glands should be removed if recurrence takes place. The operation may be repeated once or several times, especially if primary union of the skin can be secured; by this means the condition of the patient is ameliorated, the drain attending ulceration is obviated, and the unfavorable course of the disease seems to be retarded.

REMOVAL OF CLOTS FROM BASE OF BRAIN—RECOVERY.—Dr. Laplace (Philadelphia) records a case of basal hemorrhage from perforating wound through the left orbit; coma, convulsions, and signs of compression existed. Trephining was done just above the zygoma, and a specially contrived instrument of malleable wire (“a miniature egg-beater”) was insinuated between the dura and the skull to the cavernous sinus, and about a teaspoonful of clot was removed. Consciousness returned four days later; power of speech a week later still, and then recovery was steady and uninterrupted. The patient has anaesthesia of the left eye and internal strabismus.—*Medical and Surgical Reporter.*

THE SURGICAL MANAGEMENT OF GENITO-URINARY CALCULUS.—(*Annals of Surgery*, March, 1892.) By J. D. Bryant, M.D., L. A. Stimson, M.D., E. L. Keyes, M.D., and L. B. Bangs, M.D.

Dr. Bryant, in considering the question of stone in the kidney, its diagnosis and the indications for surgical treatment, divides the symptoms of this disorder into,—viz., “suggestive” and “convincing.” He defines a suggestive symptom of stone in the kidney as a symptom the presence of which leads the physician to *suggest* the possible existence of stone; a “convincing” symptom of the same condition causing him to assert its probable existence and to advise some surgical procedure to establish its actual presence.

Operative explorative treatment should be advised when the group of suggestive symptoms are persistent and annoying and is not mitigated by simpler methods of treatment. Operative surgical treatment should be urged promptly when the group of “convincing” symptoms indicates pathological kidney changes of an irreparable nature, especially if the use of simpler means of cure be attended by no improvement.

In dealing with the surgical treatment of stone in the kidney Dr. Lewis A. Stimson considers that the presence of a stone in the kidney calls for either a nephrotomy or a nephrectomy, according to the degree of disorganization of the kidney discovered at the time of the operation. The posterior route is the one to be preferred, and the operation will be wholly extraperitoneal, except in certain cases. The incision may be

longitudinal, along the outer border of the sacro-lumbalis mass, about two and a half to three inches from the median line, and should extend through the skin from the level of the eleventh rib to that of the border of the ilium. In nephrectomy, when the kidney is much enlarged, the transverse incision has especial advantages; it is begun just within the outer margin of the sacro-lumbalis, a little below the twelfth rib, and carried outward parallel to the rib for about four inches. When the exceptional indication for resort to this incision arises from the great size of the kidney or from its close inflammatory attachment to the peritoneum, this incision permits an easy and free opening into the peritoneal cavity, through which the hand can be introduced to draw the kidney outward and to facilitate the securing of the pedicle and other later steps of the operation. Recent experience has shown that when the kidney is reached, an incision through the substance of the organ into the pelvis has some advantages, and does not expose to the troublesome hemorrhage which may occur when the incision is made through the posterior wall of the pelvis.

Dr. Edward L. Keyes, in considering what special indications should govern a choice of operation as between lithotomy and lithotrity, thinks that old conclusions must now be modified by the light thrown from the three brilliant modern foci.

1. The admirable results of litholapaxy as applied to male children.

2. The undoubted triumphs of cystoscopy in perfecting diagnosis, more particularly as to the physical conditions of the urinary tract.

3. The accumulating confidence of those who are testing the value of suprapubic prostatectomy, as a radical measure for the relief of the enlarged prostate.

The size of the stone, at the present day, is by no means a prime factor in deciding the method by which its removal should be undertaken: the operation of litholapaxy is one requiring more skill on the part of the operation than is lithotomy, but even in skilled hands the question ought to be not does the stone justify crushing, but does the physical condition of the patient and of his urinary tract justify lithotrity?

In children litholapaxy should always be the operation unless the stone is too large for such crushing instruments as will pass the urethra, when suprapubic cystotomy should be performed. In middle life (from adolescence to fifty), if a foreign body constitutes the nucleus of the stone, the perineal route may be properly preferred, but aside from such adventitious nuclei, unless the stone be very large (when the high operation is suitable), it should be crushed and washed out, unless such physical contraindications as tight, deep urethral stricture, intense, long-standing cystitis with altered mucous membrane, sacculated stone, or concomitant vesical tumor, etc., are present.

In old men with enlargement of the prostate we have (1) prostatic cases that have not used a catheter at all, or have not become habituated to the instrument; (2) most of the pallid, flabby, fat subjects, who show early the corneal arcus; and especially (3) those who exhibit a tendency to recurring localized eczema (notably of the extremities) and to flatulent dyspepsia.

These cases, if properly prepared, do very well under lithotomy, and in them the suprapubic method should be adopted, because it allows the surgeon to deal at a single sitting not only with the minor necessity, — the small stone, — but also with the more important and permanent disability, — the enlarged prostate, by prolonging the suprapubic

lithotomy into a prostatectomy,—and making the patient's necessity become the surgeon's opportunity.

Dr. L. Bolton Bangs, on the Choice of Operation for the Removal of Stone from the Bladder, practically recognizes but two methods of operation, litholapaxy and suprapubic lithotomy. When prostatic hypertrophy is absent and there is no history of prolonged catarrhal inflammation of the bladder, no evidence of serious disease of the kidney, and the general condition of the patient is good, litholapaxy should certainly be chosen. Or even where a certain amount of prostatic hypertrophy exists, with only moderate evidences of disease of the kidneys, and the patient is vigorous and in good general condition, litholapaxy should be the choice even in elder persons. On the other hand, in younger men with healthy kidneys, but where evidence of a marked catarrhal condition of the bladder, associated with convulsive muscular contraction, makes it strongly evident that, besides the removal of the stone, physiological rest must be secured for the viscus, suprapubic cystotomy is indicated.

When the kidneys are in a state of considerable degeneration, lithotomy should be chosen as being the more speedy. Lastly, in choosing between the two operations, the skill of the operator should be taken into consideration, the prolonged crushing operation of litholapaxy being much more difficult than suprapubic lithotomy, the technique of which is very simple, and, in these days of widespread knowledge of antiseptics, it is comparatively a safe surgical procedure.—*International Med. Magazine.*

SOME POINTS IN HEPATIC SURGERY.—The last meeting of the London Medical Society was devoted to hepatic surgery.

Mr. Knowsley Thornton read a paper in which he gave particulars of five cases of cholecystotomy. He maintained that a properly-conducted exploratory incision was free from risk and might give valuable information, even when no stone was found. Dietetic and medicinal treatment ought, however, to be thoroughly tried first. The ducts were as completely within the sphere of surgical treatment as the gall bladder itself. Stones of moderate size impacted in the duct were better treated by kneading and crushing between the finger and thumb, or by forceps pressure; larger stones by incision, complete removal, and after-suture of the duct-wall. In cases in which *debris* was left in the duct the gall-bladder should be opened, sutured into the abdominal incision, and drained. Where the ducts were incised and sutured a drainage-tube should be passed into the peritoneum beside the sutured duct, and the gall-bladder also drained externally. In a well-marked case of repeated attacks of gall-stone colic, with recurring distension of the gall-bladder, it was better to operate early, and before there was a chance of injury to the duct-wall by impaction, and before the stone had reached the common duct. Such cases recovered rapidly, and there was every prospect that experience would show that complete intraperitoneal suture of the wound of the gall-bladder would be safe, and would become the rule when operation preceded damage of the ducts by impaction.

Dr. Douglas Powell congratulated Mr. Thornton on his powers of diagnosing even small stones by palpation, but did not agree with him that the gall-bladder was a receptacle for fluid accumulated in order to flush the ducts periodically. Dr. Ralfe urged the advantages of delaying before operating. Dr. Bristowe quoted cases in which

there had been all the symptoms of gall-stones without any being present; also a case in which, at a post-mortem where they expected to find gall-stones, careful palpation failed to find any, but when the dissection was carried a stage farther, one was found impacted in the duct. Mr. Marmaduke Sheild spoke of the value of a preliminary thorough purgation. Mr. Kectley mentioned the case of a man who had had twenty attacks of hepatic colic, yet laparotomy failed to reveal a calculus, though the operation was curiously followed by recovery. The President (Mr. Hutchinson) protested against the view that gall-stones were things which, when found, ought necessarily to be removed; the indication for operative interference was the pain to which they gave rise. Mr. Thornton pointed out in reply, that he had stipulated that operation was only to be resorted to after other means had failed, and when the symptoms were severe; some cases recovered without operation, but others for want of it went on to rupture of the gall-bladder or gangrene of the duct, with immediately fatal results.—*Med. Rec.*

PECULIAR COURSE OF A RECURRENT MELANOTIC SARCOMA.—(*Zilgien Gaz. hebdomadaire*, 1891, p. 32.)

The following case is worthy of record as illustrating the occasional vagaries observed in the clinical history of malignant growths. The microscopic examinations appear to have been careful, but the description of the structure of the tumor resembles more closely that of a carcinoma (or at least a cylindroma) than that of an ordinary sarcoma.

A woman, fifty-eight years of age, had a melanotic tumor of the cheek, developing from an angioma of long standing, and an infected gland in the neck, near the angle of the jaw, and

both were removed by excision in December, 1886. In one month the wounds had healed, but a black nodule, the size of a pin's head, had appeared in the scar of the cheek, and five months later it had grown to the size of a pea, while another similar nodule had appeared under the skin near by, and numerous, rather painful, enlarged glands appeared in the submaxillary region, but the general condition remained good. Four years after the operation the patient was found to have a perfectly healthy scar, but the enlarged glands remained, although painless. She stated that the black nodules remained three or four months, and then disappeared spontaneously, and her general health was excellent. About that time she lost her husband, and the glands then began to enlarge slowly until March, 1891, when they became painful, and her health failed. The glands were then the size of a fist, and in July they had grown to the size of a foetal head; the skin was breaking down over them, with a discharge of blood. Unfortunately the patient was lost sight of. There seems to be no room to doubt that there was here a disappearance of melanotic nodules, even although there is no similar case on record.—*International Med. Magazine*.

THE PRESENT STATUS IN BRAIN SURGERY, BASED ON THE PRACTICE OF PHILADELPHIA SURGEONS.—In the *University Medical Magazine*, Oct. 1891, Dr. D. Hayes Agnew presents a paper containing fifty-seven cases of trephining for traumatic epilepsy. Forty-six of the patients were males, four were females, and in seven the sex is unknown. Of these fifty-seven cases, forty-one recovered from the operation, four died, while in the remaining twelve the result is not given. The ages varied from

seven to forty-nine years. The mortality did not exceed seven per cent. Thirty-two experienced temporary benefit; nine obtained relief; four passed out of observation; four were operated on too recently to express any opinion; four were cured, and four died. The author concludes that traumatic epilepsy is practically incurable by surgical operations, and that a considerable number of such cases had better be relegated to the domain of pure medicine. But he believes that a certain number of patients in this class, on whom internal remedies have no controlling influence, may with propriety be operated on as a palliative measure. He assumes that surgery is responsible for the great majority of traumatic epileptics, and the old doctrine that depressed fractures of the skull without symptoms required no operative interference, in his opinion, has been the cause of very many of the unfortunate sequels of head injuries.—*Med. and Surg. Reporter.*

TREATMENT OF TRAUMATIC PNEUMOTHORAX.—Witzel successfully relieved a case of this nature, which forms such a dangerous complication in wounds of the thorax by impeding respiration and pressure on heart and large blood-vessels, by placing a catheter in the upper angle of the wound, then suturing the opening till air-tight; then filling the pleural cavity with warm boric acid solution, which gradually displaced the air, which escaped through the catheter. The liquid then was removed by siphoning it out through the catheter. After this procedure respiration became quiet and regular, and percussion and auscultation showed normal conditions.

REMOVAL OF THE APEX OF THE LUNG FOR TUBERCULOSIS.—Dr. Tuffier, in a case of early tuberculous disease of the

apex of the right lung, resorted to an operation. A simple incision was made through the second intercostal space anteriorly; the parietal pleura was divided, which induced a kind of sub-pleural pneumothorax; the apex of the lung became reduced in bulk sufficiently to be easily drawn through the wound; it was then cut away by the ecraseur, and the stump sutured to the intercostal incision to prevent retraction of the lung. The case progressed very favorably after the operation.—*Boston Med. and Surg. Jour.*

Dr. Thomas insists upon the following points in Cæsarian section:

1. I regard the lifting of the uterus out of the abdomen, and the partial closure of the abdominal walls before cutting into it, as a very important step, and one which conduces greatly to the prevention of the entrance of septic fluids into the peritoneal cavity.

2. While undue haste should be avoided, rapidity of operation should be striven after. The demands even of a rapid operation upon the nervous system of the woman are necessarily great, and the tardy manipulations of an operator who wastes precious time in discussions, in asking opinions, and in illustrating views are greatly to be deprecated.

3. In lengthy operations I much prefer ether to chloroform; in this one, I prefer chloroform to ether, from the fact that vomiting subsequent to operation is a source of danger to the uterine sutures, and may force out fluids from the uterine cavity into the peritoneum, even if it do not disturb the sutures.

4. It is a matter of the first importance that the operation should be performed, not before nor after, but during the first stage of labor. Before full establishment of this, and after escape of the liquor amnii, the chances of success are greatly diminished.

Gynaecology and Gynaecological Electro-Therapy.

UNDER THE CHARGE OF GEORGE F. HULBERT, M.D.

Diagnosis of Extra-Uterine Pregnancy.

Prof. R. Frommel, in the *Medical and Surgical Reporter*, for April 30, 1892, page 681, in a clinical lecture in Germany, very properly calls attention to the value of recording the complete histories of all cases of extra-uterine gestation as the only means by which can be formulated the diagnostic data so much desired by the general practitioner. Commenting upon the great increase in our knowledge in this direction, he also acknowledges great need of further elucidation of many things in connection with the subject. He reports two cases in detail; the first of a woman 36 years old, with regular, normal menstruation since her 17th year, mother of three children and never ill but once, the trouble being an attack of inflammation of the bowels. Last menses about June 1st, 1890, since which time she has considered herself pregnant. The course of gestation seemed normal and in no way different from her former experiences. March 21, 1891 she was taken with mild labor pains of like character to those previously experienced. These lasted about five hours and gradually became stronger, especially in the ilio-cæcal region with tenderness of abdomen. The pains and tenderness lasted for several days, the general condition of the patient being seriously impaired, weak and ill, and it was several weeks before she could leave her bed. The diagnosis of extra-uterine pregnancy was made the second day of the pains, and she came under the care of Dr.

Erlangen on the 15th of April, 1891, ten months and fifteen days after conception. From the poorly developed breast a secretion could be expressed. The abdomen appeared as it normally would at the ninth month of gestation, 97 centimetres in its greatest circumference, hard and resistant to pressure; on account of the distension the foetal parts could not be located. Vaginal mucous membrane was relaxed and of a bluish color. Cervix enlarged, admitting the index finger and bimanual examination easily revealed the uterus enlarged to twice its normal size, empty and pressed against the left wall of the tumor. The left tube and ovary could be easily distinguished, the right not found. The tumor was attached to the right corner of the uterus by a stout thick pedicle. All foetal movements ceased since the twentieth day of March, 91, and it was taken for granted that the child was dead. In view of the rapidly decreasing strength and constant abdominal pains, laparotomy was at once decided upon. This was done April 24, 1891.

Incision in the median line, a pale red tumor presenting. Out of the lower angle a large quantity of black brown fluid composed of blood and meconium escaped. General adhesions easily broken up from parieties. Sac discovered ruptured at lower portion of left side with protrusion of one hand and head into abdominal cavity. Foetus removed through the rent and cord tied and cut. Placenta left in sac. The

rest of the many visceral and parietal adhesions were then easily detached, with little hemorrhage, tumor lifted out, and pedicle, nine centimeters long, five centimeters broad, attached to uterus, tied by several ligatures and severed. Considerable blood and meconium from sac which emptied into the abdominal cavity during removal was carefully soaked up with gauze napkins, and a strip of iodoform gauze placed back of the uterus well down into the pelvic cavity and brought out at lower angle of wound. The incision was closed, save at a small point at lower angle. Placenta occupied nearly one-half of foetal sac. Convalescence was uneventful. A large quantity of bloody fluid drained out by strip of gauze, necessitating frequent changes of dressings (every three hours). Gauze removed on fourth day and iodoform wick substituted which was removed the third day after, all discharges having ceased. Patient left hospital well twenty days after operation.

CASE 2, Aged 31, presented the same normal menstrual history and apart from the usual diseases of childhood, had had variola, and typhoid fever at twelve and twenty-four years, respectively. Mother of two children, normal labors. Last menses June '90; and believed herself pregnant. Gestation proceeded normally until October, 1890, at which time a series of difficulties appeared consisting of periodical attacks of uterine colic-like pains and fainting fits, almost invariably occasioned by attempts to leave the bed. Constant desire to urinate and defecate, vomiting and nausea. This lasted until April 1891, (a tumor at one side of uterus was diagnosed), at which time she was sent to Dr. Erlangen. Breasts flabby, areola brown, some discharge from them. Abdomen enlarged to size of 8th month of pregnancy—92 centimetres in cir-

cumference. Tumor mostly in right side, fundus protruding above the left side of pelvis, dense and firm, and foetus could not be distinguished: no foetal heart sound or uterine murmur to be detected: cervix closed and pressed against left side of tumor. Diagnosis, extra-uterine gestation well advanced, not known if foetus was living or dead.

The suffering and increased debility of the patient demanded a laparotomy, which was accordingly performed June 6th, '91, one year after last menses. Median incision, dark-red tumor presenting. Adhesions between abdominal wall and sac slightly cut by accident, and through this a clear yellow fluid was discharged in a forcible stream. Upon enlarging the abdominal wall, it was found that the colon was stretched diagonally across the tumor, and the mesentery spread and enfolding the same. The entire sac was therefore subserous. The mesenteric vessels were greatly distended and ran across the entire upward and forward part of the tumor, against which the uterus lay. The tube could be traced for about twelve centimetres into the tumor, its abdominal end becoming lost. Enucleation was attempted by cutting and ligating a large portion of mesentery of colon. This revealed the wall of the sac very thin and friable, and showed that the placenta was attached to that part of the sac which was closely adherent to the colon. As every attempt at separation caused terrible bleeding, efforts at enucleation were abandoned. The sac was further opened at the cut, and a pulsating cord fell out; foetus in consequence was speedily delivered and cord ligated and cut. Child soon revived and began to cry. Its position had been, head against right rim of pelvis and down in pelvic cavity, breech to left and under arch of ribs. After removal, a fearful hemorrhage took

place flooding the entire field in a moment, and nothing remained but to tampon the sac with iodoform gauze. A large quantity was required, and pretty effectual control was obtained. Sac was, with difficulty, sewed to abdominal incision, and uppermost stitch came close up to bowel. Patient put to bed almost pulseless, but soon rallied.

The subsequent consequences were uneventful, save that a case of iodoform poisoning developed, slight degree of psychic excitement, almost maniacal, frequent pulse, severe headache, and enormous quantity of iodine in urine. In consequence, tampon was removed on fifth day and cavity packed with sterilized gauze. The temperature began to rise during the next few days, and disagreeable odor, increasing in degree, came from sac. As placenta did not spontaneously loosen itself from sac, its detachment was undertaken manually on the eleventh day. A severe hemorrhage which resulted from its removal was with difficulty controlled by means of a new tampon. Several days later this was cautiously removed, and no hemorrhage supervening, systematic irrigation was used. Contraction of the sac steadily progressed and it was entirely closed at the end of five weeks. A fecal fistula formed at the upper angle of the wound, undoubtedly from the suture at this site in the sac and colon, and required three months for its entire closure.

The child was 42 centimetres in length, and weighed 1880 grams. Deep impression in left parietal bone where it rested on brim of pelvis, and also decided contracture of right sterno-cleido-mastoid muscle, were present. First kept in Credés warm box, later in summer in warm clothing. Fed on sterilized milk. In October, four months, length 49 centimetres, weight 3200 grammes.

A study of the above two cases, and

they are well worthy of it, clearly shows the remarkable differences in individual cases, judged from an anatomical, clinical and surgical, standpoint.

Dr. Erlangen presents the following conclusions:

1. In well-developed cases of advanced uterine pregnancy, operative interference is indicated in all cases.

2. In these cases a total extirpation of the foetal sac should be aimed at, whereas a stitching of the sac to the abdominal wound should only be resorted to in cases of necessity.

3. It is not advisable to delay the extirpation until the death of the foetus, but to operate upon every case of extra-uterine pregnancy as early as possible.

THE STRONTIUM SALTS IN GYNÆCOLOGY.

—The strontium salts are now being presented to the profession of the country under very favorable reports from their use in the French hospitals under the direction of MM. G. Sée, Constantin Paul, Dujardin-Beaumetz, Bucquoy and Fere, who in making their report to the French Academy spoke of having achieved brilliant results from their use. They used the bromide, lactate, and iodide, of strontium in the same doses as the analogous salts.

From the gynecological standpoint, we are especially interested in this work, for when we consider the Protean array of gastro-intestinal and visceral neuroses that are part and parcel of the many vicious cycles in uterine and adnexial diseases, any improvement in the efficiency or toleration over the potash analogues is to be welcomed. This character of claim is made for the strontium salts to the extent that toxic symptoms are rarely, if ever, present in their use in doses sufficient to control the phenomena for which they are administered.

We have been using the bromide and

lactate of strontium in private, hospital and clinical cases and seemingly are getting positive results, and that too without any of the toxic symptoms. In one case of toxic (gastric and cutaneous) disturbance from the potash bromide in the same dose as well as evidence of more efficient relief and ultimate complete control of the condition, the ovarian recurrent hyperæmia, for which it was administered. We have also seen apparent prompt relief in the dyspeptic conditions so frequently an accompaniment in gynecological diseases, fermentation, flatulence, and gastralgia in a short time being entirely relieved. In the cephalalgias, insomnias, and cardiac neuroses it has proved of signal service. In the lactate given in one and two gramme doses, three times a day, three to six grammes per twenty-four hours we have found an agent of seemingly positive value in neurasthenia and conditions resulting from mal-assimilation so often accompanying uterine disorders. Appetite has decidedly improved, strength has increased, and general comfort and well-being been manifest.

The claims for bromide and lactate of strontium have therefore to all intents and purposes been well made and it is hoped that in them will be realized what has long been wished for in the use of the potash salts, *i. e.*, as much or more efficiency and less disadvantageous and toxic sequences. Our experience is of too short duration to speak positively.

HYDRASTINE IN UTERINE HEMORRHAGE.

—Falk two years ago, and Able in this year, have reported upon experimental and clinical use of the nitrate of hydrastine in uterine hemorrhage. Falk determined by experiments upon animals that the drug was entirely without ill effects, and as a result of his experiments, arrived at the following conclu-

sions concerning its physiological action:—a vascular constrictor, probably through excitation of the vaso-motor centres, but chiefly by direct action upon the vessels themselves. This at first occurs periodically, is marked, lasting, and not followed by any period of relaxation. Its action seems entirely confined to the circulation. There were no symptoms of irritation of the spinal cord, and the heart's action was only favorably influenced. His clinical tests confirmed his experimental work with marked uniformity.

Abel of Berlin reports like favorable clinical experiences in the use of the drug. It was not used where the hemorrhages were due to retention of placental remains, polypi, carcinoma, etc., where only radical removal is effective, but in those due to endometritis, metritis, myoma, and the menorrhagias and metrorrhagias due to ovarian and tubal disturbances and which are of the congestive type. Especially in the last named cases was it potent. It was always given hypodermically, as by the mouth its use was not satisfactory. The injections were made upon the lower right or left side of the abdomen. A ten per cent. aqueous solution of the nitrate of hydrastine (not hydrastinine) in doses of one-half to one gramme. Slight burning pain at sight of injection for a short time is sometimes felt, which if severe, is to be relieved by cold applications. In twenty-four hours the site of injection will be seen to be of a dark blue color, size of a half dollar and may be more extensive. This gradually disappears and there may be pain for some time but in no case was there tendency to inflammation or suppuration observed. One dose is to be given the week before the period is due and daily during the period if needed, thence once a week during the succeeding weeks until the menstrual period. In two or three

months the periods became normal and in case of relapse it was slight, a single dose being sufficient to promptly control matters. Where the menstrual periods do not assume the regular type (metrorrhagia,) doses are to be given two to four times per week and during the period daily. It is a conservative method and seemingly potent for good in reducing much if not holding the possibilities of absolute cure in many cases where the uterus or adnexia are seriously affected.

STERILITY. — Sterility is represented by several cases among my patients during the past month. Two of them are especially interesting. The cases are those of two sisters, one *æt.* 28 years, the other 23 years. The older married, and had three children in six years. She remained a widow one year, remarried, and has been unable to conceive during the three years following. An examination of her pelvic organs showed everything in order and no reason could be discerned why she should not bear children from her second husband as well as her first. Inquiry of her husband showed him to be in first class health except that he weighed 225 pounds. The younger sister had been married four years. Immediately after marriage she conceived and aborted at the second month. Since then she has been unable to conceive. Examination showed no reason on her part why she should not conceive. Examination of her husband showed him healthy and that he weighed 215 pounds. The older sister in her first venture married a man who was not obese. The younger married a man who was not especially obese. She conceived immediately. Her husband then became obese and she did not conceive again. Both women are rather slender. All members of the quartet

are very anxious for offspring. It is my opinion that the obstacle to conception in these two cases is the obesity of the husbands. Obesity as a factor in the *ætiology* of sterility has been known for some time. Kirsch, (*Le Bulletin Médical*,) says obesity is an obstacle to fecundation in animals and in vegetables.

While sterility occurs in one husband in eight, it is one in six among the aristocracy, and one in five where the wife or both parties are fat. There is a relative sterility in a great many more, *i. e.* only one child may be born. Formerly it was supposed that men were rarely sterile, latterly they have been found to represent a goodly number.

The writer has touched upon the subject of obesity and conception before in two papers. One, "Sterility in Woman, its *Ætiology* and Treatment," read before the Mississippi Valley Medical Association, and published in the *American Journal of Obstetrics* Vol. xxii, No. 10, 1889: the other, "Obesity in its Relation to Menstruation and Conception," read before the Cincinnati Obstetrical Society, and published in the *American Journal of Obstetrics*, Vol. xxiv, No. 3, 1891.

PROF. PARVIN does not believe that properly applied *pessaries* ever produce cancer. If cancer does follow the use of them, *they* are not the cause of the disease, but the condition must have already existed in the patient.

MIXTURE FOR HÆMORRHAGE.

R Powdered ergot.....ʒijss
Sulphuric acid.....ʒss
Distilled water.....Oj

Boil and evaporate to six ounces and then add

Alcohol.....ʒvj
Syrup of cinnamon....ʒj

—*Pharmaceutische Post*, No. 27, 1891.

Ætiology, with Suggestions as to Treatment, of Acute (Spasmodic?) Obstruction of the Strictured Male Urethra.

BY W. M. L. COPLIN, M.D.,

Adj. Professor of Hygiene and Demonstrator of Pathology in the Jefferson Medical College.

For the most part the teaching with regard to acute or spasmodic urethral stricture is, in my opinion, incorrect. As is well known, the almost universal opinion is that the condition depends upon a spasm of urethral circular muscular fibres, which, superadded to an already diminished lumen, causes its entire occlusion. In the writer's opinion, a far more lucid explanation is to be found in applying our knowledge of inflammatory processes in other mucous membranes. To briefly summarize this we recall that there are three distinct stages in an inflammation of a mucous membrane:—1st, hyperæmia or a determination of blood in the submucous capillaries, during which period the membrane is dry and beginning swelling is evident; 2nd, exudation into the submucous areolar tissue of the nutrient inflammatory products, thus giving rise to more swelling and a beginning relief of the submucous tension by intercellular transudation and epithelial desquamation producing rapidly the third stage of free mucous flow, during which the submucous areolar tissues are relieved of their serum and the swelling subsides.

No one can deny that the above briefly outlined facts apply to the mucous membranes of the nose and upper air passages. Why not to the urethra? It will not be infrequently observed that while the so-called "spasmodic" stricture is active, a similar "spasmodic" condition may be observed in other

mucous membranes. The next time you have a so-called spasmodic stricture to deal with, please inquire into the other points, and nine times out of ten, you will find that the mucous membrane of the nose is also swollen as manifested by the "stopped up" head with which we are all more or less familiar. If we stop to think we will see the very apparent reasons for this. All cases of spasmodic stricture of the urethra develop from causes which give rise to congestion or hyperæmia of other mucous membranes, viz:—exposure to cold, intemperance, or, we may have hyperæmia, indeed, a perfectly developed catarrhal process in the urethra, following sexual excesses and in this as is well known spasmodic stricture, so-called, not uncommonly manifests itself. The occlusion of the urethral calibre occurs during the first two stages of the acute inflammatory process, and hence is transitory in respect to time, giving rise to the idea usually associated with spasm. In support of the idea advanced in this article, there are certain therapeutic points of great value. Thus, in the medical treatment of spasmodic stricture, empiricism has demonstrated that those remedies which favor an active cutaneous circulation, (thus indirectly depleting the mucous membranes by abstracting blood from the engorged submucous vascular supply and favoring lymphatic return of the inflammatory transudation) without a single exception

are beneficial in the so-called spasmodic stricture. In other words, treat the inflammation, acute in character, exactly as we treat similar conditions affecting for example, the nasal or bronchial mucous surfaces. Secure hyperactivity of the superficial circulation, by hot baths, hot fomentations, opium and belladonna, or their alkaloids, and other remedies having similar physiological actions. Check, if possible, the determination of blood to the mucous membranes exactly as you would in impending laryngitis or acute coryza, in neither of which you would use a bougie, nor should you in the urethra unless the symptoms be urgent and the dysuria demand immediate relief. This, of course may, in many cases, be positively indicated.

Turning to the surgical treatment or rather instrumentation, does it not bear out the assertions herein made? When passing the bougie or catheter *all* admit that when the obstruction is reached the greatest care must be used. Why? We are told that the spasm will be thus overcome. Is it not equally likely that the pressure slowly displaces the œdema and thus renders the track patulous? If a bougie be introduced and immediately withdrawn, the urine flows freely, is spasm so easily overcome, and does it not recur more rapidly? The œdema returns slowly and if the patient be past the second stage of the inflammatory process, it does not return at all. The same is true if, after instrumentation, the patient be put to bed and medical treatment, as already advised, be fully carried out. Again, we are all too well acquainted with the little effort demanded in this class of cases in order to induce a false passage. Does spasm offer any adequate solution for this? If spasm be added to an already fibroid wall, is it likely to prove a macerating agent? Certainly not. œdema ex-

plains this peculiarity fully; as the swollen and softened membrane pits and pockets with the greatest ease and thus facilitates puncture upon the slightest use of force, and when once punctured the very swelling continues obscuring the normal passage and renders re-entrance a practical impossibility, the opening once made, remaining open, just as a trocar puncture in anasarca, which is naught but general œdema. There are reasons for considering this condition one of acute swelling rather than spasm, but space forbids more detailed review. No reference has been made to the extremely small quantity of muscular fibre in the urethral wall, nor to the fact that sufficient inflammation to induce a stricture must alter the contractibility of the little present. Lastly, it is freely admitted that dysuria due to acute inflammation of the prostate, is caused by the swelling of that organ and not to any imaginary spastic condition. I cannot for a moment assume that there is present anywhere in the urethra sufficient involuntary muscular tissue to offer serious resistance to the urinary flow, while to my mind, a mucous swelling, which, in the glottis is absolutely obstructing under the most violent efforts of the powerful muscular apparatus of respiration, may afford ample cause for obstruction to the egress of the normal contents of the urinary bladder through an already narrowed urethra.—*Medical and Surg. Reporter.*

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 ACCORDING to Rosenberry (*Med. Record.*) laryngeal diphtheria should be treated as follows:

R Ol. encalypti,
 Ol. terebinth.,.... aa f̄j
 Ol. vaselin.,..... f̄vj. M.

Sig: Use in a steam atomizer every half hour.

Book Reviews.

Medical and Surgical Gynecology. S. Pozzi, M.D. Translated from the French with additions by Brooks H. Wells, M.D. New York, Wm. Wood & Co., Publishers.

The literature of gynecology has again been enriched by the above work recently published, which for originality in thought, clearness and terseness of style, and completeness of scope, is second to none yet presented.

The method of treatment clearly shows that the author speaks from a knowledge of the subject gained in the abundant and well studied work, and not from the reading and absorption of the works of others. In this it is peculiarly, yet modestly original, and from our perusal of Vol. I we feel there is much and valuable knowledge imparted. It is pleasing to note the candor and freedom from dogmatism as well as to see the rational and fair manner of presentation for medical as well as surgical gynecology.

Chap. I at once presents the subject of antiseptics in all of its bearings, detail and importance in gynecological work. Chap. II deals with the subject of anesthesia, local and general, dwelling especially upon the many advantages of the use of morphine and atropine hypodermatically fifteen or twenty minutes before the use of chloroform; also the importance, causes and experiences in nephritic sequences, albuminuria, etc. Chap. III, "Methods of Suture and Hæmostasis" is exceedingly well written and illustrated, and contains many original ideas and suggestions. Especially clear is that in regard to this subject in hysterotomies and hysterectomies. Chap. IV, relates to gynecological examinations. It deals exhaustively and

practically with the subject, and the illustrations are apt and valuable.

The subject of metritis, Chaps. V, VI, VII, is one of the best, if not the most valuable in the entire volume. Pozzi rejects the usual concept and classification of the term metritis and gives it the broad interpretation, that is inflammation of the arteries, from the clinical standpoint. He thereby avoids much confusion. It is metritis regardless, as far as the process itself is concerned, of the site or cause. The metritis of carcinoma or the endometritis of fibroma as far as the process is concerned, is, to Pozzi, simply metritis as it would be from any other cause or condition. At first this may strike the reader as being unscientific, but further study and travel with Pozzi develops a pleasing clearness and want of confusion in the whole subject that lends a cordial assent. In this he does not sacrifice one anatomical, physiological or pathological fact or precept. His classification of the whole matter is purely clinical in the acute inflammatory, hemorrhagic, calant, and chronic painful. The chapter is exceedingly well and intelligently illustrated.

In Chaps. VIII, IX, X, XI, XII, and XIII, are treated the subject of fibroma, profusely illustrated and full of much original and valuable ideas and work. In his treatment of the subject from a medical or surgical standpoint, as well as operative technique and armamentarium, it is probably the most complete and valuable in the literature of gynecology to-day and shows the extent and operative acumen of one who has the advantage of an extensive field for work. Carcinoma in Chaps. XIV, XV,

XVI, is pathologically, etiologically, and therapeutically ably presented. In Chaps. XVII, XVIII, XIX, and XX, displacements of the uterus are exhaustively and efficiently presented. Here also is shown much evidence of close observation and study, as well as the comprehensive knowledge and experience of the author on the subject.

Chap. XXI, deals with Deformities, and Chap. XXII, ends the volume with the Disorders of Menstruation. It is pleasing to note the attention here displayed to the potency of the systemic and psychic influence to this class of sexual disorders.

It is a matter of satisfaction to note the credit given and free use of American gynecological work, as well as that of all other countries, and clearly demonstrates that the author was engaged in making as honest and trustworthy a presentation of the subject as could be done, and not be biased by any prejudice save for that which was best and most worthy in practice.

We have not yet received Vol. 2, so cannot speak for the rest of the work.

G. F. H.

"The International Clinics," Vol. 1, 2nd series, has just reached us and challenges our admiration. It is a general literary enterprise which has no prototype either in the United States or in Europe. Prof. Bruce's surgical collections, irregularly published, approximate the 'Clinics' to some extent. The plan upon which the publication is based is indeed perfect. Numerous contributions from among the most prominent members of our profession have been secured at home and abroad, while the editorial management has been entrusted to gentlemen of tested literary ability, namely, Drs. John M. Keating, of Colorado; Judson Daland, of Phila-

delphia; J. Mitchel Bruce, of London, England, and David W. Finlay, Aberdeen, Scotland.

In order to render them independent of personal consideration in the selection of matter, the publishers, J. B. Lippincott & Co., have adopted the practice of remuneration for every accepted contribution to the "Clinics," and besides allow expenses for typewriting, photos, and other necessaries. In this business-like way, the publishers cannot fail in securing the interest of competent co-laborers, and, by offering the best articles on the modern advancement of medical and surgical science, a large circulation for this quarterly work.

From our few remarks, our readers will fully realize the importance of the "International Clinics" in keeping its subscribers well informed of all the new scientific movements of our time. L. B.

A. B. C. of Swedish Gymnastics. By Hartrig Nissen. Philadelphia, F.A. Davis, publisher.

This small work of 100 pages is of condensed value and assistance to those who would have a practical knowledge of educational gymnastics. Especially will it be found of assistance to those who would treat or practice educational gymnastics.

The first two chapters are arranged in the form of quizzes to which are given clear, instructive replies. They are freely and intelligently illustrated. The last, quite long, is the table of exercises for primary and advanced schools on methods of gymnastic exercise.

The work is concisely gotten up and easily a hand or pocket book. Those interested will be pleasantly instructed as well as fully profited by a perusal and study of the work. G. F. H.

It affords us great pleasure to welcome to our shelves the *Journal of Comparative Neurology*, edited by C. L. Herrick, M.S., Professor of Natural History in the University of Cincinnati. To one interested in the studies of comparative neurology and microscopic structure of the nervous system, it is truly indispensable. A department will be devoted to Comparative Psychology.

G. M. W.

THE recent contribution on "The Structure of The Connective Tissue and Its Significance for The Histology of Inflammatory Processes," by Prof. P. Gravitz, furnishes additional evidence of Stricker's views advanced many years ago. Even at that time the histological axiom of Virchow's was well known and appreciated: "*Omnis cellula e cellula*," but Stricker added the microscopic evidence, from observations on the cornea, that original cellular tissue in its final formation may so oblit-

erate or change its embryonal type as to leave only the most minute slits (vacuoles) in its place. But if such tissue is eventually subjected to a hyperplastic or phlogistic action, it will gradually return into its embryonal state. Virchow's Cellular Pathology pointed that way.

The article of Gravitz superadds a most significant proof in support of Stricker's opinion by exciting inflammation in tendons. From the observation of Swoff and Fleming it is known that the fibrillæ of tendons are preceded by and eventually developed from cells. Now, Gravitz has succeeded in converting the fibrillæ back again from slight punctated distensions into granulated separating cells with amœboid movements, very like leucocytes. The illustrations to the article make this peculiar metamorphosis appreciable. This additional evidence modifies Virchow's Cellular Pathology and renders it more perspicuous.

L. B.

Books and Pamphlets Received.

"Incised Wounds; Hemorrhage, Collapse; Transfusion and Infusion." By Louis Bauer, M.D., M.R.C.S. (Eng.) (Reprinted from the *International Medical Magazine*, for April 1892.)

"Some Differential Points in the Diagnosis of Syphilis and Tuberculosis, with Illustrative Cases." Prince A. Morrow, M.D., New York. (Reprinted from the *Journal of Cutaneous and Genito-Urinary Diseases*, April 1892.)

"The Diagnosis and Treatment of Intestinal Obstruction, and the Management of Greatly Distended Intestines during Laparotomy." By Horace Tracy Hanks, M.D., New York. (Reprinted from the *American Journal of Obstetrics*, Vol. xxiv, No. 4, 1891.)

"The Bullous Form of Iodic Eruption." Prince A. Morrow, M.D., New York. (Reprinted from the *Journal of Cutaneous and Genito-Urinary Diseases*, Vol. lv, April and May, 1886.)

"The Importance of Understanding the Function of the Levator Ani Muscle in the Treatment of Injuries of the Floor of the Vagina." By Horace Tracy Hanks, M.D., New York. (Reprinted from *Transactions*, 1891.)

"My Recent Experience in Operating for the Lacerations of the Perineum Involving the Sphincter Ani, With a Description of My Method of Flap-Slitting." By Horace Tracy Hanks, M.D., New York. (Reprint from Vol. xv, *Gynecological Transactions*, 1890.)

"Rules to be Followed in the Effort to Prevent Mural Abscesses, Abdominal Sinuses, and Ventral Herniæ after Laparotomy." By Horace Tracy Hanks, M.D., New York. Reprinted from Vol. xvi, *Gynecological Transactions*, 1891.

"Transactions of the American Orthopedic Association." 5th Session, held at Washington, D. C., Sep. 22, 23, 24, and 25, 1891. Vol. IV. Published by the Association.

"Fifth Annual Report of the State Board of Health and Vital Statistics of the Commonwealth of Pennsylvania." Transmitted to the Governor, December 2, 1889. (Harrisburg. Edwin K. Meyers, State Printer, 1892.)

"Sixth Annual Report of the State Board of Health and Vital Statistics of the Commonwealth of Pennsylvania." Transmitted to the Governor, December, 1891. Harrisburg: Ed K. Meyers, State Printer, 1892.

"Bureau of Education Circular of Information," No. 8, 1891: Rise and Growth of the Normal-School Idea in the United States, by J. P. Gorly, Professor of Pedagogy in Ohio University at Athens, Ohio, and author of "Lessons in Psychology." (Washington. Government Printing Office, 1891.)

"Bureau of Education Circular of Information." No. 2, 1891. The Fourth International Prison Congress, St. Petersburg, Russia, By C. D. Randall, Official Delegate from the United States.

(Washington. Government Printing Office, 1891.)

"Bureau of Education Circular of Information." No. 4, 1891. Contributions to American Educational History, edited by Herbert B. Adams. No. 11. History of Higher Education in Michigan, by Andrew C. McLaughlin, Assistant Professor of History in the University of Michigan. (Washington. Government Printing Office, 1891.)

"Bureau of Education Circular of Information," No. 6, 1891. Contributions to American Educational History edited by Herbert B. Adams. No. 13, History of Higher Education in Massachusetts, by George Gray Bush, Ph. D. Washington. Government Printing Office, 1891.

"Contributions to the History of Medical Education and Medical Institutions in the United States of America. 1776-1876." Special Report prepared for the United States Bureau by N. S. Davis, A. M., M.D.

"The New Lake in the Desert: Its Apparent and Expected Effect upon the Climate of San Diego and San Bernardino Counties, California." By William A. Edwards, M.D., San Diego, California. (Reprint from the *Climatologist*, February 1892.

"The Indications for Colotomy." By Charles B. Kelsey, M.D. (Reprint from the *Therapeutic Gazette*, January 15, 1892.)

The silk-worm-gut used in surgery is not the intestine of the worm, but its silk producing gland with its contents. It is first placed in a twenty per cent. solution of carbolic acid, then boiled for an hour in a twenty-five per cent. solution of boric acid, and preserved in a 1-1000 solution of bichloride. It may

be used for plastic operations and also in the suturing of bones and nerves. It does not absorb secretion, and will itself be absorbed by the organism.

STRYCHNIA POISONING. — Bromide of potassium, in doses of rather more than a drachm every half hour.

THE ST. LOUIS CLINIQUE,

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Physicians' Wants, Etc.—A department will be devoted to the free publication of physicians' wants, practices for sale, good locations, etc.

Secretaries of Medical Societies will do us a favor by keeping us informed of dates of meeting of same, etc.

Editorial Committee.—DR. A. S. BARNES, DR. A. A. HENSKE, DR. KEATING BAUDUY, DR. WILLIAM PORTER.

Edited for the Committee by DR. WILLIAM PORTER, assisted by DR. G. M. WAGNER.

Vol. V.

ST. LOUIS, MO., JUNE, 1892.

No. 6.

Editorial.

A Word Before Matriculating.

This is the time of the year when young men who have decided upon entering the medical profession are matriculating at different schools. The CLINIQUE naturally reaches many of these prospective students, and asks a moment's quiet consideration of the proposed enrollment.

First, are you ready to enter upon the study of a profession? Do you realize that more is required of a physician now than twenty years ago? Many excellent men have become worthy practitioners, who were denied preliminary advantages, but who have, by hard work and constant study, made places for themselves in even the very front rank of American Physicians. You cannot hope for this result, unless you have a better academic education than

they, because the same opportunities do not exist. Young men, well taught in the common and higher schools and as a rule with collegiate training, are crowding into the medical profession. You may be able to graduate but they will beat you in the long run. Medicine is now, more than ever, one of the learned professions, and the aspirant for success should be well taught in those general branches of study which are at the foundation of all true professional superstructure.

Second, do you know that you are not likely to meet with great success in the practice of medicine? Many fail altogether; about one-half make a very modest living, and only one in ten attains to moderate distinction. Of some nine hundred physicians practicing in

St. Louis probably not more than one hundred are making money, and this estimate does not include those who have abandoned the profession entirely.

Third, are you willing to devote plenty of time to your preparation for practice? You may rush through an easy course in two or three winters—hang up a shingle and trust to luck. It will not come. The day for “natural bone setters” and “herb doctors” is passed, and if you wish to succeed you must be a student from the first and so long as you live. Nothing less than continued study during your College course and for all your life afterwards, will make you worth the fees you ask, and a worthless doctor is a man who should continually apologize for presuming to live.

Fourth, are you willing to begin on the lower round of the ladder, to abandon the idea that a doctor is necessarily any better than any body else, or that

your position as a physician entitles you to special distinction beyond that to which you have a right as the result of hard and honest work? Your rank in society will be accorded, not because you are a doctor, but because you are a man. You will deserve no precedence and probably receive none, simply because you have a diploma.

If you can answer these questions with honest satisfaction to yourself—there is room for you. Never has the public demanded—nor the profession needed—high-spirited, well-equipped young medical men, more than now. If with all the severity of training and the possibilities of failure before you, you are ready to enter the arena, you will be welcome. It is still true that “there is plenty of room at the top,” but the top is a long way up, and to reach it you must have stout hearts and thorough preparation.

MARRIED, April 20, at Hoboken, N. J., Dr. George Howard Thompson, our popular Professor of *Materia Medica*, to Miss Pauline Adelaide Gerhard.

Mrs. Thompson's grandfather was legation consul to the court of Saxe-Weimar, and her father consul to Alexandria, Dr. Thompson having met her while in Europe. The happy couple have arrived in St. Louis, and are now living at 2104 Lafayette ave. The CLINIQUE extends its best wishes to them, and wishes them a “long life and great happiness.”

The large number of delegates to the American Medical Association that have secured accommodations over the Wabash Railroad to Detroit, shows plainly the popularity of this route. With the rates reduced, as they now are, to one fare for the round trip, and the option of returning by way of Chi-

cago, with stop-over privilege, nothing more could be asked. When to this is added the splendid service of this road with its thorough equipment, the conclusion must be that it is easier to go to Detroit than to stay at home.

THE Vandalia Line is likely to carry more than its usual share of summer tourists this year. Being the St. Louis connection of the great Pennsylvania system—it makes the most rapid time possible from the Mississippi to the seaboard. Those who have not crossed the beautiful Alleghanies by this famous route—have something well worth a journey, to see. No wonder the traveler enjoys the choice menu of the Vandalia dining car, for he eats his dinner at his leisure—while flying through the most beautiful scenery of the East, at less than the cost of shoe-leather.

College Chat.

ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

DR. G. B. CAMPBELL, class of '92, is located at Higbee, Mo. If ability and industry count for anything, Dr. Campbell will "get there." We wish him great success in his practice.

DR. W. W. DUKE, class of '92, has been appointed to the Female Hospital, this city. Competitive examinations are held every spring by the Board of Health, to which members of the graduating classes of the various regular Medical Colleges of the city are admitted, and of those entering, the eleven making the best averages are appointed to positions at the hospitals, eight at the general City Hospital and three at the Female Hospital. Dr. Duke was fortunate enough to secure such an appointment, and seems highly pleased at his success. We made him a visit recently and found him full of business, he having two of the four floors under his control. Dr. Duke was one of the most popular as well as one of the best students at the College, and he has the best wishes of the CLINIQUE as well as of his many other friends.

At a meeting of the faculty of the St. Louis College of Physicians and Surgeons held the evening of May 25, Dr. Henry Jacobson was elected to the chair of Physiology in place of Dr. Posert, resigned. Dr. Jacobson has had ample experience as a teacher, having for some time been one of the demonstrators at the Missouri Medical College, and we believe that he will prove one of the most popular and efficient professors connected with the College.

DR. AND MRS. FRANK RING will sail for Europe some time in June. The doctor expects to stop off at Detroit and attend the meeting of the American Medical Association held at that city.

Dr. Ring was president of his class, and deservedly popular among "the boys." He anticipates making a two-year stay in Europe, but we hope to see him back before that time is up.

DR. WILLIAM GRAVES has been made permanent Prof. of Pædiatrics at the College. This will be pleasant news to the students who have already listened to Dr. Graves, as also to his former classmates. Dr. G. is one of the professors who can always be counted on to fill his hour, and to present something of interest as well as profit to the class.

WE are in receipt of a letter from Dr. R. B. Tamplin, class of '91. The doctor is located at Deming's Bridge, Texas, and from the cheerful way in which he writes, we judge is doing well. He sends us a short account of an accident case occurring in his practice which will be found in this number of the CLINIQUE. Dr. Tamplin says the CLINIQUE is indispensable to him; he could not spare a single number of it.

WE had the pleasure, not long since, of meeting Dr. Jensen, class of '91. The doctor is located at Florissant, Mo., and from his look of prosperity we should judge that time does not hang heavily on his hands. He is a regular reader of the CLINIQUE, and promises to write us an article on consanguinous marriages soon.

DR. McEWEN, class of '83, writes us from Mound Valley, Kansas, reporting practice good in his locality. The doctor fills several positions of honor, being mayor of Mound Valley and president of the Labette Co. Medical Association. He is at present the Republican nominee for State Senator, and the CLINIQUE wishes him all possible success. Let us hear from you again, doctor.

FROM a letter to Dr. Barnes, we learn that the writer, Dr. T. W. Bath, has located at Ohio, Ills., and has gone into partnership with the only physician in the place, who, however, is to leave for New York soon, when Dr. Bath will have it all to himself.

He has passed the examination required by the State Board of Health of Illinois, and writes that several others of his class have also; among those he mentions are Drs. Meade, Trovillion, Schroepfel, Frankie and Beckmeyer.

He says the examination is quite rigid, as we believe it should be, but thinks he made a good showing in it.

DR. DART, of Brackettsville, Texas, a graduate of the Collège of P. and S., writes that he is doing a good practice in medicine and surgery at that place, and wishes to be remembered to old class-mates.

The doctor is a regular reader of the CLINIQUE, and has kindly sent us his method of treating a common disease in his part of the country, for which we wish to extend to him our thanks.

PHYSICIAN WANTED.—We are greatly in need of a physician at this place. Good town. Good society. Good surrounding country. Twenty-five miles north of Cairo, on C. V. & R. R.

Come at once or for further information address
T. L. OGLESBY,
Belknap, Ills.

A GERM MANIAC.

For five long hours I work on germs
In hanging drop of rich beef-tea;
Germs which, beneath the microscope,
I strain my eyes to see.
I bake them, boil them, roast them too,
Or poison those I find;
I steam them, cage them, then go home,
And leave the germs behind.
Behind! Oh woe, oh woe is me!
They go where'er I go,
Before, behind, without, within,
Around, about, below.
Thousands and thousands in my mouth,
And thousands in my hair!
I fear to breathe them in my lungs,
With every breath of air.
I know they rest upon my cheek,
I brush them with my hand;
They're on the hand! — I wash them off;
But water is their land.
I seek the cooling air of night;
The earth is dark, the hour is late;
The stars upon the heavens lie,
Like germs upon a plate.

Germs, germs by day and germs by night,

Germs in my brain must be
Unless I think of something else
They'll make a "stich" of me!

H. B. in *Bost. Med. and Surg. Jour.*

A PRESCRIPTION FOR YOUNG PHYSICIANS. — According to the *Brit. Medical Journal*, a distinguished Vienna professor gives the following prescription to all young physicians who call to take leave of him before embarking on their professional career: R. Veritatis, humanitatis, fidelitatis, aa infinitum. Misce Ft. elixir vitæ. Signa: To be used constantly throughout life. It is easy, perhaps, for most men to start with a good stock of this spiritual elixir, but the difficulty is to find an apothecary who can dispense the prescription when the supply has run out.—*New York Medical Journal.*

Practical Points.

HÆMOPHTYSIS.

R. Acidi gallici..... ℥ij.
Acid. sulph. aromat.... ℥j.
Glycerini..... ℥j.
Aq. dest., q. s. ad..... ℥iv.

M. Sig. Teaspoonful at dose—repeat frequently.—*Pepper*.

MENTHOL IN HÆMORRHOIDS. — Dr. Elizabeth N. Bradley has sent a brief note to the *N. Y. Med. Journal* on the case of a patient, sixty-four years old, of a rheumatic diathesis, who had been suffering for several days from the pneumonic and cardiac complications of *la grippe*, when an attack of acute prolapsed hæmorrhoids ensued one night. The usual remedies having proved unavailing, either in alleviating the pain or in overcoming the spasm of the sphincter, it occurred to the doctor that spraying the hæmorrhoids with a benzoin solution of menthol, which had proved very efficacious in controlling a paretic tendency of the laryngeal muscles in the same case, might so stimulate the muscular structure of the hæmorrhoidal veins as to accomplish a sufficient diminution in the volume of the piles to render them reducible. The spraying of the hæmorrhoids was followed almost instantaneously by a cessation of pain and by such a decrease in the volume of the tumors that their spontaneous reduction speedily ensued.

GONORRHOEA. — The following (*Lo Sperimentale*,) is spoken highly of in gonorrhœa:

R. Ergotin.....gr. v.
Aq. destillat.....℥x.

Inject twice a day.

PLEURITIS. — Dr. Fiedler (*Münch. med. Wochenschr.*), regards acute pleuritis in certain forms as identical with acute rheumatism, and gives with success in such cases salicylic acid. He is convinced that when administered early it will abort the disease and prevent the formation of exudates. He gives one gramme (fifteen grains) every two hours, or six grammes (one and a half drachms) per day. If a moderate exudate is already present, then the drug will have no influence. He recommends it also in genuine pericarditis.

FOR COMEDO, a favorite prescription is the following:

R. Campho-phenique.... ℥j.
Lanolini.....aa ℥ss.
Ung. aq. rose.....

M. Sig. Apply at night.

HEMORRHAGE.—Do not use styptics to control hemorrhage, and above all, do not use Monsel's solution (subsulphate of iron), as in case an operation is necessary it obscures the field of operation. The use of hot water is very much better (Prof. Keen.) — *Coll. and Clin. Rec.*

CARBOLIC ACID IN INFLUENZA.—Simson (*British Medical Journal*, No. 1621, p. 171) reports the treatment of many hundreds of cases of influenza by means of carbolic acid. The following is a useful combination:

R. Acid carbolic pur. liquid, ℥ij.
Syrup. simplicis..... ℥xl.
Tinct. cardamom. comp. ℥x.
Spts. chloroformi..... ℥x.
Aquæ menth. pip..... ad fl. ℥j.

M. Sig. For an adult. To be taken every four or six hours.

TWO POINTS IN JURISPRUDENCE.—
Discontinuing Attendance. When a physician engages to attend a patient without limitation of time, he can cease his visits only with the consent of the patient, or on giving the patient timely notice, or when the patient no longer requires medical treatment.

Charity Patient.—A physician may decline to respond to the call of a patient unable to compensate him, but if he undertakes the treatment of such a patient, his duties and liabilities are the same as in the case of any other patient.

FOR ODONTALGIA DUE TO ACUTE PULPITIS.—When toothache is dependent upon acute inflammation of the dental pulp, the distressing symptoms to which the condition gives rise may be relieved by introducing a bit of cotton impregnated with one of the following solutions into the cavity of the carious tooth or teeth, after thorough cleansing:

R Menthol.....gr. xxxvj
 Chloroform.....fʒj—M
 R Cocaine hydrochlorate.....
 Morphine hydrochlor. aa gr. iv
 Creasote, sufficient to make a
 paste of creamy consistence.
 R Morphine sulphate....gr. iij
 Atropine sulphate....gr. jss
 Distilled water.....fʒj—M.

—*L' Abeille Méd. (La Sem. Méd.)*

GALEGA AS A GALACTAGOGUE.—Carbon de la Carrière says: (*Arch. de Toc. et de Gyn.*, August, 1891) Goat's rue is an almost forgotten drug at the present day, although at one time it had a certain reputation as a galactagogue. The author believes that it deserves to be reinstated, as, according to his experience, it has a decided effect on the mammary gland, increasing deficient and restoring suspended secretion of milk.

All physicians have met with case in which, in spite of every hygienic pre-

caution, the milk becomes less in quantity without any appreciable cause. Poultices of the leaves of the castor-oil plant and faradization of the breast do not give the desired result. Phosphate of calcium, extract of malt, and Bordeaux are often administered. Galega is a useful adjuvant, and, even when used alone, gives excellent results. It is perfectly innocuous, is a stimulant to digestion, and is slightly diuretic in its action.

The aqueous extract is the one to be preferred. One to five drachms should be given daily in divided doses. The amount may be increased if necessary. The drug takes effect in a few hours, but must be persisted in for at least ten days in order to secure permanent results. It may be administered with distilled water and simple syrup, or in mucilage in the form of pills. Fennel and calcium phosphate may be associated with it to advantage. An especially efficacious formula is the following:

R. Aqueous ext. of galega...
 Lactophosphate of lime...
 Tincture of fennel..... aa ʒij
 Simple syrup..... ʒxij

Four to eight tablespoonfuls a day in water, beer, or milk.

DR. CHAMPLIN reports good results in the treatment of endometritis by the application to the cervix of pure glycerine on marine lint. This is removed after twenty-four hours and a douche of a gallon or more of hot water ordered. Local treatment by applications of iodized phenol after the uterus has been swabbed out, is then instituted. Tonics, as the mineral acids, quinine, or nux vomica are given internally, and the patient is instructed to suspend her clothing from her shoulders instead of from her hips; late hours are interdicted, as is also excessive sexual indulgence.

BURNS.—The following is an excellent dressing for burns:

R. Campho-Phenique,..... $\bar{3}$ j.
Lanolin.....
Ung. aquæ rosæ,....aa $\bar{3}$ j. M.

Sig. Apply two or three times a day.
—*Weekly Medical Review*, March 12th, 1892.

TREATMENT OF SHOCK. — Chauvel recommends the following treatment of shock, according to *La Médecine Hypodermique* for January, 1892: For the purpose of re-establishing the circulation, the patient is put in an absolutely horizontal position and massaged. He is also given alcoholic frictions and subcutaneous injections of ether. For the purpose of maintaining the bodily temperature, the air of the room is well heated, and the patient is surrounded by hot bottles, or placed in a bath of the temperature of 105° or 110°.

Internally, Chauvel administers alcoholic stimulants, such as rum or brandy, in the dose of from 1 to 2 ounces. He does not employ sinapisms or other inconvenient measures. When reaction has been obtained the stimulants are combined with opium for the production of sleep. Chauvel mentions the intravenous injection of ammonia, as has been used by Penfold and Tibbis. In cases where shock is prolonged, strychnia, digitalis, and belladonna are to be employed, and electricity may be of great service.

ANTISEPTIC ADHESIVE OINTMENT.

R. Zinci oxidi.....gr. v.
Zinci chloridi.....gr. xx.
Gelatinae..... $\bar{3}$ v.
Listerine..... $\bar{3}$ viiss. M.

This dressing protects the surface of the wounds and dispenses with the use of bandages after operations. It is especially of service for the dressing of wounds on the face.—*Ex.*

DILATATION OF THE PREPUCE IN PHIMOSIS.—I employ a pair of artery forceps with crossed blades that expand when the handle is compressed. These are introduced beneath the prepuce, care being taken to avoid entering the urethra, and passed down to the full depth of the space between the prepuce and glans. The forceps is then rapidly expanded and withdrawn, dilating the prepuce so that it can easily be rolled back and the glans exposed. The smegma is then removed, adhesions broken up, petrolatum applied freely, and the prepuce drawn forward over the glans. Any inflammation following is treated with cold water, and each day thereafter the prepuce is drawn back, so as to prevent contraction. This little operation is so satisfactory that in my practice circumcision has become a thing of the past. The prepuce is never too long, when it has been in this way opened; so as to allow the glans to emerge readily, and cleanliness secured. W. F. W.

CHRONIC DIARRHEA.

R. Acid hydrochlor., dil..... $\bar{3}$ i.
Tr. opii.....
Tr. nucis vomica.....aa $\bar{3}$ ss.
Tr. zingiberis..... $\bar{3}$ i.

M. Sig. Teaspoonful in water three times a day.

It has lately been shown both by operations on man and experiments on animals that tumors of the liver, and even large portions of the liver itself, can be removed without undue disturbance of its function. The experimental evidence makes it probable that the liver tissue may be regenerated, and the organ regain its original weight. This occurs partly by enlargement of the individual cells, and partly by an increase in their number, although no new lobules are thrown out.

THE TREATMENT OF INFANTILE PARALYSIS.—The following is an outline of treatment of infantile paralysis recommended by Simon. At first counter irritation over the spinal column at a point corresponding to the origin of the roots of the nerves. For this purpose the least painful agents should be chosen. The functions of the skin should be stimulated at the same time by means of baths of hot water or vapor, given in bed. Chloral, aconite and conium may be employed to calm the nervous excitement. After the first eight days electricity should form the basis of treatment. Simon uses a weak galvanic current, applying the positive pole to the shoulder and arm, the negative pole being placed in a basin of water in which the child's hand rests. The sitting should never last more than eight or ten minutes. At a later stage faradism may be used, always with the greatest caution. Among drugs, nuxvomica is of the greatest service. A drop of the tincture is given twice daily at the two principal meals. At the end of ten days, or earlier if indicated, the nuxvomica should be replaced by arsenate of sodium, a sixty-fifth of a grain at a dose. The use of these two remedies alternately is to be continued throughout the case. Salt and sulphur baths are recommended, but only in the last stages of the disease. Above all Simon enjoins us never to be discouraged, as the treatment must necessarily be very long.—*Med. and Surg. Rept.*

CAMPHOR IN INFLUENZA.—The following is said, by Dr. Devereux Long, to have given more satisfactory results in

R. Spirits of camphor,
Comp. tinct. lavender, aa ℥ij.
Spirits of chloroform, ℥j.
Mucilage of tragacanth, ℥j.
Distilled water, ℥iij.

M. Sig. Tablespoonful every four hours.—*Br. Medical Journal.*

DIPHTHERIA.

R. Papoid, ℥ij.
Beta-naphthol, gr. iij.
Acid hydrochl. dil., gtt. xv.
Aq. destil., ad ℥iv.

M. ft. sol. Sig. Use carefully and thoroughly, by means of hand-atomizer, every half-hour on throat and through nostrils; on posterior nares and pharynx if deposit extends to these localities. Papoid solutions should be made fresh daily.—*Ex.*

PILOCARPINE IN STATUS EPILEPTICUS.—Kernig, for a young girl suffering from status epilepticus, gave a subcutaneous injection of one-third of a grain of the hydrochlorate of pilocarpine, which produced copious perspiration, followed by complete and definite arrest of the convulsions. In about an hour œdema of the lungs apparently threatened, together with collapse. Fortunately, these disquieting symptoms disappeared, the pulse rose in frequency, and the patient fell into a calm and reparative sleep.

DIABETES MELLITUS.—Delafield gives the following:

R. Acidi arseniosi, gr. $\frac{1}{30}$
Ipecac. pulv., gr. $\frac{1}{50}$
Rhei pulv., gr. $\frac{1}{50}$

M. Sig. To be taken three times a day.

GELSEMIUM FOR COLDS.—Dr. Aulde in an article on "A Bad Cold" recommends gelsemium. Ten drops of a reliable fluid extract (assayed), are dissolved in three ounces of water, and of this mixture the patient takes a teaspoonful every ten or fifteen minutes for an hour, then at less frequent intervals according to the effects produced. The plan is simple, the medicine harmless in the dosage recommended, and not at all unpalatable.—*The Prescription.*

SCROFULOUS OPHTHALMIA.—The following recipe was much used by the late Dr. C. Fronefield, in this troublesome disease:

R Ext. belladonna.....gr. v
Chloroform..... $\frac{3}{4}$ ss
Aqua..... $\frac{3}{4}$ viij

M. Sig. Wash two or three times daily.

Also:

R Quin. sulph.,..... $\frac{3}{4}$ jss
Liq. potass. arsen....gtt x
Ext. hyoscyami.....gr. iij

M. et fiat. Pil. LX. Sig - One ter die.—*Med. Summary.*

NEW METHOD OF SKIN-GRAFTING (*Kansas Med. Catalogue*, June, '91).—Dr. H. B. Smith in concluding a paper on burns and their treatment, relates a couple of experiments he has made in skin-grafting, which, he says, "sound so absurd that I am almost ashamed to give them." The idea was advanced by the late Prof. J. T. Hodgen, in his lectures, that it required but a very few of the germinating cells to spring into tissue when the soil was favorable. Dr. Smith's first case was that of a frail girl, 14 years of age, who, three months previously, had received a burn of the third degree on the back which had refused to heal. He cleansed the wound thoroughly with bichlor. sol, also shaved his own arm and disinfected thoroughly; then taking a sharp, clean knife he scraped his arm directly over the wound until he had relieved it in several places of the outer layer and, in places, of portions of the papillary layer, and let the cells fall on the raw surface of the wound, and then dressed it as is usual in grafting and let the dressing remain seven days, at the end of which time he could see no change in the wound. Dressed it again and allowed it to remain seven days more. When removed this time he was delighted to find that some of the seed had fallen in good

soil and taken root and the wound gradually healed and recovered in about a month.

The other case was in a negro woman with a six inch granulating surface on side of her chest. The same plan of treatment was resorted to as before, except that her arm was used instead of the doctor's. He did not see this case again, but was informed a month later that she was almost well.

ECZEMA OF THE NIPPLE. — Braun is stated to recommend the following:

R. Calomel.....gr. xlv
Carbonate of magnesia..gr. lv
Cold cream..... $\frac{3}{4}$ j

M. ft. ungu. Sig. Apply with friction to the part which is affected. The reddened and sensitive areola which surrounds the excoriation should be anointed night and morning with the glycerole of tannin. All applications should be carefully wiped away before the infant nurses.

Dr. Pierce in the *New England Medical Monthly* recommends, as a substitute for cod liver oil, linonine, an emulsion of linseed oil. The mixture also contains hypophosphite of iron, oil of eucalyptus, oil of gaultheria, Irish moss, marsh-mallow, glycerine, and dilute hydrocyanic acid. It is well borne by the stomach, and patients using it do not complain of the disagreeable eructations that follow the administration of cod oil.

VAGINISMUS.—Pencil upon the part a 6-per-cent. solution of cocaine before coitus. This will generally prove efficacious.—*Parvin.*

VENEREAL WARTS.—Dr. Urviola paints the parts two or three times a day with the following:

R. Salicylic acid.....gr. iv.
Acetic acid.....flz ij. M

Items of Interest.

VON BOLLINGER reports the case of a girl sixteen years of age, who died after prolonged suffering from gastric disorder. Her stomach and duodenum were enlarged so that they measured twenty inches in length and ten inches in breadth. They were found to be packed with hair. The girl was not known to have swallowed hair at any time.

CATARRHAL AFFECTIONS.—An excellent cleansing and disinfecting solution for free use in the nasal cavities, by means of the spray apparatus, douche or syringe, is prepared as follows :

R. Acidi boracici..... ʒi.
Sodii boras..... ʒi.
Sodii chloridi..... ʒss.
Listerine..... ʒii.
Aquæ puræ..... ʒvi. M.

SHE WOULD BE BEAUTIFUL.—A woman was arrested not long ago in London for drunkenness, who was found afterward to be suffering from the toxic effects of atropia, which she had instilled into the eyes to dilate the pupils and give the organs a brilliant appearance.

AS BROMIDE OF STRONTIUM seems to be destined to displace the bromide of potassium we would specially recommend our readers to insist on having the chemically pure salts (Paraf-Javal) dispensed, or the standard solutions (one gramme to the ounce), so as to avoid further accidents, as we learn that toxic effects have been caused by the dispensing of impure strontium salts, the poisonous barium being a concomitant of the strontium preparations of commerce.

A NEW SOURCE FOR CARBON DIOXIDE.—Liquid carbon dioxide is now frequently used where the gas is needed. It is proposed to furnish this compressed gas in large quantities and cheaply, from the carbonic acid generated in the fermenting vats of the great breweries, from which, heretofore, enormous amounts have escaped and gone to waste.

CUDAHY'S EXTRACT OF BEEF.—We have received from the Cudahy Packing Company, of Omaha, a sample of their extract of beef, "Rex Brand." This product belongs to that class made by the "Liebig Process", but is a very great improvement on those hitherto produced. It is free from objectionable odor, is but slightly salted, and shows a complete absence of that burnt taste, which has always been a marked feature of the preparation known as "Liebig's Extract," and extensively advertised in the daily papers. An analysis of the Rex brand states that it contains 53.61 per cent. of combined albuminoids. We find it to be of an agreeable flavor and very palatable, and consider it to be the best extract of its kind that has so far been placed on the market.—From *Occidental Medical Times*, Sacramento, Cal., October, 1891.

"RULING PASSION," ETC.—Stricken wife (to nurse): Do you think my husband will live till to-morrow?

Nurse: I am afraid not, madam, and I would advise you to order a mourning dress at once.

Wife (wringing her hands): This is terrible. How would you have it trimmed?

ONE of our contributors lately told us of a case in which five grains of Antikamnia, taken at bedtime, aborted the usual cordee. On a subsequent night, it returned slightly, but upon the patient's taking another five-grain powder, it promptly left him.—*Editor Medical and Surgical Journal*, Aug. 1891.

DETERMINATION OF SUGAR IN DIABETIC URINE BY THE MUSCIMETRIC METHOD.—The following is from the *American Druggist*: Prepare a one per cent. solution of grape sugar in healthy urine, pour it on a soup plate; on another pour an equal volume of the diabetic urine; evaporate both to a syrupy consistence, then expose both plates in a place where there are flies. After ten or fifteen minutes count the flies on each plate, divide the number on the diabetic urine by the number on the grape sugar solution, which will give the percentage.

A NEW PREPARATION OF IRON, A SPECIFIC FOR ANÆMIA. — Reynold W. Wilcox, M.A., M.D., professor of Clinical Medicine in the New York Post Graduate School and Hospital, read a scholarly paper entitled, "Anæmia, its Treatment with a New Preparation of Iron," before the section in General Medicine of the New York Academy of Medicine, April 19, 1892, which was published in the *New York Medical Journal*, May 7, 1892.

The author reports the clinical history of twelve cases of anæmia which he has treated with the most gratifying success by Weld's Syrup of Chloride of Iron [Parke, Davis & Co.'s]

The conclusions of Dr. Wilcox are:

In anæmia iron is by far the best remedy.

Of all preparations the Tincture of Iron Chloride is the most valuable.

The official tincture is objectionable in that it excites nausea, disgust and

vomiting, stains and destroys the teeth.

These disadvantages are obviated in Weld's Syrup of Chloride of Iron.

In removing these disadvantages its therapeutic efficacy is not in any way impaired.

A HINDOO FEMALE PHYSICIAN. — A Hindoo woman physician was recently graduated in Edinburgh. Her name is Miss Jagannadham. She studied first three years in Madras, then two years at the Edinburgh School of Medicine for Women, where she passed her examination most successfully, and obtained the diploma of the Scottish conjoint colleges, thus placing her name on the British Medical Register. She was demonstrator of anatomy during her last session at the Edinburgh School. On leaving the school she spent a year as house physician in the Edinburgh Hospital for Women and Children. Last October Miss Jagannadham went to India, where she intends to spend her life as a medical missionary. She is at present in a hospital in Bombay.—*Med. Record*.

ECZEMA.

R. Papoid,.....gr. xij.
Pulv. boracic acid...gr. v.
Aquæ destil..... ℥ij.

Ft. solution. Sig. To be painted on the parts twice daily.

This is a successful application in cases of eczema, psoriasis, and callosities of the epidermis.

EMINENT SPECIALIST.—Yes, madam, your husband is suffering from temporary aberration due to overwork. The form of his mania is quite common.

Wife.—Yes; he insists that he is a millionaire.

Eminent Specialist.—And wants to pay me \$500 for my advice. We'll have to humor him, you know.

SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization—Potash and Lime;

The Oxidising 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.

A MECHANICAL AID IN PARALYSIS OF THE RADIAL NERVE.—To make good in some measure the loss of power in the extensors of the hand and fingers, with the consequent loss of function in the unantagonized flexors, Heusner (*Deutsche medicin. Wochenschr.*, 1892, No. 6, p. 115) has constructed a device by which the hand is maintained in a position of normal extension. The carpus, the wrist, and the lower half or two-thirds of the forearm are encased in a leather frame, reinforced on its flexor aspect by a steel plate. The thumb is left free. Upon the extensor aspect of the casing, toward its radial margin, provision is made for the attachment of four wide rubber bands that run through stalls on the dorsum of the carpus and are attached to other rubber bands encircling each finger at its origin.

CARLSBAD WATER. — Certain diseases of the liver, stomach and alimentary canal are benefited by Carlsbad water to such an extent that the springs bearing that name have acquired a world-wide reputation and belong to the most popular springs in Europe. To those whose means will permit it, the use of the waters at the springs is, no doubt, the best. But for those, whose incomes are limited, a faithful reproduction of the natural water is far better than the genuine bottled and sent to a distance. The reason of this is that the bottling of natural mineral waters, especially those of a thermal nature, is never satisfactory, the relative proportion of the salts not being preserved. Dr. Enno Sander has succeeded in reproducing the Carlsbad water in his Carlsbad Sprudel, which he puts up in double strength, to that of the natural, so that by adding an equal quantity of hot water we have an exact reproduction of the original in every respect. An advantage which it possesses over the

natural water lies in the fact of its being double strength, so that those requiring a stronger remedy have it ready at hand. It is without doubt an incomparable remedy for gallstones, its continued use preventing any recurrence, which is so dreaded by those who are subject to this distressing malady.—A. H. Ohmann-Dumesnil, M. D., in *St. Louis Courier of Medicine*.

ALCOHOL AND THE NERVE CENTRES.—Dr. Shorthouse has been investigating the effect of various intoxicating liquors on different parts of the cerebellum when imbibed not “wisely but too well.” Dr. Shorthouse finds that good wine and beer indiscreetly imbibed have the effect of making a man fall on his side, whisky, and especially Irish whisky, on his face, and cider and perry, on his back, these disturbances of equilibrium corresponding exactly with those caused by injury to the lateral lobes and to the anterior and posterior parts of the middle lobe of the cerebellum respectively.

PROF. C. C. CALDWELL, of Cincinnati, in a recent lecture says that the tenth degree of potency of the carbonate of lime according to Hahnemann, represents the two hundredth part of the millionth of the millionth of the millionth of the millionth of the millionth of the millionth of the millionth of the millionth of the millionth of the millionth of the millionth of a grain of oystershell. Some claim to have obtained definite results from the thirtieth potency!

He continues as follows: “It is a trifle amusing to hear a person who has been pinning his faith to the decillionth of a drop of moonshine, wondering at the credulity of a less enlightened individual who has given himself into the hands of a Christian scientist.”

OF INTEREST TO ALL MEDICAL PRACTITIONERS.WHY "**MUMM**" IS SO POPULAR WITH PHYSICIANS.

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The 1884 vintage has been unexcelled in years, and Messrs. G. H. Mumm & Co. secured large quantities of it. Of the 1887 and 1889 vintages, worthy successors to the 1884, Messrs. G. H. Mumm & Co. also bought immense quantities, they making it a rule to lay in sufficient stock of fine vintages to tide over the poorer ones, which accounts for the uniformity and excellence of their justly celebrated Extra Dry, enables them to supply all demands, while maintaining the same high character of their wine.

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The SUGAR in MELLIN'S FOOD is MALTOSE. MALTOSE is the PROPER SUGAR for use in connection with cow's milk.

The sugar formed by the action of the Ptyalin of the Saliva and the Amylopsin of the Pancreas upon starch is MALTOSE. In the digestive tract MALTOSE is absorbed UNCHANGED.

—Landois and Sterling.

MALTOSE is a saccharose, not a glucose, and is a form of sugar which does not ferment.

—Materia Medica and Therapeutics, Dr. Mitchell Bruce.

"I have never seen any signs of fermentation which I could attribute to the influence of MALTOSE."

—Eustace Smith, M.D., F.R.C.S.

MELLIN'S FOOD, prepared according to the directions, is a true LIEBIG'S FOOD and the BEST SUBSTITUTE for Mother's Milk yet produced.

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HAVE used Peacock's Bromides in my practice for some time, and I would not be without it, in fact I do not know of anything that would take its place in nervous conditions.

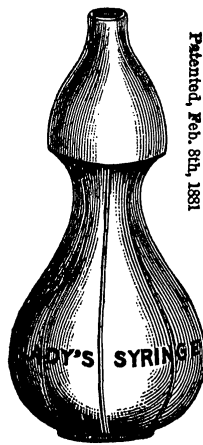
J. T. KILBURN, M.D.
Trufant, Mich.

HOW TO RESTORE HEALTH.—Whoever would perform efficiently the difficult task of nursing the sick, must first curb his belief in marvelous cures, in extraordinary means, and harken only unto the voice of reason; for what is necessary for the preservation of health is indispensable for the sick; and only he who exactly follows the best directions for general care of the health—always, of course, with modifications in various cases of sickness—can make pretensions of a noble fulfilment of duty.

Seven things are absolutely necessary to maintain or restore health; fresh air, light, warmth, rest, cleanliness, the correct selection and well-timed offering for food and drink. The lack of only one of these requisites may hinder the exercise of a physician's skill, and bring to naught both good-will and wisdom.—Hermine Welten, *The Chautauquan*, February, 1892.

M. DE BAVAY has made some interesting studies on the *saccharomyces* and their relation to the typhoid bacillus. He showed that this bacillus grew best in broth, while cow's milk was not a very good culture medium, unless peptonized. Yeast interfered with the growth of typhoid bacillus, and it was much more virulent when cultivated in an alkaline than in an acid medium. As yeast passes through the intestines unchanged it develops acid; hence if the food given be saturated with this harmless substance, the food and the intestines are alike acidulated and rendered unfit for the growth of typhoid bacilli.—*Brit. Med. Jour.*

MENSTRUATION IN THE MALE.—Prof. Albrecht (*L'Anomale*, 1890) draws attention to the fact that white corpuscles appear in the urine of men at regular intervals, are present three or four days, and then disappear. This he interprets as a kind of menstruation. The idea is not a very strange one, for it is a known fact that men with excessive hypospadias menstruate. He offers this as another proof of the independence of menstruation and ovulation.



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ACCORDING to the *Lancet-Clinic*, Dr. A. Sanderer treats internal tuberculosis and lupus by intravenous injections of emulsion of cinnamylic acid, the active principle of balsam of Peru. The drug appears as white, odorless crystals, soluble in hot water, alcohol and ether. His conclusions are as follows:

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2. It will cause, on local application, local lesions to regress.

3. Intravenous injection is, with the proper precautions, uninjurious.

4. It will cure a large number of cases of internal tuberculosis.

A GOOD many people are unaware that oil cloths, especially linoleum, should never be scrubbed with a hard brush. Neither should hot water or soda be used. The best way is to wash them with warm water and ordinary yellow soap, and wipe thoroughly dry. Once and again it does good to rub them over with a mixture of linseed oil and vinegar, after they have been well cleansed, or they can be well brightened by a simple application of milk.

THE FAVORABLE TIME FOR IMPREGNATION, AND THE VITALITY OF THE SPERMATOZOA. — Prof. Bosse (*Archiv. Obstet. Gyn.*) has made interesting studies on these points, about which considerable differences of opinion have prevailed among authorities. His methods, which should be studied in the original, were apparently conducted with the most scrupulous care, and the results he arrived at were as follows:

1. Of eight cases where the semen was deposited in the vagina before the menstruation and examined for afterwards, in four no spermatozoa were found; in three they were found alive; in one dead.

2. Of twelve cases where the semen was deposited after the menstrual period in four no spermatozoa were found; in eight they were found living at from three to seventeen days subsequently. These investigations justify the author in concluding that the favorable time for impregnation is immediately after the catamenia, that the spermatozoa may retain their vitality for at least seventeen days in the vagina, and even through a menstrual period, and that cases of prolonged gestation may be explained by the fact that fecundation may have taken place a number of days after the last cohabitation.

While there is great liability to error in investigating so delicate a subject as this, yet these observations seem to have been very carefully made, and are a valuable contribution to the subject.

MESSAGE IN HEADACHE. — Dr. G. Nostrom recommends massage in certain cases of headache dependent upon a chronic myositis, of the scalp, of the muscles of the back of the neck and of the sterno-mastoid and scalmi muscles. In these cases massage of the affected muscular structures may produce improvement or a cure after several weeks' treatment. The diagnosis may be by palpation of the muscles, which are felt to be of firmer consistence than normally. In the very chronic cases the prognosis is bad, but not hopeless. Hysterical and chronic patients are more apt to be benefitted by tonic constitutional than local treatment. Success from massage can only be obtained if the patient submits to a long course of treatment, the manipulations (tapottement and effleurage) being gradually and carefully increased in vigor. A cure can seldom be expected before the end of six weeks. Recurrences may take place, but disappear more rapidly than the primary disease. — *Ex.*

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BOVININE consists of the Juices of Lean Raw Beef obtained by a mechanical process, neither heat nor acid being used in its preparation. The nutritious elements of lean raw beef are thus presented in a concentrated solution, no disintegration or destruction of the albumen having taken place. The proteids in solution amount to 26 per cent. of the weight of the preparation, and give to it the great dietetic value it possesses in all conditions where a concentrated and readily assimilable food is needed.

BOVININE is easily digested and COMPLETELY absorbed from the intestinal tract, thus furnishing an extremely valuable nutrient in Typhoid Fever, after surgical operations in the abdominal regions, in all diseased conditions of the intestinal tract characterized by ulceration or acute and chronic inflammation, and in diarrhoeic complaints.

BOVININE, containing as it does all the nutrient properties of lean raw beef in a highly concentrated form, furnishes to the Medical Profession a reliable and valuable aid to treatment in Phthisis, Marasmus of both young and old, in all wasting diseases, in continued fevers, and in supporting treatment.

BOVININE, on account of its BLOOD-MAKING PROPERTIES is especially of service after surgical operations, in cases of severe injuries attended with great loss of blood and in the puerperal state.

BOVININE, for rectal feeding, is unsurpassed in excellence, having been used for weeks continuously with no irritation or disturbance resulting. The most satisfactory results from its use as an enema are obtained by adding to each ounce of **BOVININE** ten grains of Pancreatic Extract and two ounces of water. This should be well-mixed and injected slowly. No preparation of opium is necessary in the enema.

SAMPLES will be furnished to any member of the Medical Profession free, carriage paid, upon application to the company.

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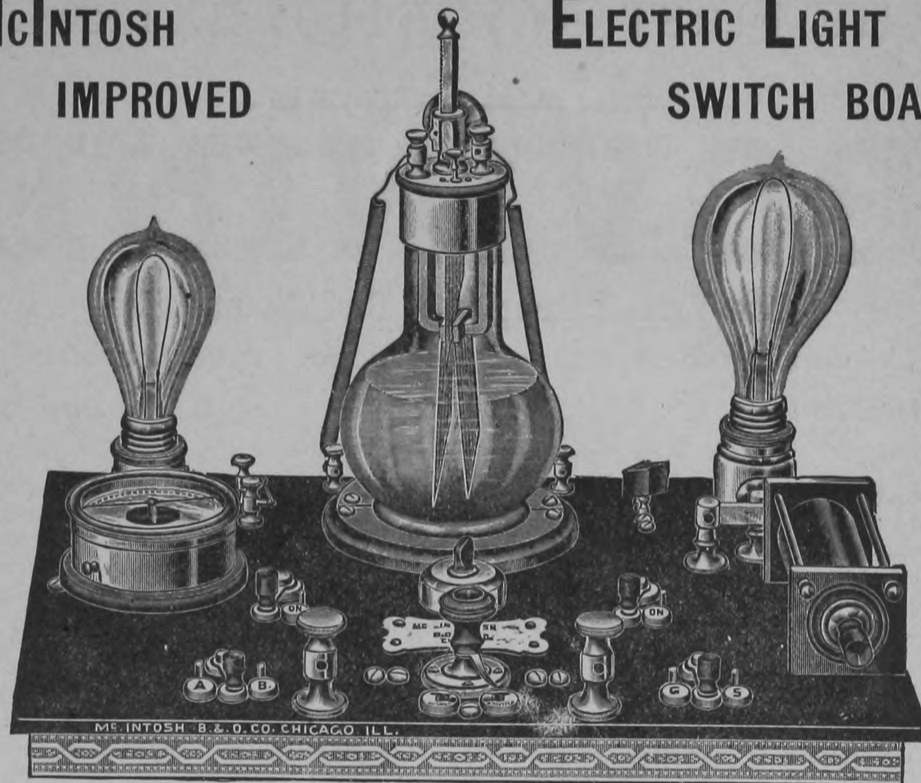
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PRACTICE MAKES PERFECT. - Cats are often accused of being cruel animals, because of the habit they have of teasing and torturing the prey they catch before killing it. “As a cat plays with a mouse” has passed into a proverb. St. George Mivart has published his theory to this effect that, inasmuch as pussy always secures her game by pouncing, this playing with the victim after she has caught it, letting it go a little way and pouncing upon it again,

is done for the sake of practice in what is necessarily a difficult exercise, requiring much expertness. The instinctive fear which the cats have of dogs is illustrated very amusingly by stroking a dog and then caressing a blind and new-born kitten with the same hand that has touched the dog. At once the kitten will spit and fluff itself up in the most absurd way—distinguishing the smell of the beast which experience for generations has taught it most to dread.

BROMIDIA

THE HYPNOTIC.

FORMULA.—

Every fluid drachm contains fifteen grains EACH of Pure Chloral Hydrat. and purified Brom. Pot. and one-eighth grain EACH of gen. im. ext. Cannabis Ind. and Hyoscyam.

DOSE.—

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

INDICATIONS.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness and delirium of fevers it is absolutely invaluable.

IT DOES NOT LOCK UP THE SECRETIONS.

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THE ANODYNE.

Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being eliminated.

It has less tendency to cause Nausea, Vomiting, Constipation, etc.

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Same as Opium or Morphia.

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ONE FLUID DRACHM—(represents the Anodyne principles of one-eighth grain of Morphia.)

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Iodia is a combination of active principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum and Aromatics. Each fluid drachm also contains five grains Iod. Potas., and three grains Phos. Iron.

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One or two fluid drachms (more or less as indicated) three times a day, before meals.

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Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhœa, Amenorrhœa, Impaired Vitality, Habitual Abortions and General Uterine Debility.

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Professor Laborde finds it has a decided action on the utero-ovarian reproductive apparatus, and is indicated in genito-spinal atony and dysmenorrhœa.—*Un. Med. Mag.*

Shoemaker's "Materia Medica and Therapeutics" says: "It is especially appropriate when **Amenorrhœa** depends upon anæmia."

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"I prescribed Tongaline for a lady who has suffered exceedingly with Headache for several years. The pain is mostly confined to the top of the head, and continues often for 24 hours, unless she is thoroughly narcotized by an opiate. Tongaline was taken in doses of a teaspoonful at intervals of an hour, and the third dose relieved her entirely. There was no malaise or bad feelings of any kind following its use. Other physicians here speak very highly of their experience with Tongaline."

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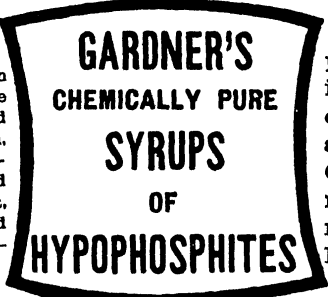
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DOSE:—From one teaspoonful to a tablespoonful, in water, three or more times daily, as may be directed by the Physician.

For Further Information and Sample Bottle see Foot of this Page.

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DOSE.—For adults, a dessertspoonful to a tablespoonful three times a day, after meals. In urgent cases, where there is much pain, dose may be given every hour or two ALWAYS IN HOT WATER.

Jno. B. Johnson, M. D., Professor of the Principles and Practice of Medicine, St. Louis Medical College. St. Louis, June 20, '88.

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L. Ch. Boisliniere, M. D., Prof. of Obstetrics, St. Louis Medical College. St. Louis, June 15, 1888.

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L. Ch. Boisliniere M.D.

H. Tuholske, M. D., Professor Clinical Surgery and Surgical Pathology, Missouri Medical College; also Post-Graduate School of St. Louis.

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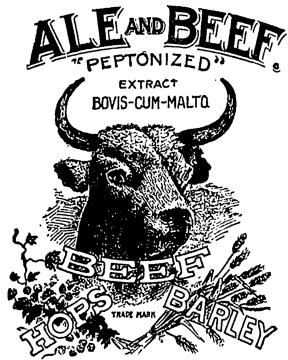
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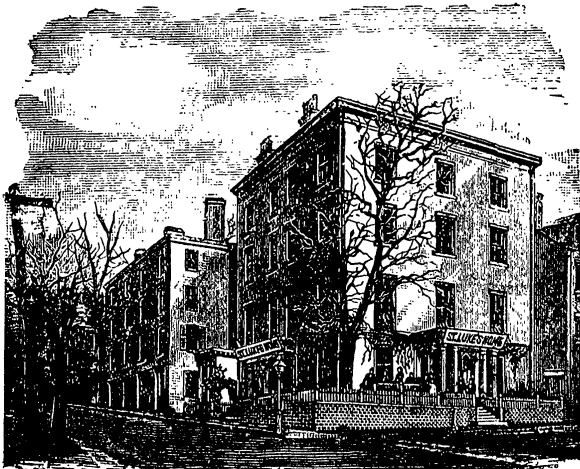
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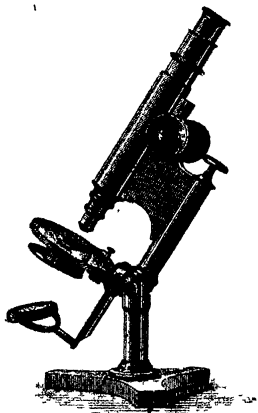
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	Admitted	Crisis
William Johnson,.....	June 1, 1889,	June 8, 1889
Fanny Winney,.....	Dec. 29, 1889,	Jan. 4, 1890
William M. Johnson,.....	Dec. 30, 1889,	Jan. 5, 1890
Belle Smith,.....	Jan. 8, 1890,	Jan. 12, 1890
Wm. Payne,.....	Jan. 2, 1890,	Jan. 5, 1890
Gustav Thoman,.....	Jan. 21, 1890,	Jan. 23, 1890

All ended in recovery. These are all the cases of croupous or lobar pneumonia treated in the hospital during the influenza epidemic excepting one case, which was admitted in a moribund condition, and died before any treatment could be instituted. One case, which was apparently moribund when admitted, is included in the above list, and is at present recovering from an attack of femoral phlebitis.—Phila. Times and Register, Feb, 17, 1890.
JOHN A. REYBURN, M. D., Resident Physician

Samples sent Free of Charge to any Physician who mentions this Journal.

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90 South 5th Avenue, NEW YORK.

Prophylaxis and Treatment of Influenza.

Cyrus Edson, of the Health Department of the City of New York, publishes a monograph on *la grippe* and its treatment. Three indications are to be fulfilled: (1) means must be taken to assist the system to rid itself of the poison to which the attack is due; (2) pain must be relieved; and, (3) not the least important, depression must be counteracted. The first indication is obtained by means of castor oil or 2 compound rhubarb pills. Three or four 3 grain powders of phenacetin are usually sufficient to relieve headache and muscular pains. Salol, 2½ grains to each dose, may be added to the phenacetin with advantage. He deprecates antipyrin and its congeners, which serve to augment the depression, and recommends instead Hoffman's anodyne, which is diaphoretic, diuretic, and stimulant. To overcome depression during and after the disease, he recommends the free use of tonics. He repeats Professor Laffont's (of Lille) recommendation of coca preparations, those of Mariani being given the preference. During the disease a hot grog, one-third Mariani wine of coca and two-thirds sweetened water, is administered, taken very hot, several times a day, the slight diaphoresis induced being a valuable addition to the tonic action. (The editor, in the coming issue of the ANNUAL, recommends the exhibition of coca in the early stages of the disease, with a view to counteract the impending asthenia and curtail the disease. Six grains of blue mass are first ordered, and, as soon as a couple of movements have been obtained, 2 tablespoonfuls of Mariani coca-wine are given, every two hours; lozenges, each containing 2

grains of coca-leaves and 1½ grains of cocaine, contribute greatly to ward off the pharyngo-laryngeal complications. A 6-per-cent. solution of cocaine, applied occasionally to the nasal mucous membrane, directing the cotton-covered probe toward the roof of the nose and anteriorly, reduces markedly the pain caused by involvement of the frontal sinus. He fully agrees with the author as regards the contra-indication of antipyrin.)

Edson considers champagne, generous wines, tonic doses of quinine, iron and strychnia also of value. The catarrhal irritation of the air-passages is best allayed by inhalations of compound tincture of benzoin. Chloroform liniment is recommended as a rubefacient; while opium and carbonate of ammonia are also recommended for the cough. The treatment of pneumonic *grippe* is essentially the same as that of uncomplicated pneumonia, the author emphasizing the advisability of preserving the strength of the patients.—*La Grippe and its Treatment*. By Cyrus Edson. New York, 1891, 16mo, 46pp. D. Appleton & Co.

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Aque,.....℥. ss.

M. f. solution.

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dressing to be made. This latter should contain a mild astringent and be made in the form of an ointment on account of the protection afforded by any fatty substance more especially in the way of excluding the air, whose oxygen is so irritating in this class of injuries.—*St. Louis, Med. and Surgical Journal June, 1891.*

— — —
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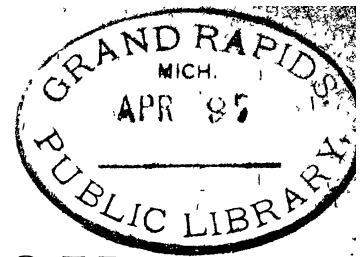
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The Sequelæ of La Grippe.

BY CHAS. W. MURPHY, M. D.

Before considering the morbid phenomena resulting from La grippe, it may not be inappropriate to first notice briefly its nature, origin, mode of propagation, varieties, etc. Influenza is an acute infectious disease of microbial origin, as numerous microscopists claim to have discovered the bacteria; it is epidemic and always travels rapidly from east to west, being a stranger to neither climate nor any class of society. It has a score or more of names according to the countries through which it has extended, but the most common term is "La grippe," from the French word *gripper*, meaning "to seize"; and as this is easily changed into the English word "grip," to all victims who have had it severely, the word "grip" has a wonderful significance.

There were well-authenticated epidemics of influenza before the birth of Christ. Old Hippocrates, whose accurate powers of observation made him familiar with almost everything, no doubt knew all about it. There are twenty well-recorded outbreaks from 1557 to 1889. Many puzzling facts are to be noticed in the spread of this dis-

ease. Unlike most other infectious diseases it has appeared in localities far remote from each other on the same day, which would seem to indicate that its spread is not dependent upon one center of infection. It occurred simultaneously in New York, Cincinnati, and St. Louis. How then are we to explain its transmission either from person to person or through the medium of the atmosphere? Tyndall in his philosophic work on "Floating Matter in the Air" says on the tops of the highest mountains in Switzerland there are no germs of any kind to be found; yet when the grip germs were carried there from the lowlands, they lived and multiplied luxuriantly. The influenza which has prevailed here for the past three winters was almost as hydra-headed in its manifestations as malaria; but the multitudinous symptoms arising from it may be classed into three principal varieties or groups: 1, Nervous. 2, Catarrhal. 3, Gastric.

In the first, headache, pains in the limbs and trunk, general soreness, etc., are prominent symptoms; in the second, bronchial catarrh, sneezing, sore throat,

coryza are more dominant; while in the third we have nausea, vomiting, diarrhoea and other symptoms of catarrh of the alimentary tract. In all there is fever of remittent character, acceleration of pulse, and there is occasionally noticed a combination of two or all three of these varieties. Unlike most infectious diseases one attack does not confer immunity from subsequent attacks.

When we consider how protean La grippe is in its manifestations—attacking so many different anatomical structures—we at once come to the conclusion that the sequelæ which it may induce would naturally be variegated in their nature, seat, and importance. In the great majority of cases no bad results follow La grippe; but it is unquestionably true that a great many nervous, mental, aural, respiratory, alimentary, urinary, and other diseases we have been called upon to treat within the past three years, have their sole etiological factor in this malady. Many of the sequelæ were also complications, inasmuch as their commencement occurred before the subsidence of the acute symptoms of La grippe. The mortality of this disease was due in most instances to some complication, as capillary bronchitis, croupous, pneumonia, pleurisy, acute nephritis, dysentery, acute purulent meningitis, and syncope.

In the Annual of the Universal Medical Sciences, issue 1891, is given quite a list of sequelæ recorded by different observers. Chatelier reports five cases of otitis media or suppurative catarrh of the middle ear, following influenza. Wilkes calls attention to the extreme prostration and cardiac weakness which occasionally follows this disease, and mentions four fatal cases in professional men in whom there was no previous history of heart disease. Dr.

Irwin, of Louisville, in a paper read before the Kentucky State Medical Society, mentions a case of cardiac asthenia in which there was frequent pulse, palpitation, edema of the feet, but no valvular lesion.

Myocarditis, endocarditis and pericarditis may result from influenza; so also rheumatism, phlegmasia, hematuria, purpura hemorrhagica, hemoptysis, phlebitis, gangrene of the leg, erysipelas, mumps, abortion, nephritis and cystitis; three cases of the latter affection having come under my observation and treatment. A disease which is so debilitating in its effects, so depressing on all the great nerve centers, naturally induces indisposition to bodily and mental exercise. I have frequently observed prolonged physical exhaustion and anemia following La grippe; and as a consequence of this impoverishment of the blood and defective nutrition, we have many peripheral neuralgias; the most frequent of which is trigeminal neuralgia; next in frequency intercostal, then sciatica. In the spinal cord we may have as sequelæ, myelitis, meningitis, or posterior spinal sclerosis; in the brain meningitis, abscess and insanity.

Cases of insanity following recent epidemics of influenza are quite numerous, and, on the other hand, instances are not wanting in which La grippe acted as a therapeutical measure, apparently hastening the recovery of an existing mental derangement. It is a fact which should not be lost sight of; that febrile delirium during an infectious disease is in reality an acute attack of insanity; and the same may be said of the delirium of some other febrile diseases as pneumonia, rheumatism, typhoid, cholera and erysipelas. Sometimes this delirium is most prominent during convalescence and this variety may very properly be denominated

asthenic delirium or the "delirium of inanition." All the forms of insanity may be seen in which influenza was the etiological factor, but those most frequently recorded are cases of acute mania and melancholia. The prognosis in all these psychoses is usually favorable and the treatment, in the light of the very depressing effects of influenza, should be of a constructive character, combining with these, such soothing agents as are indicated.

That La grippe acts as an exciting cause in the production of pulmonary tuberculosis there is not in my mind the slightest doubt. At the present time I have under treatment four cases of phthisis, and all of them date the commencement of their symptoms to this disease. All of them have a hereditary history more or less remote, but just as we see cases following ordinary bronchitis where family history shows freedom from hereditary proclivities, so do we see a greater number succumb to it

in a disease so devitalizing in its effects as the one under discussion. But for this epidemic, it is quite probable a large per centage of the cases now afflicted with pulmonary lesions, would have escaped.

The treatment of the sequelæ of La Grippe may be summed up in a few words. It does not differ essentially, from the treatment of these diseases when due to ordinary causes. In those cases of prolonged physical exhaustion, anemia and weak heart action, as well as those sequelæ strictly neuralgic in character, strychnia, in decided doses, and iron should not be forgotten. Phthisical cases should have good digestion, a very nutritious diet, fresh air, maltine and cod liver oil, hypophosphites, beechwood creasote, stimulants, etc. The treatment for the other diseases mentioned as possible sequelæ will readily suggest themselves to the physician.

Salem, Indiana.

Bandaging and Position in Some Abdominal Diseases.

BY HENRY V. GRAY, M. D.

TYMPANITES.—This word means "a drum," and is so named because the abdomen is filled with wind, and sounds like a drum when struck. It is only a symptom of disease, but a very grave one in some instances. The location of the gases is both intestinal and peritoneal, hence we can reasonably divide it into Intestinal Tympanites and Peritoneal Tympanites. Of course we are aware of the fact that the intestines, in even a normal state, contain a number of gases; likewise in many dyspeptic "ailments," our patients are greatly

annoyed with a ballooning of bowels from trivial wrongs, but we must judge very differently should gases accumulate in the peritoneal cavity.

We are not dealing with gases in normal states or in slight ailments, but in those cases which speak so loudly of serious and alarming disease.

The tympanitic state is the result of zymotic efforts and is proof positive of chemical metamorphosis of tissues, finally ending in irreparable disintegration if not checked. The principal gases generated are carburetted hydro-

gen and hydrogen monosulphide. We might take another step and say, that a micro-organism is in many instances the cause of this sudden transition from a normal to an abnormal condition, otherwise we could not account for the sudden illnesses and deaths in the very midst of health.

INTESTINAL TYMPANITES.

In this form, we are not especially puzzled in understanding cause and effect. We know the gases are generated by causes already mentioned, and that, there are natural outlets. At other times the morbid agencies are so actively and destructively engaged, the system in a great measure surrenders, bringing on irregular and spasmodic febrile states and spasmodic contraction of both the ilio-cæcal and pyloric openings. The intelligent physician is now taking on a serious face. He passes in his long tube or catheter and makes an attempt to draw off the gas; he has been giving his patient carminatives and antiseptics; he has applied ice bags, and under hydrostatic action, has passed into the bowels large quantities of hot, stimulating fluid. He is in part successful. Volume after volume of gas passes off, giving considerable relief to his patient. This is only a calm, a storm will follow. The gases accumulate again and are much more rebellious to treatment. He has tried the same therapeutic means that he did a few days since, but this time they fail to act as correctives. He now hastily runs over the anatomical features and location of the ilio-cæcal valve, and it gladdens his heart to see even one ray of lighted hope. He proceeds cautiously. The parts he is now dealing with have already been pressed and squeezed almost to death. They are too sensitive to handle roughly still you have a legitimate basis of action

and may meet with success. You have reasoned that there is an automatic force an irritability belonging to the intestines independent of any known nerve connection, and that you had witnessed this vermicular action even after the intestines had been severed from the body. If you believe there is any such vital force still existing, by all means gently and persuasively touch up and awaken to action the ilio-cæcal valve. Make your taxis on the side of the small intestine and the valve will open and let the fluids and gases pass into the cæcum, provided the valve has not been entirely dislocated and formed into a matted, adherent mass.

It is highly probable you have not done your patient much good. You have waited too long. The valve, on account of the great distension, is beyond your reach. You should let it be a maxim, never to sit idly by and contemplate death. If the valve is an adherent mass, no gases have passed into the cæcum, still you feel somewhat flattered. There has been a displacement of the gases, leading you to believe the valve has acted, and some gases have even passed by means of the rectum.

The gases have simply been displaced, passing into the peritoneum. The latter membrane is a closed sac in the male but has a small opening at the fimbriated extremities of the Fallopian tubes in the female at the period of passage of an ovum. These gases are too foul to remain in the human body long without doing great damage, and whilst they are only symptomatic, surely much good might result if they could be gotten rid of.

PERITONEAL TYMPANITES.

This is indeed a grave state. A full gaseous peritoneal distension is almost death. Whilst it is only a symptom,

we know its serious import, and are fully cognizant of the pathological changes preceding it.

What is before us? Our patient is almost moribund, their is entire suppression of urine; the skin is cold and clammy; the features are pinched; the temperature 106 to 109°. Better this, than a rapidly falling temperature, a symptom of profound shock.

Only one method of procedure is left for the physician. If he has a capillary trocar and canula, let him draw off these gases. Let them slowly escape, then apply a close fitting abdominal bandage before entering the cavity, and thus hæmorrhage and perforation may be prevented.

Many years ago I had a patient with typhoid fever who was in imminent danger. I did not have anything but an ordinary trocar for dropsy. Hæmorrhage had already commenced, and I only tried the tapping to relieve him of his distress. Although he died, I saw enough to convince me, that, if I had allowed the gas to slowly escape under antiseptic precautions, I might possibly have saved my patient, as the hæmorrhage checked up, but I caused collapse by the sudden withdrawal of so large a quantity of gas. It might have been

well to have injected antiseptic fluid into the peritoneal cavity.

Since that time, I have treated hundreds of cases of typhoid fever and peritonitis in all forms, and have invariably used a soft, well fitting abdominal bandage, with large open meshes; always using them before the tympanites had commenced, and my success has been perfect. I had the position of my patients in bed frequently changed.

BANDAGING BEFORE AND DURING LABOR.

Several years ago, I wrote an article for the *Virginia Medical Monthly* on "The Antepartem Bandage or Binder," claiming that it was of much value in causing prompt and vigorous uterine contractions, prevented hæmorrhage, and the collection of gases, brought on and sustained a normal labor, and thoroughly expressed the placenta and clots.

I can now say, in most positive terms, that this method will invariably bring any normal labor to a successful termination, and leave the parts in a strictly normal state. Success likewise attended my efforts in the treatment of tympanites when I met the indications for bandaging *promptly*.

Roanoke, Va., 531 S.W. 3d Av.

Erysipelas.

BY J. H. BALL, M. D.

Erysipelas is an acute specific infectious fever, having for its chief local symptom an inflammation of the skin. This is now the accepted definition of the term, and most modern writers assign all of its many and varied forms to one and the same etiological factor. Formerly idiopathic erysipelas was held to be a different disease from the surgi-

cal or traumatic variety, but the term "idiopathic" has been dropped, as it is now known that there is nothing in the etiology of one form to distinguish it from the others. They are forms of one and the same disease, manifesting itself in different ways, owing to causes, intrinsic or extrinsic. As to the true etiology of the disease, there is no

unanimity amongst modern writers. The point upon which there is the greatest unanimity is that the disease is contagious. While some deny its contagiousness in one form admit it in another; and, as I take the position that erysipelas is one disease presenting many forms, I feel that I am quite correct in saying that all admit its contagiousness.

Amongst the most common predisposing causes to an attack of erysipelas are, constitutional predisposition, disease of some important viscus—especially liver and kidney, the presence of a wound, age, sex, intemperance and want of proper food. But of all extrinsic influences, wet weather seems to be one of the greatest predisposing causes to an attack. It has been maintained for many years that erysipelas was the product of a specific virus, and recently the advocates of this theory have been greatly augmented. Bacteria were discovered more than two hundred years ago, but it was not until recent years, that the now existing theory, which affirms that every infectious disease depends directly on a specific organic form, was advanced. I purpose not the defense or attack of the parasitic theory of infectious diseases. While it is somewhat fanciful in its conception, it is a beautiful theory, and we are only to hope may have a long and useful career; but whether or not we accept the germ theory, we must, in order to have a theory upon which to stand without apology, accept that which supposes a specific virus to be the true cause of erysipelas. That erysipelas is inoculable has been proven beyond the shadow of a doubt, and at this progressive day, a physician ignorant of this truth would be considered obsolete. While it is delightful and profitable also, to dwell upon the theory of the disease, it does not give that much

desired information to the busy practitioner that he stands so much in need of, when disturbed over an unyielding case. His ejaculation is, "Let theories be wafted to the wind, but give me something that will save my patient." The question is, what can be done to perfect a cure in this disease? A few authors contend that remedial agents are of but little importance in its treatment. During my service in the City Hospital of Memphis, I met with the disease frequently, and in various degrees of severity and have seen fatal results follow erysipelas in several instances. My treatment is to administer a mercurial purge followed by quinine to control high temperature, and the free administration of iron. There is no doubt in my mind, but that quinine and iron are of unlimited therapeutic value in the treatment of this disease. While the patient is being treated constitutionally, the local inflammation is making great ravages on him. What are we to control it with? A flaxvine or cranberry poultice! In cases where the above named substances can not be procured, a good substitute is fresh tomatoes. I have seen the inflammatory process controlled in from twelve to twenty-four hours by means of these poultices, where it would have been all but impossible to have gotten good results otherwise. The constitutional disturbances are lessened very materially, by the alleviation and control of the local inflammation, thereby giving opportunity for the prosecution of constitutional remedies. So that if we have in the poultice, an agent that will stay the tide of the great destroyer, another boon is given to humanity, and unnumbered thousands, yet unborn, will give "alms" to the science of medicine and the noble profession to which we belong.

Hohenlinden, Miss.

Hæmaturia.

BY ED. H. BOWLING, B. S. M. D.

I attended Mrs. E. through a pretty severe case of La Grippe last January, and when I was about to pronounce her convalescent, she informed me that for the last few days her urine had been bloody, and when I examined it I found that it was loaded with blood. I immediately put her on fl. e. ergot gtt. 20 three times a day and gave her small doses of quinine three times a day. As this seemed to do no good I gave her gallic acid gr. v three times a day and still continued my ergot treatment. This did not benefit my patient. Happening to meet one of my neighbor doctors about this time, I asked his advice on the case. He recommended—

R. Spt. ætheris nitr.
F. E. hydrangera. . . . aa ℥iv.

M. Sig. teaspoonful after each meal.

After trying this for two weeks with no improvement, and reading everything that I could find on the subject, I was in desperation, but happening to meet an old friend who had had a great deal of experience, I asked his advice. He recommended with other treatment that I give 20 grains of bromide of potassium three times a day. I did so for about three weeks and still no improvement. I now concluded that my patient would have to seek that happy

bourne from whence no traveller returns, for I had done all I could. The above by no means gives all the treatment that I used, but as I kept no notes of the case I have to write it from memory.

I finally concluded that before committing suicide over the case, I would whip about through the bushes and see if there was anything else I could do, when I happened to think of hamamelis Virginica and as a consequence I put my patient on—

R. F. E. ergot.
F. E. hamamelis virg. . . aa ℥iv.

M. Sig: a teaspoonful before each meal.

This had the desired effect. In about four days the blood disappeared from the urine in which it had been present for about four months; and although I do not pronounce the patient cured as yet, still she has had no blood in her urine now for about two weeks, and that is enough to show the superiority of this treatment over the others that I have mentioned.

The above treatment may have been used before, but I never saw it stated in any book or journal.

Will some brother try the above and report through the CLINIQUE?

Luster, N. C.

PAINFUL HEART.—Dr. Peter employs in those cases of painful heart where typhoid fever or rheumatism can be excluded and there is no fever present: 1, A vesicatory to the precordial region.

2, When the pains come on, ether in pearls. 3, Each morning a teaspoonful of the valerianate of ammonia (Pierlot) and each evening on going to bed a gram (15 grains) of the bromide of potash.

Some Practical Observations.

BY J. F. GRIFFIN, M. D.

So far as the physician himself is concerned it is a mistake to complain of what are called the evils of free dispensary practice. It is quite true that there is a class of patients who resort to them who are amply able to pay for medical services, but it is just the class of people who would swindle the doctor out of his pay anyhow, and it is well to get rid of such dead-heads.

The remedy to overcome this evil, is for the physician to keep and supply his own medicines requiring his patients to pay for them at least. I well remember when I first essayed to practice in a city, my office being at a drugstore. I soon recognized the fact that I wrote many prescriptions for which I realized nothing (in some instances not even thanks), while I saw that the druggist received the cash in every instance, and that he was realizing as much if not more than I was, from my prescriptions. This in a measure opened my eyes and I have since then usually supplied my own remedies, the advancement in pharmacy enabling me to do so now much more easily than formerly.

There are many advantages attending this plan. The physician assures himself of the true value of his medicines and of the accuracy of the filling of his prescriptions, avoiding substitution, avoiding also the refilling of his prescriptions by others, and he does not give himself away to the druggist who practices over the counter. I cannot forget that a druggist for whose child I prescribed made quite a little sum out of the same prescription by treating similar cases with it, and I call to mind the instances of another druggist whose wife inadvertently let out the fact that he was treating cases of pneumonia with Dr. Griffin's prescription. My experience has been that when I get hold of a good thing the best policy is to keep it to myself, and I think that must be the meaning of that passage in holy writ which says: "Hold fast that which is good." There are conscientious druggists who never prescribe and who do not substitute, and such should be sustained.

Illawara, La.

INTERNAL ADMINISTRATION OF CHLOROFORM IN ENTERIC FEVER. — Dr. P. Werner, of St. Petersburg, has treated one hundred and thirty cases of enteric fever with a 1 per cent. solution of chloroform with the greatest success. His attention was first called to the use of this drug by the investigations of Behring as to the germicidal action of chloroform upon the bacillus of typhoid

fever, but he was not aware at the time that Dr. Steppe of Nurenburg had used chloroform in 1890. Dr. Werner made use of 1 per cent. solution of chloroform in water, of which the patients took a tablespoonful every hour or every two hours during the height of the disease, and for some days after the temperature had become normal. The treatment is well worthy of a trial.—*Lancet*.

The State Medical Examination of Washington.

We are indebted to Dr. Appleby, of New Whatcom, Wash. for the following questions which constituted the examination before the State board of health:

DISEASES OF CHILDREN—*Dr. H. R. Keylor, Walla Walla, Wash.*

1. What is the most frequent cause of the jaundice that often occurs in the first and second weeks of infancy? 2. To what is pain in the chest or abdomen, occasional or constant, continuing for weeks or months, with fever and unattended by thoracic or abdominal diseases, generally due? 3. Give the difference between the scrofulous and rachitic diatheses. 4. In scarlet fever, does nephritis with albuminuria, usually occur before or after the disappearance of the rash? 5. Diagnose between true croup and laryngismus stridulus.

ANATOMY.—*Dr. H. W. Dewey, Tacoma, Wash.*

1. Give the contents of the middle mediastinum. 2. What are the branches of the celiac axis, and what organs do they supply? 3. Give the weight of the brain, heart, liver, spleen and kidney. 4. What are the boundaries of Hesselbach's triangle? 5. What muscles are found in the orbit?

CHEMISTRY.—*Dr. A. B. Kibbe, Seattle, Wash.*

1. What is the shape of an oxylate of lime crystal? 2. Describe the method of using Trommer's test for sugar in the urine? 3. How can you distinguish urates from phosphates in the urine? 4. Describe one method of obtaining oxygen in quantity. 5. In a saturated solution of the Iodide of Potassium

what amount of the drug would a drop represent?

OBSTETRICS.—*Dr. G. V. Calhoun, La Conner, Wash.*

1. Give the symptoms indicative of approaching labor. 2. Describe a face presentation, and state how such cases should be managed. 3. Give the etiology of puerperal fever, and state what precaution should be taken to prevent its development. 4. Give the symptoms and name some of the causes of puerperal eclampsia. 5. State the causes and give the treatment of post-partum hæmorrhage.

MATERIA MEDICA AND THERAPEUTICS.—*Dr. J. W. Bean, Ellensburg, Wash.*

1. What is the dose and therapeutical uses of ammonium chloride? 2. What is the dose of chlorate of potash, and what is the effect of large doses of this salt on the kidneys? 3. What are the indications for the use of eucalyptus glob. in bronchitis? 4. What is the dose for an adult of strychn. sulph.? Of morph. sulph.? Of atropiæ sulph.? 5. What is the dose, by inhalation, of nitrite of amyl, and what are its physiological actions?

PHYSIOLOGY.—*Dr. H. W. Dewey, Tacoma, Wash.*

1. How do the products of digestion find their way into the venous blood? 2. What variations are found in the temperature of the blood in health, and where? 3. What is the function of the cerebellum? 4. What secretions take part in digestion, and the functions of each? 5. Give the physical properties and ingredients of urine, and the amount excreted in twenty-four hours.

HISTOLOGY.—*Dr. H. B. Bagley, Seattle, Wash.*

1. Name the four general classifications of animal tissues. 2. What is epithelium, and where found? 3. What is connective tissue? 4. Of what is animal blood composed? 5. What is ciliated epithelia, and what purpose does it subserve?

DISEASES OF WOMEN.—*Dr. J. H. McDonald, Dayton, Wash.*

1. Differentiate between metritis and endo-metritis. 2. Differentiate between pregnancy and ovarian tumor; also between an ovarian tumor and an enlarged spleen. 3. Differentiate between vaginal and uterine leucorrhœa. 4. Give symptoms and causes of anti-version and prolapsus uteri. 5. Give some causes of uterine hæmorrhage.

LEGAL MEDICINE—*Dr. H. B. Bagley, Seattle, Wash.*

1. What is the earliest period at which a child is viable? 2. Give some of the symptoms of narcotic poisoning. 3. After air is entirely expelled from the lungs, how long will a person live? 4. What is the hydrostatic test that a child that is dead was born alive? 5. Name five varieties of insanity.

EYE AND EAR—*Dr. A. B. Kibbe, Seattle, Wash.*

1. How would you treat a case of gonorrhœal ophthalmia? 2. Give the symptoms of ophthalmia neonatorum. 3. What are some of the symptoms in an injured eye which would render its enucleation imperative? 4. Name the bones of the middle ear. 5. What are the symptoms of mastoid abscess?

THEORY AND PRACTICE OF MEDICINE—*Dr. H. R. Keylor, Walla Walla, Wash.*

1. Describe the eruption in herpes zoster; what part and how is the nervous system affected in this disease and how distinguished from simple zoster

and eczema? 2. At what period in typhoid fever is perforation the most likely to occur? What portion of the intestine is most likely to be perforated? What is the immediate result of perforation? 3. What physical signs are revealed by percussion and auscultation when tubercles are sufficiently deposited to impair the elasticity of the lung tissue? What do persistent moist rales indicate in a case of pulmonary tuberculosis? Is the character of the sound changed by percussing over a cavity with the mouth open? 4. What is the common cause when general dropsy appears somewhat suddenly? To what is œdema beginning at the feet and gradually invading the legs, but keeping strictly to the lower part of the body, generally due? 5. What is the difference between acute alcoholic delirium and delirium tremens? 6. Diagnose between croupous and catarrhal pneumonia. 7. Give some intrinsic causes of fatty degeneration of the heart. 8. Which are the most frequent in epilepsy, tonic or clonic convulsions? In hysteria?

PREVENTIVE MEDICINE—*Dr. J. D. Miner, Centralia, Wash.*

1. What prophylactic measures should be taken at school, after exposure to pertussis, to secure the best results? 2. What would you do for external anthrax in man? 3. What should be done when a person has eaten anthrax meat? 4. How would you make our maternities safer? 5. How prevent vaccinal syphilis? Give your views regarding the kind of lymph, whether animal vaccine or the humanized virus; also precautions in the use of the lancet.

SURGERY.—*Dr. C. S. Penfield, Spokane, Wash.*

1. What are the principal circumstances which should be closely attended to in the exhibition of chloroform? 2. Describe a method of dressing a frac-

tured clavicle, and give points to be aimed at in the application of any dressing. 3. Diagnosticate between concussion and compression of brain and of treating each. May there be compression of brain following an injury without fracture of the skull? 4. Give diagnostic features of luxation of head of femur into obturator foramen, also on to dorsum illii. Give manner of reducing each and after-treatment. 5. Describe Hey's amputation. 6. Describe and give treatment of varix of lower extremity. 7. How would you recognize empyema or hydrothorax, and give manner of paracentesis thoracis

for relief of same. 8. Give manner of dressing compound comminuted fracture of femur. 9. Describe tracheotomy. 10. Give differential diagnosis between hydrocele and varicocele.

DISEASES OF THE NERVOUS SYSTEM.—*Dr. J. W. Bean, Ellensburg, Wash.*

1. Give pathology, symptoms and prognosis of the form of facial paralysis following exposure to cold. 2. Give pathology and symptoms of sciatica. 3. Give symptoms of angina pectoris. 4. What are the more important causes of suppurative encephalitis—abscess of the brain? 5. What are the symptoms of chorea?

An Alabama Letter.

FLORENCE, Lauderdale Co., Ala.,
June 18, 1892.

Editors Clinique—

GENTLEMEN: Having lately become a subscriber to the CLINIQUE, I take this liberty to call your attention to several advantages which I think our city can offer as a place to locate a sanitarium. During the late development here a large hotel was built of about fifty odd rooms about one mile and three quarters on a high plateau, east of the business part of the city. About one quarter of a mile from this hotel are a number of springs of medicinal virtue. I hold certificates and other material enough to get up good advertising journal of these waters, and the following is the qualitative analysis: "Sample was found to be clear, tasteless; with indigo tint, almost entirely free from organic matters, and with a considerable amount of solids in solution which consisted of silicic acid, silicate, sulphate, phosphate, nitrate, and carbonate, of iron, alumina, lime, magnesia, sodium, potassium, with some chlorine, probably as common salt. The phosphates were

present in considerable quantity. The spectroscope was not used in this analysis."

WILSON & COWORDIN,

Chemists.

Mr. Wilson is professor in the Normal College here. Mr. Cowordin is analytical chemist here. The hotel is not yet finished. Already the company that runs it have expended on it about thirteen thousand dollars. About six thousand more will pay off all indebtedness, and finish it. The company I understand are willing to give their interest in the hotel to any party who will pay off the debts of same, finish it, and utilize it. I have thus briefly called your attention to these facts, knowing that your acquaintance was extensive and influential and that you might use this to some advantage. If you know of any physicians who might become interested in a matter of this kind I will be glad to furnish all the information I can and also to entertain them if they wish to come here and investigate the situation.

Yours faithfully,

CHAS. M. WATSON, M.D.

Half-Hours With Our Exchanges.

PREPARED BY GEO. M. WAGNER, M.D.

Summer Complaint.

The *Times and Register* of June 2nd, contains a most interesting and instructive series of articles under the head of Summer Complaint, Cholera Infantum, Summer Diarrhœa of Children, Gastro-enteritis of Children, by Drs. Jones of New Orleans, Dr. Loughhead of Cincinnati, and Dr. Waugh of Philadelphia. We give below some of the points brought out by these gentlemen:

Cholera infantum is said to destroy annually about 40,000 infants in the United States, and stands sixth in the list of fatal diseases.

THE CAUSES OF CHOLERA INFANTUM.

- (a) Dentition.
- (b) Elevated temperature.
- (c) Crowding and bad ventilation.
- (d) Impure milk, from any cause.
- (e) Ptomaines engendered in fermenting milk.
- (f) Specific micro-organisms.
- (g) Improper food and feeding.

In the teething child, the teeth press upon and irritate the extremities of the dental nerves, and the irritation is transmitted by those nerves to the ganglionic cells of the cerebro-spinal nervous system, and from thence to the sympathetic ganglia. This causes an enfeebled and excited condition of the central ganglionic cells of the cerebro-spinal nervous system often resulting in inflammation of the meninges of the brain, hydrocephalus, convulsions and death. The irritation of the ganglionic centres in the teething child leads to impairment of digestion, loss of tone and power in

the alimentary canal, and irritation of the gastro-intestinal mucous membrane, shown by watery, light-colored, highly offensive stools, mixed with masses of undigested milk.

In many cases of cholera infantum the liver and kidneys are involved to such an extent that the coloring matter of the bile may be entirely absent in the intestinal discharges, and the urine contain grape sugar.

Elevated temperature causes summer complaint because of: 1. Depression of the vital forces, leading to debility and perversion of their functions. The heat is especially severe upon those infants already debilitated by dentition. 2. Increase of fermentation and putrefaction in the sewers, gutters, drains, and privies, and in the refuse matters, garbage, etc., and in the urine and excrements of animals saturating the streets. This affects every one, to a greater or less extent, but again the infant comes in for more than his share of it. 3. Increased fermentation and putrefaction of milk, and of all forms of animal food during high temperature. 4. The debilitating effects of prolonged elevated temperature upon mothers, wet nurses, and cows furnishing milk to teething children. Canned milk may also be a source of much evil, from the development of poisonous products.

Treatment resolves itself into preventative and curative, of which the first is the most important. In the first place a thorough knowledge of the natural laws

governing digestion is necessary. The food is digested by various secretions which in the infants are very limited in their capabilities. Ptyalin, the ferment found in the saliva, is alkaline, and converts starch into glucose. The gastric juice is acid, and by means of its active principles, pepsin, converts the proteids into peptones. The bile is alkaline, and slightly emulsifies fats. The pancreatic juice is alkaline, it converts starch into sugar, proteids into peptones, and emulsifies fats. Of course mother's milk is the only true and perfect food for the infants, and artificial food should never be resorted to except in cases of absolute necessity. Next to mother's milk comes fresh cow's milk. This may be predigested by the following means:

Extract pancreatis.....gr. v.
Sodii bicarb.....gr. x.

and dissolve in one gill of warm water, after which add one pint of warm milk; put this in a bottle, and place in water kept at 100° F. for one hour. Give only a small quantity at a time. A child nourished on the above will stand an attack of summer complaint better than one improperly fed. During the attack, lime-water mixed with the milk will be found useful in neutralizing the acid condition of the stomach, acting as a germicide, and furnishing an important element of the teeth and bones in the child. Freshly prepared beef tea from fresh, tender, raw, beef, to which a few drops of hydrochloric acid have been added may be substituted for the milk, or bovine may be used. For the intense thirst use cold bathing, teaspoonful doses of hot water, small lumps of ice, or dilute brandy. Copious draughts of water are recommended by some, but condemned by others. Fruit juices are not without value. Of these, the best perhaps is that of freshly pickled ripe grapes. Teaspoonful doses of

this may be given. Care must be taken that the fruit is neither green nor over ripe when it would do harm instead of good. The juices of blackberries, peaches, pineapples, oranges, etc., may also be used, either raw or stewed.

The excessive discharges from the bowels may often be combatted by the use of the subnitrate of bismuth and precipitated carbonate of lime. Sulphate of quinine may be employed externally with benefit, in the following liniment.

R. Quinine sulphate.....ʒi.
Soap liniment.
Olive oil.....aa f.ʒii.

M. Rub the body and joints of arms and legs four times per day.

The above will have some effect in reducing the temperature. In putrid diarrhœa, Dr. Waugh has found the best agent to be the sulpho-carbolate of zinc given in one grain doses every hour. Salol and arsenite of copper have not acted so well for him. The zinc is best given with bismuth. In cases of apyrexia, when collapse is indicated, stimulation is in order. Coffee has been found to be the best stimulant under the circumstances. Give 10 drops every ten minutes or 5 drops of bovine. Monobromated camphor $\frac{1}{2}$ grain every hour is also of use. After the worst of the attack is over, the arsenite of copper is useful in checking the diarrhœa which still persists on account of the gastro-intestinal irritability. Quinine, wine and iron should be used for their tonic effect where the diarrhœa persists on account of weakness. Dr. Waugh closes his article with the following:

“But what are all these things worth, if the hygiene of the child's home be not first made right? The most elaborate care, the most scientific medication, are of little avail if every breath of air that enters the child's room be

laden with the poisonous effluvia from a filthy alley, gutter or cess-pool; if pestilential vapors rise from a forgotten

muck-heap in the cellar, or sewer-gas is allowed to penetrate to the house by 'Jerry' plumbing."

Treatment of Divided Tendons.

The Suturing of Tendons is discussed in the *Lancet-Clinic* by Dr. H. L. Harris of Chicago. When a tendon is cut its ends retract to a greater or less distance, varying according to the presence or absence of a synovial sheath at the point of injury, and the position of the parts at the time of division, consequently in cases of accidentally divided tendons, where possible, the ends should be immediately approximated and retained by properly adjusted sutures. The following case is in point. A man received a small punctured wound from a piece of glass on the anterior aspect of his wrist. The physician who dressed the wound failed to observe that the tendon of the flexor longus pollicis had been cut. The wound healed quickly, and, as he did not discover until it was all well that the power of flexing the thumb was lost, a secondary operation was necessary to restore the member to its former usefulness.

Care must be taken to render the operation strictly aseptic, and the following points must be considered: 1. A proper material for the suture. 2. The method of placing the suture or stitch. 3. The treatment of the soft parts covering the tendon.

The material used must be soft and pliable, but not too quickly absorbed lest the ends of the tendon separate again before they have had time to unite. The writer has found silk to be most satisfactory, catgut being too stiff and also liable to tear a small tendon too much.

Considerable importance is attached to the method of passing the suture. Tendons being composed of tough, longitudinal, parallel fibres, loosely bound together by delicate connective tissue, a suture passed transversely through a divided tendon would simply separate the fibres and pull out, if any amount of traction were put upon it. Various methods have been recommended, but the most practical of all is the following:

An ordinary round sewing needle, so as not to cut the tendon fibres, is threaded with sterilized silk. The ends of the tendon are cut square and the needle made to enter the end at its center. Passing longitudinally up within the tendon, it emerges on the surface from three-eighths to one-half inch from the end and to one side of the mid line. Crossing to the other side of the surface, the needle re-enters the tendon, passes longitudinally down within it, and again emerges on the end at a point opposite to its first point of entrance. It is then passed through the other end of the tendon in the same manner, traction made upon it until the ends of the tendon are in accurate apposition, when it is tied, cut short, and the knot buried. This stitch will stand considerable traction, and the knot being buried, the surface of the tendon is left smooth, so as not to acquire adhesions to its surroundings.

One of the causes of failure in operations on tendons is the adhesion of the tendon to the surrounding parts and

skin. In the healing process the integument, soft parts, and tendon are included in a common cicatrix thereby fixing the tendon, and limiting very much, or entirely interfering with, its motion. When a tendon is divided, the upper end retracts so far that it is usually necessary to enlarge the wound in order to reach it and draw it down. In doing so, the line of incision through the integument should not correspond to that of the tendon, but should be to one or the other side of it, and then drawn over the tendon before the sheath is opened, so that the incision through the sheath and skin will not be opposite each other. After the tendon is sutured, the sheath should be drawn over the point of union and very carefully stitched with a fine suture of catgut which will be absorbed. The integument is then slid over this and sutured separately.

Old cases, in which the tendon has not united, must be cut down upon, and the ends united by a secondary operation. Here the ends may be found adherent to the surrounding parts, or loose in its sheath if it have one. Occasionally it may happen from the loss of a portion of the tendon, that the ends cannot be brought in contact. When the interval left is not great, a silk suture may be introduced in the manner described above approximating the ends as closely as possible, and tied.

These three points must be remembered:

1. The use of the sterilized silk suture.
2. The particular method of applying the suture.
3. The principle of interposing a layer of tissue between the sutured tendon and the sutured skin, so the cicatrix will not be common to both structures.

Influence of Habitual Posture on the Health of the Body.

The above is the title of an article appearing in the *Brooklyn Medical Journal*, by Dr. Eliza M. Mosher. It is devoted particularly to those changes of symmetry which are produced by long continued habits, best seen, therefore, in individuals at middle life. The human body consists of two symmetrical halves which exactly balance each other. In the standing posture the pelvis, which is practically one solid bone, becomes the pivotal region of the trunk, upon which rests the spinal column with its weight of arms and head. With arms hanging at sides and head erect, the lateral portions of the body balance each other, so that a line drawn through the spines of the scapulæ is parallel with one drawn transversely through the pelvis, and the axial line of the pel-

vis prolonged upward traverses the center of the trunk and head. Now if either foot be raised from the floor, it becomes a weight upon, instead of a support to, the pelvis. To maintain its equilibrium, the body must shift some other weight to the opposite side of the median line, to balance the weight of the unsupported leg. The head and shoulders are used as counter weights, always falling to the opposite side from that on which the leg hangs, consequently the spinal column curves upon itself, or rotates to meet the emergency. The ribs, through their articulation with the spinal vertebræ, participate in its movements, become approximated upon the concave side of its curve, and separated upon its convexity.

In the sitting posture the lumbar re-

gion becomes the pivot upon which the remainder of the trunk moves. The position in which the arms are held determines where the curve shall be greatest in the spinal column. If they are suspended in front of the hips the normal antero-posterior curve in the upper spine increases, while the head drops slightly backward, projecting the chin forward; if suspended behind the hips, the antero-posterior spinal curve straightens, while the normal corresponding curve in the lower dorsal region increases.

The skeletal muscles are under the control of the will, but are allowed to do most of their work automatically, so that sooner or later certain groups of muscles take upon themselves the work of maintaining the body in the sitting or standing posture. The shape of the body is usually acquired by enforced position as in the school-room or workshop.

There are three fundamental postures which the body assumes in standing, viz:

1. With both extremities evenly placed beneath the pelvis.
2. With one leg thrown forward, as in the attitude of walking.
3. With one leg thrown outward, or abducted.

The influence of the first would be to maintain the symmetry of the body, but experience shows that this position cannot long be maintained. The second position, viz.: with one foot advanced as in walking, permits the body to rest upon one extremity with very slight reduction of the normal spinal curves. The bones of the skeleton are all so placed in this posture as to retain the muscles in normal and symmetrical relations, as regards the distance between their origin and insertion, the direction of their fibres, etc. The muscles of the cervico occipital region and

those on the anterior aspect are placed in an equal degree of extension, thus fixing the scapulæ and upper ribs in a position favorable to the best action of the respiratory muscles, hence the posture is conducive to chest expansion. This is a position of ease, and can be retained for a long time without undue fatigue, and as it is favorable to the making of gestures and the use of the voice, it becomes the favorite posture of the orator and public singer.

The third fundamental posture of the body in standing is the one most commonly chosen as the habitual one, because of the broader base which it gives when needed for the support of the trunk. The influence of this posture upon the health and symmetry of the body can best be studied in persons who, from occupation, habitually stand upon one foot. If the left extremity has been the favorite one, as is usually the case, the left thigh will lean a little more than its fellow. The left hip is higher than the right, and the spinal column is slightly curved, presenting its concavity toward the supported side. In exaggerated cases, and when the right arm has been much used, a compensatory curve is found in the upper dorsal region, the concavity of which presents in the opposite direction. In all cases there is marked projection of the angles of the ribs upon the unsupported side, indicating more or less rotation of the bodies of the spinal vertebrae toward the right. The ribs upon the left side approach each other and the crest of the ilium, shortening in a very marked manner the body line upon that side. The spaces between the ribs on the right side are proportionately widened, and the lengthened body line lacks the curve presented by the opposite side. The left shoulder is lower than the right, consequently the left hand reaches lower upon the thigh than

does its fellow. Want of symmetry may also be noticed in the face from the habit of carrying it to one side as a result of the "third fundamental posture."

This posture is especially injurious to the pelvic organs of women. The uterus is crowded toward the supported side by the displaced intestines. The broad ligament upon the opposite side is placed under tension, which, in time, lengthens and weakens it as a uterine support, while the one on the opposite side gradually shortens from disuse. The round ligament suffers in the same way, and the final result is the permanent deflection of the uterus and ovaries. The more common posture upon the *left* is more productive of harm than that upon the opposite one, because it places the uterus and ovaries upon the left side, and below the sigmoid flexure. Mechanical pressure from inactivity of the bowels is likely to occur especially during the menstrual epoch.

The article concludes as follows:

To recapitulate: There are three fundamental postures in which the body in the upright equilibrates. A certain amount of muscular force is required to

retain it in any of these positions. The first posture is not practicable as an habitual one, because it does not admit of alternation in the use of the lower extremities. The second places the body in the most symmetrical attitude it can take, and at the same time permit the alternate use of its supports. This is a posture not naturally chosen, but easily acquired by training. The third, which is the favorite posture of mankind, is harmful in its tendencies, both as regards its influence upon the symmetry of the body and the economic and healthful use of its complex machinery. Its adoption then should be deprecated, and especially so in our schools and stores.

The shape of the body in the sitting posture is greatly dependent upon the position of the arms and head. The one which best maintains the symmetry of the trunk, and therefore is most healthful, is that in which the spinal column balances upon the pelvis with the arms at the sides and the head upright. This posture is the one which the body should be trained to assume in the schoolroom, the workshop, and the carriage.

Removal of Gasserian Ganglion—Recovery.

In the *International Journal of Surgery* Dr. Emory Lanphear reports a successful operation for obstinate neuralgia of the trigeminus in a man fifty-four years of age. Patient had suffered from his disease for eighteen years, and for last year has been confined to his bed. Morphine failed to relieve him, and his teeth had been extracted without benefit. When admitted to the hospital, Dr. Lanphear prescribed:

R. Quininae hydrobromat. . . . gr. 20
 Ferri sulphat. exsic. gr. 10
 Hyoseyaminae sulphat. . . . gr. $\frac{1}{10}$
 Misce et ft. pil. No xii. Sig. One every four hours.

The above did no good, and operation was decided upon.

After shaving and thoroughly cleansing of the head and face, stitching together of the eyelids upon the affected side, and cleansing of the ear, an in-

cision is made from the outer angular process of the frontal bone, along the upper border of the zygoma to its posterior extremity, descending just in front of the ear and over the parotid to the angle of the jaw, thence along the horizontal ramus to the vicinity of the facial vessels. By this incision is gained a maximum of space with a minimum of disfigurement and no paralysis of the portio dura.

The flap of skin is dissected up, wrapped in bichloride gauze, and held back by an assistant. The periosteum is now stripped from the zygoma, and four holes drilled through the bone, two through the zygoma close to its roots, and two through the zygomatic process of the molar. These are about one-third of an inch apart, and are to provide passage for silver wires to hold the parts in apposition after trephining. The bone is now divided and turned down with the masseter muscle attached, care being taken not to injure the muscular attachment on the under surface through which the nutrition will come in future. This exposes the coronoid process of the inferior maxilla which is now cut through: the temporal muscle is turned up out of the way, exposing the pterygoids. The probable location of the foramen ovale having been decided

upon from comparison of bony points with those of a dried skull, a half inch trephine is introduced. The foramen spinosum has been injured, as evinced by a gush of blood from the middle meningeal artery. This is stopped with great difficulty, and the trephining resumed.

After the removal of a disc of bone, the dura is cut into with the scissors, when nerve tissue is exposed. This is supposed to be the ganglion, and is removed, after which the site is thoroughly curetted, and an effort made to check bleeding, as the patient begins to show signs of shock. Hemorrhage is arrested, and wound irrigated with bichloride, the coronoid process of inferior maxillary bone removed with the scissors, the temporal muscle tucked into the fossa, and the zygoma replaced and wired. The wound is closed with a continuous catgut suture, face washed, iodoform dusted on, and a compress of bichloride gauze applied.

Patient made a perfect recovery. Temperature at one time rose to 100½° F. but soon went down. Suppurative conjunctivitis developed in the eye of the affected side, but irrigation with weak solution of bichloride soon cured it. He has not complained of pain since the operation.

Hysteromyomectomy.

Dr. Hunter Robb writes a paper upon the above operation for the *Johns Hopkins' Hospital Bulletin*, in which he gives in detail his method of procedure in cases demanding this operation. Many of the methods adopted in the past for the disposition of the pedicle neither secure asepsis at the time of operation nor afterwards. When the pedicle is dropped into the peritoneal

cavity, the hemorrhage has frequently been fatal, or sepsis has occurred from the stump, these two dangers have strongly militated against this method of treating the pedicle.

The following method leaves the cervix for the most part intact, and permits the lower part of the uterus to be raised out of the pelvis:

After opening the peritoneal cavity,

the body of the uterus, the cervix and broad ligaments are carefully examined and the situation studied. The myomatous uterus is then grasped and lifted out of the abdominal cavity and wrapped in sterilized gauze, over which a sterilized salt solution at a temperature of 112°F. is poured from time to time. The broad ligaments on either side are divided close to the sides of the uterus, if possible, as far down as the utero-cervical juncture. This is accomplished either by passing a double row of ligatures of silk through the broad ligament, or by compressing it with a pair of long-nosed artery forceps on the side close to the uterus, and passing and trying a series of ligatures on the pelvic side. The broad ligament is cut through between these constricted portions and the uterus thus is separated from its lateral attachments. The tubes and ovaries are also removed, separately or with the uterus. Where the cervix joins the body of the uterus a transfixion needle threaded with a double ligature is passed through the middle of the cervix, just as an ovarian pedicle is transfixed. This ligature is then tied both ways beneath the tubes and ovaries and the diseased mass. One of the ligatures is brought around the pedicle again to make the tie more secure. This should absolutely cut off all the active blood-supply. The constricted mass for a distance of 3-4 cm. above the ligature can then be rapidly and safely excised. It is cut off so that it leaves a cupped cavity surrounded by an abundance of peritoneum. Redundant tissue may be trimmed away afterward.

The position of the cervical canal is next noted, and the canal thoroughly burned out with a Paquelin's cautery, by plunging the fine point down it to prevent any possible infection from this source. Then a circular or rectangular

ligature of silk or catgut is passed in and out of the cervical tissue and tied, closing the cervical canal, and another suture again outside of this, finally completely closing the canal. Interrupted sutures of silk or catgut now unite the peritoneal surfaces of the opposite sides of the pedicle, so as to invert the top of the pedicle and bring the peritoneal surfaces in apposition.

The toilet of the peritoneal cavity is completed by pouring in one or two litres (one or two quarts) of a sterilized salt solution at a temperature of 112°F. This is both stimulating and nutrient to the tissue-cells, injured during the manipulations. Blood-clots and serum are also thus flushed out. Finally the peritoneal cavity is dried by sponging. The ligatures encircling the pedicle are allowed to remain, the ends being cut short.

The pedicle is not suspended but dropped, and the addomen is closed without a drainage-tube. When a pedicle is treated in this manner there is no necessity for placing it in the lower angle of incision, to provide for hemorrhage; we also thus avoid the dangers of infection by contact with skin-surfaces which might contain virulent organisms. We further avoid the chances of bacterial invasion to which those cases in which the pedicle is allowed to slough off are subjected, as well as the tedious and dangerous method of turning the pedicle into the vagina, which incurs the risk of infection from this surface.

The ligatures must be carefully applied, and a sufficient stump made above them; if this precaution is observed there is no danger of the tissues shrinking sufficiently to draw away from the ligatures.

In the four cases in which I have tried it, three were successful. The fatal result attending the fourth one was

influenced by the low vitality of the patient preceding the operation, as shown by the autopsy. The first three cases convalesced as readily as the simplest ovariectomy; they were out of bed at the end of two weeks, and in three weeks and a half left the hospital well, the abdominal incision being perfectly healed, and no weak point remaining, as is the case when a drainage-tube is employed.

Since writing the above Dr. Kelly has operated three times after this manner. The patients recovered without any disturbance.

Summary.—This method of hysteromyomectomy recommends itself for the following reasons:

First—it is aseptic. A more consistent technique can be maintained after operation, and the dangers of subsequent infection can thus be avoided. If septic material is introduced at the time of operation, the condition is not remedied at all by the suspension of the pedicle or the use of the drainage-tube, and in either case the patient may die if the organisms are of a virulent character.

Second—hemorrhage is avoided. It controls bleeding efficiently both during and subsequent to the operation.

Third—drainage is not necessary. As there is no danger of hemorrhage, the drainage-tube can be dispensed with and the danger of infection by this means obviated and the increased liability to hernia in the incision prevented.

Fourth—time is saved. The details and steps of the operation are simple and may be rapidly carried out.

Fifth—convalescence is shortened. The period of convalescence should be no longer than after a simple ovariectomy.

DETAILED REPORT OF CASES.

CASE 1.—S. A. admitted to the Gynecological Department of the Johns Hopkins Hospital, August 4th, 1891, with the following history: Married 25 years; 10 para, oldest 21 and youngest 4 years old, no miscarriages; labors not difficult, except the first, which was instrumental. Menstruated first at 16, with much pain, compelling her to rest in bed for two days. Flow moderate in amount, lasting about one week. Last three years menses have been very regular, until the past six months, during which time the flow has been profuse, continuing for three or four days, without pain. Profuse leucorrhœa. Bowels inclined to be loose. No urinary difficulty. No history of serious illness. Complains of great pain in the left ovarian region, covering a space about the size of a silver quarter; pain paroxysmal, sharp and burning. Occasionally severe back-aches; scarcely able to be about at times.

Examination under anæsthesia, the following notes were recorded: Vaginal outlet relaxed, cervix pointing downward, lips soft and lacerated on the right side. Uterus reclines in the pelvis in ante-position. Just beneath the abdominal wall, above the symphysis pubis, a globular mass is palpated on the right side. The broad ligaments on either side are thickened by adherent masses, irregular in outline. This is most marked on right side.

Diagnosis.—Interstitial myoma with adherent tubes.

Urinary analysis, catheterized specimen, August 5th, 1891, cloudy and lemon-colored, sp. gr. 1011, reaction neutral, no albumen, but marked precipitate of phosphates. Epithelial cells and a few leucocytes.

Operation, August 15th, 1891, after the manner above described. Time of

operation one hour and twenty minutes. Abdomen closed without drainage.

Examination of Temperature Charts.

—The thermometer registered on the fourth day 101° F. by the rectum, 99.8° F. by the mouth, and 101.3° F. by the vagina. From this time on the temperature registered between 98.5° F. and

99.5° F. by the rectum, mouth and vagina.

The stitches were removed on August 23d. The line of union perfect, no suppuration. She was out of bed on the fourteenth day after the operation and was discharged from the hospital September 12th, thoroughly recovered.

Items from the American Association Meeting.

The following is from the proceedings of the American Medical Association at Detroit reported in the *Boston Medical and Surgical Journal*:

Dr. Bedford Brown, read a paper on Positive and Negative Medication. He said deaths occur in practice from incompetency of physicians, incurable nature of certain diseases, careless nursing, and the adulteration and substitution of drugs by dishonest pharmacy. A point of importance is for the physician to assure himself of the solubility in the stomach of the medicines used. On this account pills and capsules are often objectionable, as they sometimes pass through the system unchanged. Furthermore, in all fevers and in many other states, the solvent power of the secretions greatly lessened. Glycerine and honey make a good excipient for pills; and gums of all kinds are open to the same charge of insolubility as sugar and gelatine. If mixtures are not well borne by the stomach, rectal alimentation must be resorted to. Here mucilage makes a good vehicle for quinine when the latter is indicated. The cold bath in high temperatures may increase the absorptive power of the system. Some use tablets and wafers entirely to the exclusion of pills. Dispensing of drugs by physicians is growing in both professional and popular favor.

Dr. W. D. Christopher, of Chicago, discussed the ill effects of Retained Fæces. According to his paper, bowels apparently normal often contained scybulous masses which could be brought away only by intestinal irrigation. These masses may cause peritonitis, local or general, typhlitis, and appendicitis. They may give rise to certain catarrhal states, in which the bacterium coli communis, ordinarily harmless, becomes exceedingly virulent. Of the poisons engendered by fæcal retention a small amount may be destroyed by the liver, but if this organ is impaired or the dose of the poison is large, we may have the "stercoæmia," "stercoæmie" of the French writers. In using rectal injections the water should be warm. Several trials may be necessary before much fæcal matter comes away. Iron and belladonna are a useful combination to enable the bowel to retain its healthy state.

Dr. N. S. Davis, Jr., of Chicago, believed that fæcal retention was common in those whose bowels moved daily; these evacuations were merely nature's overflow and were utterly insufficient to empty the gut.

The paper was also discussed by several of the other members present.

The Genesis of Pneumonia was discussed after the reading of a paper on

this subject by Dr. W. W. Pennell, of Fredericktown, O.

The great question is, as to whether pneumonia is a general fever or a local disease. Bacteria, the writer believes, play only a secondary part in an exudative affection. The inflammation produced experimentally by pure cultures of this germ differs from that of the primary culture. There is not an exact analogy with so-called specific diseases, and our treatment is not such as to carry out this view. The infectious character of the disease is not observed in country districts.

As against this specific character are the following arguments: (1) more than one germ is found; (2) the patients are liable to subsequent attacks of the disease; (3) it is not contagious; (4) there are not prodromata; (5) there are no sequelæ as in typhoid fever; (6) there is a distinct crisis unless peri-infiltration or abscess result, and if the exudate can be kept in the vesicles (in quarantine as it were), it will lose its power to infect; (7) antiphlogistic treatment will often abort the disease.

The causes of the disease may be enumerated as follows: (1) cold, merely, is not a cause; (2) continued exposure with wide thermometric range; (3) dust-chill, often felt by farmers threshing grain; (4) as a sequela of lowered vitality due to vicious habits, especially alcohol and venery; (5) inhalation of dust and foreign bodies; (6) bad general hygiene, poor sanitation, enervating habits, etc.; (7) some persons and families appear to have a predisposition; (8) neither age nor sex gives exemption.

The three factors then, in pneumonia, appear to be, predisposition, loss or lack of normal tissue resistance, and exciting cause.

GUNSHOT WOUND OF THE LIVER.

Dr. James T. Jelks, of Hot Springs, Ark., reported a case where a ball en-

tered the left of the spinal column, just below the lower border of the ribs. The patient when first seen had vomited much blood and was in a state of shock. An opening was made extending from the ensiform cartilage to two inches below the umbilicus. The patient again vomited blood and the stomach and ball was thrown out of the abdominal cavity into the hands of the operator. Careful examination revealed no stomach wound, but a bleeding wound was found on the posterior border of the liver. This was packed with iodoform gauze, the cavity washed out, the intestines returned, a glass drainage tube inserted and the abdominal wound closed by sutures. Before union was perfect a fit of coughing caused the wound to break open and a knuckle of intestine protruded. This was replaced and a good recovery resulted in three weeks.

RUPTURE OF THE LIVER.

Dr. Ferger reported a case of liver rupture resulting from a fall through an elevator shaft, where he found, a year later, that much hæmorrhage had taken place without evil results.

Dr. Gregory, of St. Louis, thought that in Dr. Jelks's case, the patient would have recovered without any operation, unless the plugging of the liver wound had saved his life.

Dr. Thorn, of Toledo, reported a case of laceration of the liver left without treatment and which resulted in death from loss of blood.

Dr. B. A. Watson, of Jersey City, said shock was not always present, and if absent, what indications have we for operation if we are not to operate on all cases.

Dr. Walker, of Tennessee, cited a case in which there was shock when he was called to see the patient, who declined operation, but who died from hæmorrhage some three hours later.

A Case of Dyspnœa During Labor.

A case of extreme dyspnœa and cyanosis before, during, and after, labor, is reported in the *Boston Medical and Surgical Journal*. The patient, Mrs. S. H., thirty-five years of age, called upon Dr. Provan to ascertain whether or not she was pregnant, and if so, if much danger was to be apprehended in her delivery. She gave a history of heart disease on both sides of her family, her mother, father, and a brother, all suffering from it. The doctor, on examination could discover no reason why she should not be safely delivered, and encouraged her as much as possible. Several months later she again consulted him in regard to a nurse, and other matters, and seemed perfectly well and happy, and continued so up to within three days of her confinement. February 29th, she experienced a severe attack of dyspnœa, and was unable to lie down, or sleep during the night. During the next day, breathing was easier, but was much oppressed again the following night. Between 11 and 12 p. m., March 2nd, Dr. P. was sent for in haste, and found her very low, apparently moribund. A mixture of digitalis and carbonate of ammonium was administered, and Dr. Stedman sent for counsel and assistance. On examination the os was found to be about the size of a silver half dollar, nevertheless it was decided to rupture the membranes in order to afford some relief to the breathing. In half an hour there was some improvement in her breathing, probably owing to the digitalis and ammonium. In view of the difficulty of deciding whether or not to forcibly dilate and deliver her, Dr. Green was sent for, but before he arrived some

labor pains came on and the os dilated sufficiently to enable them to apply the forceps. It was now decided to administer ether, as she would only have to be kept under its influence for a short while. This was accomplished in less than half an hour, but as she did not rally well, recourse was had to hypodermic injections of brandy. During the week following delivery there were several times when her pulse could not be counted and scarcely felt. The third night after delivery she became cold, and circulation very poor. A quart of milk containing three ounces of brandy and twenty grains of carbonate of ammonium was administered per rectum, and the nates compressed by the nurse to hold it in. No analysis of urine was made previous to her confinement, but that examined March 9th, contained a small amount of albumen. This gradually increased until the 16th, then decreased, and finally disappeared entirely. In the meantime the limbs, back, and abdominal walls became œdematous, but not the peritoneal or pleural cavities.

April 10th, she suddenly died. Her brother, aged 40, who died several days later, was found, on post mortem examination to have lacked one of the valves of the heart.

IODAL IN OZÆNA.—According to Dr. Turban (*Therapeutische Monatschrift*) the following formula has given excellent results in ozæna:

R. Iodal.

Tannin.

Powdered borax equal parts.

Snuff 5-6 times daily at first, later on 3 times daily; a pinch for each nostril.

Fresh Country Milk for City Children.

Cincinnati physicians enjoy exceptional facilities for procuring good milk for their little patients during the summer. Dr. Rachford (*Cincinnati Lancet-Clinic*) gives the details of a method which has given general satisfaction to physicians of that city.

For some years Dr. R. has, by means of an arrangement with a friend in the country, been able to obtain a reliable milk supply, and his professional friends have insisted on his sharing the benefits derived from it with them. Accordingly arrangements have been made by which milk from this farm is delivered at a certain drug store in Cincinnati daily. The farm of which we speak, is situated in Kentucky, only a short distance from the city, on a high location and is well drained. The cows are carefully selected, rationally fed, and otherwise cared for in the most approved manner. Strict precautions are taken as to milking, care being taken not to milk any cows suffering from local or general disease, or during their sexual excitement.

This milk is furnished in three forms:

1. Sterilized whole milk.
2. Centrifugal cream.
3. Modified milk (sterile).

The first, sterilized whole milk, is described by its name. Directly after milking, the whole milk is placed in clean six ounce bottles and sterilized just sufficiently to kill the germs already present. Care is taken not to carry the process of sterilization so far as to render the casein of milk less digestible than it would naturally be. This milk is rich in cream and albumen, and is therefore best adapted for children over one year of age. The second, centri-

fugal cream, is the cream separated from the milk immediately after milking. It is kept on ice, but is not sterilized. This is a very valuable food in summer complaint, as it can be used when even diluted milk would cause trouble on account of the casein it contains. The third, modified milk, is made to approach, as nearly as possible, mother's milk. It is prepared as follows:

R. Centrifugal cream, ℥iiss.
 Separated milk, ℥v.
 Milk-sugar, ℥v.
 Boiled water, ℥ixss.

In this formula, the casein has been reduced to one third the quantity found in whole milk, yet contains slightly more casein than is found in mother's milk. The cream is slightly in excess of that found in mother's milk, while the amount of milk sugar is the same in both. The sp. gr. of this modified milk is 1028, the same as mother's milk. This preparation is a very palatable one, and agrees well with children under six months of age, and those of all ages suffering with weak digestion.

The plan detailed by Dr. Rachford, is such a rational one, and is productive of so much good, that it certainly should find favor with physicians in other cities. There are numerous sites around St. Louis, for instance, where all the conditions described in this farm prevail, and many men would be glad to undertake the management of a "hygienic milk farm," if only sure of the support of physicians. We should be glad to hear the opinions of others on this matter, and perhaps, by the establishment of such a farm near us, the death rate among children might be materially lessened.

Who Owns The Prescription.

The vexed question concerning the ownership of prescriptions has again come up. Several years ago a druggist in Detroit received a prescription, dispensed it, and it is said even refilled it a number of times. Subsequently his store changed hands, the purchaser taking the files of prescriptions containing the one in question with the rest of the stock. After a time the person for whom the prescription was originally ordered called at the store demanding the original prescription and upon being refused (although a copy was offered) brought suit to obtain it. It must be proven if the prescription is the property of the druggist or the patient, and whether it can be transferred by sale of drug store and stock.

We clip the following from the *Pharmaceutical Era*:

"If one is an attentive reader of the journals he has noticed that some very decidedly claim that the prescription is the property of the pharmacist and to be kept by him under all circumstances, the patient having no claim upon it, or even to a copy of it unless the latter were expressly directed by the prescriber. It is contended that the prescription is a document having the same relation when once filled that the bank check has when cashed. The druggist holds it as evidence of a filled order upon him, as a bank cancels a check after it has been satisfied. The physician, according to this reasoning, has no claim upon it, for he was paid merely for the advice, or the consultation, of which the prescription was the outcome.

"On the other hand, the patient considers that he pays a fee to the physi-

cian and has received a prescription which belongs to him, which prescription is the only tangible thing he receives for his money, and which, consequently, he prizes at its full value, and if he sees fit to use it more than once he considers such a course his own risk, which he is generally willing to accept.

"Our own opinion is that the druggist is the owner of the prescription after he has filled it, for he has no other protection in the law and no other evidence that he has carried out the instructions of the prescriber, and we believe that the courts will sustain this position in all cases if it be legally argued before them. But we would most earnestly advocate some measure by which the dangerous as well as discreditable practice of refilling prescriptions may be discontinued. If physicians would insist that prescriptions be not refilled, nor a copy be given to the patient without written permission of the prescriber, they would go very far toward settling a vexed question. We would like to encourage the Detroit druggist against whom suit is brought, that he make determined resistance in court, or elsewhere, against delivering up the original prescription in question, and we bespeak for him the hearty support of his brother pharmacists and hope that by a wide and far-reaching decision of the Supreme Court, if the case should be carried up, a precedent may be established for the decision of future problems of the same character which may arise."

Chloroform carefully applied, it is said disturbs less the heart and circulation in valvular diseases than does severe pain.

Surgical Notes.

A Case of Cerebellar Tumor.

Dr. Morton Prince reports the following interesting case in the *Boston Medical and Surgical Journal*:

When first seen by me, a little over a year from the beginning of the symptoms, the patient complained principally of intense headache, and of difficulty in walking, owing to a tendency to tumble. These were the salient symptoms. When first taken ill he suffered from nausea and vomiting, but had had neither for a year. The staggering was characteristic, I thought, of cerebellar ataxia. While there was no paralysis, he walked with great difficulty and caution. It seemed as if he tended to tumble to the left at this time, but this tendency could not be said to be very pronounced (the tumor was in the right lobe).

The headache which came on in paroxysms and was very severe, was located sometimes in the frontal and sometimes "all over the head." The pain was described as terrible, and accompanied by a bursting feeling.

He could with difficulty stand or walk without support. Although he said he felt generally weak his muscular strength was good.

Examination of the eyes by Dr. Wadsworth showed "a little indistinctness of outline of inner two thirds of the disks, but nothing which may not be physiological; and in other respects normal."

About ten months previously (December 18, 1890) the patient had entered the city hospital. He stated, and

the records substantiate his statement, that his condition at that time was about the same in kind as it was when he was first seen by me, but less severe in degree. His symptoms were vertigo, intense headache, ataxia, increased patellar and elbow reflexes. The records state that he was easily excited to tears, and could not stand with his feet together and eyes closed; that he fell to the *right*. The headaches, which were intense, were controlled by hydrobromate of caffeine. There was no history of syphilis.

October 7, 1891. I recommended him for admission to the service of Dr. Bolles, with the view of trephining for the relief of the headache if it could not be controlled by medical means. It so happened that relief was obtained by caffeine, so this operation was not required. The question of operation for the removal of the tumor, which was correctly diagnosed and localized as cerebellar, was entertained and discussed at different times. The mental symptoms were quite marked and were suggestive of disease of the frontal lobes. His memory was very poor; he was emotional, easily moved to tears, and rather weak-minded.

His symptoms steadily and somewhat rapidly increased in degree; and to them were added incontinence of bladder and bowels, in consequence of which he required continuous attention.

On November 9, he was discharged to his home, and died three days later.

At the autopsy a cyst about the size

of a hen's egg, filled with pale, limpid serum, was found occupying the right lobe of the cerebellum. The middle lobe was not involved, but probably was compressed by the growth. It seemed probably due to a hemorrhage just beneath the pia mater, or in the superficial part of the cerebellar substance.

About seven years previous to the development of his first symptoms, the patient, while standing on the top of a moving freight-car, was struck on the back of his head by a bridge. The question of any close connection between this accident and his final illness was discussed.

As to the feasibility of operation, although I felt there was the highest probability in favor of a cerebellar tumor, I was unwilling to advise an operation, in consequence of the unfavorable results that have hitherto attended this operation. Had I known it to be a cyst, I certainly should have advised it. Only two successful cases have thus far been reported; one of these was a sub-tentorial hydatid cyst and therefore easily emptied. In the other case the tumor was superficial and fixed to the bone.

An element of uncertainty must always attend attempts to remove a cerebellar tumor, owing to the difficulty of locating the growth within the cerebellum; and unless the growth is superficial or the tumor a cyst, the danger of shock must be great. Inasmuch, however, as such tumors are of themselves necessarily fatal, and as there is often a possibility of the growth being a cyst, or superficial, it seems to me to be sound surgery to make an exploratory opening in all cases, with the idea of attempting removal should the conditions be found to be favorable. Considering the frequency with which cysts are found following injuries, it seems to

me that such an operation is particularly called for when a previous history of traumatism exists. This, however, should be done before optic neuritis has developed. If the operation had been done in this case it probably would have been successful. Cysts of the lateral lobes, if they can be diagnosed, would seem to be particularly favorable subjects for operation, as lesions of these lobes may occur without disturbance of function.

Inasmuch as ataxia is known to accompany tumors of the frontal lobe, a more careful study is needed of the peculiarities of inco-ordination of movement accompanying lesions of different localities. Where optic neuritis is absent and psychic disturbances are present, as in the above case, it may be difficult to distinguish between frontal and cerebellar tumors.—*Cin. Lancet-Clinic.*

AVOIDANCE OF STIMULANTS DURING HEMORRHAGE.—(*Med. and Surg. Reporter.*) It is customary, when the accident of hemorrhage occurs, for the operator, or some bystander, to administer wine, brandy or some other alcoholic stimulant to the patient under the false idea of sustaining the vital power. It is my solemn duty to protest against this practice on the strictest and purest scientific grounds. The action of alcohol under such circumstances is injurious all around. It excites the patient and renders him or her nervous and restless. It relaxes the arteries and favors the escape of blood through the divided structures. Entering the circulation in a diluted state, it acts after the manner of a salt in destroying the coagulating property of the blood, and, above all other mischiefs, it increases the action of the heart, stimulating it to throw out more blood through the divided vessels. These are all serious

mischiefs, but the last named is the worst. In hemorrhage the very key-stone of success lies so much in quietness of the circulation that actual failure of the heart, up to faintness is an advantage, for it brings the blood at the bleeding point to a standstill, enables it to clot firmly, when it has that tendency and forms the most effective possible check upon the flow from the vessels. Dr. Richardson (*Asclepiad*, No. 20, 1891,) refers to a case in which three pounds of blood were lost and the patient was unconscious, but which recovered. He refers to this as typical, because, if a stimulant were not wanted in it, a stimulant cannot be called for in examples less severe. The course followed was simply to lay the patient quite recumbent when signs of faintness supervened, and, so long as he could swallow, to feed him with warm milk and water freely. Such, in my opinion, is the proper treatment to be employed in every instance of syncope from loss of blood.

TRIFACIAL NEURALGIA TREATED BY TORSION OF THE THREE MAIN BRANCHES AT THE FIFTH NERVE.—A lady 46 years of age, who had suffered for two years with intense neuralgia of the side of the face, came under my care in the spring of 1891. I exposed the inferior dental branch of the nerve by incision and trephining the right inferior maxilla at the angle, divided the nerve at the distal margin of the button, lifted the proximal end out of its bed, seized it with a strong but slender Esmarch's artery forceps and carefully and slowly twisted it, holding the nerve slack as it was twisted in order to avoid parting it.

The second division was next exposed at the infra-orbital foramen, a rim of bone surrounding this opening was chiseled off, thus freeing the nerve and its sheath. It was then divided and

the proximal end twisted for from twelve to twenty rotations.

The supra-orbital branch was next exposed and twisted in like manner. Relief was immediate, and so far is permanent.

CASE II. In July, 1891, I did this same operation on a man 54 years of age, who for six years had intense neuralgia of the right side of the face. I showed this patient to the New York Surgical Society in March, 1892. He was then and had been absolutely free from pain from the date of the operation.

It seems to me that this operation (which Thiersch recommends so highly) should be given a trial before undertaking the more formidable procedures of removing Meckel's ganglion, or that most formidable operation of intracranial section of the ganglion of Gasser. —*Denver Medical Times*.

COCAINE ANÆSTHESIA IN THE RADICAL CURE FOR HYDROCELE.—Nicasé (*Revue de Chirurgie*, No. 3, 1892), in a discussion before the Société de Chirurgie upon a case of death due to the injection of cocaine into the tunica vaginalis, stated that such cases should not lead surgeons to abandon a method which, if properly employed, is without danger, and which entirely prevents the pain incident to the injection of iodine into the serous investment of the testicle.

He describes his method of treating hydrocele. He first punctures the tunica vaginalis, and allows about one fourth of the liquid to escape. He then injects into the liquid which remains within the vaginal tunic, forty minims of a four per cent solution of cocaine. The scrotum is then lightly manipulated for four or five minutes, when the rest of the liquid contained in the tunica vaginalis is evacuated, and an iodine injection is made.

Notes on Genito-Urinary Surgery.

BY PROF. H. JACOBSON.

GONORRHOEAL CYSTITIS.—(*Archiv. of Gynecol.* April '92). Dr. Mesnil denies the existence of a specific gonorrhœal cystitis. In women pus from the urethra and vagina can easily get into the bladder, but the urine renders the gonococci harmless or kills them entirely.

USE OF NITRATE OF SILVER IN URETHRAL INFLAMMATIONS. — Guiteras (*Jour. Cutan. and Gen. Urin. Diseases*) reports treating 9 cases of acute urethritis, beginning with an injection of 1 gr. to the ounce and increasing 1 gr. a day and presents the following conclusions:

1. That nitrate of silver is not as dangerous in acute urethral inflammations as is generally supposed.

2. That by beginning with small doses and increasing daily, a tolerance can be established (the same as in chronic cases).

3. That although a solution of the strength of 15 or 20 grs. to the ounce can be reached in this way it is not wise to go above 8 or 10 grs., and then if the result obtained is not favorable to continue treatment by some other method.

4. That in this as in bichloride irrigations and all other methods, which try to cure this trouble quickly, a dry, congested and slightly irritated condition is liable to follow, which should be treated for some days by mild astringents; these to be left off gradually.

5. That when the discharge becomes very slight, it is better at times to decrease the strength of the argent. nitrate than to increase it.

6. That in cases of gonorrhœal cystitis, which are usually acute, good results are obtained by instillations of this drug.

7. That in cases of chronic deep urethral inflammations, especially those of a granular nature, deep urethral injections are the remedy par excellence.

8. That nitrate of silver as an abortive should not be used, as in doing this peri-urethral inflammations may be set up which might cause considerable trouble (*Epitome of Medicine*).

NEPHORRHAPHY AND ITS AFTER-EFFECT.

—This operation has been performed fourteen times by Dr. Tuffier for movable kidney. There are three orders of symptoms produced by this disease: (1) pain, (2) gastric disturbance, (3) neurasthenia. There are, therefore, three clinical types of movable kidney. The painful form, with or without hydronephrosis, is the most frequent and is the most favorable for treatment, since in ten cases pain disappeared entirely after the operation, and in three other cases pain was much relieved. The dyspeptic form is less common, (two cases), and is accompanied by enteroptosis or hepatic lesions. The neurasthenic form is also rare; it includes the entire gamut of nervous symptoms, as well as hysteria. There are two absolutely distinct etiological varieties, from a therapeutic point of view; the simple movable kidney or traumatic displacement, which is a true dislocation; a forcible hernia, the rest of the abdominal belt being unaffected.

Operation in such cases is the triumph of nephorrhaphy. The movable kidney with complications is a slow and progressive displacement, preceded, accompanied, or followed by Glenard's entéroptosis. In such cases the nephroptosis is only incidental; there is a weakening of the abdominal walls, which should be supported by a belt and invigorated by massage. Out of ten patients operated on, after an interval of more than four months, one only was attacked by congestive outbreaks. The nine others, all recently examined, have firm cicatrices without any tendency to hernia; the kidney is fixed, and forms part of the abdominal wall, but may be readily distinguished over the greater part of its extent. Pain has been relieved in every case with one exception, and in that case there is enteroptosis. Such results are encouraging. M. Tuffier believes that nephorrhaphy should maintain its position as a legitimate operation in renal surgery. It is a mild operation, as in 149 cases the mortality is only 3.4 per cent. It is efficacious, since, out of 73 typical operations, in eight per cent. the patients were either cured or much relieved. The success would be yet greater if a careful selection of cases were to be made.

FIXATION OF CATHETERS. — Pilsz, of Vienna, (*Centbl.*) describes an ingenious and apparently efficient way of fastening catheters used for continued drainage of the bladder when passed per urethram. It consists of inserting the catheter in the usual manner so that the "eye" is just inside the internal sphincter; the catheter is then transfixed with a pin at its point of emergence from the meatus, which prevents it entering farther into the bladder. It is kept from slipping out of the urethra by a strip of adhesive plas-

ter passed over the pin and the ends fastened to the dorsal and ventral surface of the penis. These latter are prevented from slipping by other strips circularly applied, which also, it is claimed, prevent erection. Lauenstein, in cases of perineal section, fixes the catheter by a ligature passed through it through the perineal wound. The ends of this ligature are then tied over the iodoform gauze tampon which lies in the perineal wound, and thus fixes the catheter.

OPERATIVE TREATMENT OF EPISPADIAS. — Rosenburger (Winzburg) has devised a very ingenious and apparently satisfactory method of relieving this serious deformity. In the patient (a boy two and a half years old,) on whom he first proved its efficiency the urethral defect extended from pubes to meatus. The first step was to make two longitudinal incisions, parallel with the urethra and its lateral border, which extended from the glans to the pubes and were then continued up on the abdomen an equal distance. A linear strip of skin was next dissected off along this entire distance, leaving a defect, or denuded surface, a one-half centimetre wide and equal in length to twice the length of the penis. The penis was then turned up on to the abdomen so that the dorsum was in contact with the abdominal surface and sutured in this position by uniting the penile denuded surfaces which were held in contact with the abdominal ones. It was allowed to heal in this position. It was then possible for the patient to control the urine and to micturate at will. The second stage of the operation was to free the penis. This was done by dissecting it from the abdominal wall and restoring it to its normal position. When this was done, a flap was cut from the abdominal wall extending from the meatus upwards to-

wards the umbilicus. This remained attached to the penis when it was freed from the abdomen, and by being folded back was used to cover the denuded surface left on the dorsum of the organ after its release from the abdominal wall. The abdominal defect was closed by suture. Union was obtained and the patient is reported as being able to retain urine for an hour at a time and to micturate without difficulty. The effect of the development of hair in the urethra is not yet known, but Rosenburger does not anticipate any trouble from it.

LATERAL PROSTATIC HYPERTROPHY.—Dittle, after a careful inquiry into the anatomical changes in senile hypertrophy, considers that the rôle played by the lateral lobes is important to the surgeon. His experiments on cadavers have led him to this conclusion. He found that removal of the lateral lobes allowed a prompt emptying of the bladder where a wedge-shaped prostatectomy was unsuccessful. (For details see original report.) From such data he proposes the operation of "lateral prostatectomy." After emptying and washing out the bladder with a rather heavy gum-elastic catheter, the latter is fastened *in situ*. The patient is placed on the back or on the right side, with the hips flexed. The rectum is tamponed. Incision from apex of coccyx along centre of external sphincter and to tendinous centre of perineum. Through this the ischio-rectal space is opened, and the tamponed rectum dissected from the right lateral lobe of the prostate. Then from the left lobe. All vessels ligated. Space disinfected and made aseptic. The lateral lobes are then resected by removing a wedge-shaped piece from each in the same manner as a tumor is enucleated. The operation is indicated in the first stage

of prostatic hypertrophy, while the urine is still healthy, when pain and residual urine are not prominent, and also in the second stage.

PROSTATOTOMY AND PROSTATECTOMY: THEIR INDICATIONS.—Edmund Vignard (*Centralblatt*) has made an exhaustive and careful review of the present status of operative treatment for senile hypertrophy. He contributes nothing to the work of Watson (Boston, U. S. A.) as regards method or operative technique. In his opinion the great majority of failures after operation are evident at once. In others a temporary improvement is obtained, but later there is a recurrence, which is without doubt due to a reformation of the prostatic barrier. In the first class the form of enlargement was often of the extreme degrees of "horse shoe" hypertrophy or large lateral lobes, but no well-marked point of obstruction or valvular middle lobe. Another cause of immediate failure was paralysis of the bladder. Hence the importance of a pre-operative diagnosis of the particular form present. Vignard considers non-contractility of the bladder a contra-indication. He concludes from examination of twenty-four specimens that only a small proportion of cases was suitable for operation. He thinks arterial atheroma and cystic paralysis usually coexist. He is inclined to favor the supra-pubic operation. Recommends a thermo-cautery or curved scissors for extirpation of the obstruction; with prostatectomy, only perineal incision and drainage à la Harrison. This relieves the cystitis and prevents reformation of the obstruction.

LITHOTRITY IN CHILDREN.—Alexander Moscow, in discussing this subject claims that the choice between lithotrity or lithotomy depends on the size of the

urethra and the size of the stone in the individual case. The limit for the lithotrite he places at No. 14 F. The calculus should not be larger than 2.0-2.5 centimetres in diameter. If these dimensions are not present, the cutting operation should be chosen; and a supra-pubic operation and immediate suture of the bladder wound is recommended.

THE TREATMENT OF HYDROCELE BY CARBOLIC ACID INJECTION. — As early as 1872, Levis, of Philadelphia, used this method for hydroceles. The method of Levis is practically painless; confinement in bed is not essential; and, unless over thirty minims are used, sloughing should never occur. This method has been used at the Hospital for Ruptured and Crippled in fifty-four cases.

A small trocar is used to evacuate the hydrocele, and then a hypodermic syringe is screwed on to the canula, permitting the introduction of the acid without its coming in contact with the skin. Then five to twenty-five minims of liquified crystals of carbolic acid are distributed over the whole serous surface, two or three minims in each place, nothing more than a sense of warmth is felt. After removal of the canula slight kneading of the sac may be done to insure thorough coating of its walls with the irritant.

Of the 54 cases nine were never seen after the injection, five paid one visit, four are at present under observation. This makes 36 cases, all of whom were cured; 27 had one injection, four had two injections, five had three injections. In no case has sloughing occurred, and not one of the 36 patients lost more than twenty-four hours from business. From two to six weeks is necessary for absorption of the exudation, and thick-

ening of the sac may remain much longer.

Conclusions: (1) Carbolic injection is a safe method for the cure of hydrocele. (2) It is practically painless. (3) The patient is allowed to attend to business without more than one day's delay. (4) The disagreeable effects of an anæsthetic are avoided.

DR. SHOEMAKER, of Philadelphia, treated a case of hereditary syphilis in a boy of 15, as follows:

At his first visit the lad was placed upon the one twenty-fourth of a grain of corrosive chloride of mercury, with five grains of iodide of potassium, three times a day in syrup and water. As he was somewhat debilitated the tincture of chloride of iron was given separately, in daily doses of thirty drops. It is often of benefit to administer iron in addition to the anti-syphilitic mixture, and in the course of the prolonged treatment required, to occasionally suspend the mercurial and replace it by tonic drugs, such as quinine, strychnine, the phosphates or hypophosphites, erythroxyton coca or perhaps even cod liver oil. It is not infrequently advisable to prescribe an occasional laxative in order to keep the secretions active, and bitters or the digestive ferments are sometimes of use.

The local treatment adopted in the first instance consisted of an ointment containing a half drachm of oleate of arsenic, six grains of crystallized carbolic acid and a half drachm of powdered arrow-root to the ounce of benzoated lard. Under this combination the character of the lesions rapidly changed. The exuberant granulations were destroyed, a plane surface was obtained in which the work of repair soon began. The general condition of the patient visibly improved.

Materia Medica.

UNDER THE CHARGE OF PROF. GEO. H. THOMPSON.

When your hypodermic refuses to work on account of shrinkage in the piston remember that this is due to drying from non-use. The best remedy for this condition is to use such injection fluids as do not readily evaporate, thus leaving the piston in practically a continuous hygroscopic state. Dr. J. G. Sharpe, of Edinburgh, taking morphine as an example, presents the following improved formula (*Pharmacy Journ. and Trans.*):

R. Morph. hydrochloratis. gr. xxiv.
Glycerini.....flʒ iij
Alcoholis.....flʒ j
Aquæ distilat.....qs, ad. flʒj

M. Dissolve in the cold and filter.

Each 20 m equals 1 grain of morphine. Therefore 5 m represents the most generally available dose of $\frac{1}{4}$ gr. Glycerine being a body which evaporates very slowly keeps the piston always moist and swelled. The alcohol facilitates diffusion. The proportion of 16 gr. morphine to the $\frac{3}{4}$ according to the U. S. Dispensatory of 1870 is probably just as available a proportion.

COCAINE IN FACIAL NEURALGIA.

R. Cocaine hydrochloratis...parts 1
Glycerini et
Aquæ distillatæ.....aa xv. M.

Sig: Inject near the nerve.—*Merck's Bulletin.*

GELSEMIUM IN THE CONDITIONS KNOWN AS "STAGE FRIGHT."—Prof. Thompson had occasion last March to prescribe fluid extract of gelsemium in the dose of 10 m three times a day to students about to undergo examination, with the result that all feeling of uneasiness was abolished during the ordeal, and the students were able to tell just what they knew.

ICHTHYOL IN ERYSIPELAS.—Paint the affected part well with equal parts ichthyol and vaseline or

R. Ichthyol.....30 parts.
Ol. olivæ.....20 parts.
Lanolini.....50 parts.

M. ft. Unguent. Sig:

Apply thoroughly over and beyond the affected parts and dress with iodoform gauze. The erysipelas will subside and rapidly disappear. In lieu of either of the above, a 10 per cent. ichthyol collodion mixture may be painted on thickly in the same way according to the method of Sachs.

VALUE OF SOME NEW MEDICAMENTS.—

Camphoric Acid is the best agent in night sweats from whatever cause, usually compressed tablet of 20 gr. given 2 hours before bedtime will suffice, but as high as 60 grs. may be given without danger. If diarrhœa be present the capsule should be preferred, as it will be more quickly absorbed.

Piperazine, recommended for gout, rheumatoid arthritis, eczema etc., given in 15 gr. doses for three weeks obtained no relief.

Codeine in diabetes mellitus is not used as often as it deserves to be. It often fails because the dose is too small. From 1 to 3 gr. three times a day is not too much in some cases.

Croton Chloral has been overshadowed as an analgesic by the new coal tar antipyretics, nevertheless it will often succeed when they fail. 5 to 20 gr. doses may be given with good results in cases of neuralgia of face and forehead.

Strontium Salts do not disorder the digestion or cause the characteristic eruptions on the surface that the salts of potassium do. The Bromide is not

so powerful but seems to be very useful in gastralgia and painful dyspepsia in the dose of 30 gr. three times a day. Lactate of strontium is efficacious in albuminuria of Bright's disease, though the albuminuria is apt to return if the drug is withdrawn. Dose 30 gr. three times a day.

Creasote has given satisfactory results in pulmonary phthisis in its incipiency. Given in the ascending dose from 2 gtts three times a day until the limit of tolerance is reached. It is contra-indicated where fever and hæmoptysis co-exist. — (Extracts from article of H. A. Hare in *Therapeutic Gazette*.

A GOOD DEPILATORY. — The *Bulletin of Pharmacy* suggests the following as a good depilatory:

R. Bari sulphidi.....ʒi.
Amyli et.
Zinci oxidi.....aa ʒss.
Aquæ qs.

M. ft. Pasta et. Sig: Spread on the face and scrape off in ten minutes. It will be then found that the face is perfectly smooth, all the hairs having been removed with the salve.

BURNS. — Dr. Siebel in the *Berl. Kl n. Woch.* highly lauds europphen in the treatment of burns, scalds, etc., from slightest forms to the 3d degree, and arising from all sorts of injurious agents. The best results were given with a 3 per cent. salve composed as follows:

Europphen..... 3 parts.
Olive oil..... 7 parts.
Dissolve and add
Vaselin.....60 parts.
Lanolin.....30 parts.

M. et Sig: Externally

The secretions were remarkably diminished so that it was possible to leave the dressings in place three or four days and renew them easily without pain. No unfavorable symptoms

were ever observed except when stronger ointment was used.

According to Bidder, thiol is the most serviceable remedy in the treatment of the simpler grades of burns, being mild, exciccant and antiseptic in preventing the development of and infection by the various species of streptococcus. The drug is presented in liquid and powder form; thiolum liquidum and thiolum siccum. The former may be applied in 50 per cent. dilution; the other direct, covered by cotton and bandaged. A number of clinical cases are recorded in his article in the *Archiv. für Klinische Chirurgie*, 1892.

CHOREA. — In ordinary chorea, arsenic and antipyrin yield the best results. Where chorea is associated with rheumatic manifestations, antipyrin is still indicated, and may be conjoined with sodium salicylate and sulphur baths; if hysteria coexists the bromides may be employed. Avoid depressing remedies in chorea of cardiac origin but iodides may be employed. Gymnastics are useful in most cases. — *Jour. de Méd. de Paris*.

RAPID CURE OF BUBOES. — *Med. Age*. B. V. Kasaviah, in *Indian Medical Record*, commends the following: Wash the opening well with antiseptic solution (1 in 2,000) and fill in with iodoform, taking special care not to distend it. Place a piece of boric wool over it, and hermetically seal the same; throw a sufficient quantity of collodium over it to form an adhesive plaster, the whole being secured by a spica bandage. After removal of the dressing a little accumulation of pus was found, and removed by antiseptic washing as before and dressed in the same way. The dressing was renewed a third time, the opening was quite filled up, and the wound healed after six days.

Book Reviews.

Wm. R. Warner's Therapeutic Handy Reference Book for Physicians. Philadelphia, Wm. R. Warner and Co., Fourth Edition, 1892.

This is a handy little book published by the above well-known manufacturer of pharmaceutical preparations. It contains the table of weights and measures of all systems, a short article on prescription writing, a complete posological table, poisons and their antidotes, directions for making post mortem examinations, and many other subjects of interest. The bulk of the work is taken up by a list of proved formulæ arranged in alphabetical order. The little volume is handsomely bound in black leather and is of a convenient size for the coat pocket. We would advise our friends to send for it. G. W. M.

A New Pronouncing Dictionary of Medicine, by John M. Keating, M.D., L.L.D., Fellow of the College of Physicians of Philadelphia; Vice-President of the American Pædiatric Society; etc., and Henry Hamilton, with the Collaboration of I. Chambers DaCosta, M.D., and Frederick A. Packard, M.D., with an Appendix Containing Important Tables of Bacilli, Micrococci, Leucomaines, Ptomaines: Drugs and Materials used in Aseptic Surgery; Poisons and their Antidotes; Weights and Measures; Thermometric Scales; New Official and Unofficial Drugs, etc. etc. Philadelphia: W. B. Saunders, 1892. Cloth \$5.00, sheep \$6.00.

This new work is one of great value, being a complete medical dictionary containing many words only lately adopted, and hence not to be found in the older works. All words are accented, the pronunciation of terms being an

especial feature; the definitions are terse but complete, and the derivation of words, where known, is put down, thereby enabling the student to associate words from the same root.

In the back will be found an appendix containing much information useful to medical men, such as comparative values of weights and measures in the different systems, diameters of female pelvis and fœtal head, table of cranial nerves, localization of the functions of the segments of the spinal cord, etc.

The paper and printing are of the best, the volume a handsome one of some 800 pages, and sure to be popular.

G. W. M.

Elements of Human Physiology. By Henry Power, M.B. London F.R.C.S. Ophthalmic Surgeon to St. Bartholomew's Hospital, London, Examiner in the Board of Anatomy and Physiology Royal College of Surgeons. Lea Brothers & Co., publishers, Philadelphia, Pa.

A valuable, instructive and concise book on Physiology. The chapter on the nervous system covers the ground surprisingly well considering the number of pages (necessarily limited in a manual) devoted to it. He has the happy faculty of saying much in few words.

This work should be, if possible, studied with Klein's Elements of Histology or a similar work on Histology, and also a work on Clinical Chemistry as Dr. Rulfe's. H. J.

HOME WARMING AND VENTILATION is the title of a small publication issued by the Herendeen Manufacturing Co., of Geneva N. Y., containing a list of

short articles by well-known writers upon hygiene including Nath'l C. Fowler, Jr., John S. Billings, M.D. LL. D., A. N. Bell, etc., in which are discussed the various methods of house-warming. We are much pleased with it and should advise all who can to procure a copy.

The company will be pleased to send one to any physician who may make application to them. They have worked to the front as manufacturers of hot water apparatus, and invite inquiry into their ability to fill all orders satisfactorily.

G. M. W.

PRIZE OF \$100 FOR POPULAR ESSAY ON THE PRETENSIONS OF HOMŒOPATHY, ETC.—Dr. George M. Gould of Philadelphia, Pa., offers a prize of one hundred dollars for the best essay that, historically and actually, "will show up the ridiculous pretensions of modern homœopathic practice." The offer is open to any one of the regular profession of the United States. The competing essays should not contain over 15,000 words, and should be sent to Dr. G. M. Gould of Philadelphia, Pa., on or before Jan. 1, 1893, *type-written, without the name of the author attached*, but with a motto signature, accompanied by a sealed letter, giving the name of the author, corresponding with motto or *nom de plume*. The several essays will be given to a competent committee, and, when their decision is reached, the sealed letters of the authors will be opened, and the prize sent the winner.

work is to be very handsomely finished, and will be worthy a place upon the table of every physician in our State. As a book of reference it will have many advantages over the books heretofore gotten out, in that it will contain a brief history of the establishment and successful growth of the Medical Schools, and Hospitals, and will contain other matter of much interest, beyond the mere directory. The accuracy of the names and addresses is assured, since there will be a personal canvass over the entire State, under the immediate direction of Dr. Lewis, whose efforts will be untiring in his endeavor to furnish the profession with a valuable work. We bespeak for the Doctor success, and feel assured that he will receive the support of the entire profession, of which he is highly deserving.

A NEW PHYSICIANS' DIRECTORY.—Our attention has been called lately to an enterprise being established in our profession throughout the State, by that popular and most successful physician and editor Dr. Bransford Lewis. Under this auspices of the "Medical Fortnightly," we understand he is editing and will publish a complete and most reliable directory, to contain an accurate list of Physicians, Dentists, Druggists, Medical Schools, Hospitals, Sanitaria, Societies, Associations, with a full list of memberships etc. The

Varieties of the Hymen, by E. S. McKee, M.D., of Cincinnati. Taken from Diseases of Women, 2nd American Edition, page 549, by A. Martin, of Berlin. Chicago: The M. H. Kauffman Medical Publishing Co.

The above is a plate consisting of nine cuts, illustrating the different varieties of the hymen, with a short description of each appended. While not particularly beautiful, the cuts are interesting and instructive, and every physician should secure a copy. The doctor must have had a large number of cases from which to select such typical specimens of nine varieties.

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Physicians' Wants, Etc.—A department will be devoted to the free publication of physicians' wants, practices for sale, good locations, etc.

Secretaries of Medical Societies will do us a favor by keeping us informed of dates of meeting of same, etc.

Editorial Committee.—DR. A. S. BARNES, DR. A. A. HENSKKE, DR. KEATING BAUDUY, DR. WILLIAM PORTER.

Edited for the Committee by DR. WILLIAM PORTER, assisted by DR. G. M. WAGNER.

Vol. V.

ST. LOUIS, MO., AUGUST, 1892.

No. 8.

Editorial.

As we go to press the St. Louis College of Physicians and Surgeons has over three times as many new matriculants as at this time last year, and this in spite of the fact that an extra year's study is demanded from this time on. We are firm believers in the higher education of medical students; still we do not believe in extending the time to such length as is proposed by some of the schools which have been longer requiring three years than the P. and S. have been. We have always favored the higher medical education and have striven to give the student the best possible equipment for the successful practice of his profession, and in this we have not been behind any of our rivals. To become a successful practitioner the student should not spend too long a time in the lecture room or in poring over his books. Lectures and

reading should form only a part of his training which should be interspersed with clinical work. Six months vacation is too much in the preparatory stage, and for this reason the extra ten weeks of the spring term is urged. Three years faithful work in winter and spring sessions should fit any intelligent student for a successful career, and should he then feel the necessity for further work let him spend a year in one of the many available hospitals. The young man who spends his time longer than this as a school-boy does it at the risk of becoming a book worm, and a book worm is not necessarily either a diagnostitian or practitioner. Our best physicians as a rule have been through necessity graduates of the two year schools. The two year schools have now become three year schools with very few exceptions. The

strides made in the advancement of medical science is the cause of the agitation of four year courses which is at present being made by a few of our high grade schools. We think that this demands too much of the student. It is a general complaint of students that when listening hour after hour to didactic lectures they forget during the next lecture what they learned in the preceding. The lesson of this is: don't talk so much. Time could very profitably be spent before the close of each lecture hour in a general quiz which would impress upon the class the chief points of the lecture and awaken the interest of the student.

SOME time ago Dr. Wm. A. Hammond suggested castration as a punishment best suited in the case of murderers and rapists. We have long regarded this as the most effectual way of disposing the latter class of criminals. How often has it been observed in the clinics the great dread patients have of being unsexed. Many a time have we heard patients express the desire of dying in case castration is necessary for their cure. The sexual hold is so great that it should not be overlooked by our law makers.

IN our last issue attention was called to the treatment of disease by the injection of liquids prepared from the various organs, glands and tissues of the body. Dr. Constantin Paul's treatment of neurasthenia by nervous transfusion was detailed. Since the Brown-Sequard Elixir of Life excitement of two years ago, extensive experiments have been carried on in France, Italy and Germany with this method of treatment. Tetanus is being treated by injections of the defibrinated blood of rabbits rendered immune against tetanus. Drs. Vaillard and Roux report two cases

which resulted unfavorably, due it is believed to lack of data for determining proper dosage, as well as the fact that the cases were not handled at a sufficiently early period. This report however it is believed may render assistance in determining more accurately the proper dosage. Various Italian physicians reported cases last year, all of which were successful. Relief is prompt though temporary. The injections are harmless, and the dosage should be large to be successful.

Dr. Neisser (*Deutsche Medicinische Wochenschrift*, 1892, p. 593) reports three cases of pneumonia treated by injections of blood serum taken from a pneumonic patient two days after crisis. The temperature at once began to decline, the pulse to diminish in frequency, copious perspiration followed and convalescence was usually uninterrupted. When pleural effusion occurred it was relieved by puncture. The quantity of the injection varied from 50 to 130 c. cm.

Should further experiments confirm the present results an invaluable contribution is added to the physician's equipment. The general practitioner will probably never be able to collect his own injection liquids, as many difficulties seem to lie in the technique of withdrawing, preparing and preserving the fluids until needed. Nevertheless the various hospitals and physiological laboratories could readily supply all demands of the profession, just as vaccine virus is at present supplied.

MEDICAL SOCIETY OF THE MISSOURI VALLEY, SECRETARY'S OFFICE.—DEAR DOCTOR:—The Annual Meeting of the Medical Society of the Missouri Valley will be held at Council Bluffs, Iowa, September 15th, commencing at 9 A. M. and continuing in session one day. Titles of papers must be sent prior to Septem-

ber 1st, so they can appear on printed program mailed members at that date.

This will be an interesting and profitable meeting.

DR. F. S. THOMAS, Secretary,
Room 34 and 35 Baldwin Block.
August 1st, 1892.

From latest dispatches it seems that the cholera has lately reached Moscow. This the authorities deny, but they are so in the habit of denying everything whether good, bad or indifferent, that they do not originate themselves, that not much importance is to be attached to what they publish. What we do know is that the disease has invaded Russia, and that it is apparently of a much milder type than the last epidemic. It undoubtedly started in Persia, and was scattered by Moham-

edan pilgrims. Proper care on the part of Russian officials might have prevented the plague from invading Europe, but with their characteristic incompetency, they stood by, and let it pass the frontiers. The Austrian and Prussian officials are doing all in their power to prevent it becoming epidemic in those countries, and the probabilities are they will be successful. For the benefit of those of our readers who may fear an invasion of this country we will state that there is practically no danger at present, and even if the disease should appear upon the European shores of the Atlantic, the chances are that we would escape. No branch of medicine has made more rapid strides in the last ten years than sanitation, and with an effective quarantine system, we are practically out of danger.

DR. JAMES B. BELL, President of the International Hahnemannian Association, is in trouble with his fellow-members. A formal charge of heresy has been brought against him by Dr. Harlyn Hitchcock (ex-editor of the defunct organ of the Simon Pures), and, as the *World* says, "the case is interesting." Dr. Bell, it appears, adds to his belief in what is called Hahnemannian homœopathy a belief in faith cure and the like, and has publicly justified the father who commits his sick child to Providence instead of the doctor. If this is so, Dr. Bell can no longer be regarded as a representative of the sect, and therefore ought to resign his office, if not his membership, at once. Practically, however, such an enlargement of his creed is without any significance whatever, either as respects himself or his patients—that is, if he has always been a strict and consistent high dilutionist, of which we make no doubt. The difference between a prac-

itioner who boasts of his cures with the ten-millionth potency of moon-shine, or some similar absurdity, and one who relies avowedly entirely upon psychical agencies, is a difference of names and hypotheses only—each of them obtains his wonderful results through precisely the same influence, whether this be called hypnotism, expectant attention, or the force of the attendant's personality. Perhaps Dr. Bell, in spite of dogmatic enthusiasm, has been compelled to recognize this fact, in which case we congratulate him on having the courage of his convictions.

It is reported that mesmerism has been prohibited in Paris. The Society had asked for the necessary authorization to hold its meeting, and it had been granted with the condition that no mesmeric or hypnotic experiments, either real or simulated, should be made.

College Chat.

ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

AN effort is being made on the part of some of the Alumni of the St. Louis College of Physicians and Surgeons to form an alumni association. This is a matter that should meet with the support of every graduate of the College. Probably the reason it has never been attended to before is that no one has taken the initiative, certainly there can be no other reason. In numbers we are strong, some five or six hundred men being eligible to membership; we have a journal by means of which we can keep informed concerning each other; we have an *Alma Mater* of which we ought to be, and are, proud, and we have a large number of men of sufficient executive ability to found a society of this kind.

We hope every alumnus will consider that this is written expressly for him, and realize that we need his co-operation. All who are interested will please send their names to Dr. G. M. Wagner, 520 Olive St., St. Louis, Mo.

THE regular winter session of the College will open Sept. 12. This date is being eagerly looked forward to by students and professors as well. To the professor it means another year of toil and responsibility, for as 'a tree is known by its fruits,' so is a medical college judged by the professional ability of its graduates, and much of the honor or dishonor heaped upon them will necessarily be reflected upon their former teachers. To the student it also means a year of toil, but he has a strong incentive and the time passes quickly

for him. If he be a member of the senior class, he feels a growing importance, as the months roll around, and pictures to himself the time when he will be addressed as "Doctor," and his opinions listened to with *more or less* deference by the faculty: if he be a poor Soph., only entering upon his medical studies, still the first lectures listened to will be long remembered, for they mark his entrance upon the field of his future work. He is besides, a man of some importance, the terror of the landlady, and the bugaboo of all the small children. When the examination day draws near, it becomes his privilege to stand around the halls with his fellows and taunt the erstwhile lordly senior who, with a hunted look on his face, and paled by loss of sleep, hurries by on his quest for a secluded spot where he may sit and pore over his notes.

NOTWITHSTANDING the large number of medical colleges now in existence in this city, the College of Physicians and Surgeons proves its strength and popularity by boasting a larger number of matriculants than ever before so early in the season, this too in spite of the fact that attendance for three full winter sessions is now required for graduation.

Students will have greater advantages for acquiring knowledge than ever before in the history of the College. The faculty, without a single exception, being composed of men of wide experience both in practice and teaching, the laboratories in better running order than

ever before, and the clinical material unlimited. Under the "graded course" system, more time will be allowed for study and digestion of lectures, a point that will readily be appreciated by those who took the two years course, and were compelled to listen to seven or eight lectures a day on as many subjects, and then to dissect at night.

The spring term has never been properly appreciated. A great deal of practical work can be accomplished during this term, as the clinics are at their best, and clinical teachers ready and willing to explain cases. Quiz classes organized among the students will also be of incalculable benefit, and for obvious reasons can be better conducted at this season than at any other. By all means, we should advise prospective students to come prepared to stay during the spring term.

DR. KEESEE, class of '91, dropped in from Carbondale last week. He reports practice good. The doctor knows of several good locations in Southern Illinois, and anyone desiring information is invited to correspond with him on the subject.

DR. MEADE, formerly of Carbondale has moved to another town in the central part of the State.

WE had the pleasure of meeting Dr. Beckmeyer, class of '92, recently. He is located in Illinois, in a town of five hundred inhabitants, surrounded by a good country; and being the only physician in the place, it naturally follows that he is quite busy. He has so far met with good success in practice, which he ascribes to the endeavor of his professors to have him well grounded in the principles of medicine and surgery. He says he *must* have the CLINIQUE, as it keeps him in touch with

the times, as well as giving information of other men in his class, the doings of the professors, and progress made by the College.

The Fourteenth Annual Announcement of the St. Louis College of Physicians and Surgeons is out, and lies on the table before us. It is a very neat little pamphlet, and reflects credit upon the gentlemen who have given it their time and attention.

Upon the first cover page is a handsome representation of the College as seen from the front, while upon the third cover page may be found the College calendar, announcing the dates of opening and closing of the regular session, and the holidays. The rest of the catalogue consists of twenty pages of reading matter printed in plain type, containing lists of the Board of Trustees, Faculty, Lecturers, and Clinical Assistants, a description of the work expected of the different classes, sophomore, junior, and senior, a short announcement of number of lectures to be delivered by each professor, and the clinical facilities presented. On page 11 will be found a list of the text books preferred by the professors, following which the Conditions for Matriculation and Requirements for Graduation are clearly set forth. Fees will be found on page 13. The lecture cards on pages 14 and 15 have been arranged for the graded course, the three year course having been made compulsory by agreement between all the foremost medical colleges of America.

The first year studies embrace Anatomy, Physiology, Histology, Microscopy, Materia Medica and Chemistry. The second includes the above, and in addition Organic Chemistry, Pathology, Principles and Practice of Medicine, Principles and Practice of Surgery, Obstetrics, Clinical Medicine, and all Clin-

ics. The third embraces the above, as well as Diseases of the Mind and Nervous System, Orthopædic Surgery, Diseases of the Genito-Urinary Organs, Diseases of the Throat and Chest, Pædiatrics, Ophthalmology and Otology, Dermatology and Syphilology, Medical Jurisprudence, Hygiene and all Clinics.

At the end of the junior year the student may apply for examination on those subjects which are taught during the sophomore and junior years.

Let every subscriber who has not already received a catalogue send his name and address to the secretary, and one will be mailed to him immediately.

How the hot weather does thin out the doctors! Dr. Barnes and family have made their escape to some point in the direction of the north pole, where the doctor puts in his time fishing, and, from what we can learn, is having his usual success. Dr. and Mrs. Porter left for the east a few days ago. They expect to spend some time in the moun-

tains, and then make a trip to the seashore, where they will be joined by Dr. Close. These gentlemen have taken along a complete arsenal, and as they are both good shots, we tremble for the game in their neighborhood.

CLINICS at the College continue to be good in spite of the hot weather. It is a pity that more students are not in attendance during the summer than are, for a great variety of cases are presented, and the professors in charge deliver interesting clinical lectures.

The gentlemen in charge of the microscopical and bacteriological laboratory, are busy and have numerous cultures. Dr. Jennings, to whom the students of the last few years are indebted for untiring instruction in the clinic, has particularly distinguished himself as a bacteriological worker. Instruction in this branch will form an important part of the work in the regular course next winter.

FOR SALE.—Practice, stock of office drugs, and office furniture in R. R. village in northern Kans. Practice worth \$1200 per year. Good pay. An A 1. location for young physician. Only opposition an Eclectic. Price \$200 cash. Address, W. E. BURGESS, M.D.
Narka, Kans.

then," said the patient sitting back resignedly. "Well," continued the doctor, "in winter when it is cold, you should sleep on the inside; but in such weather as this, you should sleep on the outside, in a hammock with a draught all around it, and a piece of ice for a pillow. Two dollars, please."

"Which side should I sleep on, doctor?" he inquired.

"In summer or winter?" asked the doctor rubbing his chin thoughtfully. "What's that got to do with it?" exclaimed the patient half angrily. "A great deal," responded the doctor, mysteriously. "I don't see it." "Of course you don't," said the imperturbable; "If you did, you wouldn't be here asking about it." "Go a head

The Starling and Columbus Medical Colleges of Columbus, Ohio, have lately united. Dr. J. W. Hamilton, the dean, informs us that the clinical advantages will be very great, as the institution can draw upon the resources of two large hospitals as well as the Ohio Penitentiary.

No doubt the united college will be a grand success. Catalogues will be forwarded to those sending address.

Items of Interest.

It is said that the human mouth is steadily moving toward the left of the face, owing to the tendency to chew with the teeth of the left jaw.

THERE is nothing quite so nice to apply to wounds to prevent itching as campho-phenique. Made into an ointment of one part of campho-phenique to seven of lard and applied several times per day it will prevent itching in the wound as well as keeping it sweet and clean. It is of especial value in veterinary practice, as, for instance, in such wounds as a torn eyelid on a horse when bandaging is difficult. Flies will not bother a wound protected with campho-phenique.

The army is to have one hundred new ambulances, and there are to be additions and improvements in the medical equipment of the corps which will place that important branch of the service upon a more efficient footing than the medical corps of foreign armies. The hundred ambulances to be built will replace the old ones as far as possible. The new ambulance is three hundred pounds lighter than the present vehicle. It is a four-wheeled affair, strong enough in construction to withstand the wear and tear of hard road travel, and equipped with springs to prevent undue jolting of the occupant. The new medical and surgical boxes, quite ingenious repositories of every conceivable description of physician's material, find places under the seat of the driver. Two oblong boxes, one on each side of the centre of the wagon, slide in and out, affording easy means of carrying water, a gallon of which is contained in

each receptacle or drawer. The floor of the wagon has grooves, into which the feet of the litters are placed for sliding them into steady positions in the ambulance, which accommodates two litters, side by side. A step is affixed to the tail of the wagon. Leather-covered seats, capable of being folded out of the way, extend along each side of the ambulance, which is protected from weather by a roof and removable curtains of white canvas, supported by framework. The litters can be carried folded in a compact bundle, when not in use, in a sling on the outside of the wagon. Another sling accommodates an extra pole.—*Medical Record*.

WHOLESALE INSANITY.—A man was lynched in Wisconsin some time ago, and at the trial of the lynchers recently, the jury very compassionately found that they were all insane, and therefore not guilty of murder. Three of the men were pronounced still insane, but the rest were said to have recovered, and so were released from custody.—*Medical Record*.

STRONTIUM LACTATE IN TÆNIA.

Laborde (*Journal de Med. de Paris*) has had excellent results in tænia with the usual dietary care from the following:

R. Strontii Lact. (Paraf-Javal), ʒj.
Aquæ, ʒviij.
Glycerini, q. s.

M. S.—Two teaspoonfuls every morning for five days.

This is practically the same strength as the standard solutions of

Stront: Lact: (Paraf-Javal)
used so largely in Albuminuria.—*The Medical Standard*.

UNITED STATES CIRCUIT COURT,
EASTERN DISTRICT OF LOUISIANA.
BATTLE & Co., Chemists' }
Corporation, } No. 11,995
vs. } In Equity.
FINLAY & BRUNSWIG, }

This cause came on to be heard at this term, and was argued by counsel; and thereupon, upon consideration thereof, it was ordered, adjudged and decreed, as follows, viz:

"That complainant has an established property right in the word 'BROMIDIA,' as a trade mark applied to a certain liquid medical preparation mentioned in the bill of complaint herein, and that defendants have infringed the rights of complainant in the said trade-mark."

That the injunction issued pendente lite be maintained, and the defendants, George R. Finlay and Lucian N. Brunswick, copartners, doing business under the firm name of Finlay & Brunswick, and each of them, their clerks, servants and employes, be restrained and prohibited from printing, affixing or using the word "BROMIDIA," or any imitation thereof on the label of any medicinal or chemical preparation, or applying the name or title "BROMIDIA" to any medicinal or chemical preparation, and from offering for sale or giving away any bottles or packages marked with said word "BROMIDIA," or any imitation thereof, other than the preparation manufactured and labeled by the complainant; and it is ordered that the parties be referred to J. W. Gurley, Master, to take an account of the profits made by the defendants in manufacturing and selling, and in selling any medicinal or chemical preparation under the name, mark or title of "BROMIDIA," or upon which the name, mark or title of "BROMIDIA" was printed or written, or to which it was applied by them, since the first day of January, 1886; and for the better taking of the same discovery of the matters aforesaid, the

said George R. Finlay and Lucian N. Brunswick are ordered to render an account of the number of packages aforesaid sold by them, and of the prices at which sold and prime cost thereof; and to produce before and leave with said master, all deeds, books, papers and writings in their custody or power relating thereto, and are to be examined as said master shall direct; and that they be ordered and decreed to pay to complainant the profits of all such sales made by them, and all costs of this suit.

(Signed) EDWARD C. BILLINGS,
April 23, '92 Judge.

Clerk's Office—A true copy.

{ Seal. } E. R. HUNT, Clerk.
{ Ap'1 23, '92 } By J. CARTER, Dep. Clk.

NO DESIRE FOR ONE. — "Are you going to have a dado in your study?"

"No," said the old gentleman, "I've got a portrait of Dido and the skeleton of a dodo, and I guess a dado 'll be a little bit too much of a good thing.—*Harper's Bazar.*"

IMPREGNATION OF ONE SEXUAL PERVERT FEMALE BY ANOTHER. — *Medical Standard.*—Duhousset (Moll's "Conträre Sexualempfindung") reports the case of two sexual pervert females which come under his observation. One of them at length married but kept up her relations with the other. The unmarried female had an enlarged clitoris by which coitus was performed. The unmarried pervert became pregnant to her own astonishment. The matter was later explained by the admission of the married pervert that, immediately after coitus with her husband, she had indulged with her "friend," who thereby impregnated herself.

A young mother says that you may always know an old bachelor by the fact of his always speaking of a baby as "it."

SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization—Potash and Lime;

The Oxidising 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 Prepara-

tions; 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.

Mrs. SPRIGGS: "How careful your little boy is of his health. My boy is constantly running out and in all sorts of weather without overcoat or over-shoes, no matter what I say. How do you manage?"

Mrs. Briggs: "When my boy catches cold I give him cod-liver oil."

Dr. B. E. Vaughn treats acute urethritis as follows: he has the patient urinate not only to wash out the urethra but also that as long a period as possible may elapse before it will be necessary for him to urinate again. "Then a catheter is attached to a fountain syringe about seven feet from the floor, and filled with warm water of an agreeable temperature to the hand (best, one drachm of sodium chloride to the pint). The catheter introduced, the water goes to the bottom of the anterior urethra and then flows back around the tube and out at the meatus. The catheter should be small enough to allow the backward flow. After douching for a minute or more, the tip of the syringe is withdrawn from the catheter, and the syringe, with dermatol (subgallate of bismuth) in plasment (the mucilaginous principle of Irish moss), is applied, and about half a drachm injected as the syringe is gradually withdrawn. In this way the whole length of the anterior urethra is coated with the medicament."

After citing a large number of cases, the writer comes to the following conclusions:

1, That in the treatment of acute urethritis soothing applications rather than irritants should be used.

2, That the passage of the soft rubber catheter recommended does not, as a rule, irritate the urethra; that if it does, it should not be used.

3, That dermatol in plasment is the most efficacious drug I have used in urethritis, although I have used no other

drug with plasment.

4, That treatment by the above described method has produced a milder course and fewer complications than that with other remedies that I have used.

THE TREATMENT OF SENILE GANGRENE.

—In a recent issue of the *Deutsche Medicinische Wochenschrift*, Professor Haidenhain presents his views on this subject, which are based on a careful study of twenty-five cases of senile gangrene of the lower extremity, the majority of which occurred in diabetics. It is a well-known fact that this form of gangrene is characterized by especial severity, so that the author's rules for treatment are worthy of careful consideration. He advises that as long as the gangrene is confined to one or two toes we should abstain from surgical intervention, and wait for a line of demarkation to form. Local antiseptic measures and elevation of the limb are all that is required, and we are especially warned against the detachment of the gangrenous portions with scissors and forceps, which tends to increase the inflammation. If the gangrene spreads to the dorsum or sole of the foot, we should adopt Hutchinson's recommendation and amputate at the thigh, making as small skin flap as possible. An extensive experience has shown that amputation below the knee in these cases is apt to be followed by gangrene of the flaps, which, if it does not lead to a fatal termination, renders a second operation necessary. If high amputation is deferred until the development of fever and suppuration the prognosis becomes the more unfavorable. While it is true that a successful result has sometimes been obtained by amputating below the knee, the weight of testimony is decidedly in favor of the high operation.—*Inter. Jour. of Surg.*

ANTISEPTIC PASTILLES.**WM. R. WARNER & CO.**

For Nasal Application and as a Mouth Wash, Nasal Catarrh, etc.

Formula suggested by
Carl Seiler, M.D.

R

Sodii Bicarb. et Sodii Bibor.....	aa dr. vi
Sodii Benzoate et Sodii Salicylate.....	aa gr. xx.
Eucalyptol et Thymol.....	aa gr. x.
Menthol.....	gr. v.
Ol. Gaultheria.....	gtt. vj.
Glycerine.....	oz. viiiss.
Alcoholis.....	oz. ij.
Aquæ.....	q. s. 16 pints.

ANTISEPTIC PASTILLES.

Directions.—For nasal application dissolve ONE PASTILLE in two fluid ounces of water, to be sniffed up the nose or used as a spray by the patient night and morning. A solution of similar strength as a detergent and antiseptic is used as a mouth wash, leaving a pleasant, cleansing and healing influence on the mouth and gums. Orders should be addressed through mail direct, or Warner's Antiseptic Pastilles can be obtained from all leading druggists. Price, 50 cents per bottle. Physicians are cautioned to specify Warner & Co.'s and not to confound these with Antiseptic Tablets containing Corrosive Sublimite, used as a germicide, etc. Order Warner & Co.'s Antiseptic Pastilles, 50 in each bottle, and take no substitutes.

We prepare the above medication under the name of ANTISEPTIC PASTILLES—15 gys. each.

WARNER & CO.'S**PIL: ANTISEPTIC COMP.**

Each Pill contains: Sulphite Soda, 1 gr.
Salicylic Acid, 1 gr. Ext. Nuc. Vomica,
¼ gr. Powd. Capsicum, 1-10 gr. Conc't
Pepsin, 1 gr. **Dose.—1 to 3 Pills.**

Pil. Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion, and malassimilation of food.

WARNER & CO.'S**PIL: ANTISEPTIC.**

Each Pill contains: Sulphite Soda, 1 gr.
Salicylic Acid, 1 gr. Ext. Nuc. Vomica,
¼ gr. **Dose.—1 to 3 Pills.**

Pil. Antiseptic is prescribed with great advantage in cases of Dyspepsia attended with acid stomach and enfeebled digestion following excessive indulgence in eating or drinking. It is used with advantage in Rheumatism.

Please specify (Warner & Co.) to avoid substitution.

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Mellin's Food

For Infants and Invalids.

A SOLUBLE DRY EXTRACT, prepared from Malted Barley and Wheat, consisting of Dextrin, Maltose, Albuminates, and Salts.

The SUGAR in MELLIN'S FOOD is MALTOSE. MALTOSE is the PROPER SUGAR for use in connection with cow's milk.

The sugar formed by the action of the Ptyalin of the Saliva and the Amylopsin of the Pancreas upon starch is MALTOSE. In the digestive tract MALTOSE is absorbed UNCHANGED.

—Landois and Sterling.

MALTOSE is a saccharose, not a glucose, and is a form of sugar which does not ferment.

—Materia Medica and Therapeutics, Dr. Mitchell Bruce.

"I have never seen any signs of fermentation which I could attribute to the influence of MALTOSE."

—Eustace Smith, M.D., F.R.C.S.

MELLIN'S FOOD, prepared according to the directions, is a true LIEBIG'S FOOD and the BEST SUBSTITUTE for Mother's Milk yet produced.

THE DOLIBER-GOODALE CO.,

BOSTON MASS.

COCAINE ANTIDOTES. — S. Mitchell (*Medical Record*) has found that while ammonia, digitalis and brandy will relieve the milder toxic manifestations of cocaine poisoning, they signally fail when these symptoms are superseded by severe precordial pain, weak and rapid pulse, sighing respiration, borborygmus and belching of wind, muscular rigidity, and, later, paralysis of the whole body, except the brain, which is unnaturally active. In such a case he used a large teacupful of clear coffee, and has found it equally efficacious on subsequent occasions. It can be ministered cold or hot. He makes no mention of amyl nitrite.

Gluck (*Ibid*) advocates dissolving the cocaine in a three per cent. solution of phenol. This, he claims, prevents the toxic effects of the former drug and renders the solution stable; as is well known, such solutions otherwise lose their anesthetic effects after twenty-four hours. Phenol, besides, has a certain anesthetic power of its own, forms

a superficial eschar, which prevents absorption of the cocaine, destroys bacteria, fungi, etc., prevents decomposition in the solution, renders it aseptic, and wards off reactive congestion.

Sympathizing Friend. — "You'd better try the faith cure. It's a wonderful thing."

Sick Man. — "How much is it a bottle?"

To rid a house of mosquitoes, evaporate gum camphor in the room by placing a piece in a plate and holding it over a lamp until the fumes penetrate the room.

"HENERY?—W'y, Henery died 'mo's a yeah ago, wid a kyarbuncle."

"My! It's awful how many gits kllied on dem kyars nowadays, wid de bilers busting an' a gitten' scrunched 'tween de kyar-buncles." — *Harper's Bazar*.


BEDFORD SPRINGS

PENNSYLVANIA.

THE HOTEL will remain open during the Fall and Winter, as a Sanitarium. The treatment is directed by Prof. WAUGH, and is essentially the same as that in vogue at Carlsbad.

The Bedford waters are beneficial in cases of Gout, Rheumatism, Plethora, Obesity, Liver, Kidney, and Stomach diseases.

Sportsmen will find the fishing and shooting of this section unexcelled, as the country is well stocked with large and small game.

 Special rates to Physicians.

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Present product unequaled in digestive activity, palatability and aroma.

Scale Pepsin, Pancreatin, Tablets, Etc.

See Price List June 15th, 1892.

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RHEUMATISM

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DISORDERS

“GARROD SPA” (Lithia-Potash Water)

Compounded from most reliable scientific sources.
Uniform in composition. Agreeable of taste.

CONTAINS MORE LITHIUM BICARBONATE
in a pint than any natural water in a gallon.

SEND FOR PAMPHLETS

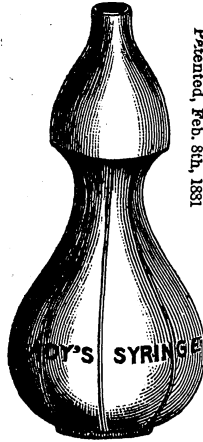
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DR. ENNO SANDER

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The "Lady's" Syringe

Is the only **perfect** Vaginal Syringe in the world.

Being constructed upon the principle of **injection** and **suction** (a plan generally admitted by the medical profession as the only correct and efficient one) it **cleanses** the vaginal passage of all discharges to **perfection**, and enables the patient to **hold** medicated injections in close contact with the **cleansed** mucous membrane sufficiently long to get the benefit of the therapeutic action of hot water, emollients, narcotics, astringents, disinfectants, styptics, etc. Other advantages of the Lady's Syringe are: 1st.—Its simplicity of construction, it has no piston, extra nozzles, valves, washers, nor screws, which may get out of order, or may be lost, but consists simply of one piece of fine, soft rubber. 2d.—On account of its simplicity of construction it is very easily cleansed, and 3rd.—During injection not a drop of fluid need be spilled on clothing, etc.

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**The Course of Instruction is not surpassed
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WILLIAM T. FORD, Ph. G., Professor of Pharmacy, 1305 Cherry Street.

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HARVEY W. MALONEY, Ph. G., Professor of Practical Pharmacy.

The Seventh Annual course of lectures will begin Wednesday, October 5th, 1892, and continue five months. Every facility for practical instruction. Graded two years' course.

FEES : Matriculation, paid but once	\$ 5 00
Lecture Tickets,	50 00
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Laboratory Tickets,	FREE.

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BOVININE

The Vital Principles of Beef Concentrated.

CONTAINING 26 PER CENT. OF COAGULABLE ALBUMEN.

An Ideal Food. *PALATABLE.* *Keeps Perfectly.*

BOVININE consists of the Juices of Lean Raw Beef obtained by a mechanical process, neither heat nor acid being used in its preparation. The nutritious elements of lean raw beef are thus presented in a concentrated solution, no disintegration or destruction of the albumen having taken place. The proteids in solution amount to 26 per cent. of the weight of the preparation, and give to it the great dietetic value it possesses in all conditions where a concentrated and readily assimilable food is needed.

BOVININE is easily digested and COMPLETELY absorbed from the intestinal tract, thus furnishing an extremely valuable nutrient in Typhoid Fever, after surgical operations in the abdominal regions, in all diseased conditions of the intestinal tract characterized by ulceration or acute and chronic inflammation, and in diarrhoeic complaints.

BOVININE, containing as it does all the nutrient properties of lean raw beef in a highly concentrated form, furnishes to the Medical Profession a reliable and valuable aid to treatment in Phthisis, Marasmus of both young and old, in all wasting diseases, in continued fevers, and in supporting treatment.

BOVININE, on account of its BLOOD-MAKING PROPERTIES is especially of service after surgical operations, in cases of severe injuries attended with great loss of blood and in the puerperal state.

BOVININE, for rectal feeding, is unsurpassed in excellence, having been used for weeks continuously with no irritation or disturbance resulting. The most satisfactory results from its use as an enema are obtained by adding to each ounce of **BOVININE** ten grains of Pancreatic Extract and two ounces of water. This should be well-mixed and injected slowly. No preparation of opium is necessary in the enema.

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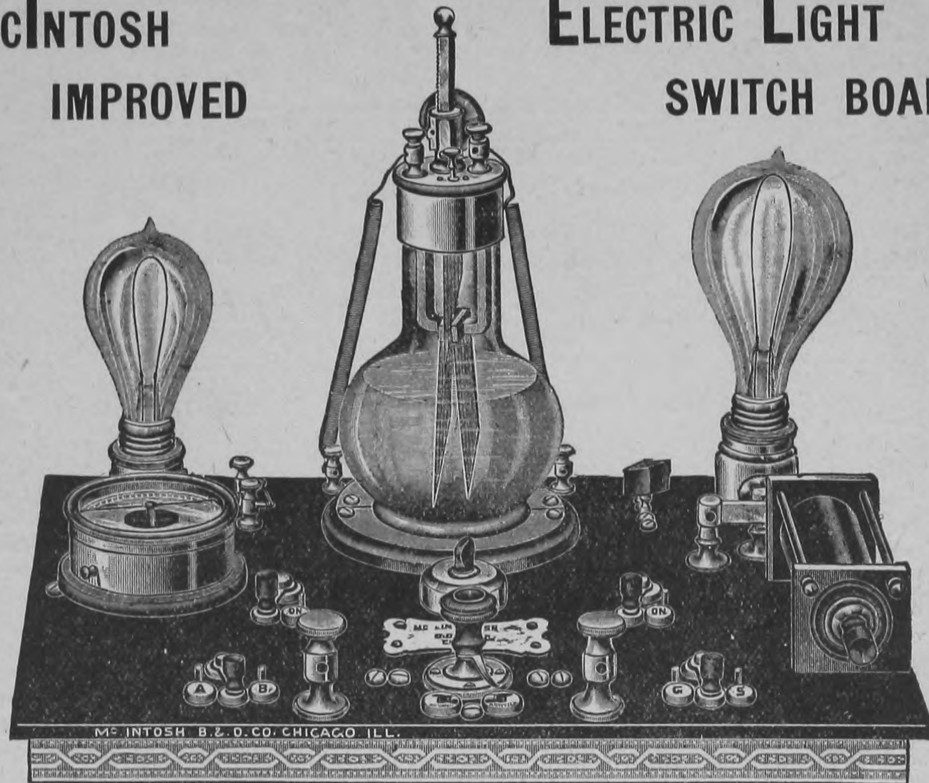
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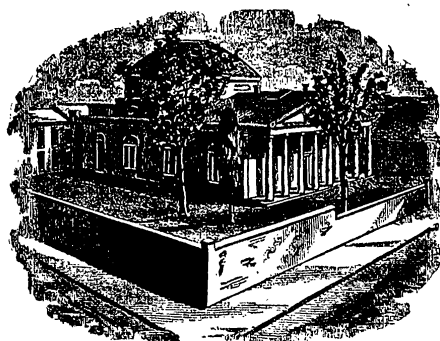
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The St. Louis Clinique

A Monthly Journal of Clinical Medicine and Surgery.

(FOR TABLE OF CONTENTS, SEE ADVERTISING PAGE XV.)

VOL. V.

OCTOBER, 1892.

NO. 10.



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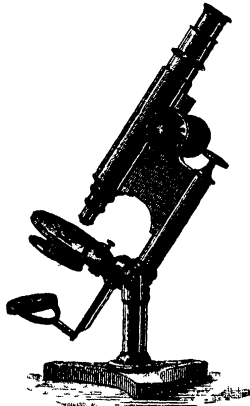
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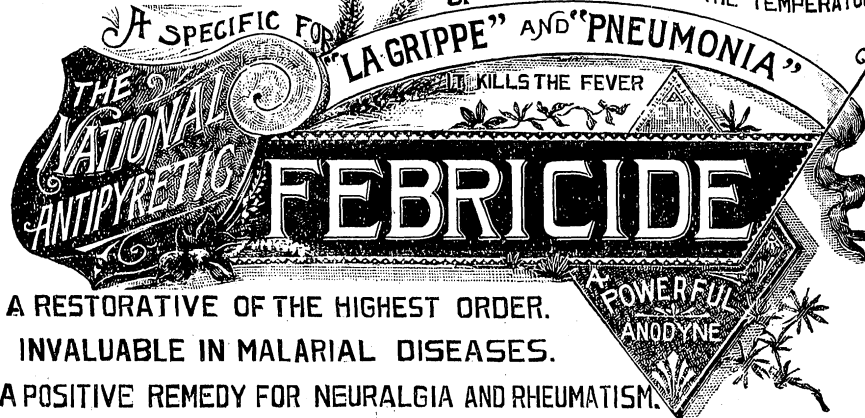
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Fanny Winney,.....	Dec. 29, 1889,.....	Jan. 4, 1890
William M. Johnson,.....	Dec. 30, 1889,.....	Jan. 5, 1890
Belle Smith,.....	Jan. 3, 1890,.....	Jan. 13, 1890
Wm. Payne,.....	Jan. 2, 1890,.....	Jan. 5, 1890
Gustav Thoman,.....	Jan. 21, 1890,.....	Jan. 23, 1890

All ended in recovery. These are all the cases of croupous or lobar pneumonia treated in the hospital during the influenza epidemic excepting one case, which was admitted in a moribund condition, and died before any treatment could be instituted. One case, which was apparently moribund when admitted, is included in the above list, and is at present recovering from an attack of femoral phlebitis.—Phila. Times and Register, Feb, 17, 1890.
JOHN A. REYBURN, M. D., Resident Physician.

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ST. LOUIS CLINIQUE

A MONTHLY JOURNAL OF

CLINICAL MEDICINE AND SURGERY.

Vol. V.

OCTOBER 1892.

No. 10.

London Letter.

Editor Clinique:

London during the winter is particularly unfavorable as a residence hence very few physicians from the United States remain here at that season. During Christmas week a fog the like never seen before prevailed for several days, killing many, rendering travel dangerous, and filling the hospitals with injured. Since that time the influenza has prevailed with unabated fury. No city I dare say presents such a high winter mortality as London and none so low in summer.

Laparotomies are not so common here I am told, as they formerly were. The dream of springing rapidly into prominence as a laparotomist that existed was dissipated in a great many enthusiasts after a few failures. It is well that it should be so for no operation offers so many chances for unknown complications and no diagnostician, be he ever so skilled, can half the time tell what he will find. Bantock and Meredith of the Samaritan hospital each do many laparotomies—but few oophorectomies are done for neuroses, (“hystero-neuroses”), and no laparotomies are done unless the condition of the patient is such as to absolutely

demand it. Bantock seldom flushes the abdominal cavity with even hot water unless pus has escaped, in which case he uses only water that has been boiled, without the addition of antiseptics—he uses silk ligatures for ligating bleeding points intra abdominal, choosing silk-worm gut for closing the abdominal wound. The peritoneum is included with each ligature that passes through the abdominal walls, and a drainage tube is seldom used. In hysterectomies the pedicle is treated almost without exception by the extra-peritoneal methods. Patients are gotten on solid food as soon as possible—after operation; though at first barley-water only is used and no opiates are given if pain can be relieved otherwise.

Bantock prefers the many tailed flannel bandage after the operation; Meredith the adhesive strips.

Dr. Alban Doran, who has probably done more pathological work on diseased appendages than any other man, informs me that he considers the parovarium and its remains the most fruitful source of serous cysts of the appendages.

Where fibrinous deposits are thrown out from previous peritonitis or the

cervix fixed by cellulitis, the treatment is generally bichloride internally and massage. Electricity is claimed by some, properly applied, to result in a cure.

H. W. Allingham, of St. Marks, is much opposed to the treatment of internal or external hæmorrhoids by injections of carbolic acid, preferring in all cases the ligature, also he is opposed to the treatment of anal fissure by forcibly distending the rectum until it tears the fissure. His practice is to always cut with a bistoury through the muscle fully and freely. Mr. Cooper, for cancer of rectum, performed a colotomy by making an incision to the right of the crest of the left ilium, stitching the peritoneum to abdominal wall, securing the colon, and stitching it into this opening, but not incising it (colon) until it had adhered to the edges of the opening in walls of abdomen.

Dr. Reginald Harrison in amputating the penis after ligating vessels and dividing lower portion of urethra to the extent of half an inch and stitching same to skin covering penis left the end of the penis to granulate and heal.

Dr. Fenwick, of St. Peters, uses an electric cystoscope which works admirably. It consists of electric light in the shape of a catheter. The bladder is emptied, washed out, and filled with clear water, after which the electric light is introduced with reflector at end. The openings of ureters are very well seen and walls of bladder distinctly visible. Very many hospitals give nitrous oxide gas previous to using anæsthetic, and after the patient is fully under the influence of this, substitute ether. To all appearances it is a great improvement over giving ether from the beginning, as you thereby avoid retching and excitement, and the patient is aroused much more quickly.

Prof. Rose, of the King's College Hospital, removes the Gasserian ganglion for inveterate trigeminal neuralgia. His last operation was witnessed by Sir Joseph Lister and many others, and to all appearances seemed to be fairly easy, and each operation, it is claimed, can not but be a success.

C. G. CANNADY, M.D.

No. 4 Granville Place, London, Eng.

Case of Hepatic Abscess; Uræmia and Diffuse Nephritis—Recovery.

BY HENRY JACOBSON, M. D.,

Professor of Physiology, College Physicians and Surgeons; Professor Medical and Surgical Diseases of Children, Woman's Medical College, St. Louis.

The case that I report to-night is of interest, I hope, both from the complications which arose, and the mode of treatment pursued. Mrs. Kate M—, aged 32, widow, occupation, house-keeper. On the tenth of October Mrs. M. was seized with a severe chill, followed by pyrexia, pains in hepatic, lumbar and dorsal regions, most intense

on the right side of the spine; also headache. I was called to see the patient on the 13th of October. Found her confined to bed, lying in the dorsal decubitus. When I pinched the muscles in the hepatic and lumbar regions the pain was increased. Her respirations were rapid and shallow, her face had an anxious appearance; skin felt

hot and dry; temperature 99° F. and pulse 100, but regular, full and strong. Physical examination of heart and lungs revealed nothing abnormal. Urine, spec gravity 1.028, alkaline. No albumen or sugar. Upon microscopical examination I found uric acid crystals, but no casts. On the second day there was no fever, but the stomach rejected all medicine except essence of pepsin, calomel and sodium bicarb. and a few tablets of quinine tannate with chocolate. The pain became more acute and was only relieved by hypodermic injections of $\frac{1}{4}$ of a grain of morphine. The fever, up to the seventh day, was intermittent in character, but she had no recurrence of the chill. The pain almost entirely disappeared. These symptoms led me at first to believe that it was a case of perihepatitis and myalgia, but from the seventh day the fever was constant and the patient had profuse nocturnal perspiration. As these symptoms did not yield to treatment, I suspected an hepatic abscess. Still, the characteristic symptoms of bulging over the liver, pains shooting from the liver to the right shoulder, absence of dysenteric symptoms, absence of redness and fluctuation, made me doubtful. Dr. P. G. Robinson was called in consultation and was of the opinion that it was a case of hepatic or renal abscess. I continued to watch for bulging, redness or fluctuation, but could discover neither. The urine contained no pus or blood.

The next day Mrs. M. complained of fixed, intense pain in the hepatic region increased on pressure, so I introduced a long hypodermic needle in that region and withdrew a few drops of light, creamy pus. This proved the existence of hepatic abscess. On the following morning, with the assistance of Drs. B. Steinmetz and J. Jacobson, I cut down into the abscess and washed out the

cavity with a solution of peroxide of hydrogen, followed by a weak solution of corrosive sublimate (1 to 4000.) Then introduced a rubber drainage tube with an external safety pin, and finished with the usual antiseptic dressings.

Pain entirely disappeared and the patient slept soundly without any narcotic. There has been no rise of the temperature since. For after-treatment I washed out the cavity every other day, then twice a week, gradually shortening the tube, but the sinus would not heal, so I injected into it a one per cent. solution of aristol, in sterilized oil of sweet almonds. After the second injection the sinus healed and has not opened since.

In the ninth week of her illness, before the abscess was well, the patient complained of intense headache, with suppression of urine for thirty hours; the skin became dry, a peculiar urinous odor emanated from her body and breath. I noticed some fine crystals in the axilla and anterior surfaces of both forearms. The irritability of the stomach, which had become a thing of the past, suddenly reappeared in a more aggravated form. Spontaneous attacks of vomiting came on; only a little mucus and, toward the end of the vomiting, bile were ejected. It seemed as if the uræmic storm spent its force on the stomach-walls. She became very drowsy; stertorous breathing, with a hissing sound, was noticed, and she was gradually sinking into a comatose condition from which she was with difficulty aroused. I gave her hypodermically 1-100 grain of digitaline, repeated twice in an hour, a hot vapor bath, dry-cupped her loins and applied hot poultices of flaxseed to the same. The patient gradually regained consciousness; she perspired freely after the vapor bath, and her skin remained cool and mo

for some time; I then gave her a purgative (one bottle of citrate of magnesia), and placed her on iced lithia water, potassium citrate gr. x, with tincture of digitalis every three hours for several days.

The third day after the uræmic symptoms had set in, the patient had a sinking spell. By the time I reached her bedside she was unable to speak above a whisper; the radial pulse was small, irregular and fluttering; pupils widely dilated and respirations shallow and infrequent. I gave $\frac{1}{100}$ gr. of digitaline, dissolved in spirits of frumentum, hypodermically; lowered the patient's head, and repeated the hypodermics frequently. She revived. During the attack there was complete transitory amaurosis. I again examined her urine, the second day after the setting-in of the uræmic toxæmia, and found it cloudy, specific gravity 1.010, albumen in abundance; and microscopical examination revealed numerous bloody and granular casts. The attack of collapse

came on several times in the next two days; and the vomiting was aggravated by food. The only liquid retained during these days were iced champagne and matzoon. The patient gradually improved on strict milk-diet, lithia water and tinctura ferri chloridi gtt. x, three times daily. I examined her urine frequently and found only a few hyaline and, occasionally, granular casts. During the entire period of nephritic complication, there was only an occasional puffiness of the lower eyelids and of the hands. This disappeared in January and has not recurred. The patient, since February, has been up and attending to her household duties, until April 10th, when I was called and found her complaining of severe headache and scanty secretion of urine. I placed her on Garrod Spa lithia water and increased doses of iron; the next day she was better, and three days later she came to see me at my office, feeling in good health. At latest reports, she is still feeling well.

A Question as to Diagnosis.

CASE REPORTED BY R. H. STRICKLAND, M. D.

Was called Feb. 12th at 8 P. M. to see a boy aged eleven years. Was evidently in *articulo mortis*. Abdomen swollen and tympanitic, vomiting stercoraceous. Stomach had not retained anything for two days. Medicines only aggravating the trouble. Large tumor in right iliac region, in short, all symptoms of intussusception were present and case had been given up as hopeless by two physicians.

Upon arrival I introduced a rectal until it seemed to come in contact

with the tumor, which seemed to be a distance of about sixteen inches. Through this was thrown four ounces of coal oil, followed by about three pints of hot water. In ten minutes the water and oil were ejected, washing away a few lumps of fecal matter and the tumor seemed to follow the water as far as the sigmoid flexure. The injection seemed to set up a reaction, the patient became quiet and slept, the stomach was settled, the flatulence subsided, and hopes of recovery were en-

tertained. At midnight another injection was undertaken, but the tube would not pass more than five inches, and the rectum would not hold more than a pint of water. If a compress to the anus was used, a larger quantity would be retained, but caused pain. No fecal discharge. I gave him ammonia and digitalis: used turpentine stupes, and left him resting well.

13th.—Still resting well; has not vomited since first injection, seems stronger; bowels have not moved. Two tumors are now distinctly felt. A small one in the pubic region and a large elongated one in the left iliac and lumbar regions. Abdomen not distended. Futile attempts were made to pass rectal tube, also bougie. Supposing the tumor in the pubic region might be the distended bladder, a catheter was introduced, but only a few drachms of urine escaped without diminishing the size of the tumor. Ordered salicylate of soda, three grains every six hours. Ammonia and digitalis continued, and small injections every six hours.

15th.—No material change. Patient was now anesthetized and attempts made to pass rectal bougie and to ascertain the nature of the tumor, but nothing could be seen or felt except the mucous lining of the (intussuscepted?)

gut. Except slight variations in the treatment there was no change up to the 20th, when a lump of very hard, dry feces, nearly as large as a guinea egg, covered with mucous membrane, was passed. Still the bougie would not pass. About the 25th some pieces of mucous membrane about two inches square and some fecal lumps were passed. Tumor in pubic region nearly disappeared and the other becoming smaller. Patient seems to be sinking, abdomen distended and painful. Supportive treatment with palliatives.

27th.—Prospects better.

29th.—Patient improving again. Injections have been kept up; tumor diminishing. Richer diet. Occasional discharge of feces mucous membrane and blood. Feces are semi-solid with a few hard lumps. Improvement slow but constant. The tumor, though small was perceptible up to March 21st, when it disappeared. Patient then rapidly improved and was dismissed from treatment, with the exception of a tonic for a few weeks. Although I have not seen him since dismissed, I hear from him occasionally, and understand that he is in much better health since his recovery than before the spell. Was it intussusception?

Peter's Landing, Tenn.

SULPHURIC ACID IN CHOLERA.—Dr. Roland G. Curtin in the *Medical News*, Sept. 10, 1892, says that during the cholera epidemic of 1866-67, while resident physician in the Insane Department of the Philadelphia Hospital suppressed the disease in his department by administering daily sulphuric acid in the form of lemonade. Twenty drops of dilute sulphuric acid were mixed with four ounces of water, sweetened and flavored with oil of lemon and lem-

on peel. All who got under its influence were immune, and the disease disappeared within twelve hours.

SALICYLATE OF LITHIA.—Dr. Vulpian states that salicylate of lithia is more efficacious than salicylate of soda in cases of acute and progressive subacute articular rheumatism. It also has some effect in chronic cases when a certain number of the joints are still deformed, swollen and painful.

Two Cases from the Clinic of A. H. Ohmann-Dumesnil,

Professor of Dermatology and Syphilology in the St. Louis College of Physicians and Surgeons.

REPORTED BY GEO. M. WAGNER, M. D., CLINICAL ASSISTANT.

CASE 1. Epithelioma. Recovery.

May 6, 1892, Mrs. M. W., aged 65, native of Ireland, presented herself at the clinic for treatment of an ulcer about the size of a silver quarter on the left side of her nose, which she thought had existed for about six years, and had been growing for last few months. The ulcer presented an extremely unhealthy appearance, being undermined at the edges, and constantly secreting pus. It bled very readily, and caused great pain at times, the pain being of a burning variety, shooting from the lesion outward.

The only treatment previous to her appearance at the clinic had been with calomel. Pure carbolic acid was now applied, and an ointment consisting of aristol $\mathfrak{z}\text{i}$ and ung. aq. ros. $\mathfrak{z}\text{ss}$. ordered. Under this treatment she steadily improved until June 20, when she complained of continuous pain around the upper edge, and shooting pains to left eye. This disappeared after a few days of vigorous treatment with carbolic acid, but there was some hemorrhage from upper border, continuing in spite of treatment. In all other respects the appearance was much better. Caustic pyrozone was now applied to upper border with the result of effectually checking the hemorrhage.

Aug. 12, an ointment composed of carbolic acid $\mathfrak{z}\text{ss}$ —ung. aq. ros $\mathfrak{z}\text{i}$ was ordered to stimulate it to healthy action, as the granulations showed a ten-

dency to become sluggish. Aug. 15, slight ulceration of lower border was noticed, and caustic pyrozone applied with perfect results.

From this time on, improvement was uninterrupted, and patient was discharged, cured, Sept. 7, at which time the entire site of the previous lesion was covered by perfectly normal, healthy, epithelium.

CASE 2. Acne Rosacea. Recovery.

July 18, Mrs. G. aged 53, appeared at the clinic for treatment of a case of acne rosacea of three years' standing. No history of gastro-intestinal trouble of any description, patient expressed herself as feeling well in every way, and only desiring the removal of her trouble for cosmetic effect. This case may be regarded as typical, the nose, chin, and forehead being covered with papulo-pustulo-erythematous lesions.

The pustules were opened, and Vleninck's solution ordered, to be applied at night, the following ointment in the morning:

R. Sulphuris loti..... $\mathfrak{z}\text{i}$
Ung. aq. ros..... $\mathfrak{z}\text{i}$ M.

Sig. Apply in morning.

Improvement continued steadily. Pustules disappeared, and no new ones made their appearance. Slight itching was complained of, but disappeared under the use of a solution of bichloride of mercury, 1—2000.

Discharged, cured, Aug. 22.

Half-Hours With Our Exchanges.

PREPARED BY GEO. M. WAGNER, M.D.

Heat Effects on Sugar-Refiners.

Drs. W. M. T. Coplin, and D. Bevan, report a large number of cases of thermic fever, with the methods of treatment and results of same. These two gentlemen were prepared to treat such cases as soon as they developed, and a room had been fitted up for their convenience. This room contained an ice chest, a large, flat bath-tub, a bed, hot and cold water, and two large stretchers, besides medicines that may be necessary in emergencies, splints, antiseptic dressings, record sheets and books for making the necessary notes of an emergency hospital. The temperature of this room ranges, on the hottest days, from 95° F. to 100° F. A blast, six inches in diameter was arranged to bring air from the street by means of a ventilating fan. The temperature in an air tight box would register 95° F. while if kept in the current of air, it would register one or two degrees lower. Water of 45° F. was piped into the room from an artesian well with sufficient force to furnish a fine spray.

Temperature throughout the different parts of the refinery varied from 95° F. to 165° F. Work was so arranged that no man was compelled to work in an excessively high temperature for a very long time. Any man complaining of any symptoms whatever, was to be sent to the accident-office for examination.

Humidity seemed to be a most important factor in the development of the attacks, the temperature-records

showing that temperatures several degrees higher can be borne if the atmosphere is dry than if it is moist. New men suffered more than experienced hands. Those who had been able to eat and sleep while off duty rarely became prostrated, while those unable to do so, rarely escaped. The beer drinkers were not so prone to prostration as those who drank large quantities of water.

Symptoms. The symptom of which the patients complained most was "cramp" in the region immediately below the ensiform appendix, sometimes in the calves of the legs, the back, the hypogastrium, less commonly in the thighs and in the upper extremities. Among other symptoms present in some cases were: sense of weight on the chest, causing difficulty of respiration; pain in hepatic or splenic region; sharp throbbing headache, usually temporal or supra-orbital, rarely occipital; nausea and vomiting; skin pale, usually cold and clammy if the temperature is below 103° F. The axillary temperature is not to be depended upon. In a few of the cases, diarrhoea was present; in the majority, constipation preceded the attacks. Patient is usually conscious until the temperature passes 106° F. Delirium sometimes becomes fierce and uncontrollable, accompanied by convulsive movements beginning in the extremities, later extending to the trunk, and interfering with respiration. Pupils do not respond

to light, and may be unequal. The cardiac impulse is diffused, the pulse is soft, full, and irregular. Patient usually feels cool, and several felt comfortable under a blanket when their temperature was 105° F. There is great thirst. Removal from the extreme heat will be followed by a gradual return of the temperature to the normal, and only weakness, entirely disproportionate to the other symptoms, remains.

There undoubtedly exists a venous engorgement of the viscera. The area of splenic and hepatic dullness is enormously increased, and the pain is in the same region as in some of the forms of malaria in which hepatic and splenic congestion is a prominent feature. Extreme pallor of the skin, high rectal temperature as compared with that in the axilla and mouth, and the difficulty that attends attempts at blood-letting, all point to an accumulation of blood in the viscera. This is probably caused by (1) contraction of the cutaneous capillaries under the stimulus of the extreme heat; (2) Paralysis of the vascular apparatus of the portal, and possibly of the pulmonary system, favoring stagnation.

Prognosis. Before loss of consciousness occurs, the prognosis is extremely favorable. In cases where the temperature does not exceed 106° F., recovery is the rule. Age is a determining factor in prognosis. The old are less

favorable subjects than the young. Those who have used alcohol for years, and have the alterations of tissue that accompany its habitual use are more likely to succumb, but it is improbable that the mere presence of alcohol in the system exerts any deleterious influence.

Treatment. The chief object of treatment is to increase the peripheral circulation by any means whatever. This is best effected by means of friction with large, gritty sponges; the cold bath, combined with friction; and the cold spray. Atropia, hypodermically, in doses of $\frac{1}{80}$ gr. repeated in five minutes; aromatic spirits of ammonia in dram doses; morphia $\frac{1}{4}$ gr.; and nitrite of amyl, 3 gr. by inhalation, have all been found useful. Strychnia is recommended where there is great prostration or inordinate muscular weakness, and cracked ice for nausea. Antipyrin and antifebrin were used in mild cases in doses of 5 to 10 gr. without being followed by any unpleasant symptoms. Alcoholic stimulants should be used in the majority of cases. Blood letting was resorted to in a single case, characterized by dyspnoea, with immediate relief. The cold-air blast was found to be of great use.

In cases where the temperature was sub-normal (heat exhaustion) alcoholic stimulants and hot drinks were used, and the patient kept in the recumbent position.

The Nature and Treatment of Alcoholic Inebriety.

Dr. Theodore Diller, of Pittsburgh, writes an interesting article with the above heading for the *Pittsburgh Medical Review*. The "Keeley Cure" has had the effect of directing the attention of many physicians, who previously had thought little of it, to the great number of persons who are dominated by an in-

ordinate craving for alcoholic stimulants and opium. The number of physicians who are taking an interest in the subject of dyspsomania is increasing, yet the author thinks a subject of such great importance should be studied with still more interest. He quotes an 'Address on Alcohol,' by Dr. N. S. Da-

population. During the same year each inhabitant of Great Britain spent \$16. Dr. Davis estimates that the loss of work, sickness, pauperism, etc., brought about by expending this \$800,000,000, will cost that much more, thus making the total cost of the drink bill for the country, for a single year, \$1,600,000,000."

The question is often asked, why do men drink? No one answer would cover all the cases. A few drink only upon physicians' prescriptions; many drink to be convivial; others drink to drown troubles and sorrows; others because they are impelled by a systemic craving induced by exhaustion or disease; others to tide over a temporary illness or indisposition.

Some physicians take the extreme view that every one who drinks at all, even the most moderate occasional social drinker, does so from an irresistible nervous prompting, the result of disease of the nervous system. They believe that a perfectly healthy man cannot become an uncontrollable drinker by increasing indulgence in the social glass. This position is untenable, because there are many men who drink only occasionally, and never become drunkards, not because they are constantly bringing to bear their inhibitory powers, but because they care nothing for alcohol. On the other hand, there do exist certain persons who, having once tasted alcohol, are impelled to drink by an innate craving. Others, from occasional indulgence in alcoholic stimulants, determine certain changes in the central venous ganglia, which will in turn cause the morbid and irresistible craving for vis, as follows: "During 1890 the fermented and distilled liquors manufactured in the United States amounted to 920,000,000 gallons. This cost to the consumers \$800,000,000, that is thirteen dollars per head for the entire

alcohol. The distinguishing difference between simple drunkenness and dipsomania is, as Clouston points out, that in the former, control exists but is not exercised. Simple drunkenness may, and often does, merge into dipsomania.

Pathology.—The most prominent feature is the abundance of scavenger cells which pervades the upper or outermost region of the peripheral zone of the cortex lying immediately beneath the pia; these nucleated bodies are everywhere seen, their branching processes forming a dense matting which converts the outermost fourth of this cortical layer into a closely felted substance of minute meshes, the aspect of which differs strikingly from that normal to this region. The other changes noted are the increased size and tortuosity of the vessels with atheromatous and fatty changes in their walls; the presence of amyloid bodies in the epicerebral space; lymphoid elements in the perivascular spaces; fatty changes in the cerebral cells, some of which show nuclear proliferations. The changes in the cord are, in the main, analogous to those in the brain.

Diagnosis is not difficult except in case of those who drink only in secret, and these are relatively very few.

Treatment.—There is no drug that will effect a cure in a well-marked case of inebriety in a few days or weeks. An inebriate might be kept in a sanitarium for a month, under certain treatment, and denied alcohol, and when discharged never again indulge in drink, but he could not be said to have been cured in that month. He would have to endure many trials and sufferings before he would be cured. The writer relates the case of a gentleman who for years had been an inebriate, and was "cured" in a single night by a profound psychical effect produced by a temperance lecture to which he was

listening; yet five years afterward, although he had not touched liquor in the meantime, he was afraid to pass a saloon, so strong was his desire for drink. However, few permanent cures are effected in this manner.

The circulars advertising that humbug, the Keeley Cure, do not state whether or not the profound changes that have taken place in the brain and cord are cured by a few injections of *bichloride of gold*! A few men, who having an earnest desire to stop the use of alcohol, visit Dwight, are toned up by injections of strychnia, cocaine, or atropia, are encouraged by their friends, written up by the newspapers, etc., may begin a real cure in this way, but the percentage is small. Usually their "cure" vanishes with their enthusiasm.

The rational treatment for the inebriate is confinement in a pleasant sanitarium where his habits can be changed, and his physicians have full control over him. Of greatest importance is a firm desire on the part of the

patient to get well. The treatment should be continued for at least a year, in most cases. Moral, mental, and hygienic means are to be employed. Diet and amusements must be regulated. Turkish baths, and static and galvanic electricity are exceedingly valuable agents in the treatment.

As to drugs, sulphonal, hyoscine, chloral, or the bromides, are to be used when hypnotics are demanded, and these should be varied. If possible, sleep should be obtained without the use of drugs. Sedatives may be required for a time, the bromides with capsicum being recommended. Atropia is often demanded, and may be followed by strychnia and caffeine. A tonic may be necessary. However, the fact must not be lost sight of, that none of these remedies has a specific action on the seat of the disease.

The above remarks, while dealing with alcoholic inebriety only, apply equally to opium, ether, cocaine, or chloral inebriety.

Decalcification and Digestion of Diseased Bone.

Following the example of Dr. Roberts, Dr. Frank A. Morrison, of Indianapolis, has tested the uses of digestive ferments in treating caries and necrosis of bone. He reports his results in the *University Medical Magazine* for September. At the time of becoming acquainted with Dr. Roberts' method, he had on hand a case which seemed well suited to this plan of treatment, *i. e.* disease of the bones forming the right antrum of Highmore, which disease had extended until it had included almost the right malar, the external angular process and orbital plate of the frontal bone and involved both frontal sinuses. He was placed upon the

iodides, and free drainage established by perforation of the floor of the antrum. In spite of the use of antiseptics, the odor was almost intolerable. It was resolved to try the use of digestive ferments in this case. Accordingly, the cavities were thoroughly irrigated twice per day to remove all pus. The first washing, in the morning, was followed by a three percent, solution of hydrochloric acid in water, and the second, in the evening, by an acidulated solution of pepsin. Improvement commenced, the odor disappeared, the profuse secretion lessened, and the portions of diseased bone grew somewhat less. After a time an arrest of

this improvement occurred, although it still seemed that the tendency was in the line of cure.

It has been observed that acid injections are always followed by a free capillary hemorrhage, and the transudation of much serum, neutralizing the acid injected. This difficulty was to be met in one of two ways: either by the use of an acid of maximum decalcifying power, or a less powerful agent, but one possessing the property of irritating living tissue in a minimum degree, or, if possible, one possessing both qualifications. In hopes of discovering such an agent, pieces of bone, identical in size, shape, and weight, were removed from the lamina and body of a dorsal vertebra and subjected to the action of three per cent. aqueous solutions of nitric, hydrochloric, lactic, and acetic acids. The result showed the decalcifying power to be in the order named above, though the difference in the first two amounted to practically nothing. Acetic acid had little effect. The use of glycerine instead of water in the above named solutions caused a slight shortening of the time required for decalcification, and left the organic portion clearer and more friable. No perceptible difference could be detected in the irritation following each of the above named acids, and the discharge ceased to be acid in an average of thirty minutes in each case. Substituting as a menstruum a seventy-five per cent. glycerine and twenty-five per cent. water solution, the transudation and hemorrhage underwent a sudden decrease. The same tests showed that the fluids, in contact with the diseased bone, maintained their acidity for an average of sixty-five minutes. As digestion by pepsin can only take place in acid media, experiments were undertaken with other digestive ferments, but pepsin was found

to be by far the best, the others ranking in the following order: ingluvin, pancreatin, and papoid—although the latter seemed almost inert. The effective removal of the digested detritus was the next thing to be accomplished, and in looking up solvents for the organic constituents of bone, glycerine was hit upon. Although this agent failed to dissolve it itself, it appeared to render digested bone more soluble. Glycerine was now used in the pepsin, as well as the acid, solution, and with gratifying results, more was accomplished by ten days of such treatment than had been in six weeks by the use of the simple watery solutions suggested.

This seems to be a promising field, and we hope to hear of more work done along this line.

THE OPERATIVE TREATMENT OF PERICARDITIS.—At the meeting of the Berlin Medical Society, January 6, 1892, Dr. Kœrte reported a case of pericarditis which he had cured by operative measures. The patient, a girl aged seven years, had developed the disease as the result of osteomyelitis of both tibia. Aspiration of the fifth intercostal space furnished thin pus rich in staphylococci and streptococci. The operator resected a portion of the fifth rib. 5cm. in length, opened the pericardium, evacuated about one litre of a thin purulent fluid. Although the heart was exposed by the incision, no disturbance of its function was observed, even after the pericardial sac had been thoroughly irrigated with a disinfectant fluid. The patient died twelve days after operation of cardiac failure. The autopsy demonstrated a number of pus channels in the left ventricle, some of which communicated with the pericardium.—*Wien Medizin Presse.*, No. 5, 1892.

Chorea.

The *International Medical Magazine* contains a clinical lecture delivered by Dr. J. H. Lloyd, of Philadelphia, at the Philadelphia Hospital, the substance of which is as follows:

In the middle ages a peculiar epidemic religious excitement, analogous to modern revivals, was called St. Vitus dance, and this term has erroneously been applied to chorea, which is a distinct disease. It is an affection of the motor side of the nervous system, characterized by peculiar involuntary movements, associated with little, if any, sensory disturbance, and dependent upon an obscure pathology which has not yet been demonstrated. It is frequently associated with true anæmia, and in severe cases, it sometimes presents brain complications, such as mania and delirium.

There are four different varieties of chorea usually recognized, namely, (1) the essential chorea of childhood; (2) the chorea of pregnancy; (3) adult and hereditary chorea; (4) senile chorea. While the above forms are identical in their clinical appearance, they differ in their causation, natural history and prognosis, and very probably do not depend upon an identical pathology. All forms of the disease have, in common, the specific involuntary disorder of motion, consisting of incoördinate, clonic spasms of individual muscles or physiological groups of muscles, sometimes general, but often more marked on one side. Usually an effort of will only makes the movements worse. They continue during waking hours, subsiding, as a rule, during sleep.

The chorea of childhood occurs usually between the fifth and fifteenth year of life. It begins in some few

muscles, sometimes of the face, and from these muscles it spreads. It is sometimes more marked on one side than the other. As before stated, chorea is often associated with anæmia, and most of the benefits obtained by treatment are attained by attention to the condition of the blood. Hence, arsenic and iron are the best drugs.

As to causation, it has been frequently noticed that in a certain proportion of cases of chorea, there is a history of rheumatism, consequently this disease was supposed, by some, to be the cause of chorea. The relationship was explained as follows: rheumatism, setting up an endocarditis, caused granulations upon the valves of the heart, which were swept away by the blood current, and, in the form of very fine emboli, were deposited in the capillaries of the brain. The objections to this theory are, that rheumatism is not present in the majority of cases, and that the theory does not explain the disease. Nothing has been explained in regard to causation, by post mortem examinations.

The favorite method of treatment is by the so-called ascending doses of Fowler's solution. The drug is given at the beginning in doses of two drops three times a day, and this is increased by one drop daily until ten or twelve drops are given. If by that time the arsenic begins to cause irritation of the stomach, it can be stopped immediately, or it can be given in the descending scale, and then stopped for a day or two, and then again run up. Usually the cases last from eight to twelve weeks, whatever the treatment may have been. A very severe type, called insanity of the muscles sometimes develops, and often ends in death.

The chorea of pregnancy is a very interesting form. It is not known what relation the pregnancy has to the chorea, or the chorea to the pregnancy. The fact that such a form exists is one of the strongest arguments against the theory of rheumatic causation, as very few of these cases have a history of rheumatism. The disease is especially apt to occur in young primiparæ, especially in those illegitimately pregnant, showing that there is a mental element in some of these cases.

The forms of insanity most common in chorea are mania and delirium, running into chronic delusional states, and sometimes into dementia.

Adult chorea is sometimes hereditary. It usually appears after the age of 35, and is apt to be persistent and incurable.

Some writers have divided chorea into the idiopathic and the symptomatic groups, including in the first those cases, like the chorea of childhood, that come on acutely and tend to recover; and in the

second group, those cases that exhibit choreic movements as a result of organic disease or injury of the brain or cord. All cases of hereditary, adult and senile chorea, probably belong to the better group, as they most likely depend on hereditary defective development, on trauma, or on senile changes. The chorea of pregnancy may be said to occupy an intermediate position between the essential chorea of childhood and the adult chorea. Some of these cases run an acute course, and recover just as in childhood, and have a clear history of moral shock or fright, while others tend to become chronic.

Some years ago, a form of motor disorder following hemiplegiâ was described by Hammond. He called this disorder athetosis. It is decidedly different from chorea. The athetoid movement is dependent on more or less spasticity or stiffness of the muscles. It depends upon a hopeless organic defect, while chorea is a disease of hopeful prognosis, as a rule, in children.

Treatment of Surgical Emergencies.

Dr. Edwin Lefevre, member of the National Association of Railway Surgeons, contributes an interesting article with the above title to the Cincinnati *Lancet-Clinic*. On account of the great number of men employed in hazardous occupations, the medical man is oftener called upon to treat emergency cases than heretofore. He should have at hand a case containing materials for dressing wounds antiseptically. Most of these wounds are in anything but an aseptic condition when we are called to treat them, many of them being contused wounds into which dirt and torn bits of clothing have been crowded. As a primary dressing for wounded sur-

faces, iodoform is recommended; later during the process of healing, powdered boracic acid may be substituted with advantage. In cases where pus formation is set up, a spray of peroxide of hydrogen will be found most useful. For contusions, tincture of arnica applied on absorbent cotton and held in place by a roller bandage gives best results. Burns and scalds are best treated by a covering of rubber tissue which has been immersed in a carbolic solution, a few layers of absorbent cotton and a roller bandage. Before the dressing is applied, the wounded surface should be cleansed by a tepid carbolic solution, and all blebs punctured. In

the treatment of crushed and mangled extremities, the object should be to preserve as much of the member as possible.

This is the outgrowth of anæsthesia and antiseptis. Now, by means of a general anæsthesia, a careful examination can be made, and the extent of the injury carefully investigated. Tendons can be sutured, spiculæ of bone replaced, and the wounded surfaces thoroughly cleansed and placed in the best conditions for healing rapidly. If necessary bloodless and painless amputation

can be performed at a later period; primary amputation is seldom called for. It should be remembered in injuries to the hands and feet that every particle of tissue is necessary for the full performance of function, and that the natural limb, although maimed, is to be preferred to any artificial appliance that can be constructed.

In the case of a workingman, the loss of a hand or part of a hand may mean the loss of his power to earn a livelihood.

Notes of Some Fibroid Tumors Treated by Electricity.

Dr. G. Betton Massey read a paper with the above title before the Philadelphia County Medical Society, May 11, 1892. He gives in detail five cases, all of which were improved by treatment.

Case 1.—An intramural solid fibroid about the size of an adult head that had been causing alarming hemorrhages for years, received vigorous treatment for eight weeks, with the result of lessening the flow during the next six months, at the end of which time a portion of the growth came away, followed by restoration of normal menstruation and health.

Case 2.—A small intramural growth that had caused intense menorrhspasms for years with menorrhagia, received intra-uterine treatment for about three months, with moderate currents, resulting in complete symptomatic restoration of health.

Case 3.—Intramural and subperitoneal, multinodular growth, extending to within two inches of the umbilicus and causing retention of urine; treatment by buried vaginal puncture, resulting in relief of all symptoms and reduction of upper limit of growth to

four and one-half inches below umbilicus.

Case 4.—An irregular, multinodular growth, extending one and a-half inches above the umbilicus, and larger than an adult head, disappears entirely under intra-uterine treatment, leaving a nodule the size of a small cherry on the posterior wall of the uterus.

Case 5.—Intramural growth reaching the umbilicus and complicated by hæmorrhagic endometritis and ovaritis; reduction to size of small lemon under treatment; subsequent attack of perimetritis.

It will readily be seen from examination of the above cases that the treatment in each caused great improvement. In all, the growth became smaller, and remained so, and hemorrhage and symptoms of pressure subsided. The author mentions several other cases in which treatment is being continued, and in all marked improvement may be noticed.

Bromide of coffein is recommended in "neurasthenic headache," besides valerian. of am., strychnia and quinine.

The Manner of Death in Pneumonia.

Dr. Henry Conkling, of Brooklyn, writes an interesting article with the above title for the *Brooklyn Medical Journal*:

Some disturbance of activity in one of the three vital organs—the brain, the heart, the lungs—is always present in cases of disease which terminate fatally. In long continued diseases, particularly where exhaustive suppuration is a feature, the heart is apt to become exhausted, but usually, on account of the great strength of its muscle fibres, and the perfection of its vascular and nerve supply, death is not due to weakness of the heart walls. Cases of sudden death often occur in pneumonia patients when they seemed to be progressing satisfactorily. The study of the cause of this disastrous termination led the author to undertake a number of post-mortem examinations, the results of which are chronicled in his paper. He found that, by increase in the size of the lung, by the diminution of the pleural cavity, and by the stationary condition of the diseased organ, are brought together three factors which make the first cause provocative of disturbance in the heart's action. This consists in want of working room, and to some degree is present in all cases, producing fatal results in the more severe cases.

To act well, the heart should have a freely open pericardial sac, and an even condition of the tissues and vessels at its base. If changes occur in either of these places suddenly, the effect is disastrous; if slowly, the heart may act in its new position. An illustration of this last condition was shown by the post-mortem on a case of pulmonary tuberculosis, the right lung containing

a large amount of fibroid material, the traction of which, coming slowly, had moved the heart so that it lay almost transversely across the chest. So gradual had been the change that no murmurs had been heard in the vessels leading from the ventricles. A limited pneumonia in one lung is not apt to interfere to any great degree with the heart's working room; a pneumonia from apex to base or a double basic pneumonia does; while pneumonia with pleuritic effusion does so markedly.

The second way in which disturbance of the heart's action may lead to death in pneumonia is from an *ante-mortem heart-clot*. These clots are fully organized, the blood of pneumonia being characterized by an excess of fibrin. Any projecting point against which the blood-current is thrown is likely to become covered with a deposit of fibrin which, upon examination has the appearance of a lipomatous sarcoma, but is more solid. Ante-mortem clots are often so firm and adherent that the entire weight of the heart can be suspended by them. They vary in size, sometimes being as much as three inches in length. The parts of the heart to which the clot may be attached are the muscular walls, the chordæ tendinæ, the mitral and tricuspid valves. No case was seen of attachment to either pulmonary or aortic cusps, probably because of their smoothness. No regurgitation takes place through these orifices on account of shape and attachment of the clots that project through them. They are usually slender, and attached to the mitral or tricuspid valves, or chordæ tendinæ, and are long and thin, so that when they project through the ostia and float out into

the great vessels, the valves close around them, and prevent regurgitation.

Death may come from a sudden congestion of the lungs from a left clot or having the blood supply of the lungs cut off by a long clot floating out into the pulmonary circulation, but it is in the action of the cavities themselves that the results of the clot are best studied.

An ante-mortem clot can be diagnosed. If in the aortic region there be heard a triple sound, the third and

new element being least distinct, highest pitched, and having a rubbing character; if the pulmonary second sound, which, as the disease progresses, becomes longer, but less loud, losing its sharp character; if at the apex there is a faint, high-pitched murmur before the first sound, there is evidence of the presence of a clot.

Carbonate of ammonia, in doses of ten, fifteen, or twenty grains every ten hours, day and night is thought to prevent formation of a clot.

Sea Sickness.

Dr. W. W. Van Valzah, of New York, writes an exhaustive article on the nature and preventive treatment of the above malady.

Notwithstanding its importance, there is a scarcity of literature on the subject, probably on account of seasickness being looked upon as a necessary evil, not amenable to prophylactic or curative treatment. Many theories have been advanced as its cause, such as fear, cerebral congestion, influence of visceral movements on the diaphragm, anæmia of the brain, intoxication by a marine miasm developed in the decaying animal and vegetable matter of the sea, hyperæmia of the spinal cord, and many others, some more or less rational, others utterly fanciful and absurd. Rochet (1890) writes: "The symptoms of seasickness are those of cerebral anæmia. The uncommon and disordering movements that are felt derange and diminish reflex muscular tonicity and contraction, which maintain equilibrium and regulate the return venous circulation. There results a muscular relaxation, of which the loss of equilibrium is the sign and the cerebral anæmia the consequence. The writer

criticises this theory somewhat, but believes it to be the best so far promulgated.

Seasickness is not a fatal disease. Deaths from it have been reported, but in these cases it only hastened the end which was inevitable from some other cause. It is dangerous when organic disease of the heart or bloodvessels, or of the stomach, nervous system, or lungs, is present. It nearly always delays or disorders menstruation, and may terminate pregnancy.

Preventive treatment, if properly carried out on a rational basis, will yield good results. As directed to the nervous system, it has in view, the keeping of the alimentary tract clean and active so as to diminish the irritability of the sensory nerve endings in its mucous lining. Good nutrition is the strongest armor against its development. All preparations for the voyage should be completed several days before going aboard so that there will be no hurry and worry just before sailing. The bowels should be regulated, the secretory apparatus kept in good order, and a diet of easily digested and assimilated food adopted. Sugars and

starches should be eschewed, and lean meat form the bulk of the diet. The same temperance must be observed throughout the entire voyage. During the first forty-eight hours, it is advisable to remain in bed and sleep as much as possible, four light meals taken each day, followed by a cup of hot water. After this preliminary period, as much time as possible should be spent upon the deck. Walking will overcome the tendency to vertigo, as will also mental occupation or diversion. Bromide of sodium, in full doses, administered during the entire voyage, will diminish the action of the exciting cause, and lessen the vertiginous sensation. It will influence favorably the simple vertigo, prevent the development of hyperæmia; but will only aggravate the anæmia form. Large doses upset the stomach, and the drug irritates all the organs by which it is eliminated. In the hyperæmic form the vertical position should be assumed, and substantial relief can be afforded by immersing

the hands and feet in hot water, and applying ice to the head and spine. Caffeine will suppress the sense of central fatigue; antipyrine or bromide of sodium by the rectum may be of some use.

In the anæmic form, atropine should be given hypodermically in order to stimulate the parietic sympathetic, and at the same time, nitro-glycerine to dilate the arterioles. Whiskey and food may be given by the rectum. The horizontal position with the head low should be persistently maintained. Copious draughts of water to wash out the stomach are of value. Small doses of creasote, with lime water, and minute amounts of ipecac, frequently repeated will be found useful. Oxalate of cerium in five-grain doses every hour for four hours is another good remedy.

With the speed of the ocean steamers making the journey so short at the present time, seasickness, even if stubborn to treatment, is not to be dreaded as much as formerly.

The Present Danger From Cholera.

The *Medical World* contains an exhaustive article entitled "The Present Danger from Cholera as Shown by a Study of Past Visitation," giving in detail all epidemics from the first of 1832. We clip from it the following:

"We have seen from the foregoing accounts that when the disease is introduced into this country before mid-summer it invariably finds a lodgment and spreads; but when it is introduced late in the autumn, it unfaillingly hibernates in the clothing of immigrants and breaks out early during the following year, with the entire summer before it for uninterrupted propagation. Clearly we have two imperative duties: to allow

no distinction to be made between cabin and steerage passengers and to *prohibit all immigration into this country entirely until a perfectly safe length of time (not less than six months) after the disease is completely stamped out in all European ports.* These in addition to strict quarantine and sanitary regulations at all times. All sanitary officers should be disinterested officials of the government (preferably details from the regular army and navy) and not prejudiced local authorities of easy conscience, anxious only that the disease may not affect their particular city, while they pass it through to other localities. We must also realize the fact that a

sanitary officer who proves venal in his neglect of duty is a more miserable traitor than he who would betray an army, as he knowingly and corruptly condemns thousands of innocent men, women and children to a horrible death and the country to an almost entire suspension of business for an indefinite length of time. We wish to reiterate the observation that previous epidemics have either been introduced early in the warm season or have broken out early from non-disinfected clothing imported during the previous autumn or winter. In regard to the danger now at our very

doors and seeking in every way to gain admittance, if it should elude the vigilance of the quarantine at any of our various ports this fall, it may extend at once, and prevail during the winter; or, otherwise, if we have early frost and an ordinary or severe winter, it may not make much progress this fall, but lie dormant and break out early next spring from infected European ports. In either case, the unusual travel contemplated during 1893, in connection with the World's Fair, is a source of serious menace, as favoring its complete dissemination throughout the country."

PASSAGE OF TUBERCLE BACILLUS FROM THE MOTHER TO THE FŒTUS. — Birch-Hirschfeld and Schmal have recorded a case which they consider is the first in which it has been definitely shown that in the human subject tubercle bacilli can pass from the mother to the fœtus. The patient was a young woman who, shortly after the commencement of her first pregnancy, began to exhibit symptoms of incipient phthisis; the disease assumed an acute form, and progressed so rapidly that the patient died during the seventh month of her pregnancy. Immediately after the death of the mother the child was removed by the operation of Cæsarean section. A post-mortem examination was made on the body of the mother. Advanced tubercular changes were found in the lungs, and also some miliary tubercles in the lungs, and also some miliary tubercles in the liver and other organs. The child had been felt to move after the death of the mother, but by the time the operation had been performed it was found to be dead. The thorax was at once opened, but the lungs appeared to be quite healthy. The body was then removed to the laboratory, the surface of the abdomen washed with

perchloride of mercury, and the cavity opened by means of sterilized knives. No evidences of tubercle could be found in any of the organs. Small pieces of the liver, spleen, and kidney were removed with sterilized instruments, and placed in the abdominal cavity of two guinea-pigs and a rabbit. One of the guinea-pigs died in fourteen days; miliary tubercles were found in the peritoneum and large omentum. The second one was killed about six weeks after inoculation, and the same appearances were noted. The animal had appeared ill, it was feverish, and emaciating rapidly. The rabbit lived considerably longer—three months; after death tubercles were found in the liver and lung. From these experiments it was evident that although no tubercular lesions could be found in the organs of the child, yet the latter were capable of infecting animals; and had the child survived, it would have undoubtedly developed tuberculosis at an early age.

It is a point of great interest to read that tubercle bacilli were found in the umbilical cord and in the blood of the umbilical vein.—*Boston Med. and Surg. Journal.*

Notes on Genito-Urinary Surgery.

BY PROF. H. JACOBSON.

EVACUATION OF DEBRIS AFTER LITHOTRITY. — In commenting on the method of Surgeon-Major Forbes Keith, of removing the fragments after lithotritry without the aid of an aspirator, Mr. Reginald Harrison (*London Lancet*, July 2, 1892) calls attention to a method sometimes pursued by M. Guyon, of Paris, in which the stone is reduced by means of repeated crushings to a fine powder, and the bladder washed out by means of an ordinary syringe through a catheter, the washings being continued until the fluid returns perfectly clear and free from any trace of *débris*. In this and similar methods the following points are noticeable:

1. The use of the lithotrite to produce this effect was necessarily more prolonged than where mere fragments is the object. This, with the patient under an anæsthetic, is a matter of no importance so long as the lithotrite is carefully used.

2. The less frequent introduction of lithotrites and evacuating catheters along the urethra. This is a point of some little importance where the prostate is large and the deep urethra irregular.

3. The back action of the suction apparatus, by means of which fragments of the stone often become impacted in the saccules and lacunæ which are found in bladders complicated with enlarged and irregular prostates, is done away with. The force of a syringe is probably less than that of the

back action of a strong rubber bag compressed by the hand. Further, impalpable wet powder is substituted for irregular fragments of stone. The latter, by their nature, are not only more liable to become impacted in depressions within the bladder-wall, but, by their movements under the force of the aspirator, to wound the mucous membrane.

4. With the syringe, there is no chance of fragments once withdrawn being washed back by any return-current into the bladder.—*International Med. Magazine*.

DIURETIN.—Professor Demme, in a clinical report of the Berne Children's Hospital, mentions that he has successfully employed the so-called diuretin or salicylate of theobromine and sodium in several cases of dropsy, in which calomel and hot baths did not seem suitable, and where ordinary diuretics had not proved beneficial. He finds that it may be regarded as a safe drug for children about a year old, and one that is quite free from unpleasant effects. He believes the diuretic effect is occasioned mainly by action on the renal epithelium. In scarlatinal nephritis, severe dropsy coming on after the acute stage of nephritis is more easily reduced by diuretin than by any other means. In cases of mitral insufficiency, with insufficient compensation, ascites and anasarca are best combated with the help of diuretin after the compensatory disturbance has been reduced by digitalis. As to dos-

age, children from two to five years of age may be ordered from eight to twenty-five grains during the day, and children from six to ten years, as much as from twenty-five to forty-five grains, in divided doses of course. The total amount for the day is generally dissolved in four ounces of water, with ten or twelve drops of brandy and forty grains of sugar. In some cases the administration was continued for some weeks without any signs of either a cumulative action or of diminished therapeutical effect being seen. In one of the cases of scarlatinal dropsy, of which details are given, the effect of diuretin was very striking. While the child was upon acetate of ammonia the urine amounted to only nine or ten ounces a day, and contained 0.15 per cent. albumen, according to Esbach's scheme of measurement, with a considerable number of granular casts and epithelium undergoing fatty degeneration. The change of treatment produced an immediate effect, the urine in the three days amounting to nearly three times the quantity measured, and containing only half the former quantity of albumen, with very few casts, and in a week neither albumen nor casts could be found.—*London Lancet*.

HEMATOPORPHYRINURIA.—Sobernheim, in *Deut. med. Woch.*, June 16, 1892, says that the chemical properties of this iron-free hematin (hematoporphyrin) are as yet hardly sufficiently established, but that it has been found on several occasions in strikingly red-brown urines. He reports a case in a boy, aged thirteen, suffering from enteric fever. In an early stage of the disease the urine was of reddish to blackish-brown color. It contained no albumen, no bile pigment, and no blood cells. It did not give Heller's reaction. A solution of the coloring matter after

extraction, as well as the urine itself, yielded the two characteristic spectroscopic absorption bands. Hitherto hematoporphyrinuria has only been described after the use of sulphonal, as in the case of sulphonal-poisoning reported by Kober (*Epitome*, April 2, '92, § 299). In the above-named case neither sulphonal nor any like drug had been employed. It was thought that the hematoporphyrinuria had as its cause a hematoma of the rectus abdominis muscle which appeared shortly before the boy's illness, for the pigment was first noted during the absorption of this hematoma. The pigment, however, again appeared in the urine shortly before the patient's discharge, and it was ascertained that on several occasions during the past year the urine had presented similar changes. It was a sort of chronic hematoporphyrinuria. The author concludes that hematoporphyrin itself exercises no deleterious effects, but that the severity of recorded cases has been due to the sulphonal intoxication, of which the hematoporphyrinuria was only a part manifestation.—*British Medical Journal*.

GONORRHOEAL VAGINITIS.—This is a subject of great importance to the gynæcologist, as unfortunately the cultivator of wild oats, long after his atonement and reformation, is accountable for many of those disastrous conditions which bring the innocent wife to the operating table of the abdominal surgeon.

Acute gonorrhœal vaginitis, untreated, brings endometritis, catarrhal or purulent salpingitis, pelvic or general peritonitis, adhesions, and exudations. The nearer to menstruation the quicker and the more sure will be the endometritis, and a unilateral pelvic peritonitis with salpingitis of gonorrhœal origin will become bilateral after a menstrual

period. The patient should remain in bed and be given salol and an alkali to relieve the pain of micturition and also help to destroy the urethral trouble. The outside parts should be bathed in a one to five thousand solution of corrosive sublimate (a one-grain tablet in ten ounces of hot water), and these parts thoroughly bathed afterwards. Then inject the same into the vagina three or four times daily for the first two days. Then reduce to one in ten thousand, or, if much tenderness exists, to one in twenty thousand; replaced, if much pain, by a one in one hundred solution of carbolic acid. Recumbent position always. By the third day use the speculum, and swab cervix with bichloride solution or strong carbolic acid, and dust with iodoform after cleansing vaginal canal; as soon as speculum ceases to cause pain, paint cervix and vagina with a five per cent. solution of nitrate of silver, and tampon vagina with iodoform or weak bichloride gauze, the ends brought down to outlet, and the dressing changed every two days for a week or ten days. Examine by pressure Bartholinus's glands before pronouncing a cure, and, if pus exudes, open by small incision, cauterize with carbolic acid under cocaine, and dress with iodoform gauze. Examine cervix, and if necessary (purulent discharge) curette the Nabothian glands, cauterize as above, and pack around cervix with iodoform gauze. Bumm has claimed that in some cases the upper vagina and cervix are infected first; in such cases, when corporal endometritic involvement is noted and in the absence of marked parametritic trouble, the above active treatment, even preceded by the use of the blunt curette, is indicated.

In discussing this paper, Dr. Polk advocated etherization, through dilatation of the uterine canal, washing out the uterus with a bichloride solution,

and packing it with gauze, as Dr. Murray does the vagina, believing that a certain amount of endometritis is coincident with nearly all such cases. By thus meeting at the gate (to the inside of the uterus) gonorrhœal and puerperal sepsis, tubal and pelvic inflammations can be avoided.—Robert A. Murray, M.D., in *New York Journal of Gynæcology and Obstetrics*, March 1892.

URIC ACID.—Uric acid, like urea, is nitrogenous. The quantity eliminated daily is 10 grains.

In healthy urine it exists only in combination, as potassium and sodium urates. Acid and dense urine, on standing, will undergo change, becoming more acid, and throwing down a deposit of uric acid, calcium oxalate and amorphous sodium urate.

Free uric acid may exist in the urine at the time it is voided, but in any but the smallest amount must be considered as pathological. It is practically insoluble requiring 18,000 parts of water to dissolve it.

Separation of Uric Acid.—To 100 c. c. of urine add 10 c. c. of hydrochloric acid. Let it stand for forty-eight hours, when the uric acid will be settled as fine crystals, looking like grains of Cayenne pepper.

Estimation.—Having obtained the crystals as above, decant the urine and stir the sediment with 30 c. c. of water, using for this purpose a glass rod with a piece of rubber tubing at the end. Throw the suspended crystals on a weighted filter, dry over a water bath and weigh.

This method, though simple, is approximative only.—*Ex.*

URINE REACTION.—*Test.*—First put a drop of the sample on a piece of blue litmus paper; if the blue turns red, then the reaction is *acid*; if the paper

changed, then it will be *alkaline* or *neutral*. Now try it with red litmus paper; if it turns blue, the reaction is *alkaline*; if the paper is unchanged, the urine is *neutral*. Violet-colored "neutral litmus" paper alone can be used. It will turn reddish with acids and bluish, with alkalies.

A NOVEL and simple procedure is the injection of fluids into the bladder without a catheter as described by Dr. C. F. Bennett in the *July Journal of Cutan. and genito-urinary diseases*. In order to pass a stream into the bladder by means of a nozzle introduced within the meatus it only becomes necessary for the patient to strain as if to pass a very slow stream of urine. This opens the "valve."

After a little practice the patient seems to acquire the power to relax the vesical sphincter without exciting any expulsive action from the bladder.

Dr. J. Lewis Smith in *Medical Bulletin*, prescribes in scarlatinal nephritis:

R. Potass. actatis
Potass. bicarbonatis
Potass. citratis.....aa. ℥ii
Infus. tritici repentis...℥viii

M. Sig: one teaspoonful every three or four hours to a child of five years.—*Exchange*.

DETECTION OF PUS IN THE URINE.— Drop into the specimen of urine enough tincture of guaiac to give it a milky appearance, and heat it a few minutes to 100 degrees F. If pus is present a blue tint will develop. Otherwise, the urine may be passed through a white filter, on which is then allowed to fall a few drops of tincture of guaiac, producing, if pus is present, a distinct blue discoloration.—*Ex.*

INGUINAL BUBO RESULTING IN DEATH BY HÆMORRHAGE.—The *Boston Medical and Surgical Journal*, July 28, contains a report, by Dr. John Homans, of a case of bubo terminating in fatal hæmorrhage. It is rare that a sloughing inguinal abscess progresses to an extent of destroying the life of the patient in this manner, but neglect of treatment may as in this case readily lead up to such a fatality. Dr. Homan's patient, a male, observed in November, 1891, an inguinal swelling, which he decided to have opened. On December 8, the abscess "pointed and broke" the slough separating six weeks later. There was an oozing of blood March 18, which became a hemorrhage on the 21st. The patient had continued at his occupation until this latter date, when he was admitted to the hospital. The femoral artery was deligated, on both sides of the slough, in its wall. Transfusion and stimulation were employed without avail, the patient succumbing after two days.

VENEREAL DISEASE IN PARIS AND IN BRUSSELS. — Among 2,941 registered prostitutes in Paris arrested for various reasons, in 1891,—251 were found suffering from venereal diseases. Of 2,637 clandestine prostitutes arrested under similar circumstances 1,153 were suffering from venereal disease. The proportion among registered prostitutes was about 8½ per cent. as against 43 per cent. among the clandestine prostitutes. In Brussels, where regulations are very strict the proportion is somewhat less among the registered women but among the clandestine prostitutes it has recently increased to such an extent that an additional ward has had to be opened in the St. Pierre Hospital for their reception.—*Jour. American Med. Association*, Aug. 20.

Microscopy.

UNDER THE CHARGE OF DR. A. S. BARNES, JR.

SOLUTIONS FOR STAIN.

Saturated solution fuchsin in 95 per cent. alcohol.

Sol. No. 1—Hartzell's Stain.

Carbolic acid.....15 min.

Water..... $\frac{1}{2}$ oz.

Saturated alcoholic solution fuchsin..... $\frac{1}{2}$ drachm.

M. Dissolve carbolic acid in water then add fuchsin.

Sol. No. 2—Saturated solution oxalic acid in water.

Sol. No. 3—Methyl Blue.

Methyl Blue.....gr. 2.

Distilled water.....oz. 4.

All stains had better be dropped through filtering paper on cover glass.

PROCESS BY STEPS.

1—Wash cover glasses in strong nitric acid.

2—Wash in water and wipe dry.

3—Hold sputum up to light and get off opaque particle.

4—Put particle between two cover glasses.

5—Rub covers together between a piece of paper.

6—Take apart and lay on empty cartridge shell until perfectly dry.

7—Pass cover glass sputum side up through alcohol lamp flame three times.

8—A few drops of "Hartzell's stain," through filtering paper on covers.

9—Hold covers high over flame and let warm a little.

10—Let stand from three to five minutes.

11—Wash off with water at junction of forceps and cover glass.

12—A few drops of "oxalic acid sol." on covers.

13—Work around until you cannot see any more red.

14—Wash all the acid off well with water.

15—A few drops of "methyl blue sol." on cover glass.

16—Wash off with water as quickly as possible.

17—Let dry *thoroughly* in air.

Now your cover glasses are ready to be mounted in xylol balsam, or glycerine. The slide spread with the sputum must always be up while staining.

SPIRRILLUM CHOLERÆ ASIATICÆ—Comma-Bacillus Koch—We wish to quote from a few authors on this subject:

BALL:—Koch, being a member of the German expedition sent to India in 1883, to study cholera, found this micro-organism in the intestinal contents of cholera patients. The manner of infection in man is usually through the alimentary tract, with food and drink, the intestinal discharges of cholera patients having found entrance into the source of drinking water. Soiled clothes to fingers, fingers to mouth, etc.: torpid catarrhal affection of the digestive tract predisposing.

The microbe is not found in the blood or any other organ than the intestines. It is also found in the vomit and the intestinal contents.

CROOKSHANK:—Cholera bacillus are curved rods, spirilla, and threads. The curved rods, or commas, are about half the length of a tubercle bacillus. They

occur isolated or attached to each other forming S-shaped organisms or longer screw forms. The commas are actually motile.

The bacilli were found in the superficial necrosed layer of the intestine, in the mucous flakes and liquid contents of the intestinal canal of cases of Asiatic cholera. Have been detected in a tank which contained the water supply to a neighborhood where cholera cases occurred. Commonly present in sewer contaminated water.

The comma bacilli are aerobic and their development is arrested by deprivation of oxygen. They are destroyed by drying, and the presence of various antiseptic substances.

OSLER:—The cholera bacillus is not a true bacillus, but really a spirochate. They may be seen in the characteristic rice water evacuations, as an almost pure culture. They very rarely occur in the vomit. In actually fatal cases they do not seem to invade the intestinal wall, but in cases with a more protracted course they are found in the follicles and even in the deeper tissues.

Are propagated chiefly by the contamination of water used for drinking, washing and cooking.

PETTENKOFER:—Denies the drinking water theory and maintains that the conditions of the soil are of the greatest importance. The germs develop in the subsoil moisture during the warm months, and rise into the atmosphere as a miasm.

As a rule cover glasses when purchased from the dealers are covered by a film which should be removed by the following process: Drop them singly into a saucer containing hydrochloric acid, and let clear water run into the dish for several minutes. Drain the water off and pour alcohol on covers. Remove covers one at a time with an

old pair of forceps and wipe dry with old linen, or as Prof. Gage suggests, with Japanese tissue paper. Glass slips may also be benefitted by this process.

Gibbes gives this formula for a most excellent logwood stain. Take one pound (453 grammes) of tawny-colored, medium-sized logwood chips, and mix with 50 ounces (1480 cubic centimetres) of distilled water in a porcelain vessel, and heat slowly to boiling point. Boil for ten minutes, and while boiling, stir in very slowly a sufficient quantity of potassic alum, to give a black color. The amount added varies with the quantity of chips from one-half to one ounce (15.5 to 31 grammes). Boil for ten minutes, and set aside for twenty-four hours, filter, and add four ounces (118 cubic centimetres) of alcohol. This preparation gives a beautiful stain, is inexpensive, easily made, ready for us at once, and does not precipitate.—*Ex.*

DIFFERENTIAL STAINING OF HUMAN BLOOD CORPUSCLES.—For this purpose have at hand two clean cover-glasses. Clean and cord the left forefinger, and prick it with an aseptic cambric needle. Breathe upon one cover-glass and touch it to a drop of fresh blood, and immediately breathe upon the other cover-glass and lightly place it upon the first. Just enough moisture should adhere to the cover-glasses so that the blood will diffuse itself over the entire surface of both. Separate the two glasses by a sliding and circular motion. Allow them a few minutes to dry; then pass two or three times through an alcohol flame, and lay them with the coated side up upon a sheet of blotting-paper. With a drop tube place two or three drops of eosin solution upon each glass, spreading it carefully over the whole

surface; let it remain five minutes, then wash the glass by waving it in water. Place the glass again upon the blotting-paper, with the coated side uppermost, and with a hand bulb, such as dentists use to dry the cavity of the tooth, blow all the water from the surface. If the water is not removed at once, it will dissolve and diffuse the coloring matter and render the specimen worthless. Proceed in the same way with aniline blue. Let it remain five minutes, wash and dry in the same manner, and finally mount in balsam. If properly prepared, the specimen will show the red corpuscles colored a beautiful pink, and the white a pale blue or light purple with several dark-blue nuclei in each.—
Dr. Rogers, *Microscope*.

IN STAINING THIN SECTIONS you are apt to over-stain. If over-stain does not come out in acid alcohol, place in clove oil until it does.

NORMAL SALINE SOLUTION consists of the following:

Chloride of Sodium (common salt).....	gr vii.
Distilled water.....	fld ℥ii.

The *Bacteriological World* has been conducting experiments with a view of finding out the best methods of sterilizing milk. Of several methods tried, the following was found to yield the best results: Place the milk in clean strong bottles and seal, then place the bottles in a saturated solution of salt and boil for half an hour. Set the receptacle containing the bottles away and let it cool gradually; after which the bottles of milk must be removed and placed in a refrigerator. Milk sterilized in this way will keep for an indefinite length of time. The bottles must not be removed from the solution while hot, or

A METHOD FOR MOUNTING TRICHINOUS MUSCLE which I have found very successful. Macerate a small piece of the muscle in cold water for a day, now tease it out with needles and place between two slides and bind with stout thread; immerse in alcohol about 95 per cent. for about ten minutes, then separate slides and transfer muscle to oil of lajeput; let it stand there for two or three days and mount in balsam, when they will find the trichinæ will not "disappear," nor will they shrink as I have had them do in time after having used the alcohol solution for a longer time.

W. N. PRESTON.

GUM FOR SLIDE LABELS.—Dissolve 2 grams of aluminum sulphate in 20 of water. Mix the solution with 250 grams of strong mucilage (2 of acacia gum to 5 of water). The aluminum sulphate greatly increases the adherent properties of the gum.—*Ex.*

Agar is obtained from two species of Japanese algae, viz: *Gracilaria Lichenoides* and *Gigartena-Speciosa*.

they will burst almost instantly. The efficiency of the salt solution is due to the fact that it boils at a temperature of 227° F., while the temperature of boiling milk is less than 200° F. A concentrated solution of carbonate of potash boils at a temperature of 750° F. but the boiling point of the salt solution will be found to be sufficiently high for all practical purposes.

Dammar varnish can be very readily removed from any surface after having softened it with clove oil.

First-class paraffin, invaluable to microscopists, can be had at the laboratory.

Materia Medica.

UNDER THE CHARGE OF PROF. GEO. H. THOMPSON.

SMALLPOX-PITTING.—In *L'Union Médicale* Dr. Hartige relates the following method of preventing pitting in variola: "If the eruption is light apply cold compresses. If the form is grave or confluent, prescribe lukewarm baths and apply the following ointment:

R. Ung. hydrarg. ʒijss.
 Saponis viridis ʒv.
 Glycerini ʒj ʒij.
 M. Watch so as to avoid salivation.

RESORCIN.—The merits of this drug in the treatment of malarial toxæmic conditions are hardly fully recognized. I have found it to succeed in removing the symptoms where they had persisted more or less obstinately for many months under the use of quinine, arsenic and iron. The drug is pleasant in solutions and easily administered to children. A good combination is,

R Resorcín ʒ iij
 Tr. eucalypt. f ʒ i
 Syr. limon f ʒ ij
 Aquæ f ʒ j
 M. Sig. Teaspoonful three times a day,
 or, R Resorcín ʒ iss.
 Sprudel salt ʒ j
 Aquæ q. s. ad f ʒ viij
 Solve. Sig. Tablespoonful three times a day.—*Ibid.*

OL. CAJEPUT.

R Ol. cajeput. f ʒ i
 Ol. olivæ opt. f ʒ iij
 M. Sig. Two drops in the ear twice a day.

We see every now and then a case where a patient has the one single obtrusive symptom of hardness of hear-

ing; we find no wax (hardened) in the ear, and reach very indefinite conclusions as to the condition at the bottom of the symptom. I have frequently found the above formula to give the required relief.—*Ibid.*

CANNABIS INDICA.—It is doubtful whether there has yet been found a drug more efficient for the relief of migraine. Twenty drops of the tincture, three times a day, should be given. I have just discharged a case where the attacks came three or four times a week. During and after the use of a 2-ounce bottle she has remained well for some months. Patient is a saleswoman, aged 23.—*Ibid.*

PEPSIN.—A girl of 17 years came to my office recently with a large patch of warty excrescence on her neck. The patch was two inches long and one inch wide, and in the central part was so highly vascular that it seemed to me to be connected with a nævus. The patient did not know how long it had existed, only knew of its duration for many years. I handed her a liquid preparation of pepsin, of which a sample had been left on my table, with a camel's hair brush, and told her to paint it faithfully, and after two weeks to return and have it removed by knife or cauterizing agent, if not improving satisfactorily. I was surprised to find on her return that the growth was shriveled and almost gone. She is continuing the application, and I believe it will entirely disappear.—*Ibid.*

IODINE IN TYPHOID FEVER.—*La Semaine Médicale* relates the following treatment of typhoid fever as practiced by Dr. Klietsch, of Woerth.

R. Potassii iodidi.....ʒjss-ʒij.
 Aquæ destillatæ et
 Aquæ menth. pip.aaʒijss.
 Iodini.....gr. vijss-x.

M. et Sig: 8 to 10 drops every two hours.

In 79 cases of typhoid fever so treated was observed after 4 to 6 days a considerable diminution of fever which subsided by lysis after 8 to 12 days. The patients visibly improved notwithstanding the fever, the mind becoming clear, delirium disappearing, the tongue becoming clean and moist, the evacuations diminishing in frequency and losing their character of mashed peas, (*purée de pois*), and regaining their normal character after 15 days treatment. The usual complications seen in other methods of treatment were absent. There were but two fatalities: one relapsed by neglecting the regime and suffered a perforation; in the other the disease was complicated by meningitis which necessarily deferred the treatment. Dr. Klietsch thinks that the favorable effect of iodine is due to a specific microbicide action in the intestinal substance and Peyer's patches—seats of predilection of the typhoid bacillus.—*La Revue Médicale*, Aug. 21, 1892.

DIGITALIS IN LARGE DOSES.—A-propos to our clipping from *Merck's Bulletin* under this heading in the Sept. number, we notice in a French journal that Dr. Petrescu uses digitalis in even larger doses than was then reported. We quote as follows:—

“The *Spitalul* relates a memoir of Dr. Petrescu wherein his method of treating pneumonia is exposed. Digitalis is employed in large doses until 10

grammes (gr. cl.) sometimes as an infusion, has been administered. In 12 years favorable results were obtained in 1031 cases.”—*Ibid.*

OESIPIUM IN SKIN DISEASES.—This is a non purified wool fat preparation recently brought into prominence by Drs. Tænzler and Ihle of Germany. It is similar to lanoline and is recommended on account of its richness in etherial oils. The following formulas are recommended for various skin affections:

R. Oesipe.
 Olii olivæ.....aa ʒijss.
 Zinci oxidi qs. for soft paste.

Sig: For all humid eruptions as eczema vesiculosus, bullæ, burns of first and second degree, impetigo, &c.

R. Bismuth. sub nitratis..ʒj gr. xv.
 Zinci oxidi.....ʒv.
 Oesipe
 Ol.olivæ aa qs to make soft paste.

Sig: Simple lycosis, healing it in 14-21 days, rarely in 28 days.—*Centralblatt f. d. Gesammte Ther.*

CARDIAC TONIC.—The following is recommended by Dr. Hirschfelder of San Francisco in a clinical lecture:

R Caffeine
 Benzoate of soda....aa ʒi
 Strychnine.....gr. $\frac{1}{5}$
 Camphorated water..fl ʒvj

M. et Sig: Tablespoonful three times a day.—*Med. and Surg. Rep.*

ICHTHYOL IN SMALL-POX.—A solution of ichthyol, 5 or 10 per cent., has recently been used with much success as a local application in small-pox, in the pustular stage of the eruption. The solution being painted over the pustules two to four times a day was found to hasten the drying up, check extensive suppuration, and prevent pitting.—*Med. Bul.*

ARSENIC IN SYPHILIS.—Dr. H. Smith (*Norsk Magazin Lægevidenskaben*), a military physician, has obtained excellent results in a case of syphilis where mercury and the iodide of potash had been given in vain. The patient was a soldier, with various eruptions which belonged to the second period of the disease, with ulcerations of the hands and feet, periostitis of the cranium, forearm and tibia, bone pains, etc. He took the iodide of potash and mercury twice, without results. Arsenic was then administered, when the symptoms rapidly ameliorated ("in a few days"), while the ulcerations and periostitic indurations disappeared.—*Lancet-Clin.*

EUROPHEN IN ROSACEA.—Dr. Shoemaker, in the *Medical Bulletin* of Sept. 1892, recommends the following formula for acne rosacea:

R Europhen.....ʒij.
Glycerini.....ʒij.
Spr. odorati..... qs. ad fl ʒiv.

M. et. Sig. For external use. Attention must be paid to diet and bowels kept open, then use the salve in conjunction and the papules will recede, the pustules disappear and the capillary injection will subside.

ARISTOL IN CORNEAL ULCERS.—M. Vignes has employed aristol in thirty serious cases and regards it as an excellent disinfectant, materially shortening the time of treatment.

TREATMENT OF POISONING BY COCAINE.—Eloy gives the following directions for the treatment of acute poisoning by cocaine. The patient is placed in a horizontal position in order to prevent syncope, and the face bathed in cold water. If convulsions come on, cold should be applied. If asphyxia is present, flagellation, massage and artificial

respiration are resorted to, and if the respiration depends upon the tetanic contraction of the respiratory muscles inhalations of chloroform are employed. For the intense pallor it is well to give inhalations of nitrite of amyl. Should these means be insufficient, it may be well to administer strong coffee or caffeine, or if swallowing is impossible, hypodermic injections of ether. The entire object of the treatment is to moderate the reflex excitability of the nervous system, to sustain the heart, and to re-establish the equilibrium of the circulation.—*Med. and Surg. Rep.*

COCAINE ANTIDOTES.—S. Mitchell, (*Medical Record*), has found that while ammonia, digitalis and brandy will relieve the milder toxic manifestations of cocaine poisoning, they signally fail when these symptoms are superseded by severe præcordial pain, weak and rapid pulse, sighing respiration, borborygmus and belching of wind, muscular rigidity, and, later, paralysis of the whole body, except the brain, which is unnaturally active. In such a case he used a large teacupful of clear coffee, and has found it equally efficacious on subsequent occasions. It can be administered cold or hot. He makes no mention of amyl-nitrite.

Gluck (*Ibid*) advocates dissolving the cocaine in a three per cent. solution of phenol. This, he claims, prevents the toxic effects of the former drug and renders the solution stable; as is well known, such solutions otherwise lose their anæsthetic effects after twenty-four hours. Phenol, besides, has a certain anæsthetic power of its own, forms a superficial eschar, which prevents absorption of the cocaine, destroys bacteria, fungi, etc., prevents decomposition in the solution, renders it aseptic, and wards off reactive congestion.—*Western Med. Reporter.*

PYLORIC PAIN IN DYSPEPSIA.—Coutaret advises the following treatment in the pain of dyspepsia:

R Sat. chloroform-water.... ℥iv
Simple syrup of colombo, ℥iiss.
Powd. ex. of cannabis Indica..... gr. iiss

M. Sig. A dessertspoonful of this may be taken every half-hour until the pain is relieved, particularly at the time that the chyme is passing from the stomach into the intestine.—*Therap. Gazette.*

INHALATION FOR ASTHMA.—During the attack the following is of value:

R Ether..... ℥j.
Ol. terebinth..... ℥iv.
Acidi benzoici..... ℥iv.
Balsam. tolutani.... ℥ij. M.

—*Ind. Med. Rev.*

RESORCIN IN WHOOPING COUGH.—Galvagno has employed antipyrin combined with resorcin in the following formulæ in the treatment of whooping-cough in children:—

R. Distilled water..... f℥iiss.
Resorcin.
Antipyrin..... aa gr. xv.
Hydrochloric acid..... gtt. x.
Syrup..... f℥j.

Or,
R. Syrup of acacia..... f℥iiss.
Resorcin
Antipyrin..... aa gr. xv.
Syrup..... f℥j

M. Sig.: Of this, 3 to 5 dessertspoonfuls are given each day.

Under this treatment the duration of

the disease, according to the author does not exceed twelve days.—*Med. and Surg. Rep.*

DIPHTHERIA.—For child from 2 to 6 years of age, Dr. J. H. Hieber, of Pittsburgh, Pa., advises the use of:—

R. Hydrarg. chlorid. mitis,
Salolis,
Sacchar. alb..... aa℥ss.

M. et div. in chart. no. xxx.

Sig.: One powder every hour.

He has seen this combination cause disappearance of the membrane in forty-eight hours. He follows the powder by:—

R. Potass. chlorat..... ℥ss
Quinin. sulph..... gr. viij.
Glycerini..... f℥ij
Sp. vini gallici..... f℥ss
Aq. menth. pip..... f℥j

M. ft. sol.

Sig.: Teaspoonful every four hours.

—*Med. Bul. Sep. 1892.*

TAR IN BRONCHITIS.—Ferrard proposes this combination for chronic bronchitis:—

R. Purified tar..... gr. xv
Dover's powder..... gr. xx
Powd. gum benzoin qs.

Div. in 20 pills. Sig: 1 to 4 a day.

It is also advisable to add a light purgative twice a week, and to rub the patient with ammoniacal ointment on the back and chest; inhalations of chloride of ammonium.—*Kansas City Med. Index.*

KEEPING IN STEP WITH NATURE is what medical practice is coming to according to the *Dietetic and Hygienic Gazette*. Formerly the practitioner thought that nature's resources were exhausted when the patient fell ill, and that medical science then was to be solely depended upon. Now the truly scientific physician watches the indica-

tions and follows the hints that nature throws out for his guidance, and his aim is to assist and not to hinder the *vis medicatrix nature*. To this end the aid of light, heat, electricity, exercise, and proper diet, is invoked, together with that of such medicinal agents as have been proven to be of value, and whose action is clearly understood.

Book Reviews.

The Mediterranean Shores of America: or, The Climatic, Physical, and Meteorological Conditions of Southern California. By P. C. Remondino, M.D., member of the American Medical Association, of the American Public Health Association, of the State Board of Health of California; vice-president of the California State Medical Society, and of the Southern California Medical Society. Illustrated with forty-five engravings and two double-page maps. In one handsome, Royal Octavo volume, 176 pages. Extra cloth, price, \$1.25, net; cheaper edition, bound in paper, price, 75 cents, net. Philadelphia: The F. A. Davis Co., Publishers, 1231 Filbert st.

This excellent little work shows the evidences of careful study. The author refers to numerous well-known writers on hygiene, such as A. N. Bell, Bancroft, Emory, Millard, Martinenq, Denison, as well as the reports of Signal officers, State Boards of Health, Navy Medical Reports, etc., and has spared no pains to make the work accurate in every respect.

In a short PREFACE, the author reviews his work and in a pleasing INTRODUCTION gives "the reader some idea regarding the relations that exist between health, longevity, and disease and climates, as well as between different meteorological conditions," he proceeds to a description of the meteorology of Southern California.

The book, which is very interesting, must be seen to be appreciated, a review would fail to do it justice. It should be read by all physicians as it gives exactly the information desired when the knotty question of where to send a consumptive patient comes up.

G. M. W.

Cholera: Its Origin, History, Causation, Symptoms, Lesions, Prevention and Treatment. By Alf. Stillé, M. D., Professor Emeritus of the Theory and Practice of Medicine in the University of Penna. Philadelphia, Lea Brothers & Co., 1885.

In view of the universal interest which has been manifested in cholera on account of its prevalence in Continental Europe, and its advent into the United States, a work devoted to the subject by so well and favorably known a man as Prof. Stillé will be read with great interest.

The preface states that "The interest awakened in the public and in the medical profession by the possibility of the advent of cholera during the coming summer (1885) has led to the publication of this treatise." At the time when this was written, the author did not believe that Dr. Koch's assertions that cholera was caused by the comma bacilli were sufficiently proven, although he firmly believed that the disease never originated *de novo*, but always developed after the specific poison had been *swallowed*.

The chapter on etiology is the only one open to criticism; those devoted to history, symptomatology, complications and sequelæ, morbid anatomy, diagnosis, etc., being classical. It is, at present, universally acceded that the comma bacilli stand in a causative relation to cholera.

Treatment is divided into preventative and curative. The former, if properly carried out, will be productive of the very best results. Quarantine should be rigid, and the very best sanitary condition of surroundings maintained. The latter is beneficial only in

a minority of cases. If seen early, a dose of castor oil followed by opium may be of benefit, but the further employment of laxatives, as calomel or salines, is not advised. Camphor has proved to be of little or no benefit, as have also the mineral acids. Stimulation by means of alcoholics in the stage of collapse is impossible, but a case must never be abandoned. Opium and astringents given early are the best remedies.

G. M. W.

Essentials of Diagnosis Arranged in the Form of Questions and Answers, Prepared especially for Students of Medicine. By Solomon Solis-Cohen, M.D., Professor of Clinical Medicine and Applied Therapeutics in the Philadelphia Polyclinic; one of the physicians to the Philadelphia Hospital, etc., and Augustus A. Eshner, M.D., Instructor in Clinical Medicine in the Jefferson Medical College and in the Philadelphia Polyclinic; Registrar in the Neurological Department of the Philadelphia Hospital, etc., with fifty-five illustrations, some of which are colored, and a frontispiece. Philadelphia: W. B. Saunders, 913 Walnut street, 1892.

Saunders' Question Compendia, of which this book is one, are so well known throughout the country generally, that no recommendation of any of them is necessary. They are arranged in the form of questions and answers, and are of especial value to students preparing for examinations. They are not intended to take the place of the larger text books, but are of convenient size for the student to carry with him, and consult between lectures, or at times when he cannot use larger works.

Notwithstanding the breadth of the field to be covered by a book on Medical Diagnosis, Drs. Cohen and Eshner have acquitted themselves well, and crowded a large amount of information

into the 359 pages of reading matter contained in the above work.

The practitioner will find the hints on differential diagnosis of great value to him.

G. M. W.

The "American Therapist." A Monthly Record of Modern Therapeutics, with Practical Suggestions Relating to the Clinical Applications of Drugs, is the title of a new journal upon our exchange table this month.

In the prospectus, the editor, Dr. John Aulde, of Philadelphia, declares the object of the above journal to be the development of the clinical application of drugs upon a rational, scientific basis. No space, in the editorial department, will be taken up with a consideration of medical politics or professional controversies. Recent medicaments will be noticed.

We are much pleased with the first number of the American Therapist, and shall welcome it in future as one of the most valued of our exchanges.

G. M. W.

We note with pleasure that St. Louis is to have two new medical journals. The *Annals of Ophthalmology and Otology* has been removed from Kansas City to St. Louis, and the *Medical Era* begins the journalistic race this month. There is plenty of room here for honest workers and the fact that there are a number of prosperous medical journals in our city need not prevent our new friends from attaining success.

The *Chicago Medical Recorder*, edited by Dr. Archibald Church and previously published by W. T. Keener, of Chicago, is now being published by that well-known house, the M. H. Kauffman Med. Pub. Co.

ARCHIBALD CHURCH, M.D.

Books and Pamphlets Received.

"A Review of Ideality of Medical Science." A Detailed Plan or Reformation of the Practice and Study of Medicine. By Maurice J. Burstein, A. M., M. D. Reprinted from *The Doctor's Weekly*.

"Some Clinical Remarks on Dysentery." By John H. Musser, M.D., (Reprinted from *University Medical Magazine*, December 1891.)

"The Limitations and the Powers of Therapeutics." By J. H. Musser, M.D. (Reprinted from the *University Medical Magazine*, July 1892.)

"Whooping-Cough: Its Management: Its Climatic Treatment; By J. H. Musser, M.D. (Reprinted from *The Climatologist*, November 1891.)

"The Uses of Fever." The Dangers of Antipyretics in Typhoid Fever." By J. H. Musser, M.D. (Reprinted from *The Medical News*.)

"On the Gastric Disorders of Pulmonary Tuberculosis." By J. H. Musser, M.D. (Reprinted from the *University Medical Magazine*, July, 1891.)

A Practical Treatise on Diseases of the Skin, by John V. Shoemaker, A.M., M.D. Second edition, revised and enlarged. New York, D. Appleton & Co. 1892.

We will present to the readers of the CLINIQUE a review of this grand work, in the near future.

The editors of the Brooklyn *Medical*

Journal got out a special edition devoted to cholera, last month. Anyone who knows how much work there is in getting up the regular editions of first-class journals will appreciate the efforts of these gentlemen. The edition contained the proceedings of the Brooklyn Medical Society meeting which was devoted to the discussion of cholera solely.

"Tuberculous Ulcer of the Stomach." By J. H. Musser, M.D., (Reprinted from the *Philadelphia Hospital Reports*.)

"Grave Forms of Purpura Hæmorrhagica." By J. H. Musser, M.D. (Reprinted from the *Transactions of the Association of American Physicians*, September, 1891.)

"Trial of Alice Mitchell for killing of Freda Ward." Forensic Psychiatry. The Statement of the Prisoner. (Reprinted from the *Memphis Medical Monthly*.)

"Habitual Abortion." By E. S. McKee, M. D. (Reprinted from the *American Journal of Obstetrics and Diseases of Women and Children*.)

"Retroanterograde Amnesia," with Report of Two Cases. By J. T. Eskridge, M. D., Denver, Col. (Reprinted from *The Alienist and Neurologist*, St. Louis, July 1892.)

"Chloralamid: The Treatment of Insomnia" By Joseph Collins, M. D. (Reprinted from *The Journal of Mental and Nervous Diseases*.)

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Contributors of original articles will receive five copies of the issue containing their article.

Photo-Engravings to illustrate accepted articles will be made free of charge, if proper drawings or negatives accompany the manuscript. Electrotypes of such cuts furnished at cost.

Physicians' Wants, Etc.—A department will be devoted to the free publication of physicians' wants, practices for sale, good locations, etc.

Secretaries of Medical Societies will do us a favor by keeping us informed of dates of meeting of same, etc.

Editorial Committee.—DR. A. S. BARNES, DR. A. A. HENSKÉ, DR. KEATING BAUDUY, DR. WILLIAM PORTER.

Edited for the Committee by DR. WILLIAM PORTER, assisted by DR. G. M. WAGNER.

Vol. V.

ST. LOUIS, MO., OCTOBER, 1892.

No. 10.

Editorial.

Quarantine.

The value of quarantine to limit the progress of cholera has been amply demonstrated at New York. For weeks the dread disease has been knocking at our doors and a number of infected ships have entered our harbors, yet, so far, no foot-hold has been obtained.

Those who are skilled in bacteriology tell us that there is no positive evidence in a doubtful case, except by making cultures from the suspected sources. Even the microscope may be at fault, for at least three other known bacilli exactly resemble the comma bacillus. Clinically the disease may be readily mistaken for less formidable conditions.

The fact is admitted by all, that cholera is caused by a specific germ which is susceptible of culture and can be pos-

itively recognized. Moreover it is known that this germ, multiplying rapidly under favorable conditions, is yet easily destroyed. That filth and unsanitary surroundings are favorable to its propagation, and that cleanliness and proper limitations may so hedge it around, that it cannot increase and spread, but, being confined and scientifically attacked, will die.

This is a great advance in our knowledge since the last epidemic, and the results show that this knowledge is well founded. Not only have our people been spared from the disease, but they have been saved from panic, which is often almost as bad as the disease. Even business has been but little interfered with.

The country owes much to the sanitary officers at New York, who so promptly met and held the disease at the outer harbor; and it also owes much to the patient laboratory workers, who through the past years have so closely studied cholera as to be able to suggest methods for its control in threatened epidemics, and also for its treatment in individual cases.

It is not thought that the specific cause of cholera is found to any great extent in tissues outside of the intestine and we may with reason expect much from such local treatment, as bacteriologists may find suited to the destruction of the comma bacillus in its chosen site.

Meanwhile all care should be, and will be taken, that cholera does not

reach us next year. Men seem to dread its appearance next spring even more than its immediate onset. There is little need for any alarm if, during the winter months, our great cities are gotten into good sanitary condition and quarantine vigilance unrelaxed.

It looks as though cholera would soon be placed among those diseases which can be practically stamped out, such as the plague of by-gone years, small pox and possibly yellow fever. So far the scare has done good rather than harm. It must cause great improvement in the sanitary condition of our cities and it may limit immigration, which a sentimental opinion has permitted to grow until its further encouragement will be not only foolish but criminal.

Impurities in Drinking Water.

There seems to be a clearly indicated duty on the part of every practitioner, especially those who practice in small towns and in the country. If the average well or spring from which drinking water is supplied were examined, the results would be, to say the least, surprising.

Large cities have chemists whose business it is to guard this interest, but in the smaller towns and all through the country, there is an ever present danger of contamination. It is the rule, rather than the exception to find the well within easy distance of the privy, generally between the privy and the kitchen.

Dr. Shakespere in an article which we earnestly commend, published in the *Phila. Med. News* of September 17th, says that it has been established that the comma bacillus "is not only able to live for a considerable length of time in water, but is even capable of enormous multiplication therein, especially in that containing a certain

amount of organic or vegetable material. The use of such contaminated water for drinking, bathing and culinary purposes is perhaps the most frequent mode of introduction into the human organism of the contagious principle of cholera infectiosa."

It is not difficult to ascertain whether the water of a well is or is not impure. Easy methods of investigation, as published in the last *CLINIQUE* or as found in many of our text books and note books, render it possible for any one to determine the existence of contamination. It is not needful to examine for cholera germs, which only experts are able to do.

If the water contain enough of organic matter to give a fair reaction when any one of the numerous tests is applied—that water is dangerous—the source of the contamination should be removed or the well stopped up. The careful physician will not only warn his neighbors, but will see that his warning has practical results.

Asiatic Cholera.

The following is an epitome of cholera investigations up to the present, which we believe will be both interesting and useful to readers of the

CLINIQUE:

History—

1. A specific, infectious disease caused by the comma bacillus (Osler).
2. Epidemics of cholera occurred in the United States in 1832, '35, '36, '48, '49, '66, '67 and '73.
3. There was an epidemic in Europe in 1884 which did not reach this country.
4. A German expedition went to India in 1883 to study cholera.
5. Koch discovered the comma bacillus in 1884.

Clinical characteristics.

6. No characteristic anatomical, post-mortem changes are found.
7. Rigor mortis occurs early—also a marked post-mortem rise of temperature.
8. The period of incubation is probably from 2 to 5 days.
9. Temperature during course of disease may be 5° to 10° below normal in mouth and axilla, while it is 4° or 5° above normal in the rectum at same time.
10. Clinical pictures of severe cases of cholera Asiatica are *identical* with those of severe cases of cholera nostras.
11. Cholérine—is a term applied to mild cases of the disease—also to the preliminary diarrhœa.

Bacteriological facts.

12. The comma bacillus is from $\frac{1}{2}$ to $\frac{2}{3}$ the length of the tubercle bacillus or about $\frac{1}{12000}$ of an inch in length. It is thicker than the tubercle bacillus and the latter is only about $\frac{1}{6400}$ of an in length.

13. Each comma bacillus has at one end only a single flagellum.

14. The comma bacillus does not form spores.

15. The comma bacillus is not in the true sense of the word a bacillus or rod, but a spirillum or vibrio or cork-screw-shaped micro-organism. The term cholera bacillus is strictly speaking a misnomer.

16. The comma bacillus is *very easily killed*.

17. A temperature of 50° C. (122° F.) kills them quickly. So do acids, except vegetable acids.

18. Drying kills them quickly (as it does nearly all micro-organisms which do not form spores; but spores are not easily affected by drying).

19. They die quickly in putrescent liquids. The micro-organisms of putrefaction (saprophytic bacteria) soon destroy the comma bacillus.

20. They grow well at ordinary room temperature.

21. Cultures on gelatine plates present an appearance under the microscope *peculiar* to the comma bacillus and *not found* in the culture of any other known micro-organism.

22. The comma bacillus can grow on acid media provided the acid is of *vegetable* origin. For example—the surface of sterilized potato is frequently acid, yet the comma bacillus grows well upon it.

23. They flourish in *sterilized* milk or water, but in *ordinary* milk or water they soon perish (owing to the presence of saprophytic bacteria).

24. The above rule is generally true, but Koch found them in the greatly polluted water of an Indian tank.

25. "*The significance of the vibrios in causing cholera, is no longer in doubt.*" (Frænkel).

26. *Pettenkötter's* Theory.—

a. Cholera is not transmittable from man to man.

b. The poison originates in the soil under certain conditions.

c. The germ (?) (poison) develops by virtue of peculiar properties of the soil.

d. The cholera poison is transmitted to man by air and absorbed by way of *respiration*.

e. The soil plays the principal part in *Pettenkötter's* view; but he does not explain why a certain micro-organism (*spirillum cholera Asiaticæ*) is constantly found in the intestinal canal of all cases of genuine Asiatic cholera and in no other disease.

27. If the poison were introduced by the air passages we would expect to find the germs in the lungs and blood.

28. The comma bacillus is *found only in the intestinal canal and never in the blood*.

29. *Not a single known fact goes to prove Pettenkötter's theory.*

30. One attack of Asiatic cholera seems to confer immunity for a short time, probably for 4 or 5 years. (It is ex-

tremely rare for the same person to be attacked twice during the same epidemic.)

31. There are several other micro-organisms which closely resemble that of Asiatic cholera, but if cultures are made of each upon gelatin, agaragar, potato and in bouillon there is no difficulty in distinguishing them from the comma bacillus.

32. There is also a chemical test for the comma bacillus. If *common* sulphuric acid be added to a culture of the comma bacillus a reddish violet or purplish red coloration appears. This reaction may also be shown in cultures of the vibrio of *Metschnikoff*, but if *perfectly pure* sulphuric acid, free from nitrites be used, it appears only in cultures of the comma bacillus.

33. The chemical substance which produces the coloration is known as cholera red.

34. The bacteria which resemble the comma bacillus, are:

- a Finkler-Prior vibrio,
- b Deneke's vibrio,
- c *Metschnikoff's* vibrio,
- d *Emmerich's* Neapolitan bacillus.

The demand for the CLINIQUE has been so great during the past few months that we have determined to increase the number of each issue.

We regret that we have not been able to send specimen numbers for some time and that our complimentary list has had to be cut down, but those who know anything of the expense of running a medical journal, will know that very careful management is necessary to its success.

Fortunately the CLINIQUE has been so well supported that there has been no need to lessen any of the important items of expense, but rather have we been enabled in many ways to add to

the expense and consequently to the value of the journal. The increase in the CLINIQUE issue is a permanent one, and not "for one month" only.

The editor wishes to add his personal thanks to Dr. Wagner who has the entire business management, and to the Editorial Committee—all of whom have aided in making his work both easy and pleasant.

THE AMERICAN GYNECOLOGICAL AND OBSTETRICAL ASSOCIATION'S MEETING.

THIS is an association which delights in hard work and its record is that of the best. The last meeting, which was held in St. Louis recently, was well at-

tended and each session was full of interest. Dr. Vandever of Albany presided and Dr. Potter of Buffalo is the permanent Secretary.

These special societies, which have arisen in late years, are doing great good. The idea that they are substitutes for the sections in the A. M. A. is a mistake. While independent, they are mainly conducted by men who are also earnest in the support of the National Association. We were glad to see that our local physicians took so much interest in the proceedings. Dr. L. S. McMurtry of Louisville was elected President for the ensuing year.

[We clip the following from the *Danbury News* of September 28th. Dr. Wile is not only a surgeon of the first rank but as the editor of *The New England Medical Monthly* and the *Prescription* is known and esteemed wherever medical journals are read.]

SURGEON GENERAL WILE.

The Danbury Physician Highly Honored by the Grand Army Encampment.

"One of the highest honors of the National Encampment of the Grand Army was conferred upon Dr. William C. Wile, of this city, in Washington, Thursday. Dr. Wile was elected by a flattering majority to the position of Surgeon General, upon the staff of the National Commander.

"The news of the honor conferred upon Dr. W was received with surprise by the veterans in this city, as the dispatch announcing his election that evening was the first intimation they had that he was even a candidate for the position.

"The New York papers that morning say that the candidates for the position were Dr. Wile and W. H. Johnson, of Meriden, Neb. The ballot resulted in the election of Dr. Wile, who received

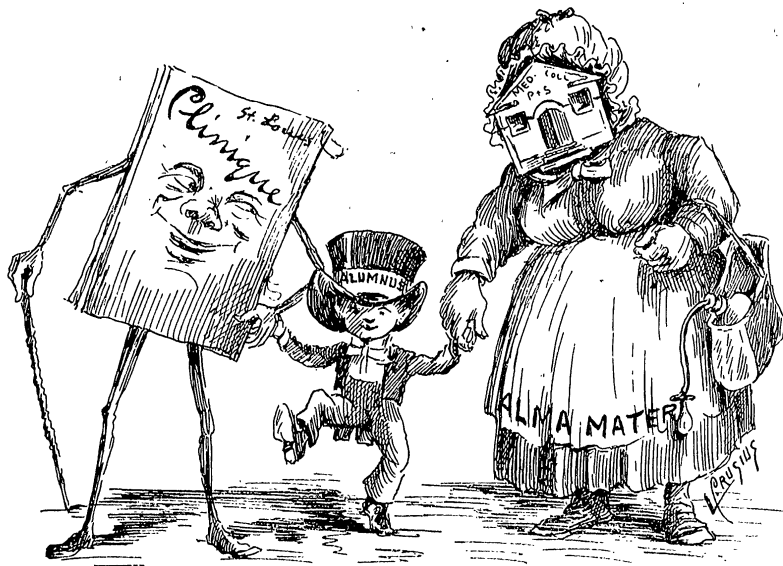
423 votes to Johnson's 165. The national staff is as follows:

Commander-in-chief, A. G. Weissert, Milwaukee, Wis; senior vice-commander, R. H. Warfield, San Francisco; junior vice-commander, Peter B. Ayrs, Wilmington, Del.; surgeon-general, W. C. Wile, Connecticut, and chaplain-in-chief, D. R. Lowell, Kansas.

"The position to which Dr. Wile was elected is the highest ever attained by a Danbury veteran in the Grand Army of the Republic, and the congratulations of hundreds of friends in this city await him. The doctor is a thorough soldier and an enthusiastic Grand Army man, and no one who knows him will doubt for an instant his ability to fill the office with a dignity which will bring credit to himself and his city.

"Dr. Wile is too widely known in this city to necessitate a sketch of his life, but a bit of his military history will be of interest at this time. He enlisted in company G, of the 150th New York Volunteers, when he was fifteen years old, and went to the war when he was scarcely big enough to shoulder his musket. His first battle was that of Gettysburg. During the two years and eight months he was in the service he was in many fights in the South, and marched with Sherman from Atlanta to the sea. He was elected medical director of the Department of Connecticut at the encampment in this city last spring, and has already served as aide-de-camp upon the staff of the commander-in-chief.

"At a meeting of the James E. Moore post, G. A. R., last Monday, a committee was appointed to make all arrangements for a public reception to Dr. W. C. Wile, in honor of his recent election as Surgeon-general of the National order. The department of Connecticut will attend. The programme of reception will be given as soon as the committee define their plans."



College Chat.

ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

Dr. T. Crusius sent us the sketch from which the above was prepared. Judging from the tender solicitude with which little Alumnus is guarded, he ought to get through this world easily. The above is typical of the interest taken in graduates of the College by both ALMA MATER and CLINIQUE, and under their auspices, an Alumni Association ought to thrive.

The fourteenth annual winter session of the St. Louis College of Physicians and Surgeons began Monday morning, Sept. 12. Dr. Barnes, after greeting the students with a few well-chosen words, introduced Dr. Close, who, as was announced in the catalogue, was to deliver the first lecture. Dr. Close, who is one of the most popular of the professors connected with the College, was enthusiastically welcomed by the

students, many of whom had already attended one or more sessions, and knew what to expect when Dr. Close was introduced. This gentleman outlined his course, giving his idea as to the manner of teaching which he thought most effective, and exhorting the students to pursue their studies with unabated zeal, and to strive to the utmost to merit the right to practice conferred with their diploma.

Prof. Barnes prefaced his introduction of Prof. Close by some good advice to the students. He reminded them that attendance and good behavior would be taken into consideration at the end of the session, and hoped that all would profit by his advice, to keep themselves free from all outside influences, and "stick strictly to business."

Dr. Close, after having traveled extensively throughout the East during the summer, declares that the bacteriological laboratory of the College of Physicians and Surgeons is the best equipped of any in the country. It contains, at this time, sixty varieties of germs, some of which are not to be found in the best equipped laboratories in New York. The course in bacteriology is to be a prominent feature this winter, every student being expected to prepare the nutrient media, and make cultures for himself.

Dr. I. N. Graves, of Dongola, Ills., visited us at the College recently and renewed his subscription to the *CLINIQUE*. He says that he obtains more *practical points* from it than from any other journal he reads. Come again, Dr. Graves! Our friends are always welcome.

UNION, MO., 8-23, 1892.

DEAR DOCTOR—I am glad to learn that there is some prospect of forming an "Alumni Association;" I am sure it will meet with the approval of every graduate of the College. Just count me in. Yours truly,

E. M. BRIDGFORD.

HILLERMAN, ILL., Aug. 25, 1892.

Editor Clinique:

DEAR SIR—Enclosed please find two dollars and credit my account for the *CLINIQUE*. I read several journals, but of course my preference is our College Journal. I have been thinking that I would write an article for publication, but I shall defer it for the present, for the probability is that you are abundantly supplied with articles, some of which no doubt, are original and valuable; while others may not get higher up in the scientific arena than the waste basket. I will say however that my prac-

tice, while it is not "dazzling," is steadily growing, and while I have no brilliant surgical cases to report, I beg leave to say that I have treated most of the diseases prevalent in this part of the country. And now Mr. Editor let me thank you for the kindness you have shown me on former occasions and for sending the *CLINIQUE* to my address. With best wishes for the future success of the College and *CLINIQUE*, I am yours,

J. M. MOZLEY,
Physician and Surgeon.

KANSAS CITY, MO.

Dr. G. Wagner, St. Louis, Mo:

DEAR DOCTOR—I notice you are suggesting, through the columns of the *CLINIQUE*, the formation of an Association of the alumni of the College of Physicians and Surgeons.

I am a graduate of the class of 1888 and shall be pleased to do all in my power to assist you in forming such an association. Yours,

H. E. PEARSE.

Mr. J. J. Ferrell, class of '92, writes us from Owensville, Mo., where he has decided to practice his profession. We hope he will have the success that has attended other members of his class, many of whom, to our certain knowledge, are already prospering beyond their hopes.

Ours is the only country in which it is possible for a young physician to make rapid headway in getting a practice. The fact that so many young men are controlling large practices, abundantly proves that, in the eyes of our people, long beards and gray heads are no longer proof to them of a physician's ability. Not that we would run down our good friend, the old practitioner, but "truth is mighty and will prevail," we merely chronicle the fact as it stands.

Dr. L. B. Lawrence has removed from Smith River, Cal., to Nonoma City, that State.

Dr. Robert Shutz, class of '90, has located at Orrick, Mo., where he is sure to succeed.

The *Bacteriological World*, Dr. Paul Paquin, editor, has removed from Battle Creek, Mich., to Lebanon, Mo.

STUDENTS, clip this out, it will be of use to you:

To reach the Mullanphy Bank, walk four blocks on Jefferson avenue, take Cass avenue car going east. Leave the car at Seventh street, or where the car turns going south, and walk east on Cass avenue two blocks. Bank is on corner of Cass avenue and Broadway. Ask for Mr. L. G. Kammerer, who is Treasurer of the College, and tell him you are a student of the College.

Twenty pounds of purest paraffin have just been received at the microscopical laboratory. Gentlemen wishing to procure the best should address Dr. A. S. Barnes, Jr., 2600 Gamble st.

Fine mounted specimens of all kinds also for sale.

The gentlemen of the microscopical and pathological laboratories wish it understood that they are now prepared to examine urine, sputum, milk, etc., microscopically, also to examine sections of pathological growths in cases of suspected malignancy. For further information, address Dr. A. S. Barnes, Jr., 2600 Gamble st.

The Senior and Junior classes at the College met shortly after the term began, and elected officers for the ensuing

year. Mr. H. A. Holscher was elected President of the Senior Class, and Mr. J. M. Rader, Secretary, while Mr. P. C. Barnes was chosen President of the Junior Class, and Mr. W. E. Lingle, Secretary.

We understand that each class has organized quiz classes, and that these are largely attended. This is very right and proper; quiz classes being the best means with which we are acquainted for the dissemination of knowledge. Many half hours can thus be profitably employed, that would otherwise be wasted.

Dr. C. G. Cannady, who has been taking a special course in gynecology at London, Paris, and Berlin, has returned to this country, and is practicing his profession at Roanoke, Va. He has a private sanitarium of his own, and reports that he has all the business he can attend to. While abroad, he was elected a member of the British Gynecological Society of London. The doctor promises to furnish us articles bearing upon his specialty from time to time.

Dr. W. W. Duke, class of '92, serving at present as an interne at the Female Hospital, paid a visit to the College recently. He says his position gives him unlimited facilities for acquiring experience.

Dr. J. Brockway, of Merna, Ill., was a visitor at the College during the opening week. He was much pleased with what he saw.

Dr. Francis P. Lonergan, class of '89, was married to Miss Nettie Rose, of Pittsfield, Ill., September 21st.

The CLINIQUE extends best wishes.

Dr. W. H. Howard of Kasber, Ill., class of '90, is just recovering from a serious illness caused by abscess of the prostate. The Dr. is a subscriber of the CLINIQUE and well liked in his community.

The Illinois State Board of Health has sent out thousands of circulars concerning vaccination, calling upon all the medical men of the State for co-operation in securing protection by proper vaccination. The directions for properly vaccinating and its various phenomena are clearly stated. In the preface of the circular is a quotation showing how little is taught concerning this important subject. The quotation is "medical students are left to pick up their knowledge of vaccination where they can. In fact, practical medical education at our schools of medicine has hitherto, or until very recently, been entirely *nil* in regard to this most important subject, and no test of knowledge has even been applied." Those who were privileged to hear the plainly worded lectures (as all his lectures are) of Prof. Close on the subject referred to are happily exempt from the above quotation. [N. B. In last month's CLINIQUE, we gave a synopsis of this circular, which we think important.—Ed.]

Up to July, 37 candidates applied for examination before the Ill. State Board of Health. This examination was supplementary to those holding diplomas. The examination was on four branches, viz.: Obstetrics, Gynecology, Surgery and Practice of Medicine. Each branch had ten written questions—involving many sub-divisions. Of the thirty-seven applicants, only twenty-two were granted certificates. *Over one-third of those to whom certificates were granted*

were graduates of the P. & S. There was not a single failure, so far as I have learned, among our boys. This, in itself speaks more favorably than anything else I know of for the thoroughness of instruction given by our esteemed faculty.

We congratulate Dr. Appelby upon his successful examination and appointment in the new Wild and Woolly Washington.

Yes, Dr. Wagner, by all means let us have an Alumni Association. It will help the College by making a greater feeling of union and fellowship among its graduates. A thirteen-year institution like ours could form a very respectable society.

Dr. Wm. Youngs, class of '92, has been on the sick list this summer, but is now able to attend to practice. One of Young's best friends says he is a good fellow and ought to have been a woman.

The health of Northern Illinois to the new doctor has been distressingly good this summer.

Success to the P. and S. for '92-'93. May it be its most prosperous year.

ILLINOIS.

[All who attended the College during the last two years will have no trouble in recognizing as the writer of the above our friend Bath, who from a lingual gymnast, has been transformed into a first-rate quill driver. We desire, in all seriousness, to extend our thanks to him, and wish all the boys would follow his example, and send us items for publication.]

Items of Interest.

Overpressure in Children Causing Brain Mischief.

The following cases show the inadvisability of attempting to force children forward in schools without sufficiently considering their different individual capacity for learning.

It is, I am afraid, much too common cause of children's ailments nowadays, and has not been quite enough considered, I think, by parents and teachers. In the ordinary Board School, as at present constituted, every child in each standard must be pushed on, *pari passu*, with all the others, so as to get all, if possible, passed at the examination next ensuing, into the standard above. In the first case here noted, the fault, *fons et origo mali*, was with the parents in sending such a young child to school at all, but as both parents were factory workers, and there was only a slightly older boy besides, the child went to school with him.

Both cases were very similar in the outset, but the first was the most severe, and in both I thought at first the illness was enteric fever, the more so as being next door neighbors and residing on the banks of the river, which is very foul and much polluted, and on Sundays, when the water is low great banks of festering abominations are exposed.

Case 1. Alf. C., a sharp and more than usually intelligent little boy, of only four years and eight months, was seized on April 3d, at breakfast time, with sickness and pain in the head. He had been attending school for six months, and being naturally quick, as I have said, he had been encouraged to learn and had already reached the final class in the Infant Department, and would have been put into the general

school but for his age, which forbade it.

When I saw him at 11 a. m., he was in bed, slightly flushed, head very hot, and temperature 99.2°. Tongue rather foul. Complains of pain in the head, and avoids light. No further vomiting since breakfast. Gave him a mixture of potass. citrat. and tinct. aconiti and calomel, gr. j., with sugar.

April 4th. Passed a bad night. rambling and talking about school. Tongue rather cleaner. Temperature 99.4°. Milk diet. To continue mixture. Night temperature same as morning. Added k. br. gr. ij., aa dose to medicine.

5th. Night passed much the same as last. Lies very quiet and still, but easily roused, and then quite conscious. Temperature 100.2°. Thirsty. Tongue furred, but moist. No pain in abdomen. Stool natural. Ordered antipyrin, grs. v., every three hours. Temperature at night, 100°. Been delirious all afternoon. Ordered ice-bladder to head.

6th. Rather better this morning. No diarrhoea. No spots on abdomen. Head, however, very hot, mother having taken off ice-bag at 4 a. m., as child slept. To be replaced. To have 5 mins, bromidia (Battle) every two hours. Temperature, 100.2°; night temperature same.

7th. Much better. Fairly good night. Slept four hours; twelve midnight to four a. m. Playing with toys on bed when I saw him. Temperature, 99.2°. Tongue cleaner. To continue bromidia mixture.

8th. Not quite so well. Ice-bag again neglected, to my vexation. To be continued, as also mixture.

9th. Much better. Sitting up playing. Temperature 99°. Ice-bag dis-

continued, and same mixture ordered.

10th. Improving fast. Not much appetite. Quin., gr. $\frac{1}{2}$, t. d. s.

11th. Up and dressed. Still improving. No headache or pain. Temperature normal. With the exception of a slight cough all went on well until 14th, when I discontinued visiting.

The good effect of the ice and bromidia was very quickly apparent in this case, as also in the next.

Case 2. Jno. B., a strong, sturdy, rough lad of just over seven years of age, was a contrast to A. C., in that he was anything but fond of lessons, and rather dull in all subjects except drawing, in which he excelled.

He had failed last year in the examination, and in consequence his teacher had been urgent as to the necessity of his passing this time, and had been, perhaps, rather too sharp on the lad.

Just a fortnight before the examination, on April 21st, he was seized, also at breakfast time, with vomiting and pain in the head.

When I saw him in the forenoon he was lying on a bed-chair, very drowsy, and resenting being roused. Had vomited every few minutes since breakfast, at which he had only drunk a cupful of coffee. Head very hot. Pupils contracted; buries his face in the pillow. Temperature, 100° .

Ordered cold water cloths to head until ice-bladder could be got, and a potass. citrat. mixture.

April 22nd. Sickness relieved. No delirium, but wanders when roused, and talks of his play. Ice to head. Bromidia, m. v., every two hours. Night much the same. Temperature, 100° .

23rd. Much better. More easily roused, and sensible, though when left to himself lies quiet for hours. Temperature 99° . To continue bromidia and ice.

24th. Better. Sitting up in bed with his drawing-book. No dullness or drowsiness. Complains of no pain at all. Appetite not good. Quin., gr. $\frac{1}{2}$ t. d. s.

25. Appetite improved. No bad symptoms. Temperature normal. Playing about the bed-room.

26th. Ceased visiting. Boy going on well.

It seems curious to me that two lads of such opposite temperaments should be so similarly attacked. One sharp and intelligent, though very young and not compelled to learn; the other older and duller, probably harassed by his teacher and yet both develop almost the same symptoms. I may say that the younger child a fortnight after I ceased seeing him, had a regular hysterical fit because his mother would not allow him to go to school with his brother, and was in a state of collapse, cold and pale, for two or three hours after.

The rapid improvement under the ice and bromidia treatment was very gratifying, and I have found bromidia especially useful in such cases, and a very reliable hypnotic whenever I have required to prescribe such a medicine.

1, Dane Street, Rochdale.—*The Hospital Gazette*.

GARDNER'S SYRUP OF HYDRIODIC ACID.—I regard Gardner's Syrup of Hydriodic Acid as the one preparation of all others, deserving of the name, "Alterative" and the one the medical profession has been looking for in vain.

As a tonic, stimulating alterative it stands alone, in that it is the most powerful in its effects upon glandular bodies, upon mucous surfaces, and upon serous membranes, that has ever been known, while it is non-toxic, non-irritant, and an agreeable, tolerant medicine.

Iodide of potassium, syrup iodide of iron, or any other form of iodine compound, in comparison with this particular preparation, is not to be even remotely considered.

I have used it in syphilis, where anæmia was marked, when neither potassium iodide, syrup iodide of iron, or mercury in any form could be tolerated one moment; anæmia disappeared, the continuous headache instantly ceased, sore throat got well at once (with a few applications of zinc. chlorid. gr. XL. aquæ, one ounce) all glandular swellings disappeared. The gummata everywhere vanished into thin air, and the eruption was held in "statu quo" until I could give the patient a few calomel vapor baths, preceded of course, by steam sweating.

I recommend mercurial plaster, after the formula prepared *for me* by Seabury & Johnson (*their improved formula*), the same to be renewed every six days. I use a square decimeter of the plaster directly over the spleen; this together with the syrup, is sufficient to produce an agreeable cure in any given case. Only dry calomel should be used upon external sores. The acid entirely supplants the iodide of potassium and syrup iodide of iron, both in its alterative and in its tonic effect.

I have tested it in all forms of syphilis—primary, secondary, and tertiary. In the latter there are but few manifestations of the disease after having used the remedy. The secondary symptoms are held in abeyance, until it is convenient to administer a few steam and mercury vapor baths, when by the further use of the mercurial plaster, previously mentioned, and a continued use of GARDNER'S *Syrup of Hydriodic Acid* every physician may hopefully and confidently expect the happiest results to follow at once.

This preparation is not only pleasant

to the palate, but it tones up the stomach. becomes an appetizer, relieves all headache however intense, resolves glandular trouble, heals mucous and serous membranes, especially the tonsil and throat.

But there is a wide field for usefulness for this preparation, that so far has been little dreamed of, viz: In tubal disease of ovary, rheumatism of uterus, leucorrhœa, and membranous dysmenorrhœa.

My experience in gynæcology, and the success following the use of the remedy, prove conclusively that this preparation will excel every other preparation now known in the above named complaints.

I unhesitatingly recommend it to my brother physicians and can readily see its superiority to potassium iodide, and that it will largely supplant the latter as a means for the internal assimilation of iodine.

Upon trial the reason will be apparent, and only equal the astonishment at the result obtained by the remedy itself.

All preparations of Syrup of Hydriodic Acid must be of the strength of Gardner's, in order to produce the above results. This will be known by its quickly resolving itself into iodine, turning red upon exposure to heat—in which state, however, it must not be used.

This is the only preparation on the market I have any faith in.—A. Rose, M.D., in *Med. Mirror*.

FALL FESTIVITIES.—*St. Louis extends a cordial welcome to all.* The city of St. Louis has become famous the country over through the agency of her annual Fall Festivities, and from that source has gained the sobriquet of the "Carnival City of America."

For the season of 1892 all previous efforts in the line of entertainment will

SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization—Potash and Lime;

The Oxidising 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 Prepara-

tions; 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.

be eclipsed. The great St. Louis Exposition has thrown its doors open to the public Wednesday, September 7th, and will continue to entertain and delight thousands during a period extending over forty days. One of the chief attractions announced by the management is the engagement of Col. P. S. Gilmore and his world-renowned band, one hundred strong. The illumination by gas and electricity of the streets will extend over a larger area and be on a grander scale than any similar exhibition ever attempted in the world. The thirty-second great St. Louis Fair and Zoological Gardens, Oct. 3rd to 8th, whose fame has been heralded broadcast, will be one of the main attractions of that week, and as has been customary for the last thirteen years the Veiled Prophet will again appear in his favorite city, on the evening of Tuesday, October 4th. The hotel accommodations, of St. Louis have been materially increased since last year and strangers are assured of hospitable treatment.

The Missouri Pacific Railway and Iron Mountain Route, with their vast network of lines extending over the States of Missouri, Kansas, Nebraska, Colorado, Indian Territory, Arkansas, the West, South and Southwest, in order to encourage travel, have made a remarkably low round trip rate from points on their lines to St. Louis and return during the Festivities.

For further information relative to dates of sale and limits of tickets call on or address any Missouri Pacific or Iron Mountain ticket agent, who will be pleased to furnish same.

THE NATURE AND USES OF CHLOROPHENIQUE. By R. M. KERLEY, M.D., Superintendent St. Louis Female Hospital.—Antiseptics seem to have become the indispensable adjuncts of the prac-

tice of medicine and surgery in modern times. The limitations of the uses to which these therapeutic agents can be put have not yet been defined, for the reason that as pathology becomes better understood the application of antiseptics becomes more extensive and varied. A problem, however, which has presented itself to our consideration in connection with antiseptic preparations and one which, to my mind, is of the highest importance, is that of obtaining an agent which is efficient in its action and not noxious in its consequences and after effects. In other words, a preparation that is both reliable and harmless; one that will accomplish the end desired and not entail any untoward or baneful effects.

In looking about for such an agent I have been chiefly influenced by the desire of obtaining a preparation which would act as a disinfectant, a microbicide, and be at the same time unirritating and not easily absorbed by mucous membranes. These are conditions that cannot be easily filled, it is true, nevertheless, it occurred to me that the problem was one not impossible of being solved, and after diligent search for such, my labors were rewarded by obtaining an agent which filled these conditions and provided satisfactory result.

The success of the action of a remedy in certain conditions depends, of course, upon a proper application of the same in a rational manner. The best remedies ever devised will fail if improperly applied, and for this reason it is that I pre-suppose a rational application of the therapeutic agent of which I propose to write. I will not burden my readers with a recital of cases, nor with a long dissertation upon the bio-chemistry of the product, intending merely to lay down some broad truths concerning its good actions in certain general conditions.

—See p. 440.

Sedative.]

FOR THE CURE OF NERVOUS HEADACHES.

[*Anodyne.*

EVERVESCENT

BROMO

[WARNER & CO.]

SODA

R Caffein 1 grain, Brom. Soda 30 grains
in each heaping teaspoonful.

USEFUL IN

Nervous Headache, Sleeplessness, Excessive Study,
Migraine, Nervous Debility, Mania, as a remedy
in Seasickness and Epilepsy.

Dose and Composition.—A heaping teaspoonful,
containing Brom. Soda 30 grs. and Caffein 1 gr., in
half a glass of water, to be repeated once after an in-
terval of thirty minutes if necessary.

EFFERVESCENT

BROMO

[WARNER & CO.]

POTASH

R Caffein 1 grain, Bromide Potash 20
grains in each heaping teaspoonful.

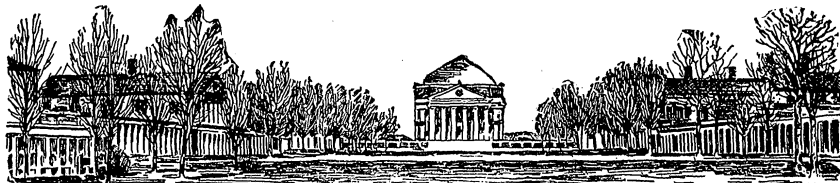
USEFUL IN

Nervous Headache, Sleeplessness, Excessive Study,
Migraine, Nervous Debility, Mania, as a remedy
in Seasickness and Epilepsy.

Physicians desiring the Potash Salt can obtain
the same by ordering or prescribing Bromo-Potash
(Warner & Co.), the composition of which is: Brom.
Potash 20 grs., Caffein 1 gr.

INGLUVIN

From the VENTRICULUS CALLOSUS GALLINACEUS. A powder: prescribed in the same manner, doses and combinations as Pepsin, with superior advantages. A specific for vomiting in Pregnancy, in doses of 10 to 20 grains.



UNIVERSITY OF VIRGINIA

JAMES L. CABELL, A. M., M. D., LL. D., *Professor of Physiology and Surgery in the Medical Department of the University of Virginia; President of the National Board of Health, etc., etc.,* says:—

“The Buffalo Lithia Water Spring, No. 2, contains in notable quantities two of the alkalies which are accredited as extremely valuable in the treatment of Gout, Lithiasis and Liver Affections. I refer to the Carbonates of Potash and Lithia. It is now well known that both of these alkaline carbonates have an ascertained value in cases of

URIC ACID DIATHESIS CONNECTED WITH GRAVEL

and in cases of Chronic Gout, because of their affinity for Uric Acid and the great solubility of the salts which are formed by their union with that acid. It is, however, held by eminent medical authorities, that ‘the beneficial effects of alkalies are not due to their neutralizing acidity, or to any direct action upon Uric Acid,’ but that they ‘seem to do good by combating the pathological state on which the formation of Uric Acid depends.’ We are not, however, left to theory, as to the action of this water, as numerous testimonials from the profession seem to have established the fact that it has already accomplished results, such as its composition would indicate. It is **a remedy of decided efficiency in the Lithaemic condition.**”

Water in cases of one dozen half-gallon bottles, \$5.00, f. o. b. here. For sale by all first-class druggists.

THOMAS F. GOODE, PROPRIETOR
BUFFALO LITHIA SPRINGS, VA.

First, a few words in regard to its composition, its name—Chloro-Phenique being almost comprehensive of this. It is composed essentially of phenic acid, chlorine gas, and water. It has the property of liberating the chlorine in a nascent state; and, as is well known, all gases that are liberated in this condition have a much more powerful action than in any other state. If we take into consideration this fact it will be readily understood that a nontoxic dose of the substance will exercise, in a nascent state, a much more powerful effect than a poisonous one in a comparatively inert state.

The phenic acid in this compound is only sufficient in quantity to exercise its anæsthetic effect, and water acts as a vehicle or carrier, and more water may be added as a diluent.

From personal experience I am able to state that used pure, chloro-phenique

does not irritate mucous surfaces, and when these suppurate, the process soon stops, pain diminishing and inflammation subsiding. This is particularly noticeable in connection with the vagina, acute or chronic vaginitis, leucorrhœa, etc., which bear ample testimony in their rapid amelioration, to the value of this agent.

As a disinfectant chloro-phenique acts rapidly and efficiently and it is particularly valuable in this respect used as an injection diluted with water, say one to four in the form of vaginal douches after parturition. Should the lochia be fetid, the disagreeable odor is soon dispelled, the vaginal mucosa recovers tone and the entire post-parturient period is rendered easy and comfortable to the patient.

I do not wish to dilate further upon the subject, but, before closing, I desire to state that the degree of dilution of

—See page 442

7 Reasons why Papoid is superior to Pepsin

1 Digestive Power

"In other words, Papoid possesses the combined powers of the Salivary, Gastric and Pancreatic ferments."
(KILMER—Paper read before New Jersey Pharmaceutical Association.)

2 Acts Throughout Entire Alimentary Canal

"An additional advantage of Papoid (in diphtheria) is that it helps Nature to digest whatever food there may be in the alimentary canal."
(LOVE, Prof. Clin. Med. and Diseases of Children, Marion Sims Coll. Med., St. Louis.)

3 Stimulates Natural Digestion

"Pepsin often relieves a present difficulty; but Papoid, in addition, places the stomach in condition to digest the next meal. It is far better to make the stomach do its own work. Pepsin makes the stomach lazy; Papoid does not."
(LARRABEE, Prof. Hospital College of Medicine, Louisville, Ky.)

4 Acts in Acid, Alkaline, or Neutral Media

"But much more convenient than this will be found the dusting of a minute portion of Papoid beneath the protective strips. This succeeds well, because Papoid acts best in a concentrated medium of any reaction whatever, pepsin only in a dilute acid solution."
(MORTON, on Leg Ulcers, read before Philadelphia County Medical Society.)

5 Acts on All Kinds of Food. Can be Combined with Antiseptics

"The physiological actions of Papoid as a digestive agent have been thoroughly established. It acts upon albuminoids, hydrating them and converting them into peptones. Converts starch with great promptness, the ultimate product being maltose. It emulsifies fats. An important point is, it can be given in conjunction with true antiseptics, even corrosive sublimate in dilute solutions does not interfere with its digestive powers."
(WOODBURY, Prof. Clinical Medicine, Medico-Chirurgical College, Philadelphia, Pa.)

6 Acts in the Intestines

"I have accomplished more with Papoid than I was ever able to accomplish with the best pepsin. Papoid does especially well in gastro-intestinal catarrh and colitis."
(DIXON, Prest. Kentucky State Medical Society.)

7 Costs Less

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the preparation is to be determined largely by the condition which is present. While it is not irritating, it is not absolutely necessary to use it pure in all cases, and this very fact is a proof of the efficiency of the remedy. Any one, however, after a very limited experience, can regulate this matter to his own perfect satisfaction and obtain results which will be both satisfactory and gratifying.

WHEN one reads, in the homeopathic

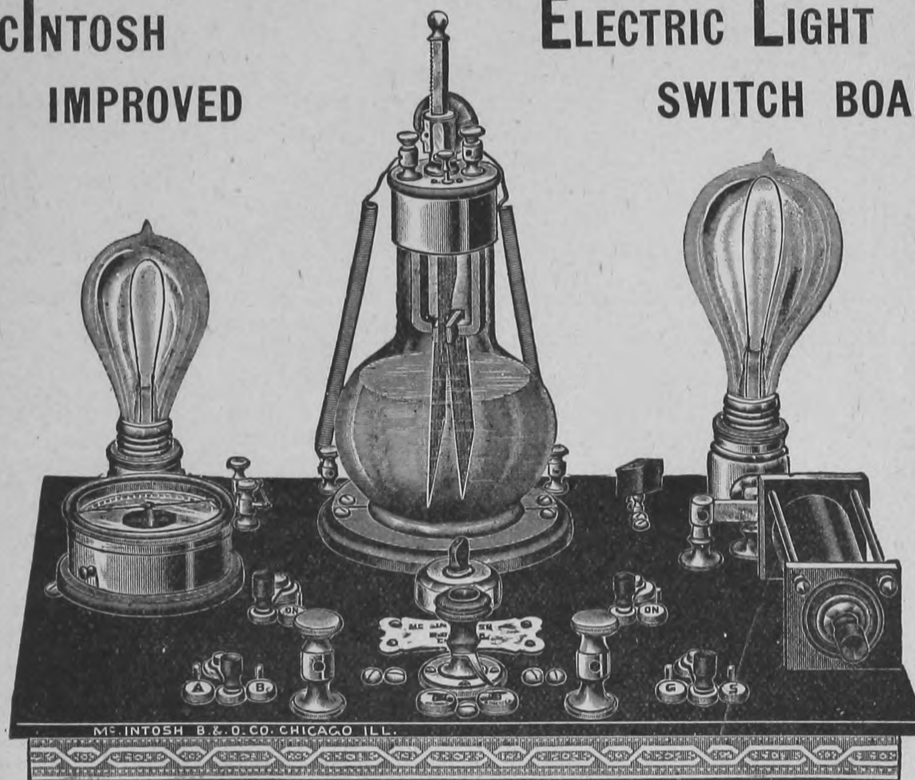
Journals, item after item in which large doses of all kinds of drugs are recommended, most of the items clipped from medical journals, some of them taken without credit from works on the practice of medicine or very stale journals; and when one notes the almost entire absence of reference to homeopathic methods, one can not but wonder what has become of the gorgeous absurdity, "similia similibus curantur." — *Ohio Med. Journal.*

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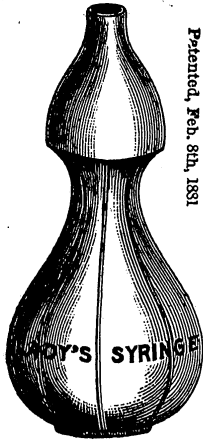
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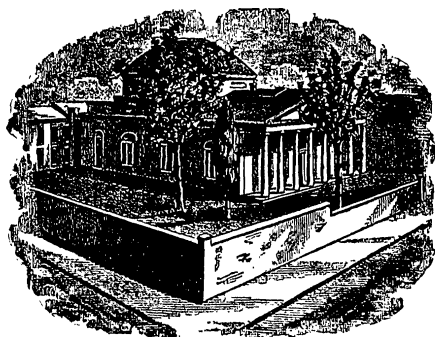
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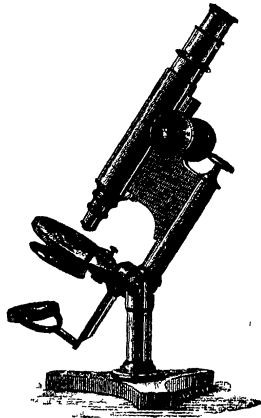
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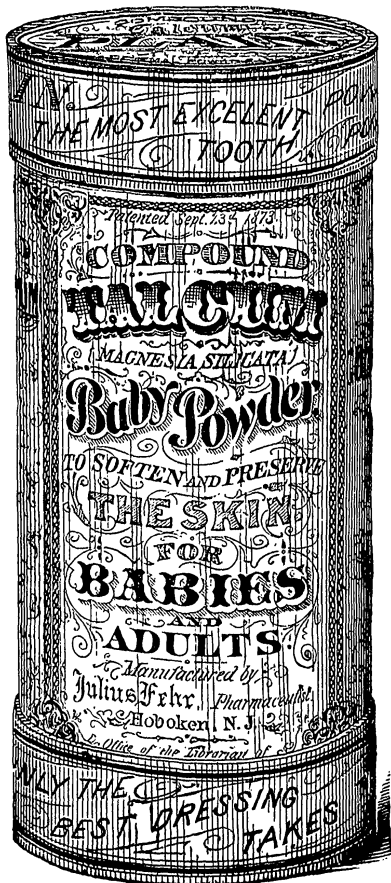
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A MONTHLY JOURNAL OF

CLINICAL MEDICINE AND SURGERY.

Vol. V.

NOVEMBER, 1892.

No. 11.

Antiseptic Treatment of Cholera Infantum.

BY WM. THOS. COGGIN, A.M., M.D., PH.D.,

Fellow of the Society of Science, Letter and Art, of London. Member of the American Association for the Advancement of Science.

The South never has a July or August that is not productive of that enemy of infantile life, cholera infantum. Each day of the hot season adds hundreds of infants to the sepulchral cities of our sunny Southland. As the hot season approaches, the mother watches with sore dread the change in appearance of her babe. Each evening pales into a night of horror of this malady. The rosy cheek, the bright eye, the complacent smile, bespeak health and vigor in the little one, but without warning of the approach, the infant begins to vomit, and vomiting is followed by watery discharges from the bowels. The body is bathed in cold perspiration and the rosy hue gives place to death-like pallor, while the eyes stare into vacancy. The child has cholera infantum.

Every physician knows how anxious are the parents of a child stricken with this disease. He knows how quickly it may do its deadly work, despite his labor and skill, and in many cases he is made to feel the censure of the parents

so unjustly heaped upon him. The idea that cholera infantum is confined to cities, and to particular localities in cities is largely erroneous. I have witnessed violent epidemics in the rural districts, while the cities were entirely free from its ravages. That the dwellers in poorly ventilated and unkept houses are more likely to suffer from it, I admit, but no station in life has immunity from the disease. It is as fatal though less frequent, in the families of the wealthy, as in the families of the poor. Of the predisposing causes I shall content myself with simply mentioning filth and poorly prepared food in the children of the poorer classes; highly seasoned food, over feeding with chemically prepared food, or poor mother's milk (milk from the breast of those accustomed to late hours and tight lacing), in the better class.

Lately the fact that cholera infantum is dependent upon a specific bacterium is well established, yet the text books are slow in pointing out suitable antiseptic or restorative treatment based

upon this fact. I have made careful notes of one hundred cases treated within the past four years. I append clinical reports of five cases, the history and treatment of which are typical of the methods always pursued.

Case VIII.—Infant of J. H., aged 11 months. Was called at midnight. Patient had had diarrhœa for two days previous. At 6 o'clock had vomited after nursing, followed by increased diarrhœal discharges. Vomiting continued every few minutes from 6 o'clock, until I arrived at 12 o'clock. Child had sunk very rapidly. I found him in a state of coma, eyes half closed, pupils contracted, head hot, extremities cold, pulse weak and very rapid, discharges thin and almost colorless. Temperature in the rectum 104.5 degrees F., urine very scanty and highly colored.

Treatment.—Gave enema of diluted alcohol in warm solution of bichloride mercury, $\frac{1}{2500}$, which was immediately expelled. Repeated with less quantity, which was retained one and one-half minutes. Repeated after each action. Ointment of dilute alcohol, quinine with lard rubbed in the axilla every two hours. Six hours afterwards the patient was able to swallow. Gave one teaspoonful of castor oil, half a drachm solution of corrosive sublimate, 1-3000, which was retained. Ordered castor oil, repeated in six hours. Returned at 4 P. M. Patient is restless. Moaning and drawing up legs. Diarrhœa changed to dark green with curdy matter. Had not vomited since I left. Prepared two ounces of castor oil with five drops of carbolic acid. Half teaspoonful to be given in half drachm of 1-3000 sol. of corrosive sublimate, warm, every four hours. Enemata of dilute alcohol with corrosive sublimate sol. every eight hours. Diet.—Eggnog, to which was added listerine and mucilage water, with chlorate of potash.

Forty-eight hours after the commencement of the attack, the patient was resting well. Temperature in rectum 100.7 degrees, F., in axilla 99.3 degrees F. Seventy-two hours after the attack, the patient was fairly convalescent. Ordered three doses of calomel three grains each. Quinine four grains, three times per day for mother of patient. Recovery complete in 5 days.

Case XIII.—Infant of L. W. aged 18 months. L. W. is a well-to-do farmer. Premises are clean and well elevated. Was called at 2 P. M. Patient very restless, tossing head from side to side and moaning. Eyes are sunken and look wild. Features much pinched, lips quivering, with desire to bite or swallow. Constant vomiting or retching. Discharges frothy and accompanied by severe tenesmus. Abdomen swollen and very tender. Temperature in rectum 103.4 degrees F.

Treatment.—Injection of brandy with warm solution of listerine, repeated in two hours. Turpentine stupes, hot, applied to bowels. Inunctions of quinine, brandy and lard, applied every hour. Warm bath every twelve hours. Visited the patient at 8 A. M. next day, and found that he had vomited only once during my absence. Bowels were still moving frequently. Ordered one teaspoonful of hot castor oil with one-fourth of a drop of carbolic acid in listerine every two hours. In four hours the castor oil had acted well. The diarrhœa had changed to a greenish yellow color, and consisted of fecal matter. The temperature was nearly normal. Directed diet of eggnog, with corrosive sublimate sol., 1-5000

The fourth day after the attack, the symptoms of cholera infantum had disappeared leaving a case of ordinary diarrhœa. Treatment of this with antiseptics and ipecac was followed by recovery in three days.

Case xxiv. I saw this case with Dr. S. The patient, a child nine months old had had diarrhoea seven days previous to the attack of cholera infantum. The gastro-intestinal symptoms were well marked. The temperature in the rectum was 106.8 degrees F. The abdomen was very much swollen and very tender. The superior transverse colon was plainly visible and very hard. The eyes were sunken and half closed. There was frequent vomiting of slime with constant hiccough. The discharges were very frequent and almost colorless. The pulse was very weak at the wrist. The blood was being robbed of its vital elements and the heart was fast failing.

Treatment.—An injection of dilute alcohol with warm solution of corrosive sublimate, 1-2000 was administered, but was immediately expelled. It was then repeated in less quantity. The extremities were bathed with alcohol and digitalis. Quinine and lard were applied to the axilla. Two hours later the heart's action was stronger. Injected dilute alcohol and solution of listerine. This was repeated every two hours, also an inunction of quinine and digitalis every two hours. Eight hours afterwards the patient showed signs of returning vitality. The temperature was reduced to 102.7 degrees F. Vomiting ceased, and discharges changed to dark green, and consisted of slime and fecal matter. Ordered teaspoonful of castor oil with one-fourth drop of carbolic acid in hot solution of listerine, which was retained. Then prepared two ounces of this mixture and ordered a dose taken every four hours, alternating with stimulants, after each movement of the bowels, and injection of listerine. Five days later, the patient was out of danger and recovery was complete in twelve days.

Case xxii. I saw this case four hours after the attack. The patient was seven

months old and had always had good health. The entire system was relaxed after an attack of only four hours. The excretions from the bowels were of a milkish white color and dribbled away constantly, there not being enough strength in the sphincter muscle to retain them. The eyes were sunken and half closed. The tip of the nose was pointed, the mouth open and the tongue protruding. The pulse was imperceptible at the wrist. Patient had not vomited for half an hour before my arrival. The bowels were flabby and emitted a gurgling sound on pressure. The entire body was bathed in cold sweat.

Treatment.—The patient was moved to the house of a neighbor, given a hot bath with dilute alcohol, and placed upon a warm mattress in the open air. Injections of dilute alcohol and listerine, repeated every half hour. Bathed the body in salt water and dilute alcohol. By means of a rubber tube, I injected into the stomach the following mixture: castor oil, one teaspoonful, dilute alcohol, three drops, and solution of listerine, twenty drops, which was retained forty minutes. The free use of antiseptics, quinine and dilute alcohol was followed by a recovery in four days.

Case xxxix.—Child of W. M., age 16 months. Saw the patient twenty hours after beginning of attack, which was very sudden and severe. The bowels were swollen; the discharges yellowish, and had an odor like vinegar. Vomiting was followed by apparent collapse. The slime ejected from the stomach was mixed with particles of food. It was of pinkish color, and turned blue litmus paper red. The pulse was weak and irregular. The little patient desired to lie on his left side with his head thrown far back. The breathing was hurried, accompanied by sighing and moaning. The temper-

ature in the rectum registered 105 degrees F., in the axilla 103.

Treatment.—Injections of dilute alcohol and listerine, repeated every three hours. A teaspoonful of bicarbonate of soda added to a tea cup of water, teaspoonful every fifteen minutes. The first four doses were ejected at once. The fifth was retained eight minutes, so was the sixth. The patient was then given a warm soda bath. In half an hour half an ounce of castor oil was given with half a drop of carbolic acid. In fifty-five minutes the oil had passed through the entire canal. The discharges were changed to a smutty color, and the odor is that of decaying animal matter. The oil was ordered to be repeated in three hours. The patient was allowed boiled milk, to which was added corrosive sublimate, 1-60000, a teaspoonful every three hours.

On visiting the patient next day, I found the diarrhoea had ceased but the vomiting had returned. The castor oil was discontinued, and dilute alcohol with peppermint water ordered. Minute doses of ipecac were given every two hours. Visited patient again about 11 P. M., or about twelve hours after former visit, and found him resting well. Pulse a little weak, but regular in stroke. Breathing regular and easy. Temperature in axilla 100 degrees F. Patient was reported to have been resting easy for the past four hours. Having satisfied myself, as I thought, that the patient would make a quick recovery, I was about to leave when a gurgling noise in the bowels reminded me that I had not examined them. I proceeded at once to make an examination, when to my astonishment and dismay, I found the abdomen greatly distended and very hard. There had been no discharges for fourteen hours previous. I prepared an enema of castor oil and solution of bichloride of mercury, 1-2500,

and injected a pint. This being retained, I repeated the injection which was immediately expelled, but not accompanied by fecal matter as I expected. Large clots of sooty looking matter began to pass and kept passing at short intervals until seven pints had passed. The patient now began to sink rapidly and just two hours from the time I gave the first injection, life was extinct.

Microscopic examination of the discharges showed that the bulk of the matter consisted of dead blood globules surrounded by mucous tissue.

From these cases and the hundred others I have treated, I conclude:—

1. That cholera infantum is not always accompanied by, nor is it of itself, always, an upper gastro-intestinal inflammation.
2. Its greatest irritation is in the lower end of the colon, where fortunately, its germ can be quickly destroyed.
3. Antiseptic treatment, with free use of stimulants is the only treatment that is reliable. When it is possible castor oil should be given. When given hot it is tolerated to a surprising degree.
4. Listerine and bichloride of mercury, are reliable germicides and are easily administered. Alcohol in dilute form is the very best stimulant. In this southern climate, quinine should never be forgotten or left untried in all cases of cholera infantum. It can be given only by inunction, but even in this way it is the Hercules against the malarial germs, with the issue always in its favor.

Keener, Ala.

UNGUENTUM COCAINÆ.

R. Cocainæ hydrochloratis, . . gr. ij
Unguenti [*vel* petrolati] . . ʒ ij

To be applied to the conjunctiva every hour, in recent burns or injuries of the eye.—*Dr. W. F. Mittendorf*

Report of Eight Cases of the Liquor Habit Treated by Hypodermic Injections of Strychnia and Atropia.

BY T. W. BATH, M.D.

It may be of interest to some readers of the *CLINIQUE* to know some definite and reliable treatment for the liquor habit. At present the land is full of the so-called "Bi-Chloride of Gold" institutes, and the advertising columns of papers contain accounts of all sorts of "cures" founded on the principle of the "Keeley Cure."

Possibly there is nothing new in what I have to offer, but something which in my hands has proved of desired worth.

Shortly after coming to this place I found that there was abundant material in the town and surrounding country. Consequently I began looking up information on the subject of the liquor cure. The latest books on therapeutics which I had access to said nothing about the continued hypodermic use of strychnine, but in one of the spring numbers of the *CLINIQUE*, I saw where Drs. Portagalow and Jergolski had cured a large number of victims of the liquor habit simply by the hypodermic injection of nitrate of strychnia. They began with $\frac{1}{80}$ grain, sometimes twice a day, and ended with $\frac{1}{60}$ grain, making ten to sixteen injections. However, I resolved to combine atropia (as it is a good eliminating agent) to overcome any untoward effect of the strychnine.

On Thursday, June 9th, 1892, I took my first case, since then I have had patients under observation daily. The length of time for treatment is three weeks. If convenient, I prefer to give three injections daily during the middle week of the treatment. I begin

with two treatments a day, using from the start (although I began with much smaller doses with my first patients) $\frac{1}{20}$ grain strychnia nitrate and $\frac{1}{100}$ grain atropia sulphate. This dose is kept up for three days, when I increase the strychnia to $\frac{3}{40}$ grain (using $\frac{1}{40}$ grain tablets). This with the atropia, $\frac{1}{100}$ grain, is continued until the end of the first week when I start with strychnia, $\frac{1}{10}$ grain, and atropia, $\frac{1}{100}$ grain, morning and evening, and if possible, I get the patient to come at noon, and give him $\frac{1}{20}$ grain strychnia without any atropia, thereby giving $\frac{1}{4}$ grain strychnia per day. The second week's treatment continues without any variation; when beginning the third week, I drop the strychnia to $\frac{3}{40}$ grain, keeping up the same dose of atropia as a rule. I gradually decrease the strychnia, until by the last of the week I give from $\frac{1}{40}$ to $\frac{1}{80}$ grain. I leave out the atropia during the last three or four days of the treatment, as I consider when given twice for over two weeks, the patient has had enough. Below is a report of the cases treated.

CASE 1. Wm. B., married. Age 50. American. Painter. Drank whiskey and chewed tobacco from boyhood. For years always got drunk when he had a chance. Spent all he earned for whiskey. Began treatment when patient was very drunk. First injection, Thursday, June 9th, strychnia, $\frac{1}{30}$ grain, atropia, $\frac{1}{100}$ grain. Gave this patient only one injection a day for the first three days. On the sixth day of treat-

ment patient took two drinks of whiskey the last one being promptly vomited. This was the last whiskey the patient touched or desired. On the fifth day of treatment he ceased chewing tobacco it becoming nauseating to him. Treatment ended July 6th, with fifty injections, patient discharged as cured. This patient had three injections per day during the middle week. During the first part of the treatment I put my patient on my three ounce mixture, which of itself helps the treatment, at the same time being a good anti-tobacco medicine, each fluid dram of which contains:

Fluid ext. nux vomica ℥ iii
 Tr. capsicum.....℥ iii-v
 Fluid ext. digitalis.....℥ ss
 Fowler's sol.....℥ ss
 Strychnia nitrate.....gr. $\frac{1}{10}$ - $\frac{1}{75}$

M. et Sig. 5 to 7 teaspoonfuls per day.

CASE 2. D. H., age 52. Irishman. Farmer. Been drinking for thirty years, considered hopeless. Began treatment July 5th, 1892. Began with $\frac{1}{40}$ grain strychnia, $\frac{1}{10}$ grain atropia, morning and evening. Steadily increased dose to $\frac{3}{40}$ grain strychnia, when on the fourth day the patient ceased to drink, although he was drinking hard when he began treatment. During the middle week he received three injections per day. Discharged on the 30th of July, 1892, having received forty-six injections, and pronounced cured. Put this patient on the three ounce mixture.

CASE 3. P. L., German. Age 48, married. For the past two or three years his occupation has been that of a saloon-keeper. Had always been accustomed to liquor, and could drink heavily without showing any signs of intoxication. Two years ago was maniacal for nearly three weeks on account of too much drink. Began treatment Sunday, July 17th, 1892, while patient was drunk and suffering from bad spell

of gastric catarrh. Began very gradually with this patient, as he did not seem to bear the medication well. Treated him but twice daily during the three weeks, ending with forty-two injections, August 7th, 1892, discharging patient as cured.

CASE 4. T. H. Irish-American. Age 29. Married. Was not much of a drinker, but liked it. Was very drunk once or twice before beginning the treatment. This patient had chewed about fifteen cents worth of plug tobacco every day for nearly fifteen years. Treatment was begun July 21st, 1892. Within one week from the beginning of the treatment, patient had ceased chewing altogether. This patient discontinued treatment of his own accord, having received thirty-one injections. Later I heard that he had resumed chewing but not drinking.

CASE 5. L. K., an American. Age 45. Farmer. Married. This man had been a hard drinker for over twenty years. "Always had a hankering for the damned stuff," is the way he expressed it. This patient lived ten miles in the country and said it was impossible for him to come for treatment twice a day, consequently I supplied him with medicine, syringe, and careful directions as to the three ounce mixture. If the patient can be relied upon he gave himself about forty-five injections. He felt his desire for liquor leave entirely and chewed only about half as much tobacco as formerly. I am sorry to state that this patient has been drinking some of late, although I do not think the treatment is to be blamed, as I do not consider this a fair test of its efficacy. Did not see the patient more than three times during the treatment.

CASE 6. W. T. Scotch-English. Age 29. Farmer. Single. This patient has been drinking for the past fifteen years, and very hard for the past five years.

Began treatment Sunday evening, August 21st, 1892. Patient was sober. The dosage was strychnia, $\frac{1}{20}$ grain, and atropia, $\frac{1}{100}$ grain, morning and night. After the seventh injection desire for liquor had ceased. Treatment ended September 8th, patient having received thirty-seven injections and discharged cured. This patient had never used tobacco.

CASE 7. Mr. H. Age 55. Irishman. Farmer. Married. Began drinking thirty years ago this month. Considered a hard drinker and could not resist the temptation to drink. One drink always led to more. Began the treatment with lots of money and whiskey and was going to prove that the treatment was no good. September 6th, two injections of strychnia $\frac{1}{20}$ grain, atropia $\frac{1}{100}$ grain, each. Next day only one treatment, same dose. Third day, three injections, strychnia $\frac{1}{20}$, atropia $\frac{1}{100}$, morning and evening and strychnia $\frac{1}{40}$ at noon. During the day the patient had about forty drinks, fourth day only one injection. Fifth day three injections same as on third day. Drank about half a pint of whiskey during the day. Put him on the three ounce mixture on the fifth day. Sixth day the patient took one whiskey before breakfast, this being the last he drank or cared for. Treatment has been continued twice daily, giving him in addition tablets of strychnia, $\frac{1}{20}$ grain, noon, and $\frac{1}{40}$ grain at bedtime. Patient I consider as now cured, but will be discharged in three days from writing, having received in all forty-six injections. I regard this case as a splendid triumph for the efficacy of the medicine.

CASE 8. S. J. Swede. Age 45. Single. Been in the United States since the war. Periodical drinker. Drank only beer, but when on a lark would get very drunk. To this patient I have given only one injection per day, because of

the distance he lives from town. Began September 8th, 1892, with strychnia $\frac{1}{20}$ and atropia $\frac{1}{100}$. Put him on the mixture, also on strychnia tablets $\frac{1}{20}$ grain in morning, and $\frac{1}{40}$ grain at noon, having him increase the dose as I increase the hypodermic injections. Patient is a tobacco chewer, and, while he still chews, the appetite for liquor is gone. Regard the patient as fully under the effects of the medicine and doing well. Will discharge him in about one week, having given him about twenty-five injections. I would not recommend the one injection per day plan, but could not do better in this case.

The effect of the treatment has been marvellous. Men who were in the bondage of strong drink and who could scarcely pass by a saloon without taking a drink are now able to work all day without thinking of it, and a general improvement is seen all around. Their complexions are clearer, eyes brighter, nerves perfectly steady, appetite splendid, they sleep well and all say they never enjoyed better health. This is a marked contrast to the Keeley patients' experience. I have seen patients return from Dwight, weakened, nervous, and almost prostrated, and not regain their strength for from weeks to months. Keeley patients tell me they wonder how it was possible for my patients to continue at hard work, which they all did while under treatment. They did such work as tilling, threshing, and such general labor as their occupations demanded.

About the second day patients complain of considerable nervousness and a bad taste to victuals and liquor. If treatment begins with strychnia $\frac{1}{20}$ and atropia $\frac{1}{100}$, twice daily, the desire for drink leaves in three to four days. After this time they are not so shaky. Under the influence of the atropia the eyes dilate, vision becomes misty, cerebral

functions become stimulated, and the urinary and alvine discharges are increased to about double. Herein, in my judgment, lies the virtue of the atropine, chiefly as an eliminating agent. On the whole I regard this treatment as a scientific, sure and satisfactory one,

and one that if carefully tested will give good results.

I should be glad to hear from anyone who will give it a trial and see what it does for them.

Ohio, Ill.

La Grippe.

BY J. T. SUTTON, M.D.

This disease has been very prevalent in all parts of the globe for the past two years or more. I will attempt to say something of it. It is sometimes called Russian influenza, because it is supposed to have had its origin in Siberia, and has been known in Europe since the fifth century. When of an epidemic form it is known as bronchitis. When prevalent, all ages are simultaneously affected, although children are more apt to be exempt. I regard the disease to be infectious, beyond question, and to spread by atmospheric influence. I believe in the germ theory. It is a general, not merely a local inflammation, with symptomatic febrile movement, but an essential fever. It is a peculiar species of fever, running a brief course, with bronchial inflammation as its anatomical characteristic. It affects the entire body. Fatality is limited chiefly to the aged and to persons of feeble constitution. Mortality from la grippe has been greater than from any one epidemic that has ever prevailed on the continent, in the same length of time. The nature, source, and mode of reaction of the special cause of this disease are attributable to micro-organisms which float in the atmosphere under certain conditions and at certain places. Its assault upon the victim is of these different

forms: 1st. The neurotic; 2nd. The catarrhal; 3rd. The gastric form. There may be a combination of the three.

The neurotic type consists in a lesion of the spinal cord; cephalalgia, prostration, pains in the limbs, the sense of smell is in a great measure affected. Delirium is often present. In the catarrhal, there is sometimes a sense of chilliness along the spine, some cases being ushered by marked chills or rigors continuing from one to two or more hours, with high fever, sore throat, sneezing, running at the nose and eyes, and many cases are associated with pneumonia. Where these complications exist, the case generally proves fatal. In the gastric form there is nausea with vomiting, and pain which seems to affect the entire mucous membrane of the alimentary tract. The urine in nearly all cases is scant and highly colored, showing an increased acidity, while the bowels are generally constipated.

Treatment.—In simple cases of influenza without violent symptoms, little treatment is requisite. In severer forms, however, it demands active treatment, but can be easily controlled if properly managed. The following medicines I used in all cases of the grippe. If it be a case complicated with pneumonia, it is the treatment I have fol-

lowed in a great number of cases with no losses.

R. Pulv. rhei.
Cypripedii
Pulv. Doveri.....aa ʒss.
Sodæ bicarbonatis.....gr. xx
Piperinæ pulv.....gr. x

Misce et adde oleum sassafrasgtt. xx.
Fiat pulveres. No. xx.

Sig. One every two hours in a little simple syrup. I sometimes put in capsules.

If the bowels remain constipated, the following I use in preference to any other remedy:

R. Calomel.....gr. iij
Bicarbonate of soda....gr. ij

To be given at one dose and repeat according to judgment.

I will here say something in regard to the properties of the oil of sassafras, and why I use it in my prescription. It is because I believe it to be about the best germ neutralizer that I know of. It is destructive to minute animal life and neutralizes malarial poisons. I have used this oil constantly in my practice for over twenty years. The oil of the white sassafras is nearly inert, has little pungency, and will not destroy insect life. The red is known by its color. I have great difficulty in getting the red.

Milburn, Ky.

Notes and Comments.

BY C. KENDRICK, M.D.

Dr. J. M. Speed, page 327, August CLINIQUE, gives some excellent notes on slow fever, or typho-malaria. Many object to the term typho-malaria, but I know of no single or compound word that is more applicable to certain forms of fever which every physician living in a malarial district has to contend with to a greater or less extent. If there is any shorter method than that used by Dr. Speed, I have never discovered it. Many of these cases go on for three or four weeks regardless of treatment. In other cases where the malarial element greatly predominates, treatment of the proper kind may be successful in from ten to fourteen days. The tongue often appears to be natural at first, but later generally becomes dry and red, or dark. Then I always give nitric acid and tincture of aconite root; four drops of the acid, with one to four drops of the opium every four hours alternating with

four drops of aconite, to be increased if necessary. Coal tar preparations do very little good in my hands. Antikamnia is good, however, when pain in the head is very severe. If the bowels are tympanitic, turpentine will prove beneficial. Quinine and calomel do harm except in the first stage, and even then I doubt the propriety of giving calomel. Crab orchard salts are much better. Small doses of podophyllin and leptandrin or rhubarb may be given. If the tongue has a dirty white coat, sulphite of soda will do good, otherwise it is of no benefit whatever; when the tongue is dry and red or dark, it is worse than useless. Nitric acid will do no good in those cases that are benefited by the sulphite of soda, though the acid may be beneficial in the last stage. Other acids may be used instead of the nitric, and other preparations may take the place of the soda.

I only give this as an outline of my treatment. Nearly all such cases will recover without treatment "sooner or later." Give soup or milk, whisky or brandy. When the tongue is dry, sour wine is very good. Many patients may eat anything and get on well: others should eat no solid food whatever. In this as in all other diseases, the patient and not the disease should be treated.

Reading Dr. Van Den Corputis note on "Diminution of Virile Power by In-

ternal Use of Antiseptics," reminds me to say that I have thought the local use of chrysophanic acid in psoriasis caused diminution of virile power. Let others notice and report if their experience and observation have been the same.

Papoid (page 308) has done no good in my hands, but I have had much experience with it in cases where its use is recommended or indicated.

Kendrick, Miss.

Hay Fever.—A Singular Case.

BY J. N. MUENICH, M.D.

Mr. J. C. F., aged 36, came to my office in September, 1891, to show me his swollen nose, cheeks, and eyes, and to get something to give him relief from acute nasal catarrh. He stated that this condition was the result of eating tomatoes. I gave him a snuff of morphia sulphate, calomel and starch, which gave relief.

In October, 1892, he came with the same affection, stating that it was caused from eating newly prepared catsup the day before. He stated that he had eaten some boiled tomatoes about a month previous and that they had caused a condition like hay-fever and very much resembling the attack of today. It comes on almost immediately and lasts about four hours.

The patient is right, I think, in referring this acute rhinitis to eating tomatoes, although he has a mild form of chronic catarrh. These four acute attacks coinciding with eating tomatoes point strongly toward some idiosyncrasy on account of which he cannot partake of that vegetable.

I gave him a salve to apply to the Schneiderian membrane, which gave prompt relief, and after twenty hours, only a little swelling of the eyelids was to be seen. The salve was as follows:

R Cocaine muriate.....gr. iij.
Thymol.....gr. iij.
Bismuth subcarbonate..gr. xij.
Vaseline..... ʒj.

M. S. Apply frequently.

Jefferson, Wis.

ULYPTOL is the name given to a preparation brought forward by Dr. Schmeltz of Nice, and composed as follows:

R Salicylic acid.....6 parts.
Carbolic acid.....1 part.
Ess. of eucalyptus....1 part.

It has an aromatic odor and burning taste; is almost insoluble in water, but easily soluble in alcohol, chloroform, ether, alcohol, and glycerine, also in alkaline and ammoniacal solutions. It is claimed to be a most excellent antiseptic, especially useful in the dressing of wounds.—*Journal de Médecine de Paris.*

PSORIASIS.

A Case of Psoriasis—Recovery.

BY A. E. WESSEL, M.D.

Jennie W. aged 16, had been treated for three years by various physicians and various schools for psoriasis, but without seeming improvement, in fact was gradually growing worse, or as the old saying is, "going from bad to worse."

Her grand-father, with whom she was living, came to my office with her, and said, "Now Doctor, I have spent much money and for naught, on Jennie and I want to know what you can do." This was trying on a young physician who was a stranger in a town of about 1,200 and struggling against four old located physicians. I was almost disheartened, but said to him that I would do the best I could, and made no rash promises. He asked me if I would guarantee a cure; I emphatically said, "No," as an affirmative reply would have implied too much quackery. That saying and my firmness pleased him, so he requested me to go ahead with the assurance that he would trust me.

Her arms were covered with transparent scales; her neck was also covered. Three spots on the face; one on each cheek and one on her forehead, four on her right leg, and three or four on the left, and the same number in the hair, with two or three on the body. My courage almost went back on me, but the first thought that came to me was "faint heart never won fair lady." I waded in and prescribed local applications of all kinds that I could find out or think of, gave various remedies internally, but nothing seemed to do any good. Arsenic was the main internal remedy, but the case progressively grew

worse for three months. I kept up the arsenic and was almost on the verge of despair when I read in some medical journal of a case of the same kind being cured in seven or eight applications of a 10 per cent. solution of hydrastin. I commenced to build hopes on this remedy, but was fearful of another disappointment when after trying four or five local wholesale houses, found that they neither kept it or knew where it could be obtained. Finally, however, I obtained an ounce from New York and made an ointment, nor was I disappointed in its action as it cleared off all the scales and cured the case inside of two weeks. This was over one year ago and there has since been no return.

If any brother in our great cause fails in handling psoriasis, let him try a 10 per cent. ointment of hydrastin, one application per day. Wash thoroughly before applying and use arsenic internally morning, noon, and night. I have handled two cases without the arsenic, but think it better to give it.

Davenport, Iowa.

LEUCORRHEA.

R. Crystallized sulphate of iron,
Carbonate of potass.aa gr. lx
Pure ergotin.gr. xxij
Powd. licorice root and ext. q. s.
for 50 pills.

Two or three pills morning noon and night, in the leucorrhœa of chloroanæmic women, when the discharge is accompanied with blood. If no blood is present and constipation exists, replace the ergotin with thirty grains of aloes.—*Braun, Ex.*

Half-Hours With Our Exchanges.

Appendicitis.

The *Brooklyn Medical Journal* contains a series of articles on the above condition, which were read before the Kings County Medical Society, May 17, 1892. The first, by Dr. W. J. Cruikshank, treats of SYMPTOMS AND DIAGNOSIS. He says that those cases of appendicitis ushered in with very mild invasive phenomena and *apparently* terminating in complete recovery after a few days, should be looked upon with suspicion, as they are apt to recur, and may cause a fatal termination. This type of the disease has been called relapsing appendicitis, and is very common. Treves found past or present evidences of more or less severe inflammatory trouble about the appendix in about 33 per cent. of one hundred autopsies made by him.

Pulse and temperature do not give as much information in this disease as they usually do, and are not to be depended upon. The subjective symptoms are few in number, the most prominent being pain. The attack is usually sudden, the patient complaining of more or less severe abdominal pain of a colicky character which is *sometimes* preceded by a chill or chilly sensations. McBurney estimates the occurrence of a chill as an ushering in symptom in his cases, as once in about five or six. Nausea and vomiting occur either before, or at the same time as the pain. Pain may be mild or severe, and is usually at first diffused over the entire abdomen, finally centering in the right iliac fossa. Pain may be referred to another locality instead of the iliac fossa. Constipation

and loss of appetite are common accompaniments.

The patient lies with the thighs flexed, the countenance expressive of suffering. When perforation occurs, very frequently there is no rise in the temperature, the perforation being accompanied by no symptoms except severe pain and vomiting, some shock, followed by some hours of comparative ease and comfort, during which time peritonitis is set up. When localized peritonitis is present, there is more or less tympanites and painful abdominal distension. Early and painless distension of the abdomen indicates septic paresis of the intestines which is uniformly fatal. Idiopathic colic is of extremely rare occurrence, and in cases characterized by severe abdominal pain, appendicitis should always be suspected.

The second paper by Dr. G. R. Butler, discusses the MEDICAL TREATMENT of this condition.

The medical treatment is growing less active and important as our knowledge of the pathology of appendicitis increases. A collection of pus is much better treated by surgical, than by medical means. When the diagnosis is made, absolute rest and fluid diet should be insisted upon. In the early stages, calomel in small doses may be used as a laxative, as may also high enemata of plain warm water. In the later stages, after pus has formed or perforation may be surmised to have occurred, or to be imminent, both, laxatives and enemata are contra-indicated. Moist heat, in

the form of poultices or hot fomentations with or without turpentine or mustard, but kept hot and changed frequently, will sometimes abort the milder attacks. Opium should be used in small doses to relieve pain and quiet the patient. Cocaine should be administered for the nausea and vomiting. Antipyretics should be avoided. The fact that appendicitis is a surgical disease should not be lost sight of, and the physician should carefully watch for the proper moment for operating, as probably from fifty to seventy-five per cent. of all cases are operable cases.

A patient convalescing from appendicitis should have easily digested food, and indulge in no violent exercise. The bowels should be moved every day. By the adoption of these precautions the danger of recurring attacks will be decidedly minimized.

The third paper, by Dr. J. Bion Bogart, points out the INDICATIONS FOR OPERATION. He says: That many cases of appendicitis of a mild character pass unrecognized, and that many others recover under medical treatment there can be no doubt. Others of great severity also recover oftentimes without an operation having been performed. The cases that appeal to the surgeon are those which rapidly progress toward perforation, and in which radical methods are called for that the patient may be saved at all. Dr. Reginald Fritz, Professor of Pathology at Harvard University, says: "Of seventy-two cases seen by myself in the preceding four years, seventy-four per cent. recovered, and twenty-six per cent. died. About one-half of them were treated medicinally, the other half receiving surgical treatment. Among those treated surgically, forty per cent. died, while of those under medical treatment eleven per cent. died, and in fourteen per cent.

there was the spontaneous evacuation of pus; thus in one-fourth of these medical cases, the treatment should have been surgical.

"The percentage of cases ending in resolution was thirty-six. Medical treatment should, therefore, be limited to a little more than a third of the cases."

As most of these cases were seen in consultation, it is fair to assume that the average severity was greater than if only those occurring among his own patients had been noted.

It has been found that in sixty-eight per cent. of the fatal cases, death occurred during the first eight days. This teaches us that if death does not occur early, a more favorable prognosis may be given, also that in desperate cases operation should be done early. McBurney says: "It is not best to wait for strong evidence of perforation, abscess, or general peritonitis. . . . By the end of thirty-six hours, sometimes much earlier, the question of operation should be deliberately discussed by the physician in attendance. . . . Advancing disease with clear signs at this period should be operated upon."

Fritz would operate for "*urgent symptoms* (rising pulse and temperature, increasing distension and spreading pain) with or without a tumor, and for a tumor, with or without urgent symptoms."

If these indications are acted upon, there is no doubt that a few cases will be submitted to operation, that would have recovered without it, but if we wait longer for clearer indications, we shall often be too late to save those for which early operation is the only hope.

Dr. H. Beekman Delatour, contributes the paper on TECHNIQUE OF OPERATIONS.

The cases of appendicitis from an operative standpoint, may be divided into four distinct classes:

1. Cases which have gone on to abscesses, and have become attached to the anterior abdominal wall.

2. Those cases in which abscess has formed but which remain remote from the anterior abdominal wall.

3. Cases of catarrhal, suppurative and gangrenous appendicitis, either with or without perforation, but without abscess.

4. Cases in which perforation has taken place without the formation of limiting adhesions and with the development of a general septic peritonitis.

Operations during the stage of quiescence may be considered with the third division.

Thorough asepsis and antisepsis must be practiced. Anæsthesia is best obtained by the use of chloroform at first, followed by ether.

In the first variety of cases, the incision is made over the most prominent part of the tumor down to the abscess wall which is incised, and the pus evacuated, after which the walls should be curetted, and the cavity loosely packed with iodoform gauze, which affords perfect drainage and stimulates granulation. Every two or three days the cavity should be irrigated and repacked.

In the second class of cases, where the abscess lies deeply in the abdominal cavity, usually in the right ilio-lumbar region, behind and to the outer side of the cæcum and ascending colon, occasionally to the inner side of the cæcum or even in the true pelvis. If a distinct tumor should be felt through the abdominal wall, the incision should be made over its most prominent part, but if the tumor is not distinct, the incision should be made along the outer edge of the rectus abdominis. It should be four or five inches in length and extend down to the peritoneum, which may be at once opened to the full extent of the incision, or for only a couple of inches

and then enlarged as it is found necessary. Search is then made for the appendix, which is usually found lying behind the cæcum, having been bent upward upon itself. After the abscess is located the intestines are to be retracted, and the pus evacuated—care being taken not to infect the general peritoneum. This may be accomplished by carefully placing sponges about the field of operation, then making small openings in the abscess wall and allowing only small quantities of pus to escape at a time which is quickly removed by the sponges, or by suturing the peritoneal covering of the cæcum and ascending colon to the edge of the parietal peritoneum along the inner margin of the original incision, thus closing the peritoneal cavity, and converting the further operation into an extra-peritoneal one. If the appendix can be found, it is to be ligatured as near the cæcum as possible, cut off, and the base cauterized with the actual cautery, or pure carbolic acid. If it cannot be readily removed, it may be left with the expectation that a considerable portion of it will slough away during the after-treatment. The cavity must now be packed with iodoform gauze, and a portion of the original incision closed by suture. After-treatment is the same as for the first variety of cases. Irrigation at the time of operation is not to be recommended. The sutures between the parietal and visceral peritoneum should be removed about the fourth day.

In cases where an acute catarrhal or gangrenous condition exists, incision should be made along the outer edge of the right rectus abdominis muscle. The appendix must be drawn into the wound, ligated in two places, and divided between the ligatures. Generally adhesions can be readily broken down, but if very dense, they should be ligated.

After operation in acute stages, only a portion of the wound should be closed by sutures. It should then be packed down to the stump at the point of ligature. When operation is done between the attacks, the entire wound may be closed without drainage. Outer dressings should consist of absorbent gauze wet with bichloride solution, and other absorbent material in large amount. Patient should be kept in bed for at

least four weeks to prevent the development of hernia after the operation.

Where septic general peritonitis has developed, very little can be expected from operation. It might be practicable to treat these cases by continuous irrigation of the cavity with a 1-4000 hydronaphthal solution, a small opening having been made in the left hypochondriac region, and a larger one over the appendix.

The Treatment of Alopecia and Alopecia Areata.

Dr. A. H. Ohmann-Dumesnil writes an article with the above title for the *Medical News*.

Considerable differences of opinion prevail among dermatologists as to the etiology, some holding that all cases are due to a parasite; others that all cases have a neurotic origin; others still, among them the author, being inclined to favor the one or the other, according to the particular indications presented in each individual case.

In the parasitic form, a history of infection may, or may not be obtained. In these cases, more or less itching will be present, and the history will show that the falling out of the hair was gradual and peripheral. On inspection the involved area does not appear smooth, but is roughened to a certain degree, and the hairs at the border are lacking in lustre, and are easily broken upon attempts at extraction. Those portions of the scalp most often scratched are involved.

In the neurotic variety, which occurs more frequently than the parasitic, we may or may not, have a history of neuralgia, traumatism, or nervous or mental shock. Subjective sensations are not marked. The history is generally

that the onset has been sudden. The denuded areas may be roundish or oval, or of irregular contour, varying in size, and having a tendency to spontaneous recovery. They present a white, polished appearance, looking not unlike ivory. This disease may attack the eyebrows, axillæ, breast, and pudenda. Occasionally cases present themselves in which both a parasitic and a neurotic cause are at work.

Treatment. This is simple, provided the cause has been recognized. These remarks are intended to apply only to alopecia areata and to presenile alopecia. Presenile alopecia, in the author's experience, occurs chiefly among males of the light blonde type. In all, there was a history of more or less itching and of a gradual loss of hair, chiefly at the angles of the forehead and at the vertex. Nearly all were in perfect health, but the nervous system seemed to lack stability.

In some cases, the following pill was ordered taken twice daily:

R. Strychninæ sulphatis . . . gr. $\frac{1}{60}$
 Ferri redacti gr. i.
 Quininæ bisulphatis . . . gr. i.

Or, if starvation of the nerves seemed to be present, compound syrup of the

hypophosphites was ordered in dram doses four times daily with $\frac{1}{8}$ grain of strychnina sulphate with each dose. Picarpine, gr. $\frac{1}{2}$ or gr. $\frac{1}{4}$ at bed time was used in some cases.

In treating alopecia areata, care must be taken to distinguish between the parasitic and the neurotic varieties. In the former, two parasiticidal mixtures are used; one, the weaker, to be applied to the entire scalp, to prevent the spread of the trouble; the other, the stronger, for application directly to the implicated areas, both to be applied twice daily. For the weaker application, a solution of mercuric chloride, 1:750 was first used; afterwards a 3 per cent. solution of creolin. For the affected areas, *sapo-viridis* was ordered to be rubbed in for about five minutes, then gentle scrubbing, followed by this ointment:

R. Hydrargyri perchloridi corrosivi.....gr. i
Lanolini..... $\frac{3}{4}$ i

M. Tere bene. Sig. apply twice daily in small quantity.

In a short time a strong, healthy growth of hair may be observed.

In alopecia areata of neurotic origin, the remedies mentioned under pre-senile alopecia have proved to be of greatest value, apparently exerting a marked beneficial effect upon the process. As a local application, pure carbolic acid, applied to the entire area affected twice a week, has yielded most beneficial results. The English article is to be preferred, as it is stronger, and the effects are more rapid. Those portions to which the acid is applied turn milky-white in a few moments, and if any are not thus affected, they are touched again. If any parts touched show inflammatory reaction, they are passed over at the next sitting. Generally, however, there is at most but a slight amount of desquamation. The application of carbolic acid at intervals of one or two weeks is beneficial in the treatment of pre-senile alopecia also.

The above measures have been successfully employed in quite a number of cases.

On Endoscopy of the Male Urethra.

Dr. William Gottheil, of New York, contributes a paper with the above title to the *International Journal of Surgery*.

Inspection is the most important of our means of diagnosis of disease, but until recently, the male urethra has defied our efforts. However, the general use of electric light now enables us to get a clear view of the interior of the urethral canal.

Of endoscopic tubes, of which there exists a variety, simple and bivalve, these latter are not useful, as hyperdistension of the canal is necessary to prevent occlusion of the field by projecting longitudinal folds of mucous

membrane. Koltz's endoscope, furnished with an accurately fitting obturator for purposes of introduction, answers best. A number of long thin applicators, absorbent cotton, and the medicaments to be used, complete the requirements for endoscopic treatment.

After the endoscope has been introduced, the obturator withdrawn, and the light turned on, the observer looks down directly through the orifice of the mirror into the illuminated tube. Mucus and pus shreds are removed with the tampon, and as the tube is slowly drawn out the urethral mucous membrane is inspected, and if necessary,

treated as it is brought into view. As large a tube as possible should be used, no satisfactory view being obtainable with one smaller than a No. 20 French. Best results are had from the use of a No. 26 or larger of the French scale. The meatus will have to be enlarged in a good many cases.

Half a drachm of a 10-15 per cent. solution of cocaine should be used in most cases of endoscopy. It may be injected with an ordinary penis syringe. A six per cent. boroglyceride solution with which to anoint the tube is better than vaseline.

The endoscope reveals a small, circular section of the urethra, which closes the endoscopic opening. In the centre of this section is the collapsed urethra beyond the tube, which appears as a dark, stellate marking called the central figure. Variations in shape, size and depth of the central figure; prominences, depressions, and irregularities of the surrounding prominences; differences in shape and size and brightness of the light reflex; all give information as to the existence of mucosal or sub-mucosal changes. The mucous membrane of the anterior urethra is of a moderately deep rose-pink color, darkening in the post-pendulous portion to a light carnation blue. Deepening of color, pallor of the membrane, dark red granulations, eroded secreting surfaces, fibrous constricting bands, polypi, tumors, the mouths of dilated and pus secreting crypts, the openings of false passages—may all be seen by the experienced observer.

The endoscope cannot be used to advantage in the treatment of acute gonorrhœa, or acute urethritis. Patients do not stand the operation well, and the mucous membrane is so congested that it bleeds at the slightest touch.

In the treatment of granular urethritis, however, the endoscope is invaluable.

The mucous membrane is moderately red, but not so deeply injected as in the acute form. It is studded with punctate elevations, the granulations which give to its dull surface the effect of the "pile" of velvet. It bleeds at the slightest touch. It is usually accompanied by folliculitis, the inflamed openings of Morgagni's glands being clearly visible. This condition is the great cause of gleet. In treating this condition, solutions of nitrate of silver varying from 1-5 per cent. are to be used, commencing with the weakest and gradually going to the strongest solutions where the granular patches are resistant. In very obstinate cases, tincture of iodine is valuable, or iodized glycerine (iodide of potash, gr. xv, iodine pur., gr. ii, glycerine ℥vi), which is safer, may be substituted. This mixture has an excellent effect upon the erosions and ulcerations which are sometimes seen.

Polypi and cysts may be easily recognized. The former should be snared off, the latter slit up with knife or scissors. Spermatorrhœa sometimes coincides with catarrhal swelling of the colliculus seminalis. This is recognizable through the tube, and should be treated by mild astringents. Foreign bodies and urethral calculi and chancres can be seen and intelligently treated.

The endoscope should be used early in the diagnosis and treatment of obstinate or uncertain urethral maladies. Chronic urethral discharges can always be cured by an intelligent and persistent use of the instrument.

PRURITUS VULVÆ.—

R Sodium hyposulphite... ℥ ijss.
 Carbolic acid..... gr. xxx.
 Glycerine..... ℥ ij.
 Water ℥ ijss.

Sig. To be applied locally. —*Buffalo Med. and Surg. Jour.*

Has Cholera Become Naturalized in Europe?

The *Boston Medical and Surgical Journal* contains an editorial with the above heading. During the past season a severe and fatal epidemic has been raging in the suburbs of Paris and vicinity, which the authorities have pronounced to be cholera nostras, but which M. Peter and others declare to be true cholera. The comma bacilli have been found in the dejections of a patient with this disease.

Charles Telamon, the editor of the *Médecine Moderne*, contends that the epidemic at Aubervilliers is unquestionably cholera, and suggests evidence tending to show that the disease has become naturalized in Europe. He affirms that the Aubervilliers disease, whatever it is, originated on the banks of the Seine, and does not differ materially from epidemics which have prevailed during the hot season in the suburbs of Paris every year for the past ten years, and which have been attributed to the bad quality of the drinking water and to the sewerage. The comma bacilli are present in abundance.

In 1886, the inhabitants of the two villages of Gousenheim and Fintheim suffered severely from a disease which the physicians called cholera nostras, still Hueppe and Goffky demonstrated the existence in the stools and intestines of the patients of the comma bacillus, which they were able to isolate and cultivate. Valentia, a Spanish seaport province, "eminently favorable for the

conservation of cholera germs," has for successive years been subject to similar and singularly fatal epidemics.

Telamon remarks that the idea of revivescence of cholera-germs, and of the tendency of Asiatic cholera to take root and become endemic in Europe is not new, nor is there anything subversive about it. It is a fact that cholera, originating on the banks of the Ganges, has become acclimated in the countries bordering on India, and has long been endemic in all Indo-China, at Tonquin, in Annam, and even in Japan. The great epidemic of 1830 disseminated all over Europe the germs of Asiatic cholera, its virulence has been renewed and promoted by each successive invasion. Endemic centres have thus been created in regions where the soil offers especially favorable conditions for the conservation of the cholera bacilli, centres from which is furnished, each hot season, an ever increasing harvest of cases of "choleric diarrhoea," or "cholera nostras," and which bacteriological investigation will, he believes, henceforth prove to be genuine Indian cholera, in accordance with the findings in numerous instances this year where the test has been applied.

He thinks, moreover, that this perspective should not occasion great alarm, as under the ordinary conditions of our climate this naturalized cholera is of sporadic nature, with but feeble tendency to diffusion.

CALOMEL FOR HEMORRHOIDS.—Dr. J. James (*Brit. Med. Journal*), has been treating hemorrhoids for years by simply applying calomel locally, and without exception his treatment has been

successful, specially when inflammation was obvious in the hemorrhoidal mass, characterized by mucous discharge and hemorrhage; and secures subsequently the patient's restoration to health.

A Materialistic View of Sexual Impotence.

A paper on this subject was read by Dr. Bransford Lewis, of St. Louis, before the recent meeting of the Mississippi Valley Medical Association, at Cincinnati. After calling attention to the lack of unanimity, definiteness or precision with which the pathology of sexual impotence was viewed by the profession in general, each physician treating such cases with his favorite aphrodisiac formula, with a vague idea that the generative powers needed stimulation into renewed activity, the author offered what he claimed as more rational views of the subject, based on the physiology and pathology of the parts affected.

Physiologists, he said, taught that erection, that pre-requisite in the male organ for copulation, was established by an active increase in the amount of arterial blood flowing into the penis, together with a co-incident and abrupt decrease in the amount of venous blood flowing out of it; that the influences which stimulate to these processes come from the erigent nerves of the spinal genital center. Tracing these physiological sequences still further back, it was known that such erigent nervous influences originated in three different localities of the organism: (1) in the brain; (2) in the spinal chord; (3) at some part of the periphery. Illustrations of these parts of the body, as such erigent sources were seen in (1) the man who gets an erection from viewing an obscene picture (originating impression in the brain); (2) the painter, whose spine is injured by a fall, and gets prolonged priapism therefrom; (3) the masturbator, who arouses erection by friction of the penis, scrotum, etc.

Therefore there were three sources of

primary origin for erection; and, conversely, if either of these was diseased, the organism was liable to lose it as an erigent center. And if the conducting mechanism became disordered, the same result was liable to ensue. Our aim, then, should be to study the conditions that produce disorder of these four parts of the economy.

Using the classification of cases of impotence which he thought most convenient—that is, Organic, Psychic, and Symptomatic—the author confined his discussion to the latter variety.

Noting, but not dwelling on, the various debilitating influences, such as diabetes, consumption, fatigue from either mental or physical over-work, sedative medicines, etc., as factors in the production of male impotence, Dr. Lewis wished to bring into especial prominence the relationship existing between impotence and such causes as masturbation, excessive sexual indulgence, chronic gonorrhœa and other directly genital affections.

Since the prostatic urethra was the sensitive area, the focal point, of nervous impressions on the genital system; the seat of the pleasurable sensations in intercourse; and the point to which, by virtue of its intimate nervous relationship with the various other parts of the genital apparatus, irritations from them were referred, it was the point which naturally bore the brunt of abuses or disorders of these parts. So that in cases of organic stricture, of prolonged or adherent prepuce, etc.; of sustained (especially ungratified) sexual excitement, of repeated masturbation, chronic urethritis, etc., it was natural to expect disease of the prostatic urethra as a result. And when it was known that dis-

ease of the prostatic urethra was, in turn, capable of so deranging the spinal genital center as to deprive it of its power of sending out the nervous influence previously mentioned as inciting erections; in other words, that disease of the prostatic area was capable of depriving a man of his virility, then the key to impotence from these disorders and habits was furnished, and paths for appropriate treatment were supplied.

The rational plan for therapeutic action, consequently, was based on, first, the removal of the habit or disease that was producing the disordered prostatic urethra; second, the remedying of the prostatic urethral inflammation, and in that way restoring the health and functioning capacity of the genital or erectile center in the spinal chord.

The mode of conducting this plan of treatment was detailed, resort being had to the use of antero-posterior urethral irrigations of astringent — (preferably zinc) solutions; of deep urethral injections of silver nitrate solutions in progressively increasing strengths; the intermittent passage of increasing sizes of steel sounds; endoscopic treatment; the psychrophor, perineal douches, etc. In the author's opinion, it was manifestly improper to give aphrodisiacs in such cases, since they excited erethism by congesting the genital organs — an effect directly opposed to the one desired for an inflamed posterior urethra. The end aimed at was the restoring of the health of the affected parts, rather than goading them into unnatural activity with unnatural stimulants.

The Use of Smoke as a Curative Agent in Pulmonary Tuberculosis.

Dr. W. C. Albertson, of Belvidere, N. J., contributes an article on the above to the *Medical Record*.

In November, 1889, he first began to use smoke in the treatment of this disease, and since that time, has treated twenty or thirty cases by means of inhalation of smoke. In nearly half of these, cures have resulted, and in all others except three, there was marked improvement. In these three, the disease was far too far advanced to be affected by treatment.

The theory upon which this treatment is based is, that smoke is a first-class germicide, and has besides the property of penetrating tissue to a remarkable depth. This is shown by the keeping quality of smoke-cured hams. In phthisis, the germ after having been inhaled into lung tissue where the conditions favorable for their growth prevail, become surrounded by inflamma-

tory exudate, and the tubercle is formed. By pressing on the blood vessels, the interior of this mass is deprived of nourishment, and in the course of time breaks down and the cavity is formed. The most active germs are to be found in the centre of the mass, and hence can only be reached by a germicide having great penetrating power. Smoke seems to meet this indication better than any other agent. It might be urged that smoke would prove too irritating to already inflamed tissue, but the writer has not yet met a case in which tolerance was not established after a time.

Whether or not the antiseptic action of smoke depends upon creosote is not yet decided. Dr. A. in his treatment uses only the sawdust of beechwood, as it is from this that the best creosote is produced. The best method of administration was found to be by means of the pipe. Patients will not always take

the trouble to provide a box or cabinet, and a closet is not always available. The pipe, on the contrary, is convenient, can be used at any time, and costs but little. The sawdust does not burn readily, and it might be of advantage to mix with it some harmless substance which does, thus making the inhalation easier.

For the first two weeks the cough is usually increased, but generally only during the time of treatment, and then it is almost always accompanied by an increased power to expectorate. Generally after this time both cough and expectoration are much diminished and continue to decrease, until, in the course

of time they cease altogether, or nearly so. An increase of body weight almost always takes place during the first month, even when no special tonics or nutrients are administered. The temperature soon falls, but the pulse rate is the last to return to normal.

Other medication may be used at the same time, the smoke treatment not contraindicating it in any way. Oil of eucalyptus may be sprinkled upon the sawdust, and volatilized while the patient is smoking.

The writer wishes to make some bacteriological researches before reporting cases. We await his results, hoping they may be favorable.

How to Deal with Fistula in Ano.

Dr. Joseph M. Matthews, of Louisville, gives his method of treating fistula in ano. He considers it a very difficult condition to treat. The elastic ligature has not yielded good results in his hands, and he does not consider its employment a proper surgical procedure. It is utterly useless in cases where branch fistulae exist. Then, too, remembering that the ligature only cuts from the sinus *outwards*, it is easy to understand that the base or bottom of the sinus is left untouched, and granting that the wound heals, the sinus is still left. More or less pus would necessarily form, as it would be impossible to properly dress such a wound. When compared with the knife when operating for fistula, all other methods must suffer by contrast. The treatment is quicker and more effective, the wound cleaner, and the results far better when the knife is used.

There are several things to be taken into consideration in properly diagnos-

ing or prognosticating a case of fistula.

1. Is it a simple fistula and has it but one channel?
2. Is it a progressive or non-progressive fistula?
3. Is it due to any special diathesis, as tubercular, syphilitic, etc?
4. Does it exist as a disease *per se*, or is it the result (secondary) of stricture.

These are essential considerations, and will decide the method of operating and after-treatment, and the prognosis.

In the first case a single division of tissue will effect a cure.

In the second, operation by the knife is imperative, if the fistula be progressive, if not, there need be no hurry.

In the third case, the existing diathesis, if any, should be recognized, for upon it will depend the treatment and prognosis.

If the fistula be the result of a stricture of the bowel, no operation is permissible until this condition is righted.

The operation should be done in the surgeon's own operating room if possible as then the operator can be certain of having aseptic surroundings. A bath should be taken the evening before, and another the morning of the operation. A purgative is administered the night before the operation; an enema one hour before he is put on the table. A Nedofik sofa makes an excellent operating table.

After the parts have been shaved, they are washed with a solution of bichloride 1-5000, after which the anæsthetic is administered, the patient placed in the position for the operation, and the rectum thoroughly irrigated.

If an external opening exists, the grooved director is inserted into it and allowed to follow the sinus with little pressure for a time, after which the index finger of the right hand is pushed into the rectum, and if the director has not entered the gut, it is forced through the intervening tissues and mucous membrane.

If possible, the distal end is now pulled down through the tissues; if not, the director is cut down upon, the wound

irrigated with bichloride solution, and all additional sinuses diligently sought for and laid open. The sphincter muscle will often have to be sacrificed. After the operation has been completed and the hæmorrhage controlled by ligature or hot water, the parts are to be dusted with iodoform, packed with bichloride gauze and tightly bound with a T bandage. The patient is then put to bed, and given a hypodermic of morphia.

The dressing is removed on the morning of the third day, and a purgative administered, aided by an enema when desire to go to stool is felt. A dressing similar to the first is now applied, and repeated every other day. If the wound shows any disposition to sluggishness, it is ordered to be syringed daily for several days with Marchand's peroxide of hydrogen. Always look for pockets of pus at each dressing, and if any are found, open them.

The great majority of cases can, in the author's opinion, be cured if the above details, both as to operation and after-treatment are carried out, and the largest wounds be made to heal without a drop of pus.

A New Treatment for Acute Gonorrhœa.

Dr. H. F. Nordeman, in the *International Journal of Surgery*, makes unfavorable comments on the treatment of acute gonorrhœa by the local application of a two per cent. solution of nitrate of silver as advocated by Dr. Coates in the *Lancet*, of Feb. 27th, 1892. By this method, Dr. Coates claims to cure his cases, all things being equal, within twelve days.

Dr. Nordeman states that as far back as 1889, he experimented with a treatment almost identical with that of Dr. Coates, the only difference being that

powdered cubebs and bicarbonate of soda (one to three) was used in place of the balsam copaiba. His results were decidedly bad, so bad in fact, that after experimenting upon about thirty acute cases of gonorrhœa, it was abandoned altogether. The patients were not only not cured or benefitted, but, on the contrary were made worse. Some developed complications such as cystitis phymosis, prostatitis, and epididymitis, etc. The endoscope is an instrument of great value in the treatment of sub-acute and chronic cases

where there is a circumscribed patch of inflammation existing, but in acute gonorrhœa, the first four inches of the urethral canal are in the stage of active and increasing inflammation, and little or no pathological change has occurred. Next the application of cocaine, which is required before introduction of the endoscope in the acute stage, would so change the color of the inflamed mucous membrane, that the operator would be unable to distinguish a healthy from a diseased surface.

This so-called new treatment possesses other objectionable features, among which are the following:

1. It can be applied to a limited number of cases only. The meatus in a real, virulent gonorrhœa is contracted, everted and swollen to such an extent that the introduction of an endoscope is a physical impossibility.

2. A still greater objection is the

well-known fact that a large number of cases of acute gonorrhœa do not extend further back than two inches from the meatus, tending to become lodged in the lacunæ of the duct of the large gland in the fossa navicularis. How then would this treatment benefit these cases?

3. The insertion of an endoscope further than three to four inches would have a tendency of provoking a posterior urethritis and other complications.

4. The greater objection is the fact that a very few patients are able to follow out the plan of treatment, and thus, in private practice, it could not be recommended.

In order to convince himself that the treatment recommended by Dr. Coates was not feasible, the writer experimented upon nine more cases, but failed utterly in obtaining favorable results.

The Necessity of a National Bacteriological Institute.

An editorial with the above title in the *International Journal of Surgery*, calls attention to the lack of interest taken in matters of general health displayed by our government. It advocates the founding of a central laboratory to be equipped with all the modern appliances for the experimental study of contagia, with experiment stations, and with a staff large enough to cover the whole ground and paid well enough to secure the most efficient services. Especially should it be free from the taint of politics. The German method may serve as a model for us. We have, it is true, a number of laboratories in connection with the medical schools, but the workers there are nearly all men engaged in active practice, and who pursue bacteriological studies as amateurs.

The entire time and all the energies of the best men are requisite for this work. Only the government can guarantee these conditions.

We think this suggestion is very well timed, and should be pushed while the people are excited over the threatened cholera outbreak, and are more inclined to listen to our advice than they might be at another time. We hope that other medical journals will take up the subject, and impress the necessity for a National Bacteriological Institute upon the people.

BILIOUS COLIC.—

R Gum guaiac..... $\frac{3}{4}$ ij
Whiskey.....O j

M. Sig. Give one tablespoon in water after each meal.—*Ex.*

Rattlesnake Poison as the Cause of Many Deaths in the U. S.

In the *Detroit Emergency Hospital Reports* for September, the above subject is discussed. The poison has repeatedly been analyzed by chemists, and certain peptones and other organic compounds found, which are supposed to be the active poisonous elements of the substance ejected from the fangs of these animals, and that various drugs, such as chloride of zinc, permanganate of potassium, and chloride of gold, have the power of destroying these peptones. Permanganate of potassium has been found very efficient when used hypodermically in four per cent. solution.

Experiments have been made at the Michigan College of Medicine and Surgery, with the view of ascertaining whether or not the frequent use of the fangs of a rattle-snake diminished the intensity of its venom. A large rattle-snake, six feet in length, was procured and kept in a box for three weeks. Rats, from two to ten each day, were admitted one at a time, through a trap door in

the side of the box, and each soon succumbed to the effect of the poison after having been bitten, the quickest death being in twenty-four seconds, the slowest occurred in five minutes. This experiment would certainly lead one to suppose that the rattlesnake's poison cannot be exhausted by provoking the snake to excessive use of his fangs. Dr. Barringer, of the University of Virginia, has ascertained that ten per cent. of rattle-snake bites cause death, one per cent. of copperhead bites, and no deaths are known to have resulted from bites of the moccasin.

In five per cent. of snake bites a chronic septicæmia is the result of the introduction of these septic germs in the salivary fluid. No bacteria have been found in the venom of snakes freshly taken, but a host of septic bacteria exists in the saliva of these animals left from its food. In the case of the copperhead, this is so abundant that the name "cotton mouth" is frequently applied to the snake.

Treatment of Chronic Endometritis.

Dr. S. L. Elsner, of Rochester, details his treatment of the above condition in the *Medical Record*.

He thinks that alteratives and caustics applied by means of a cotton applicator do no good, because the medicinal substance is invariably rubbed off in the cervical canal. Besides, this constant tinkering with the interior of the uterus is bad gynecology. Radical treatment is indicated, and the writer has found the following plan to be the best:

Have your patient enter an institution or keep her bed at home, and after preparing her as you would for any operation, administer an anæsthetic, irrigate the vagina with 1-3000 bichloride, and the uterine cavity with one-half that strength solution. Dilate the uterine canal with a steel dilator, curette the entire mucous membrane, and after swabbing it out with carbolic acid or tincture of iodine, drain the cavity. Care must be taken to dilate the entire

canal. In cases of endometritis complicated by enlarged subinvoluted uteri, there is no question of gauze being the best possible drain. This should be carried well up the fundus, and the vagina packed afterwards. If, however, the uterus is not enlarged, it may be best to use a curved drain with one or more grooves to allow the discharges to escape into the dressings below. The hard rubber drain is to be preferred. Gauze is very hard to retain. Cases complicated by pelvic cellulitis or peritonitis or those depending upon new-growths,

as well as those in which there is already tubular enlargement, should not be operated upon, as operation would only tend to aggravate the existing condition. Four cases are detailed, in all of which the results were excellent. In conclusion, the writer particularly mentions the following points:

- a. Asepsis.
- b. Dilatation of the entire uterine canal, and not only the cervix.
- c. Thoroughness of curetting.
- d. Tact in preventing pelvic inflammation.

Calomel.

Calomel has lately been used as a diuretic, according to Dr. Nickles, of Cincinnati, in the *Ohio Medical Journal*. Its diuretic effect begins on the second, third, or fourth day after the first dose has been administered, and the polyuria continues at least three days, mostly four or five days, and in rare instances even twelve days. The dosage recommended is three grains three times daily. The administration should be continued at least three days, and in some cases it may be advantageously continued longer. Its effect is most marked in cardiac dropsy. It has little effect on dropsy caused by renal disease, cachexia, hydremia, or portal obstruction.

The incidental effects which generally take place are, diarrhoea, metallic taste in the mouth, stomatitis, and increased secretion of saliva. If the stools become too frequent, or are attended with pain, one-sixth grain of opium may be added to each dose of calomel. To prevent the effects upon the mouth, gargles and mouth washes containing from three to four per cent. of chlorate of potassium are used.

The mode of action of calomel is not known. Some investigators believe it acts upon the kidneys directly; others that it acts by affecting the circulation in some manner. Arterial pressure is raised slightly when increase of diuresis takes place.

TREATMENT OF BURNS.—Dr. Grange (*The Lancet*) finds that burns of the third and fourth degree are probably often fatal in young children when not a seventh of the body's surface is implicated. Since shock appears to be such an important factor, even when death occurs after the second day, the author believes the warm-bath treatment to be contraindicated in those unaccustomed to baths, and that during the first forty-eight hours they tend to increase the shock. The great proportionate fatality in children may be partly explained, he thinks, by the fact that in them the shock to the nervous system, falling largely upon the medullary and emotional centres, expands itself upon parts essentially organic and of vital importance.—*Med. Record*.

Microscopy.

UNDER THE CHARGE OF DR. A. S. BARNES, JR.

The method of staining at the head of this department last month, referred to the BACILLUS TUBERCULOSIS. Below we give another method.

1. Pick gray spot from *sputum*.
2. Rub between two cover glasses; then take apart and let dry.
3. Pass three times through camphor or alcohol flame.
4. Stain with warm carbol-fuchsin, (fuchsin one part, five per cent. aqua solution carbolic acid one hundred parts, alcohol ten parts) for not less than ten minutes.
5. Wash with water.
6. Gabett's solution to decolorize and counter stain—methyl blue, two parts, sulphuric acid twenty-five parts, distilled water, seventy-five parts, for not less than thirty seconds.
7. Wash with alcohol until only a slight bluish color remains.
8. Let dry and mount.

Wendrimer recommends as a point in the microscopic examination of urinary sediment, in order to prevent the annoying deposit of urates and fermentative or decomposition products tending to hide tube casts and other formed elements, that to a volume of urine should be added from one-fifth to one-third of an equal volume of a nearly saturated solution of borax and boracic acid. The solution is prepared by mixing twelve parts of powdered borax with one hundred parts of hot water, then adding a similar quantity of boracic acid, stirring constantly. The solution should be filtered hot. After long standing there

may be a slight deposit, but as this clings to the sides of the bottle and does not interfere with the transparency of the liquid, it can scarcely constitute an objection.—*Ex.*

MICROSCOPICAL ANALYSIS OF OVARIAN EXUDE.—Ovarian exude is always turbid.

Parovarian exude is always clear.

Compound granule cells from a cyst in the abdomen are pathognomonic of an ovarian tumor.

Ovarian cells are small compound granule cells.

Ovarian fluid may also contain cholesterol plates.

MICROSCOPICAL EXAMINATION OF URINE.—Blood may be confounded with oil globules, spores of fungi and urate of ammonia. Every yellow crystal in urine is uric acid, save the yellow or hexagonal plates of cystine; these last are very rare, and when they do occur, they seem to be superimposed upon one another, smaller ones lying on top, and within the borders of the larger. The color, too, is not a pure yellow, varying from a whitish to a dirty yellowish gray.

Urate of ammonia is greenish in color and occurs in the form of small spheres. These small spheres are often spiculated, and they are found only in old, dirty, stale urine. All other crystals in urine are white.

Dr. J. B. Nias says:—"Bacteriologists and others who find themselves with accumulations of microscope slides may be glad of the following hint for

cleaning them. It is not given in any text-book that I can discover. Instead of warming the slides one by one over the flame, pushing off the cover, and then scraping away the balsam and cleaning with alcohol, I put all my slides together into a sauce pan with a lump of washing soda, and boil them. The heat of boiling is enough to soften most cements and all ordinary resins used for mounting, and I then fish out the slides one by one, push off the cover-glasses, and put them back. The action of the soda is to convert the balsam or other resin into a grumous mass, which is easily wiped off with a little rinsing. Cover-glasses can also be recovered for future use in the same way, if desired. I think this method may be of service to laboratory attendants. Neither do I find anything on the surface of new covers and slides which will resist the action of hot water and soda; and so I prefer this way to the use of strong sulphuric acid and alcohol, or the other methods given in the text-books. The exact quantity of soda to be used is immaterial; a piece about the size of a mandarin orange to half a pint of water will do."

EHRlich's TYPICAL URINE TEST FOR TYPHOID FEVER.—Jacobi gives the correct formula for this test. The formula is as follows:

Solution No. 1.

Sodium nitrite..... 1 part.
Aqua destillat.....200 parts.

M. This solution is liable to become decomposed after four days.

Solution No. 2.

Acid sulfanilic..... 5 parts.
Acid hydrochloric conc.
pur.....50 parts.
Aqua destillat.....1000 parts.

Solution No. 3 is prepared by mixing of Solution No. 1, 1.2 parts, and of Solution No. 2, 50 parts.

To make the test, mix Solution No. 3 and the suspected urine in equal quantities, and slowly add aq. ammoniæ. As neutralization is neared a deep maroon color appears. Control testing with normal urine is advisable.—*Journal of the American Medical Association.*

OLIVER'S TEST FOR BILE IN URINE is performed as follows: Make a solution containing thirty grains of pulverized peptone, four grains salicylic acid, thirty minims acetic acid and eight ounces of distilled water. Secure perfect transparency by repeated filtration. Pour twenty minims of urine into one drachm of the test solution, and if bile is present an opalescence appears proportionate to the amount present.

TEST FOR SUGAR IN URINE.—Prof. Da Costa prefers the use of the bismuth test for sugar in the urine. Take equal parts of urine and liquor potass., add a pinch of bismuth subnitrate, boil thoroughly. If sugar is present the powder turns brown or black.

HYLANDER'S TEST FOR SUGAR.

R. Subnitrate of bismuth....3ss.
Tartrate of sodium.....3j.
Sol. caustic soda (8 per
cent.).....3iijss.

Let stand twenty-four hours, and then filter through glass-wool.

Put into a test-tube 160 minims of urine and sixteen minims of the solution, and heat. If sugar be present, there will be a black precipitate.

This solution will keep more than a year, and will, says Notel, detect sugar in the proportion of one to 400.—*Lyon Medical.*

SIMPLE METHOD OF DRAWING MICROSCOPICAL PREPARATIONS.—Mr. A. Hopewell Smith writes:—"There has always

been a certain amount of difficulty attending the use of the camera lucida or Beale's neutral tint reflector for the above purpose. The twisting of the head into an uncomfortable position, the great fatigue to the eyes, and the by no means easy task of viewing both image and pencil at the same time, add to the troubles of making a faithful likeness of the object on paper.

To those especially who do not possess a camera lucida or Beale's instrument, and to microscopists generally, I recommend the following arrangement of ordinary apparatus: The microscope body is placed in a horizontal position, and the mirror removed from its substage attachment. The microscope slide having been placed on the stage, the illuminant (lamplight for choice,) is condensed on the slide by means of a bull's-eye in the same way as for photo micrography. Care must be taken to center the light. The concave mirror is then attached to the front of the eye-piece of the microscope by a piece of thin wood or a spring, and has its surface at an angle of about 45 degrees with the plane of the anterior glass of the ocular. The image is thus projected on the paper beneath. No distortion will occur if the outer ring of light is *perfectly* circular. A dark cloth, such as photographers use, is drawn over the draughtsman's head, and also the body of the microscope, and all light excluded save that through the microscope lenses. Any section can thus be easily, rapidly and comfortably drawn, and accurate representations of objects magnified up to 500-600 diameters can be obtained.

STAINING MOTOR NERVE-ENDINGS IN STRIATED MUSCLE.—Sig. C. Nero has devised a method for simultaneously staining and fixing muscle, especially suitable for demonstrating the nerve-

endings in the muscular tissue of reptilia. The solution is made of a saturated solution of ammonia-alum, 150 ccm., and saturated solution of hæmatoxylin (Grubler) 4ccm. This mixture is exposed to the air for eight days in an open vessel and then 25ccm. of both glycerin and methyl alcohol are added.

The procedure is as follows: The insertion of a muscle is teased out on a slide, and when this has been sufficiently done some drops of hæmatoxylin solution are added to it. In 15 to 20 minutes it is carefully washed while on the slide and then mounted in a mixture of equal parts of glycerin and water. Put up in this way the preparation will keep for at least two years.

Another method consists of overstaining and decolorizing. This is done by immersing separated muscle fibrils in the hæmatoxylin solution for 24 to 48 hours, and after washing, to keep the preparation in glycerin and water until required. The fibril is then teased out on a slide, and if overstained it is treated for 10 to 12 seconds with the following mixture:—Glycerin 40 parts, hydrochloric acid 1 part, distilled water 20 parts.

A too prolonged action of the acid fluid decolorizes the nerve-endings and also affects their structure.

DISINFECTION OF THE MOUTH.—Dellevie calls attention to several conditions, in which the mouth should be made as aseptic as possible. Several infectious micro-organisms are capable of living for indefinite periods in the mouth, in condition to carry infection if occasion presents itself. The following may be used as mouth washes without injuring the teeth: corrosive sublimate, 1:1500, B. naphthol, 1:1000, thymol, 1:1000, salicylic acid 1:350, saccharin 1:250, benzoic acid 1:100.

Notes on Genito-Urinary Surgery.

BY HENRY JACOBSON, M. D.

TREATMENT OF ORCHITIS AND EPIDIDYMITIS.—The following paper was read before the Ohio State Medical Society, May 6, 1892, by O. Hasencamp, M.D., Toledo, Ohio:

When it is convenient for the patient, or the severity of his case demands that he rest in bed, the scrotum should be supported on a pillow or on a support placed across the thighs. At the beginning of the treatment, a good saline purgative should be administered, preceded by a large dose of calomel if a *very active* purge is needed.

If there is much constitutional disturbance antiphlogistic remedies should be given. Tincture veratrum viridi will reduce the heart's action. Acetanalid or phenacetin is useful to reduce the temperature, and also relieve the pain to a certain extent. Aconite and antimony are also useful. Phytolacca and pulsatilla are said to have a specific effect in this disease. Bromide of potash and opium are sometimes needed for rest and relieving pain.

Local applications play an important rôle in the treatment. They relieve pain, and are as necessary to hasten a cure as constitutional remedies.

Electricity is the best remedy we have in the treatment of these troubles, and one advantage is that it can be used in connection with other methods of treatment. The *galvanic current* should be used, and the positive pole fitted with a cup or large sponge electrode, applied over the enlargement, and the negative pole over the abdomen or along the upper part of the

spermatic cord, using from six to ten milliamperes for five or ten minutes at each treatment, which should be given *at least once* daily until relieved, using a suspensory bandage to support the testicle. This method is painless, and pleases the patient best, because he is not obliged to leave his business. I have seldom found it necessary to order the patient to his room or bed. The trouble is generally relieved in from three to five days, and I have not had suppuration in any case of orchitis or epididymitis treated by electricity. Electricity, though most useful in acute and simple chronic cases, is also very beneficial in enlargements caused by syphilitic and strumous conditions, but constitutional treatment is, of course, necessary.

The application of *cold* is very useful in most cases. Orchitis due to metastasis is best treated by hot fomentations. In cold and feeble subjects, when the circulation is poor, *hot* applications should be used in preference to cold. Cold can be applied by the ice-bag, Leiter's coils, cloth dipped in ice-water, or cold evaporating lotions. To get the best results, cold should be applied as early in the disease as possible.

In cases where there exists great pain, swelling or tension, local blood-letting or scarification may be resorted to; also painting with a strong solution of nitrate of silver (ninety grains to the ounce). If there is fluid in the cavity of the tunica vaginalis a small trocar can be used to allow the fluid to escape.

Pressure by elastic bag, or strapping with plaster, sometimes gives relief, but it is very troublesome, annoying, and of doubtful utility.

A treatment for epididymitis which has proven successful in my hands, although I have used it only a limited number of times, was given in a paper read by Dr. G. E. Brewer before the American Association of Andrology and Syphilis upon the "Treatment of Epididymitis," and published in the *Philadelphia Medical News*, October 1891. He called attention to this method of treatment that he had found very useful in both acute and chronic cases of this disease; the inflamed organ is covered with a thick layer of cotton wool, which is surrounded by a layer of rubber tissue, extending beyond the wool to the healthy skin of the scrotum; a gauze bandage is next firmly applied, and the whole is kept in place and supported by a suspensory bandage. It relieves the pain promptly, and has a marked influence in promoting the rapid dissipation of the inflammatory induration.

In syphilitic orchitis specific constitutional treatment should be given in connection with local treatment; in malarial subjects quinine should be administered; rheumatic patients should be given the salicylate of soda in ten-grain doses every four hours.

The diet should be light, principally milk, and animal food should be avoided. Tonics and alteratives should be used in the later stages of the disease, and with hygienic measures will be of assistance in completing the cure.

IMPROVED INSTRUMENTS FOR CRUSHING AND REMOVING URINARY CALCULI. — Dr. George Chismore, of San Francisco, Cal., read the following before the sixth annual meeting of the American Association of Genito-Urinary Surgeons :

In a paper entitled "Litholapaxy," presented to the Society at its session in 1890, I brought to your notice my combined crushing and evacuating lithotrite. Since that date I have improved the instrument in several particulars, and designed a wash bottle to use with it that is simple and efficient. The belief that these instruments are worthy of trial, and that they will afford substantial aid in dealing with stone by Bigelow's method, has led me to submit them for your consideration.

The lithotrite, originally intended for fragments only, has proved so useful in my hands that I rarely employ any other now. Stones removed by its aid have to be crushed much finer because of the small calibre of the evacuating channel. Yet, such is the facility with which fragments are caught, drawn as they are by the jaws into the current passing to the aspirator — hunting the instrument instead of being groped for — that the time of operation is not lengthened. If the catheter should become choked with fragments while crushing, it is easily cleared by a stylet without removing the lithotrite. The débris will weigh somewhat less in proportion to the size of the stone before crushing, owing to its loss, under the form of fine grit, in the fluid used in aspirating.

To meet cases of stones or fragments too hard to be crushed by hand, I first added an extra blade made solid and furnished with Bigelow's lock and screw power, which could be exchanged in a moment, both fitting the same female blade. This worked well, but such was the value of the current in finding fragments in difficult cases of enlarged prostate that I had another male blade made with a channel of sufficient size to enable the aspirator to suck pieces into the open jaws, yet leaving metal enough to allow the application of the screw.

I have three sizes of this lithotrite;

in practice I find the smallest the most useful.

The wash bottle consists of but two pieces and is very simple in construction—a rubber bag so shaped as to fit the hand comfortably, containing a short, fixed, curved tube, and a glass reservoir. The soft rubber nozzle fits quite a range of different sized instruments—lithotrites or catheters—and is detached or coupled on with ease. It affords a very short route for the fragments to travel, and does not return any that have once reached the reservoir. It works well with Bigelow's or Otis's evacuating tubes. It can be thoroughly cleaned after an operation by boiling, if required. In combination with my lithotrite it makes an excellent searcher for finding and removing foreign bodies in the bladder.

My method of using these instruments is as follows: Remove the male blade. Soap the shaft well (Packer's tar soap is excellent for this purpose) to prevent ingress of air between the outer and inner tubes during aspiration. Put the lithotrite together, lubricate well, and pass it into the bladder with the cock closed. If the stone is not quickly seized, fill the wash bottle by sinking it in a pan large enough to admit of complete immersion in the fluid to be used for aspirating, and compressing the bulb until all air is excluded. Then couple on the lithotrite, open the cock and commence aspiration, gently opening and closing the jaws of the lithotrite until the stone is grasped. Then turn off the cock, disconnect the wash bottle, and proceed to crush.

I use two wash bottles, my assistant emptying and refilling one while I am using the other.

In practice I find by far the most of the crushing is easily and quickly done without the use of the screw power, holding the female blade firmly with

the left hand and forcing the male blade home with the right. To avoid blistering the palm of the hand during this process, I have had constructed a light, hard rubber cap fitted to the nozzle of the male blade, which is easily adjusted and can readily be removed.

By means of the stop cock and wash bottle the fluid in the bladder may be increased, diminished or changed with the greatest ease. Indeed, several times during an operation it is well to open the stop cock and empty the bladder. If any air has entered it, it escapes with the water. If more cocaine is needed, it is injected through the lithotrite before a fresh supply of the aspirating fluid is thrown in.

The following cases are consecutive upon the fifty previously reported to this Society, and comprise all the litholapaxies I have made to date. I have therefore retained the case number as taken from my Register.

Case 51. Dr. A. B. A. German, æt 70. Ailing three years; confined to room last twelve months. Began catheter life over a year ago. Has to pass catheter hourly. Prostate greatly enlarged. Urine ropy, alkaline; contains blood and pus and 1 per cent. albumen. Completely broken down by suffering and loss of rest.

Operation April 1, 1890. Bladder cocaineized, no other anæsthetic. My lithotrite, smallest size. Phosphate stone, 59 grains. Size of grasp $2\frac{3}{4}$ centimeters. Time 40 minutes. Complete recovery without incident. Still uses the catheter, but without pain and from three to five times daily. Has resumed practice of his profession from which he retired three years ago on account of his vesical trouble, and is now hard at work.

Case 52. T. P. Swede, æt 44, long-shoreman. Strong and healthy except for intolerable vesical distress that has rendered him unable to work for more

than a year. Very frequent and painful micturition. Kidneys sound, no cystitis.

Operation April 7, 1890. Cocaine. My lithotrite. Uric acid stone. Very hard $1\frac{1}{2}$ centimeters. Weight 20 grains. 40 minutes. Recovery perfect; was out the next day. Remains free from any vesical trouble to the present time.

• Case 53. J. C. K., æt 36, druggist. Unable to work for over a year on account of intense vesical distress. Otherwise in fair health.

Operation August 21, 1890. Cocaine. My lithotrite. Mixed oxalate and urate, 3×2 centimeters, weight 148 gr.; 60 minutes. Pain in the deep urethra fol-

lowed. Had a chill. Temperature rose to 103 degrees. On the third day copious hemorrhage set in, ceasing suddenly with the expulsion of a large clot. Subsequent recovery rapid and complete. Remains well to date. The clot was thrown out by a nurse without examination. It probably contained a large fragment.

DR. DUNKIN reports removal of calculous mass deposited on piece of elm bougie of two years' growth, with recovery from operation in fourteen days. This is a rare occurrence, specially with such a nucleus for a stone.

Dangers of Intestinal Invagination Subsequent to Operation.

Robinson (*Medical Record*, August 13, 1892,) says intestinal surgery is about the most dangerous and disastrous of all surgery. Invagination is liable to follow any operation which has required complete severing of the gut. The author thinks the cause lies in the fact, that in suturing a severed bowel, the ends are invaginated, so that in a few days or weeks this invaginated bowel simply continues to invaginate until it interferes partly or completely with the fecal current. Invagination subsequent to operation is liable to follow in circular enterorrhaphy, in

Jobert's operation and in lateral anastomosis by plates. To guard against this subsequent condition a rubber tube, six to eight inches long, may be adapted to the bowel. The tube must not fit too tightly, as it may cause gangrene. The tube should be stitched into the segment of gut when the circular enterorrhaphy is performed. It should project three-quarters up into the proximal gut. The author claims by adopting this measure he has had but one death from invagination subsequent to operation—*University Medical Magazine*.

SPERMINE.—Pöehl (*Bull. de l'Académie des Sciences*, July 25, 1892) makes a further contribution to the knowledge of spermine. He is convinced that the activity of Brown-Séguard's injections is due to this substance. Spermine is found not only in the testicles, but in all glandular organs, especially in the pancreas, which contains large quantities. Some Russian physicians have

made experiments on the effects of hydrochlorate of spermine. Their results lead them to consider this substance as quite free from danger, if used with care, and to act as an excellent nervine tonic. Hydrochlorate of spermine acts on the body after the manner of a true ferment, producing an increased rapidity of oxidation in the tissues.—*The Medical Age*.

Materia Medica.

UNDER CHARGE OF PROFESSOR GEO. M. THOMPSON.

VERATRUM VIRIDI IN SCARLET FEVER.
—Dr. J. C. Crossland in the *Lancet-Clinic* reports a case diagnosed scarlet fever which was aborted apparently by veratrum viridi. The prescription was filled as follows:

R Fl. e. veratri viridis...m xxxvi.
Kali chloratis.....gr. xl.
Glycerini.....fl. $\frac{3}{4}$ i.
Aque.....fl. $\frac{3}{4}$ ii.

M. Sig: $\frac{3}{4}$ i. every two hours. As the eruption appeared he ordered the following:

R. Quininæ sulph.....gr. xvj.
Tr. ferri chloridi.....fl. $\frac{3}{4}$ j.
Glycerini.....fl. $\frac{3}{4}$ iv.
Syr. yerbæ santæ q. s....fl. $\frac{3}{4}$ ij.

M. Sig.: $\frac{3}{4}$ i. every hour.

I five days the patient was convalescing, desquamation having taken place. The doctor thinks that a mistake was made in filling the first prescription, and that two drams of veratrum viridi were substituted for the thirty-six minims demanded, and ascribes the rapid recovery to the heroic doses of the veratrum. The symptoms of cramp and depression which followed the administration of the remedy shows that it must be watched carefully.

BIG G.—This extensively advertised nostrum is said to be simply an aqueous solution of borax and berberine.

EUROPHEN.—This new iodine preparation is gaining in popularity as the reports of its use prove. It seems to be the most perfect substitute for iodoform that has yet been advanced, having the following advantages: It is as

effective as iodoform; it has no odor; it is only one-fifth as heavy; it does not cake; it is more readily dusted or insufflated; it is non-toxic.

LYSOL. — Prof. Parvin says that injections of one-half per cent. of lysol seem to give good results in cystitis, the patients bearing the injections better than creolin of the same strength.

Haug of Paris recommends a one per cent. solution of lysol as an irrigation in the treatment of otorrhœa.

CANTHARIDIN IN PULMONARY TUBERCULOSIS.—Dr. Adolph Zeh reports, in *Merck's Bulletin* for September, twelve cases in which this remedy was administered in doses commencing with $\frac{1}{800}$ of a grain, increasing to $\frac{1}{300}$ with no beneficial results. He concludes from his observations that cantharidin is locally a powerful irritant, producing intense pain at site of injection which often lasts from one to two days, but without developing suppuration; a mild stimulating effect on the pulmonary mucous membrane, and an irritating effect on the urinary tract with blood or albumen in the urine and desire to urinate. The first effect may be modified by cocaine; the second by opium, which however would have a deleterious effect on the pulmonary lesion, besides causing gastric disturbance. The objections are that its beneficial effect does not compensate for the pain, and it necessitates repeated urine examination to detect early deleterious effects upon the kidneys and channels of exit,

as albumen or blood may occur before the pain and discomfort is apparent.

For the night-sweats camphoric acid in twenty to thirty grain doses acted most favorably.

CREASOTE IN LARGE DOSES IN SCROFULOUS CHILDREN.—Prof. Sommerbrodt, of Breslau, obtains excellent results in scrophulosis from the administration of *large doses* of Creasote, employed either in the pure state (taken with milk or wine), or mixed with cod-liver oil (taken in capsules). In children under seven years of age, it is advised to commence the treatment with three drops of creasote a day, and to increase the dose slowly until from 7½ to 12 minims of pure creasote are taken daily. In patients about seven years, it is stated that the daily dose of 15 minims can easily be reached within eight to ten days. It is rarely necessary, according to the professor, to go beyond that dose; but, if need be, it may be exceeded without harm.—*Merck's Bulletin* (Sept.)

DANGERS OF IODOFORM INJECTIONS.—Dr. DRUSMAN states the following: A woman of thirty years, with housemaids' knee, received at different times injections of iodoform oil. Six days after the last injection the patient who had received (in the course of three months) fourteen grammes of iodoform in ten injections, presented agitation and phenomena of excitation. She was sent home, and after a time re-entered the hospital, where resection of the knee was performed. In the cellular tissue under the patella a mass of the size of a cherry was found, consisting of iodoform. In another patient, after injections of the oil, a maniacal attack occurred which necessitated a sojourn in an asylum. A third patient, weakened by disease, succumbed to the influence

of iodoform intoxication. The ease with which symptoms may occur depends on the capacity for absorption possessed by the various tissues. Injections should be practiced at considerable intervals, and, in cachectic subjects, or those presenting any nervous symptoms, should be very cautiously used.—*Revue de Thérap. Méd. Chirurg.*

FOR FISSURED NIPPLE.

R. Olei olivæ..... ʒss
Ichthyol..... ʒij
Lanolini }
Glycerini } ʒijss

M. et Sig: Apply locally.—*Journ. de Méd. de Paris.*

ANAL FISSURE.—Allingham strongly advocates the use of the following ointment:

R. Hydrarg.subchlor[calomel] gr.iv
Pulvis opii..... gr.ij
Ext. belladonnæ..... gr.ij
Ung. sambuci..... ʒi.M

Sig. Apply frequently.

He states that he has had many cures with this ointment alone. Another excellent ointment recommended by the same authority is:

R. Plumbi acetatis
Zinci oxidi..... a a gr. x
Pulvis calaminæ..... gr. xx
Adipis benzoinat..... ʒss. M.

An ointment of the oxide of mercury, 30 gr. to ʒi, has cured many cases.—

L. H. ADLER in *Med. News.*

SALICYLIC ACID IN VENEREAL EXCRESCENCES.

R. Acidi salicylici..... ʒss
Acidi aceticici..... ʒj M.

Sig.: Externally.

Apply to the vegetations once or twice in 24 hours by means of a small brush. Two or three applications are sufficient. The pain is slight and transient which is an advantage.—*Bulletin Gén. de Thérapeutique.*

PHENYLIC ACID AND GUAIAIC IN TONSILLITIS.—

R Acidi phenyl. cryst... ʒiiss.
Spr. vini rectificat... ʒiiss.
Olei menth. pip.....gtts x.

M.—

Sig: Ten drops in a glass of warm water and gargle morning and evenings.—*Medicinische Neuigkeiten*. This is recommended as a prophylactic in the treatment of those cases which are predisposed to tonsillitis.

According to Sajous: "When inflammation of the tonsils, whether superficial or parenchymatous, is recognized early, guaiac seldom fails to arrest it. This drug is fairly entitled to be termed a specific in this affection and supports through its remarkable action the close association with the rheumatic diathesis which tonsillitis seems to bear. The most effective means of employing it is in the form of ammoniated tincture, one dram in a half glass of milk, the mixture employed as a gargle, then swallowed. This should be repeated every two hours at least, until the stools are noticeably increased in number or anal burning becomes marked.—*Sajous in Hare's System of Pract. Therap.*, Vol. II, p. 457.

NEW ANTISEPTICS.—Among new antiseptics from coal tar derivatives, says S. A. Walton, may be mentioned pyoktanin, methyl-violet, the most antiseptic of the aniline colors. A solution of 1 in 1,000 is used in various eye diseases, phthisis, ulcers, etc. There is a yellow variety commonly known as auramine, also used antiseptically.

Lysol is a saponified phenol derived from creosols, and contains the higher homologues of carboic acid. It is said to possess higher antimycotic power than carboic acid, and to be less poisonous. This preparation is much used in Germany at the present time.

Retinol, a distillation product of pine resin, is a viscid fluid hydrocarbon. It is a non-irritating and stable antiseptic.

Europen, iso-butyl ortho-cresyl-iodide, contains 23 per cent. of iodine and is non-poisonous.

Dermatol, a basic gallate of bismuth, forms a powerful antiseptic and desiccant.

Sulphaminol, thio oxydiphenylamine, the antiseptic action of which is due to its decomposition, in contact with the fluids of the body, into sulphur and phenol.

Monochlorphenol is prepared by the action of chlorine on cooled phenol. It is a powerful antiseptic and less irritating than trichlorophenol.

Camphoid, though only a mild antiseptic in itself, is a valuable adjunct to this class of bodies, as it forms a ready method of applying antiseptics to the surface of the skin, and owing to its composition (of spirit, camphor and pyroxylin) it forms a valuable solvent for substances such as salicylic acid, resorcin, hydronaphthol and many others.—*Scientific American*.

THE solubility of the salts of quinine is as follows:

Hydrochlorate of Quinine and Urea, (Quinine muriate 20 parts, muriatic acid 12 parts, urea 3 parts) soluble in equal parts of cold water. It represents 61 per cent. of quinine.

The Bisulphate contains 60 per cent. of quinine, and is soluble in 10 parts of cold water, and very soluble in boiling water.

The Hydrobromate, same strength as bisulphate, soluble in 16 parts of water, or in equal parts of boiling water.

The Hydrochlorate, soluble in equal parts of boiling water.

The Sulphate contains 74 per cent. of quinine, and is soluble in 740 parts of cold water, or 30 parts of boiling water.

Book Reviews.

The International Medical Annual and Practitioner's Index: A work of Reference for Medical Practitioners. Edited by Percy Wilde, M. D., with the assistance of thirty-three co-editors and contributors. E. B. Treat, 5, Cooper Union. Chicago, 199, Clark street, 1892. Price \$2.75.

This excellent work is divided into nine departments besides the index. Part I.—“Dictionary of New Remedies,” containing a list of all the remedies brought out, or especially studied, during the last year, their doses, solubility in different agents, and a resume of the physiological action of each. Part II—“Dictionary of New Treatment,” is best described by the title. This is exhaustive, 439 pages being devoted to the subject. Part III—“Recent advances in Bacteriology.” By M. Armand Ruffer, M.A., M.D. This department is short, but interesting, and will be read with benefit by medical men. Part IV—“Medical Photography,” by Andrew Pringle, Esq. Photography is so generally recognized as a valuable adjunct in clinical medicine, that this department will be welcomed by practitioners who have not read upon the subject. Makro-photography and photo-micrography are well described. Part V—“Sanitary Science,” by Joseph Priestley, B. A. M. D., D. P. H. This subject is well handled by the author, and is profusely illustrated. The study of sanitary science has engaged the attention of a great number of medical men of late years, and it is owing to this fact that prophylaxis is better understood and practiced than was formerly the case. We commend this chapter particularly. Part VI—“Suppositories in the Treat-

ment of Disease.” By Wm. Thornton Parker, M.D. Much of the contents of this department is new, owing to the scarcity of literature upon the subject. It will bear close reading, as much information is contained in it. We believe that rectal alimentation will command more attention in the near future than has formerly been bestowed upon it. Large suppositories of raw food are recommended instead of injections as being more convenient as well as more cleanly. Part VII—“Improvements in Pharmacy.” By P. W. Bedford, Ph. G. This department resembles Part I, in being a classification of drugs, except that instead of dealing with their physiological action, etc., it treats of the improvements made in preparation of drugs, such as the introduction of enteric pills, those made with a coating only soluble in alkaline media, and containing substances to be liberated in the intestine; koumyss in solid form; Weld's syrup of iron chloride, etc. Part VIII—“New Medical and Surgical Appliances.” This is of interest particularly to operating surgeons, ophthalmologists, and laryngologists. All the new instruments are described, and many are illustrated by cuts. Part IX—“Publications of the Year.” A good index of the new publications.

Every practitioner should have a copy of the above work. It contains just what he wishes to know. G. M. W.

The Dignity of Sex. By Henry S. Chase, M. D., of St. Louis. Chicago: Purdy Publishing Co., 168-170 Madison St. 1892. Paper cover; price 50c.

This little work is in three parts.

Part I is entitled LIFE AND DEATH, and deals with growth and decay, reproduction, fertilization, progress of the race, population notes, etc. Part II, deals of the ETHICS OF MARRIAGE AND THE LAW FOR APPETITE, and is written in the phonetic style. Part III is entitled THE LAW OF HERITAGE. It deals of puberty, atavism, the law of resemblance, effects of absolute continence and self-abuse, castration, how to control sex, etc.

This book has been written particularly for the people, and as such we cannot commend it. The theories advanced are too radical to be practicable, however fine they may be in theory. For a perfectly pure-minded man, the book is instructive and interesting, but we do not believe it should be read by young people generally. It may be wrong for society to condemn a girl for gratifying her sexual passions in a natural way, nevertheless the fact remains that society *does* condemn it, and so it is better to concede that society is right, than to undertake the wild scheme of revolutionizing it. Part III contains the results of the writer's own observations on the laws of heritage, and though it contains nothing that is new, still is interesting from the fact that it adds proof to the findings of other investigators.

G. M. W.

A Practical Treatise on Diseases of the Skin. By John V. Shoemaker, A.M., M. D. Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia: Physician to the Philadelphia Hospital for Diseases of the Skin, etc. Second edition, revised and enlarged with chromogravure plates and other illustrations. New York: D. Appleton & Co. 1892.

The above is the second edition of the author's original work on the subject which appeared in 1888, with much new material incorporated in it. It consists

of two distinct parts: Part 1, GENERAL CLASSIFICATION, deals with the anatomy and physiology of the skin. Part 2, CLASSIFICATION. This is the same as is found in other works on the subject, nine classes being given.

The chapter on etiology is much improved by the addition of the results of bacteriological investigations undertaken since the first edition. The specific organisms so far isolated have been described, and appropriate treatment for the diseases caused by them indicated. Considerable importance is attached to the use of electricity in therapeutics of the skin; the chapter on syphilis has been enlarged, particular attention having been paid to the method of treatment by hypodermic medication so much in vogue on the continent. The chapter on leprosy is exhaustive and interesting. Cancer and lupus are discussed more fully. A great many new formulæ are introduced.

The illustrations are unusually good, the type clear, and paper first-class, but the margins are not sufficiently broad to allow of easy reading.

We are much pleased with the work. It is scientific, yet practical, and should be in every physician's library.

G. M. W.

JENNESS MILLER ILLUSTRATED MONTHLY for November gives up the first page of the issue to a handsome and lifelike picture of Mrs. Frances Hodgson Burnett. A sketch of the life of this entertaining woman accompanies it. Besides this there are a score of other features of interest to women and the home, stories, poetry and useful hints for young housekeepers. Each new subscriber to "Jenness Miller Illustrated Monthly" (\$1.00 a year) is presented with Mabel Jenness' "Physical Culture," a handsomely illustrated book.

An American Text-Book of Surgery, for Practitioners and Students. By Charles H. Burnett, M. D., Phineas S. Conner, M. D., Frederick S. Dennis, M. D., William W. Keen, M. D., Charles B. Nancrede, M. D., Roswell Park, M. D., Lewis S. Pilcher, M. D., Nicholas Senn, M. D., Francis J. Shepherd, M. D., Lewis A. Stinson, M. D., William Thomson, M. D., J. Collins Warren, M. D., and J. William White, M. D. Edited by William W. Keene M. D., L. L. D., and J. William White, M. D., Ph. D. Profusely illustrated. Philadelphia: W. B. Saunders, 913 Walnut street, 1892. Price: \$7.00 net, cloth; \$8.00 net, sheep; \$9.00 net, $\frac{1}{2}$ Russia.

This excellent work, which we have perused very carefully, is divided into four books.

Book One is composed of the following chapters: Chapter I, Surgical Bacteriology. This chapter is clearly and entertainingly written and contains four camera lucida plates taken mostly with Zeiss' apochromatic objectives which makes them particularly useful. Chapter II, Inflammation. Chapter III, The Process of Repair. Chapter IV treats of Traumatic Fevers. Chapter V, Suppuration and Absces. The balance of this book contains chapters on Ulceration and Fistula, Gangrene, Thrombosis and Embolism, Septicæmia, Pyæmia, Erysipelas, Tetanus, Scurvy, Tuberculosis and Scrofula, Rachitis, Contusions and Wounds, Syphilis, Hereditary Syphilis, and Tumors.

Chapter XVII, on Syphilis, contains several comparative diagnostic tables which are invaluable to the student:— the first on the differential diagnosis of Labial Chancre and Epithelioma; the second on differential diagnosis of Chancre, Chancroid and Herpetic Ulceration; the third on differential diagnosis of Urethral Chancre and Urethritis; the fourth on the differential diagnosis of Subpreputial Chancre and Subpreputial Ulceration (non-syphili-

tic); the fifth on differential diagnosis of Syphilitic Bubo and Inflammatory Bubo; the sixth on the differential diagnosis of Syphilitic Lymphingitis and Inflammatory Lymphingitis; seventh, on differential diagnosis of Tubercular Syphilide and Lupus Vulgaris; eighth, on differential diagnosis of Epithelioma and Gunma; ninth, on differential diagnosis of Syphilitic Osteitis and Tubercular Osteitis; tenth, on differential diagnosis of Syphilis, Phthisis and Cancer; eleventh, Syphilitic Orchitis, Encephaloid Carcinoma of Testicle and Tubercular Orchitis; twelfth, Osseous Lesions due to inherited Syphilis and Rickets; thirteenth, Syphilitic Osteo-periostitis and Non specific Osteo-periostitis.

Chapter XIX, Tumors. — These are classified according to their origin and development from the several layers of the germ — this makes the diagnosis comparatively easy if the student has some knowledge of embryology. Book I contains 213 pages.

BOOK II—SPECIAL SURGERY.—

Chapter I.—Surgery of the Vascular System. This includes diseases of the heart and pericardium and injuries of the same. Diseases of the blood-vessels; among these aneurysm is treated of more exhaustively than in any other textbook on surgery.

Chapter II, Surgery of the Osseous System.

Chapter III, Fractures.

Chapter IV, Diseases and Injuries of the Muscles, Tendons and Bursæ.

Chapter V, Orthopedic Surgery.

Chapter VI, Surgery of the Nerves.

Chapter VII, Surgery of Joints.

Chapter VIII, Dislocations.

Chapter IX, Diseases and Injuries of Lymphatics.

Chapter X, Surgical Diseases of the Skin and its Appendages. Book II, contains 258 pages.

BOOK III—REGIONAL SURGERY.

Chapter I, Diseases and Injuries of the Head.

Chapter II, Surgery of the Spine.

Chapter III, Surgery of the Respiratory Organs.

Chapter IV, Diseases and Injuries of the Neck.

Chapter V, Surgery of the Digestive Tract.

Chapter VI, Diseases and Injuries of the Abdomen.

Chapter VII, Surgery of the Genito-Urinary Tract.

Chapter VIII, Surgery of the Female Urinary Organs.

Chapter IX, Diseases and Injuries of the Breast.

Chapter X, Surgery of the Eye.

Chapter XI, Surgery of the Ear. The book contains 691 pages.

In chapter VII, are several comparative tables arranged for the differential diagnosis of—

1st. Post Gonorrhœal Arthritis or Gonorrhœal Rheumatism and Ordinary Rheumatism. 2nd. Gonorrhœal Conjunctivitis and Gonorrhœal Ophthalmia. 3d. Acute Inflammatory Urethritis, Catarrhal Urethritis and Irritative Urethritis. 4th. Urethral Catarrh, Chronic Gonorrhœa and Gleet.

BOOK IV—OPERATIVE SURGERY.

Chapter I gives the details of the general principles so that any novice could prepare the patient in the best manner possible for an operation.

Chapter II treats of anæsthesia, the importance of a thorough knowledge of which can not be overestimated by any surgeon.

Chapter III, Plastic Surgery. After the introduction of the general principles of this branch of surgery and the classification of methods used, Roberts' table is given.

Chapter IV, Ligation of Arteries. In

this chapter are nine colored plates taken from Maclise's valuable work.

Chapter V, Operations on Bones and Joints.

Chapter VI, Amputations.

Chapter VII, Minor Surgery.

Book IV contains 112 pages. The entire volume contains 1209 pages, 473 cuts and 37 plates.

The profession is in no small degree indebted to Drs. Keene and White for bringing before it so valuable a work on American Surgery, and it should be found in the library of every practitioner and student.

Mr. Saunders is to be congratulated for the admirable appearance of the book.

G. W. C.

The original communications in October *Therapeutic Gazette* comprise:

"The Treatment of Pulmonary Tuberculosis by Creosote: The Result of a Careful Analysis of the Effect of the Drug upon the Disease, Process and Secretions of 228 Cases." By Dr. E. R. Graham, professor of children's diseases in the Jefferson medical college. Dr. Graham's paper has been studied with the utmost minute detail, even to the chemical analysis of the secretions, and is one of the best and most thorough papers ever published on the use of creosote in phthisis.

"A case of Pneumonia Treated by Transfusion of Blood from a Convalescent Case; Recovery." By Dr. William E. Hughes, physician of the Philadelphia hospital. This is one of the new cases treated according to the new anti-toxine method and on the basis that pneumonia is a specific infectious disease. The paper of Hughes on the treatment of pneumonia by transfusion from a patient convalescing from pneumonia, practically marks an epoch in American medicine, as, so far as is known, this is the first instance in which

the method has been followed in this country.

"The Surgical Treatment of Affections of the Serous Cavity." By Ernest Laplace, M. D., professor of surgery in the Medico-Chirurgical College of Philadelphia.

"Ice-cold Applications in the Treatment of Pneumonia." By W. Fred. Jackson, M. D., of Beckville, Ontario.

"The Treatment of Fractures in Children." By Dr. Edward Martin, Professor of Genito-Urinary Diseases, University of Pennsylvania, and Dr. Ellwood Kirby, Instructor of Surgery in the University of Pennsylvania.

"The Address on Medicine before the Mississippi Valley Medical Association at its Meeting in Cincinnati, October 12th and 13th." By H. A. Hare, M. D., Professor of Therapeutics in the Jefferson Medical College.

LITERARY NOTES FROM THE LADIES' HOME JOURNAL.—"Mr. Howell's New Novel"—Howell has given the title "The Coast of Bohemia" to his new novel of American girl life which is about to be published in *The Ladies' Home Journal*. The novelist says of the story that "it is about the prettiest thing I have ever done."

Home Life of Dickens.—The series of reminiscent articles of "My Father as I Recall Him," by Mamie Dickens, the oldest and favorite daughter of Charles Dickens, will begin in the next issue of *The Ladies' Home Journal* by an entertaining narration of Dickens' personal habits, and an inner glimpse of his home life.

ELECTRICITY IN THE MEDICAL PROFESSION.—To Physicians and Surgeons: The *Electrical Review* will present a department devoted to the various applications of electricity in your profession.

The first installment will appear September 10th, 1892, and will continue weekly.

Dr. J. Mount Bleyer, the eminent specialist of New York, has been engaged to conduct this department. This is a sufficient guarantee of its value.

Every progressive physician in the United States will be interested in this work, and should include the *Electrical Review* in his list of journals.

The price of the *Review* is \$3.00 per annum in advance; \$1.50 for six months. This department has been established after due consideration of the many important questions involved, and in response to numerous demands for such information. The co-operation of your great profession is respectfully invited. All correspondence relating to professional matters should be addressed to Dr. J. Mount Bleyer, care of the *Electrical Review*; that relating to business matters to the *Review* direct. Kindly let us hear from you, not only with your subscription, but with an expression of your interest in this work. Sample copy sent you with our compliments, when requested, should you not be familiar with the *Review*. Address Chas. W. Price, Editor, 13 Park Row, New York.

Books and Pamphlets Received.

"The Exterior of the Horse." Armand Goubaux, and Gustave Barrier, translated by Simon J. J. Harger V. M. D. Philadelphia: J. B. Lippincott Company, 1892.

"Dictionary of Treatment." Whitla. Philadelphia: Lea Bros. & Co., 1892.

"Venereal Diseases." Culver and Hayden. Philadelphia: Lea Bros. & Co. 1891.

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Contributors of original articles will receive five copies of the issue containing their article.

Photo-Engravings to illustrate accepted articles will be made free of charge, if proper drawings or negatives accompany the manuscript. Electrotypes of such cuts furnished at cost.

Physicians' Wants, Etc.—A department will be devoted to the free publication of physicians' wants, practices for sale, good locations, etc.

Secretaries of Medical Societies will do us a favor by keeping us informed of dates of meeting of same, etc.

Editorial Committee.—DR. A. S. BARNES, DR. A. A. HENSKE, DR. KEATING BAUDUY, DR. WILLIAM PORTER.

Edited for the Committee by DR. WILLIAM PORTER, assisted by DR. G. M. WAGNER.

Vol. V.

ST. LOUIS, MO., NOVEMBER, 1892.

No. 11.

Editorial.

The Amick Cure.

Repeatedly we have been asked about the "Amick Cure" for consumption. Each inquiry suggests a shameless act upon the part of a well-known and once esteemed professor of ophthalmology in Cincinnati. Here is the history as it has come to us. The discoverer (?) announces that he has found a remedy for the cure of tuberculosis—possibly a modification of Sherley and Gibbs' formula—or at least some disguised alternative. His position gives him a hearing in some of the medical journals. Circulars and "cases" are next in order. Patients are furnished with medicines costing them about fifteen dollars a month—costing the "discoverer" much less. Extra inducements are held out to physicians.

Soon the scheme looks promising from a financial stand-point. A company is formed. It heralds "a thoroughly reliable treatment and absolute cure for consumption, asthma, chronic bronchitis, tubercular laryngitis, catarrh and hay fever." No difference about the etiology or pathology, it cures them all. Keeley's nonsense is pure logic, compared to this absurdity. No need of condemning the Amick Company. What physician can lend himself to assist a man who transgresses the highest laws of their guild—a man who not only holds a secret nostrum, but who asks that honest practitioners shall accept from him (for cash) a remedy of which they know nothing, guaranteed to do impossibilities!

As this new aspirant for the sheckels of the credulous is being "pushed" and advertised even in some of our medical journals—we only ask our readers to notice the claims which this secret nostrum vender makes and to remember that in not one of his cases of so called tuberculosis, has the existence of the tubercle bacilli been recorded. We cannot blame a drowning man for catch-

ing at a straw, but what shall we say of a physician who guarantees that the straw he sells to each victim is a life-boat?

Meanwhile, Amick and Keeley form companies, and the companies make money, while the physicians are requested to become the willing agents in reaching and securing the misguided sufferers.

The Gold Cure Abroad.

Speaking of impositions practiced in the name of science, reminds us that the very worst charlatans assume authority to which they are not entitled, and logic which they do not possess. The advertising quack talks glibly of his investigations and announces that he is a graduate of some well known school. The devil himself was once a denizen of Heaven, and these fellows also have probably been dropped out of good society and so undertake a war against humanity for their own gratification.

The *Medical Record* of July 23rd., thus quotes the London *Lancet* in regard to the Keeley method: "The gold treatment for alcoholism and the morphine habit, which has been so largely advertised in America, is now about to be introduced into this country. To-day (Friday) a meeting is to be held at the Westminster Town Hall, under the auspices of the Church of England Temperance Society, and the chairmanship of the Right Rev. Bishop Barry, at which information will be given respecting this treatment and its results in sixty thousand cases. We hope that this information will go further than a mere reference to so many alleged cures. The drug used by Dr. Keeley is stated to be a double chloride of gold, but beyond this nothing is known. The formula, method of use, and dosage are kept quite secret. For

twelve years Dr. Keeley is reported as having pursued this treatment at Dwight, Ill., and in that time sixty thousand persons are said to have been treated at the parent home, and at the branches established in various American States, with only five per cent. of relapses."

"Truly," our contemporary adds, "the methods adopted by some American physicians astound us. The running of a secret cure for one's personal profit would, in this country, insure the erasure of the inventor's name from the roll of any college of physicians or surgeons, university or medical society, with which he might be connected."

If *The Lancet* would take the trouble to glance over current American medical literature, it would learn that Dr. Keeley, if he is a doctor, does not hold any position on the roll of any reputable medical society or institution of learning. It would learn also that the gold cure, so called, is generally regarded by the profession in this country as a purely commercial enterprise, and a form of arrant charlatanry. The claims for the cure are absurd and unsubstantiated, while, whatever be its merits, its secrecy and the purely business methods by which it is worked, have condemned it long ago. It will run its course like the Perkin's tractors and the mind-cure.

The Attitude of the True Physician.

There is no disguising the fact that physicians have often been unwittingly, possibly, the agency whereby nostrum manufacturers have gained the attention of the public. How these fakirs will smile and bend and twist, till they get a physician compromised, use him for all that can be made out of him and then advertise that "doctor's bills" can be prevented and perfect health regained by taking their villainous, cheap compounds.

While the public should remember that sixty or seventy thousand trained and observant physicians are more likely to discover "cures" than the ignorant and covetous pretender, the physician himself should be ready to guard his patrons not only from disease, but from those who seek through the gateway of disease, to deceive and rob. Most patent medicines are prepared without any thought of adaptability and are necessarily cheap. The "literature" costs more than the medicine. One "house" we know of, sends out its circulars by the wagon load and its "medicines" in a hand-cart — yet makes money. We have authority for saying that if a patent medicine which retails for a dollar, costs more than twenty-five cents, it will not pay.

We cannot justly include in the class of merchandise above referred to, many of those well-known preparations whose formulæ are known and honestly compounded. It is true that some of these are proprietary in that a dollar has been paid the Government for registration of the name, but the formulæ are the property of any one who cares to use them. It would be well if even the property right in the name could be done away with, but manufacturers insist that some guard is needed against substitution. It is also claimed, with good

reason, that many of these preparations, such as the malts, the foods, the beef and pepsin extracts, and compounds that should be chemically pure, require large plants and especially skilled employees in their manufacture.

With honest producers of this class, we have no quarrel. Some of them have done much to aid the physician and are glad to be ethical workers along legitimate lines. It must be confessed, however, that quackery is often found here as everywhere. A preparation is sent out with the ingredients — and it may be the working formula attached — but one (or more) of the constituents of the compound is some unknown, fanciful and useless substance, while an air of secrecy and mystery surrounds the whole.

We believe our professional standard is advancing. The competition of the schools renders good teaching a necessity, and the multiplication of doctors demands hard work of him who would succeed with all the advantages of the present day. The true physician is a better man in every way than the whole army of commercial quacks. Let him sustain his rank and preserve his integrity. Let him use what he pleases to relieve suffering, but let him not surrender his judgment and his honor. He should claim the right to know the exact ingredients of each compound and refuse to use anything dishonestly lauded for selfish purposes.

The attention of our readers is particularly directed to our book reviews. We aim to make this an important part of our work, and to give our honest opinion of all books sent us. In writing for books, kindly mention the fact that you saw the review in the CLINIQUE.

To all those who subscribe for the *CLINIQUE* now, we will send the November and December issues besides the entire sixth volume, which begins with the January number, for \$1.00. This is a liberal offer, and we can only afford to make it because we know that any physician who once reads the *CLINIQUE*, will never again do without it. We are ambitious to make the *CLINIQUE* the best monthly journal published. We have no hesitancy in saying that it is by far the best monthly published for \$1.00 per year, and one of the best for any price. We ask the support of

those only who find articles which interest and instruct them in our pages. Subscribers would do us a favor by sending us the names of physicians of their acquaintance who would like the *CLINIQUE*. The greater number of subscribers we can get, the better the journal will be.

—
 OBITUARY.—Dr. D. S. Booth, Sr., died at his home at Belleville, Ills., Saturday, Sept. 10, 1892. Dr. Booth was prominent in medical matters in Western Illinois, and he will be regretted by a host of professional brethren.

Correspondence.

Editor Clinique:

I report an interesting case which I saw with Dr. Markley of this city. E. G. æt. 3 years; male; in excellent health; congenital absence of anus. The physician in charge immediately operated, making an opening about one-eighth inch in diameter, since that time the bowels have been daily moved by enemata. For the last month the child complained of pain and tenesmus, and the mother informed us that she had detected something solid on introducing nozzle of syringe. Under chloroform we enlarged the opening with a blunt bistoury, introduced a Goodell's dilator and enlarged opening sufficient to admit index finger. After thoroughly washing out the gut (which was greatly sacculated from the large accumulation of fæces,) we detected foreign bodies, and by means of a pair of U. S. A. bullet forceps removed six stones about the size of hazel nuts. The stones are identical with those found on the beach of Puget Sound, and must have been swallowed several months previous to removal. Since the operation the mother has practiced dilatation daily with her index finger, the sphincter muscle is well developed, but as yet the bowels are moved by enema. W. APPLEBY, M.D.

St. Louis, Mo., Oct. 22, 1892.

Editor Clinique:

Is this a joke, or a positive specific?

In a new Therapeutic Reference book lately published by a well-known Chemical Co., I noticed a formula under the head of "Ptyalism" which is said to be a positive specific. It is as follows:

R. Sulphuris precip..... ℥ii-iv.
 Potass. chlorat..... ℥ii-℥i.
 Liq. morphinæ sulphatis ℥i-iss.
 Mist. amygdalæ..... ℥vii.

Misce bene. Sig: Two tablespoonfuls every 3 or 4 hours (a positive specific). Shake well.

Should it be taken as prescribed in the above, it would, no doubt, be a specific as far as subsequent attacks are concerned. The victim would not probably ever have salivation again, should he not have a tolerance for the drug.

As we know, Magendie's solution of morphia contains gr. xvi to each fl̄℥i. At the dose specified above the patient would take sufficient morphia to cause grave, if not fatal, results.

This formula would probably have been used by some of the younger brethren of the medical fraternity on account of its being lauded as a "positive specific." P. & S. GRADUATE.

College Chat.

ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

WE have received quite a number of replies to our request that alumni would send suggestions as to the plan to be adopted in organizing our society. One gentleman suggests that we meet at the World's Fair at Chicago next summer, another that we meet the day before commencement next spring, which would be March the 27th. In our humble opinion, neither of these plans is practicable. Not so many of us could be present at a meeting at Chicago as could at St. Louis, and if we go to the World's Fair we want to leave business behind us. The second proposition, that we meet the day before next commencement will not answer, because that would give us too short a time in which to transact much business. We are in favor of calling a meeting in St. Louis at a time that would suit the greatest number interested. Thanksgiving day, Nov. 24, and Washington's birthday, February 22, '93, being holidays, would suit our purpose admirably, as we could then meet at the College without interfering with anyone, or being ourselves interfered with. The Christmas holidays, lasting from Dec. 23, '92 to Jan. 3, '93 would also be a good time to hold the meeting. Let us have an expression of opinion from alumni as to what dates would suit the best. We are inclined to favor Thanksgiving day. By all means let us meet soon and adopt our constitution and by-laws.

Through the generosity of Messrs. W. F. Niedringhaus, E. V. P. Ritter, D. Crawford and Co., and Jos. Frank-

lin, of Wm. Barr's Dry Goods Co., the microscopical laboratory has been furnished with new apparatus. This laboratory is a credit to the College and to the city, and deserves the support of all those interested in scientific matters.

Dr. F. L. Magoon, the popular secretary of last years' graduating class was in town recently. He has a comfortable, well-fed look that amply proves his success. He is practicing at Clarence, Mo. Dr. Robt Lyle, of Etna, Ill., was also a visitor at the College during the month.

In a letter to Dr. Barnes, the writer, Mr. A. M. Johnson, expresses regret at his inability to be present at the College during the present session, but hopes to occupy a seat in the classroom later.

DR. J. S. ZRESPER writes us from Ammonsville, Texas, that he has passed his examination before the board of health, and is meeting with good success in practice. He expects, at some future time, to resume his place at the College.

QUITE a number of alumni of the College have been in town during the month of October. Drs. Sullivan and Pyle, '90. Drs. Etherton, Townsend and Kerr, '91, and Dr. Magoon '92 were among the number. All look happy and prosperous, and all advocate the Alumni Association scheme.

SOME measures should be taken at once to call a meeting, and elect officers

so we will be in good working order by next Commencement. Let us have suggestions from our friends as to what course to pursue in this matter:

Among the new lecturers at the College this year are Dr. Haberle, Osteology; Dr. Smith, Military Surgery; Dr. Bartens, Prescription writing; and Dr. Curtis, Hygiene. Drs. Haberle and Bartens are graduates of the College.

Hospital clinics are better this year than they have ever before been. Profs. Porter, Cale, Bauer, Powers, Dumesnil, and Ehrhardt conduct clinics and deliver lectures. The hospital contains an abundance of good material, and the resident staff take pleasure in furnishing interesting cases for the clinicians to demonstrate.

Dr. O. S. Harmon, of Dye, Mo., sent an interesting case of talipes to the College. Dr. Cale operated upon it, and the patient is now on the high road to recovery.

Messrs. Rufus S. Morgan and Logan D. Campbell have been compelled to return home on account of ill health. The latter, who was suffering from an attack of typhoid fever, is rapidly regaining his health. We hope to see both gentlemen back in the class-room soon.

Dr. N. L. BRUNERT, class of '89, visited the College recently and was much pleased with what he saw. The doctor is located at Truxton, Mo., and reports practice as booming.

Dr. W. W. DUKE, formerly of the Female Hospital, has located at the corner of Florissant and John avenues, this city. The CLINIQUE wishes him great success.

Dr. W. G. WHITE, class of '92, has been appointed steward and druggist at the Sacramento County Hospital, Sacramento, California. He wishes the College abundant success.

Dr. CHAS. E. SPITLER, of Saratoga, Indiana, sends in his subscription to the CLINIQUE. He says he is meeting with great success in practice, for which he returns thanks to his *alma mater*.

LOGAN, IOWA, NOV. 10, 1892.

Dr. G. M. Wagner, St. Louis, Mo.

DEAR SIR:—Please find enclosed two dollars which place to my credit on subscription list "CLINIQUE." I would not do without it for ten times the amount of its cost. The items by Alumni are like personal letters, and I enjoy them very much. I fully concur in the movement of forming an "Alumni Association," and will gladly bear my share of the expense necessary for its establishment upon an enduring foundation.

With best wishes for the dear old Col. P. and S., and love and esteem for its faculty, I am fraternally,

J. L. WIRT, M.D., Class 1890.

The students have chosen College colors, red and white, which will be represented on a button.

NEW WHATCOM, Wash.,
Oct. 20, 1892.

Editor Clinique, St. Louis.

GENTS:—Enclosed find one dollar for the CLINIQUE. It is indeed a welcomed visitor to my office. I consider it one of the best journals published for a young practitioner. Wishing the College and CLINIQUE unbounded success, I am, Yours very truly,

WINSTON APPLEBY, M. D.

Items of Interest:

DR. JOHN M. KEATING, of Philadelphia, has recently had conferred upon him the degree of LL. D.

There is no question but that with ladies and children, the popular physician is he who prescribes pleasant tasting mixtures instead of nauseous ones. Next to prescribing the best remedy, it is most desirable to prescribe it in its most palatable form. Providing all things are equal, a remedy in a pleasant form is preferable to it in a disagreeable one. So it is with the ordinary fluid extract of Cascara Sagrada, whose intense bitterness is nauseating to a prohibitory degree. F. Stearns & Co., Detroit, have produced a fluid extract from which this bitter principle (which has no laxative properties whatever) is eliminated, and the product aromatized and sweetened. This is called Stearns' Cascara Aromatic, and is the only sweet-tasting fluid extract of Cascara Aromatic made.

Samples and literature will be sent to any physician desiring to test it.

DR. C. W. MURPHEY (*Indiana Medical Journal*) finds phenacetine to be of especial use in hemicrania, and be depended upon to relieve hyperæmic headache. It also diminishes the severity and frequency of paroxysms in whooping-cough, and reduces the fever and relieves the severe muscular pains of la grippe.

AN ORDINANCE has been adopted by the City Council of Effingham, Ill., prohibiting any itinerant physician or itinerant vendor of drugs or medicines to practice medicine in any of its

branches, or sell or dispose of any drug, medicine, nostrum or ointment intended for the treatment of disease or injury, or to open an office for such purpose * * * * within the corporate limits of the city. This shall not prohibit any reputable physician or surgeon from any other place being called to see a particular case or family, or to do a particular operation in said city. The penalty for the violation of this ordinance shall be a fine of not less than fifty, nor more than one hundred dollars.—*Lancet-Clinic*.

This is a move in the right direction. The City Council of St. Louis would do well to follow the example set by that of Effingham.

TOBACCO HEART.—I believe Cactina Pillets, the safest and best heart tonic that has ever been offered to the profession, especially for tobacco heart. I take great pleasure to recommend them to other physicians.—J. S. ALEXANDER, M. D., Malinta, O.

FOR SALE.—A bargain. A nice home in a good railroad village in Southwest Missouri for sale on easy terms. A fine country practice surrendered to purchaser. For particulars address Lock Box 125, Iantha, Barton Co., Mo.

Prof. Louis Bauer heartily recommends David Nicholson's Liquid Bread as being one of the best preparations of malt with which he is acquainted. Patients using it readily put on flesh, and increase in weight. It is, moreover, put up in such an agreeable form that infants and nursing women take it readily.

In an article on epidemic dysentery, Dr. H. D. Marcus, of Philadelphia speaks as follows of Bovinine: "Feeding every two or three hours, with occasional stimulation, will do a great deal towards saving our patient's life. Under no circumstances should anything but a liquid diet, bland but nourishing, be given.

The beef preparation which I have found of most use in very weak and debilitated persons was Bovinine. It is, without doubt, unequaled in its purity, and may be given with impunity.

It is my habit to give from 10 to 30 drops of bovine in about one teaspoonful of milk every half hour, when the patient is very much emaciated and debilitated, while in patients less weak, I give them $\mathfrak{z}\text{i}$ to $\mathfrak{z}\text{ii}$ every three or four hours, using as a vehicle either milk, wine, whiskey, or water.

The effect of such treatment is at times wonderful, and I have seen cases, which seemed unable to recover from the marked prostration regain their strength rapidly under the influence of bovine. When using this preparation, care must be taken not to nauseate the patient. If he takes it unwillingly, objecting to its taste, our aim must be to disguise the preparation properly, generally a little wine or whiskey added will be found sufficient.

But if we encounter patients that will even then object, we must use enemata, a good formula being:

R. Bovinine.....f. $\mathfrak{z}\text{ii}$.
Milk.....:.....f. $\mathfrak{z}\text{iiij}$.

Sig: every four hours.

The disadvantage of employing bovine as an enema, lies in the condition of the lower bowels. They being in a state of severe inflammation, are not quite in a position to assimilate food thrown in. Still, by using such a large amount of bovine at one time, sufficient is retained to act successfully.

SALOL IN LA GRIPPE.—Almost every remedy in the materia medica has been suggested for this disease. It has been asserted that la grippe is the result of a germ; that salol will kill the germ; therefore it is the remedy. But clinical experience does not prove the truth of either of the propositions. Salol has failed as a remedy in my hands, for any of the symptoms incident to this disease. Doubtless others have had experience different from mine. Let them give their views. If those who think it a valuable remedy will tell us *how* and *when* to use it, much good may be done.—Jackson, Miss.

C. KINDRICK, M.D.

25 & 27 SOUTH WILLIAM STREET,
NEW YORK, April, 1891.

Dear Doctor:—Since the introduction of the "Villacabras" natural purgative water on the Eastern markets, we have met with so much encouragement from the medical profession that we have decided to extend our field of operation to the whole country.

We would be happy to allow every physician to form an opinion on his own experience, and are ready to furnish you a sample free of charge on your application by postal card inclosed.

Experience has taught us that the busy practitioner's time is too valuable to him and to the community to be encroached upon by traveling agents, and we have made up our mind to allow him to test the "Villacabras" water on its own merits.

Should your experience prove satisfactory, we would be very happy to add your name to those of the prominent physicians who are prescribing "Villacabras" and allow us to refer to them

SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization—Potash and Lime;

The Oxidising 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 Prepara-

tions; 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.

WANTED. — A physician at Oregon, Ark., to take the practice left by Dr. J. B. Huffman, deceased. For particulars address Mrs. Luna Lucas, Oregon Arkansas.

A MODERN METHOD OF MEDICATION. — Among the many methods of administering medicaments, the soluble elastic gelatin capsule is growing to be one of the most popular.

There are many efficient but unpalatable medicaments which may be readily exhibited in this way, without offending the palate of the most sensitive patients, and capsules are much easier to swallow and more soluble than pills.

Few physicians are aware of the many medicaments that are now administered in this way. Among these one need only mention the following to indicate the wide application of this method of giving numerous drugs:

Apiol, balsam fir, balsam Peru, cascara sagrada, castor oil and podophyllin, chaulmoogra oil, cod-liver-oil, cod-liver oil and creasote, cod-liver oil and iodine, cod-liver oil and iodoform, cod-liver oil and iron, cod-liver oil and phosphorus, copaiba, copaiba and cubeb; copaiba, cubeb and buchu; copaiba, cubeb and iron; copaiba, cubeb and matico; copaiba, cubeb, matico and sandal; copaiba, cubeb and sandal; copaiba, cubeb and sarsaparilla; copaiba and iron; copaiba, cubeb and turpentine; copaiba and sandal; creasote (beechwood), 1 minim; eucalyptus oil; gurgun balsam; linseed oil; liquor sedans; male fern and kamala; nitroglycerin, 1-100 grain; oil of pennyroyal; pichi extract; salol; tar, purified; valerian oil; Warburg's tincture; wintergreen oil; wormseed oil; quinine muriate and sulphate.

Of extra sized elastic filled gelatin capsules there are castor oil $2\frac{1}{2}$ to 15 grammes; cod-liver oil, $2\frac{1}{2}$ to 15 gram-

mes; male fern and castor oil; santonin and castor oil.

Messrs. Parke, Davis & Co. were among the first to make this method popular, and will be pleased to afford physicians interested all desired information concerning this agreeable method of medication.

Miss C., a teacher, aged 19, had suffered from leucorrhœa continuously since she was 15 years old, and at each return of the menses, as she expressed it, she wished to die during the first 12 hours, and for a day or so experienced such severe pains that she could not attend to her duties at school. I prescribed for her two tablets of Ponca Compound every six hours, for 10 days previous to the time of her menses, and to her surprise she had no pain whatever, as it passed off easily and has continued to do so since last December. Furthermore the leucorrhœa has entirely disappeared.

This is but one out of many similar cases that I could mention, and am inclined to believe that Ponca Compound is a specific for painful menstruation.

FLOYD CLENDENEN, M. D.
La Salle, Ills.

FOR PRURITIS we know of nothing better than an ointment composed of two drachms of campho-phenique to the ounce of cold cream. Its application is followed by a burning sensation which lasts for a few moments only, after which anæsthesia of the surface is complete.

CAPSULES OF SANTAL-MIDY are excellent in gonorrhœa and all forms of urethritis. They are put up by R gaud and Chapoteaut of Paris, and imported into America by E. Fougere & Co. of New York. Original bottles contain 40 capsules. Dose, 6 to 12 capsules daily.

Sedative.] FOR THE CURE OF NERVOUS HEADACHES. [*Anodyne.*

EFFERVESCENT

BROMO
[WARNER & CO.]
SODA

R Caffein 1 grain, Brom. Soda 30 grains
in each heaping teaspoonful.

USEFUL IN

Nervous Headache, Sleeplessness, Excessive Study, Migraine, Nervous Debility, Mania, as a remedy in Seasickness and Epilepsy.

Dose and Composition.—A heaping teaspoonful, containing Brom. Soda 30 grs. and Caffein 1 gr., in half a glass of water, to be repeated once after an interval of thirty minutes if necessary.

EFFERVESCENT

BROMO
[WARNER & CO.]
POTASH

R Caffein 1 grain, Bromide Potash 20 grains in each heaping teaspoonful.

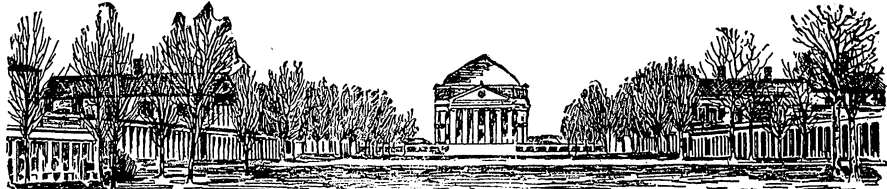
USEFUL IN

Nervous Headache, Sleeplessness, Excessive Study, Migraine, Nervous Debility, Mania, as a remedy in Seasickness and Epilepsy.

Physicians desiring the Potash Salt can obtain the same by ordering or prescribing Bromo-Potash (Warner & Co.), the composition of which is: Brom. Potash 20 grs., Caffein 1 gr.

INGLUVIN

From the VENTRICULUS CALLOSUS GALLINACEUS. A powder: prescribed in the same manner, doses and combinations as Pepsin, with superior advantages. A specific for vomiting in Pregnancy, in doses of 10 to 20 grains.



UNIVERSITY OF VIRGINIA

JAMES L. CABELL, A. M., M. D., LL. D., *Professor of Physiology and Surgery in the Medical Department of the University of Virginia; President of the National Board of Health, etc., etc.,* says:—

“The Buffalo Lithia Water, Spring No. 2, contains in notable quantities two of the alkalies which are accredited as extremely valuable in the treatment of Gout, Lithiasis and Liver Affections. I refer to the Carbonates of Potash and Lithia. It is now well known that both of these alkaline carbonates have an ascertained value in cases of

URIC ACID DIATHESIS CONNECTED WITH GRAVEL

and in cases of Chronic Gout, because of their affinity for Uric Acid and the great solubility of the salts which are formed by their union with that acid. It is, however, held by eminent medical authorities, that ‘the beneficial effects of alkalies are not due to their neutralizing acidity, or to any direct action upon Uric Acid,’ but that they ‘seem to do good by combating the pathological state on which the formation of Uric Acid depends.’ We are not, however, left to theory, as to the action of this water, as numerous testimonials from the profession seem to have established the fact that it has already accomplished results, such as its composition would indicate. It is **a remedy of decided efficiency in the Lithaemic condition.**”

Water in cases of one dozen half-gallon bottles, \$5.00, f. o. b. here. For sale by all first-class druggists.

THOMAS F. GOODE, PROPRIETOR
BUFFALO LITHIA SPRINGS, VA.

ADMINISTRATION OF ARSENIC.—(St. Louis Medical and Surgical Journal, September, 1891): Arsenic is one of our most useful remedies in a large number of chronic diseases, more especially the chronic scaly skin affections. It is not only indicated under these circumstances, but as a nerve tonic. Those who have had occasion to use arsenic to any appreciable extent have noted that, while its action is in the main a beneficial one, it not infrequently exercises an irritant action upon the stomach and may possibly exercise its toxic symptoms. In order to avoid these disagreeable symptoms iron is added, the combination being borne a much longer period of time and acting as well as the arsenic does when taken alone. The Arseniated Iron Water made by Dr. Enno Sander is one of the best combinations, being pleasant to take. In sixteen ounces of carbonated

water it contains:

R. Arsenious acid.....grs. 1.125
 Iron pyrophosphate..grs.3.657
 Sodium " ..grs.2.608
 Sodium chloride....grs.2.294

Eight ounces should be taken daily, one-third of the quantity after each meal, and for this reason it has been put up in eight-ounce bottles. There being no ferruginous taste or odor, it forms a pleasant beverage during meals. The combination with the iron and soda salts makes it an easily digestible preparation, thus insuring against any gastric symptoms.

The large McIntosh battery at the College is in constant use by the professor of diseases of the nervous system, who expresses himself as being well pleased with it. Write to the McIntosh Battery and Optical Co., 141 143 Wabash Ave., Chicago, for their World's Fair Edition Catalogue.

7 Reasons why Papoid is superior to Pepsin

1 Digestive Power

"In other words, Papoid possesses the combined powers of the Salivary, Gastric and Pancreatic ferments."
 (KILMER—Paper read before New Jersey Pharmaceutical Association.)

2 Acts Throughout Entire Alimentary Canal

"An additional advantage of Papoid (in diphtheria) is that it helps Nature to digest whatever food there may be in the alimentary canal."
 (LOVE, Prof. Clin. Med. and Diseases of Children, Marion Sims Coll. Med., St. Louis.)

3 Stimulates Natural Digestion

"Pepsin often relieves a present difficulty; but Papoid, in addition, places the stomach in condition to digest the next meal. It is far better to make the stomach do its own work. Pepsin makes the stomach lazy; Papoid does not."
 (LARRABEE, Prof. Hospital College of Medicine, Louisville, Ky.)

4 Acts in Acid, Alkaline, or Neutral Media

"But much more convenient than this will be found the dusting of a minute portion of Papoid beneath the protective strips. This succeeds well, because Papoid acts best in a concentrated medium of any reaction whatever, pepsin only in a dilute acid solution."
 (MORRISON, on Leg Ulcers, read before Philadelphia County Medical Society.)

5 Acts on All Kinds of Food. Can be Combined with Antiseptics

"The physiological actions of Papoid as a digestive agent have been thoroughly established. It acts upon albuminoids, hydrating them and converting them into peptones. Converts starch with great promptness, the ultimate product being maltose. It emulsifies fats. An important point is, it can be given in conjunction with true antiseptics, even corrosive sublimate in dilute solutions does not interfere with its digestive powers."
 (WOODBURY, Prof. Clinical Medicine, Medico-Chirurgical College, Philadelphia, Pa.)

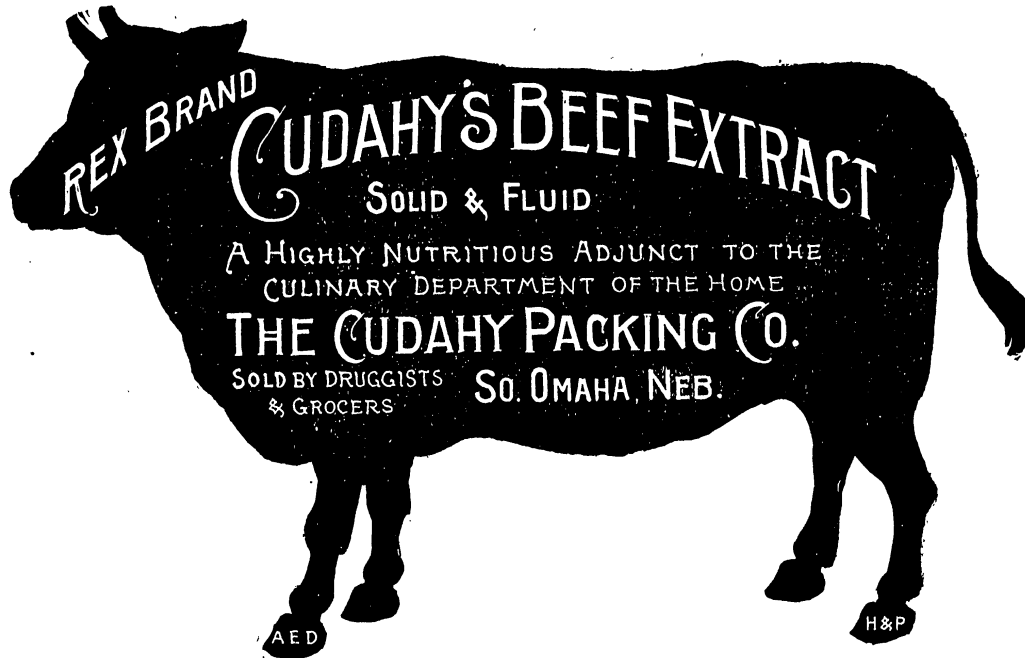
6 Acts in the Intestines

"I have accomplished more with Papoid than I was ever able to accomplish with the best pepsin. Papoid does especially well in gastro-intestinal catarrh and colitis."
 (DIXON, Prest. Kentucky State Medical Society.)

7 Costs Less

AVERAGE DOSE PEPSIN IS ABOUT 5 GRAINS AND COSTS 0.0143.
 " " PAPOID BEING 1 GRAIN AND COSTS 0.0125.

JOHNSON & JOHNSON CHEMISTS N. Y.



<p>GOUT</p> <p>CALCULI</p> <p>RHEUMATISM</p> <p>AND ALL</p> <p>URINARY</p> <p>DISORDERS</p>	<p>“GARROD SPA”</p> <p>(Lithia-Potash Water)</p>											
	<p>Compounded from most reliable scientific sources. Uniform in composition. Agreeable of taste.</p>											
	<p>CONTAINS MORE LITHIUM BICARBONATE</p> <p>in a pint than any natural water in a gallon.</p>											
	<p>SEND FOR PAMPHLETS</p> <p>—TO—</p> <p>DR. ENNO SANDER</p> <p>ST. LOUIS, MO.</p>											
	<p>SPECIAL AGENCIES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">R. E. RHODE, 504 N. Clark Street</td> <td style="width: 50%;">CHICAGO</td> </tr> <tr> <td>JOHN D. PARK & SONS</td> <td>CINCINNATI</td> </tr> <tr> <td>MEYER BROS. DRUG CO.</td> <td>KANSAS CITY</td> </tr> <tr> <td>RENZ & HENRY</td> <td>LOUISVILLE</td> </tr> <tr> <td>RICHARDSON DRUG CO.</td> <td>OMAHA</td> </tr> <tr> <td>W. S. THOMPSON, 703 Fifteenth Street</td> <td>WASHINGTON, D.C.</td> </tr> </table>	R. E. RHODE, 504 N. Clark Street	CHICAGO	JOHN D. PARK & SONS	CINCINNATI	MEYER BROS. DRUG CO.	KANSAS CITY	RENZ & HENRY	LOUISVILLE	RICHARDSON DRUG CO.	OMAHA	W. S. THOMPSON, 703 Fifteenth Street
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W. S. THOMPSON, 703 Fifteenth Street	WASHINGTON, D.C.											

THE BURSTING OF THE BOOM.—The Keeley "cure" bubble is about to burst at Dwight, its natal town. The inhabitants of that town thinking that the "boom" would be permanent, invested in hotels, boarding-houses, etc., as a means of squeezing cash out of the luckless inebriate. The houses are being shut up and a loud outcry is heard against "philanthropist" Keeley for deceiving the guileless rustics of Dwight into a belief in the permanency of his boom. *Sic transit gloria mundi.*—*Med. Standard.*

GONORRHEA.—In compliance with a request from a medical brother, I send you the formula I use in treating gonorrhoea in the male. But before proceeding with my favorite way of treating this disorder, I will give a formula which I have used many times with much success:

R. Bals. copaibæ..... 1 ounce.
Tinct. cubebæ..... $\frac{1}{2}$ ounce.
Salol..... 84 grains.
Ol. gaultheriæ..... 1 drachm.
Syr. acaciæ..q.s.ad. 3 ounces.

M. Sig.: Teaspoonful two hours after meals, three times a day. To be well shaken.

The above formula is the best I ever used until I devised the following treatment:

R. Lithiated Hydrangea
(Lambert)..... 4 ounces.

Sig.: Take two teaspoonfuls in water, with six drops of oil of gaultheria, three times a day, two hours after meals.

R. Morph. sulph..... 4 grains.
Zinc. sulpho-carbo-
late..... 40 grains.
Peroxide hydrogen, $4\frac{1}{2}$ drachms.
Aquæ dest..q.s.ad. 4 ounces.

M. Sig.: Use syringeful, after urinating, three times a day.

In writing for the above I write three prescriptions, one for lithiated hy-

drangea, one for ol. gaultheria, and one for injection.

I always instruct my patient to exercise great care, when using the syringe, to press the urethra with thumb and forefinger to prevent the fluid from being thrown too far back. A little caution right here will prevent the intense irritation that so commonly follows the use of the syringe, in causing irritation at the neck of the bladder.

In the hydrangea we have, par excellence, the remedy for the painful urinating, combined with the lithia, which is as pleasant a diuretic as is needed. The oil of gaultheria can well serve the same purpose as the balsam of copaiba, while the injection will quickly exterminate the exciting cause.—*B. Frank Price in Medical Brief.*

DYSPEPSIA WITH CONSTIPATION.—Severe cases of dyspepsia with constipation and torpor of the liver are amenable to the following combination:

R. Stearns' cascara aromatic, 1 fl. oz.
Simple elixir..... 2 fl. oz.
Fluid extract of berberis
aquifolium..... 1 fl. oz.

Mix. Sig.: Teaspoonful after meals.

"Our party successfully withstood the lowest temperature, recording one observation of 71 degrees below zero."—*Schwatka's Explorations.*

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BOVININE is easily digested and COMPLETELY absorbed from the intestinal tract, thus furnishing an extremely valuable nutrient in Typhoid Fever, after surgical operations in the abdominal regions, in all diseased conditions of the intestinal tract characterized by ulceration or acute and chronic inflammation, and in diarrhœic complaints.

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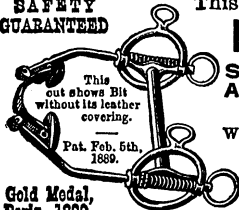
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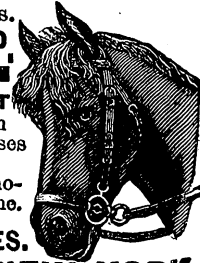
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DOSE.—

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INDICATIONS.—

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HOW DO WE DETECT THE DIRECTION FROM WHICH SOUND COMES.—Mr. K., while in the service of the United States in the late rebellion, belonged to one of the batteries, and during one of the battles was engaged in firing a large cannon; at one of the discharges he noticed a sharp pain in one ear, and when examined it was found that the membrana tympani was ruptured, resulting in the loss of the bones of that ear, with a total loss of hearing.

The feature I wish to call your attention to in this case is his inability to detect the direction from which a sound comes since the occurrence of this accident, unless he could see the person or object which produced it. To illustrate: One of his greatest sports was that of hunting, but since the loss of his hearing he has had to deny himself his favorite sport, because he was not able to direct sound. If in any way he became separated from his companions

so he could not see them and then wished to join them again, he would call and receive an answering call, but could not tell what direction to take to go to them, unless by several successive calls, and then if he went in the wrong direction the sound would become more and more distant and indistinct; or if otherwise (he was going towards them) the sound would become nearer. In hunting squirrels or other small game, if he did not see them he could not tell by the sound they made in what direction to look for them. The same difficulty was experienced if any one called to him, always having to look around in order to see where the sound came from.—Gould Smith, M.D., in *Lancet-Clinic*.

DR. JAMES TYSON has tendered his resignation as Dean of the Faculty of the Medical Department of the University of Pennsylvania.

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DOSE:—From one teaspoonful to a tablespoonful, in water, three or more times daily, as may be directed by the Physician.

For Further Information and Sample Bottle see Foot of this Page.

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Uterine Tonic, Antispasmodic and Anodyne.

A reliable and trustworthy remedy for the relief of Dysmenorrhœa, Amenorrhœa, Menorrhagia, Leucorrhœa, Subinvolution. THREATENED ABORTION, Vomiting in Pregnancy and Chlorosis; directing its action to the entire uterine system as a general tonic and antispasmodic.

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DOSE.—For adults, a dessertspoonful to a tablespoonful three times a day, after meals. In urgent cases, where there is much pain, dose may be given every hour or two ALWAYS IN HOT WATER.

Jno. B. Johnson, M. D., Professor of the Principles and Practice of Medicine, St. Louis Medical College. St. Louis, June 20, '88

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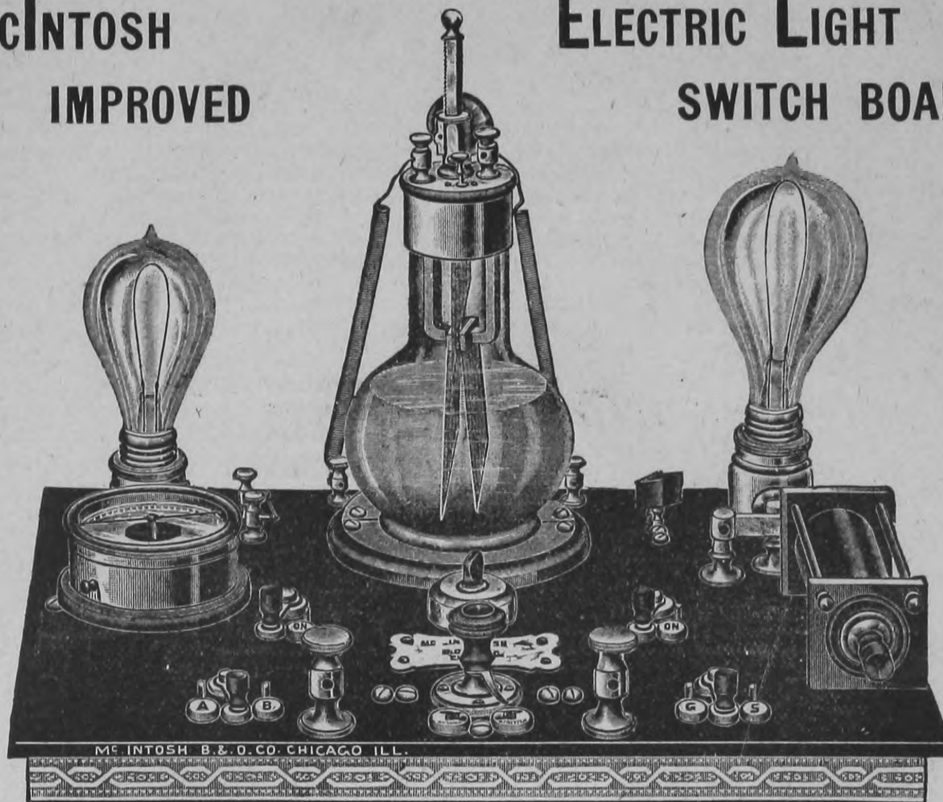
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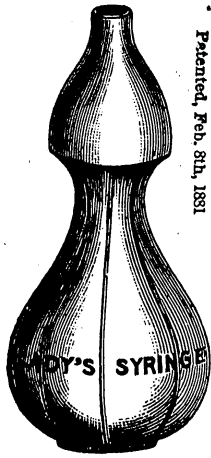
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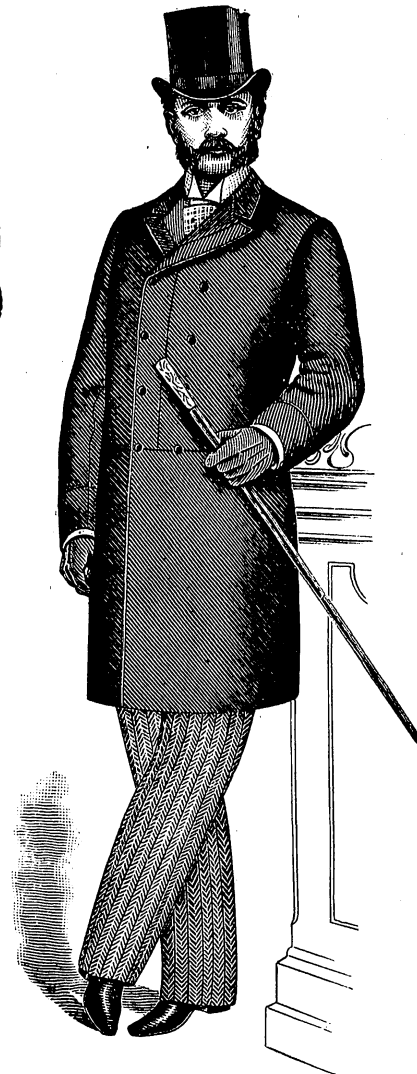
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