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THE PRESENT
TREATMENT OF DISEASE.

AN

OUTLINE OF THE MEDICAL PRACTICE
OF THE DAY.

BASED UPON RECENT CLINICAL CASES.

BY

1885
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PREFACE.

The views of treatment, the applications and uses of new remedies, and the original prescriptions contained in this work, have been very recently reported from actual clinical cases, and in many instances phonographically, directly from the teachings of the medical gentlemen quoted. These therapeutic notes illustrate more than two hundred of the important affections which come within the every-day observation and experience of the physician, and the treatment cited will serve as a truly reliable and useful guide to the practitioner. They have been chiefly compiled from the pages of the COLLEGE AND CLINICAL RECORD.

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THE PRESENT TREATMENT OF DISEASE.

ALBUMINURIA. See Bright's Disease.

ALCOHOLISM.

To counteract the craving for alcoholic stimulants, when they are withdrawn, and to sustain the nervous system, the following combination is effective (Bartholow) :—

R_y.

Tinct. capsici,	fʒvj	
Tinct. nucis vomicæ,	fʒij.	M.

SIG.—Twenty drops, in water, every four hours.

Prof. Da Costa directed, in a case of alcoholic hallucinations, that all liquor be immediately stopped; that he take extract. erythroxyton (coca) fluid., gtt.xv ter die, to be raised to the point of tolerance; at night, sodii bromidum, gr.xv, and chloral, gr.x, in syrup and water, every hour, till quiet, but not more than four doses to be taken in one night. In these cases feeding is of great importance; he should take

some nourishing, easily digested food every two hours, as milk, broth, oysters, eggs, and also just before going to bed.

Prof. J. K. Bauduy, of St. Louis, in a paper on cocaine, states that it has been well known for some time that the fluid extract of coca was a valuable remedy in the treatment of alcoholism and the opium habit, but it is not to be compared with the alkaloid cocaine in this regard. It not only replaces alcohol and morphine, but it generates a positive disgust for these agents. They can be withdrawn completely and at once without the slightest suffering or injury, and the cocaine itself may be gradually dispensed with, thus eventuating in perfect recovery. The only caution to be observed in these cases is to administer the drug hypodermically, and this by the hand of the physician himself. The drug should not be known to the patient, nor the amount of the alkaloid which is given. If these precautions are not adopted there is great danger—nay, a certainty—that a cocaine habit will be formed, more disastrous in its results than alcoholism or morphinism.

ALOPECIA.

Prof. Bartholow considers pilocarpus the most efficient remedy we possess for alopecia. For local

Where the amenorrhœa is due to arrested development, Dr. Goodell has derived the very best results from the constant use of Blaud's pill, as recommended by Niemeyer:—

R_y.

Pulv. ferri sulph.,			
Potas. carb. puræ,	āā	ʒij	
Mucil. tragacanth.,		q.s.	M.
Fiant pil. xlviiii.			

SIG.—To be given daily, in increasing doses, until three pills are taken after each meal.

This gives the large quantity of twenty-two and a half grains of the dried sulphate of iron per diem.

If these pills give rise to constipation, Dr. Goodell uses this formula (compound licorice powder):—

R_y.

Pulv. glycyrrhiz. rad.,			
Pulv. sennæ,	āā	ʒss	
Sulphur. sublim.,			
Pulv. fœniculi,	āā	ʒij	
Sacchar. purif.,		ʒiiss.	M.

SIG.—One teaspoonful in half a cupful of water at bedtime.

Where the suppression is due to change of habits and loss of health, tonics are employed. When the suppression comes on suddenly, from cold or exposure while in the midst of the menses, and is accompanied by severe lumbar pains, the patient is

placed in a mustard hip-bath, a Dover's powder is administered, she is put to bed and hot drinks are given to provoke copious diuresis and diaphoresis.

In another case of amenorrhœa, Prof. Parvin prescribed rest alone, but cautioned the class not, from this single example, to conclude that all cases of the disorder are to be similarly treated. Some of them may require apiol, others iron, or aloes and iron; still others the permanganate of potassium; others, again, the cantharidal tincture, or local depletion, and thus on, through divers and diverse therapeutic means.

ANÆMIA.

Prof. Da Costa is partial to Blaud's pill in anæmia with attending disorders of menstruation. It is best made up with glucose, to prevent chemical decomposition, as follows:—

Ry.

Ferri sulph. desiccat.,			
Potass. carbonat.,	āā	ḡj	
Glucose,		q.s.	M.

Ft. pil. xl.

SIG.—One pill after each meal; to be increased to three.

Suspend the treatment during menstruation.

In the case of an anæmic girl with functional disturbance of the heart, due to dyspepsia, he prescribed a meat diet, plenty of exercise, and—

R_y.
 Tinct. gentian. ferrat., fʒj
 Tinct. nucis vomicæ, gtt.v. M.
 SIG.—Ter die.

He speaks highly, also, of a double salt of sodium and iron, the pyrophosphate, in the treatment of anæmia. As it is unirritating, it is the best salt for hypodermic use. It is freely soluble, and can be given in large doses, as it does not irritate the stomach, nor does it produce constipation.

For a case of simple anæmia, which had resisted the ordinary treatment of iron, exercise and food, he prescribed—

R_y.
 Liq. potass. arsenit., fʒj
 Massæ ferri carb., ʒij
 Syrup. simplic., q.s. ad fʒiv. M.
 SIG.—ʒj, after each meal, and take, before each meal,
 tinct. nuc. vomicæ, gtt. x.

Exercise in open air about three hours after eating. An occasional purge in the form of the official pill of aloes and ferrum; or if there be flatulency, of aloes and asafœtida.

A young woman—a seamstress—was prescribed for by Prof. Bartholow, suffering from severe anæmia and headache. He said it was not wise to give the bromides in such a case, but better the phosphate of iron, quinine and strychnine, with well-regulated outdoor exercise. Diet—meats, and not too much of starchy matters. Inunctions of fat at night, after a warm bath, are of value.

ANÆMIA, PERNICIOUS.

Prof. Da Costa, in his experience with idiopathic pernicious anæmia, thinks the books give the duration of this disease as too short; it is several years, as a rule, though it may run a more rapid course in pregnant women. His belief in the fatality of the prognosis is very strong, and he doubts the diagnosis in all the reported cures he has read of; but is much more hopeful than formerly concerning the probability of prolonging life. The greatest possible attention must be paid to obtaining a blood-making diet. Freshly-drawn bullock's blood is advantageous, where it is not too offensive to the patient. A sea voyage is of great benefit. Manganese is useless; iron in very large doses, of some value; and arsenic in small doses, long continued, has given him better results than any other remedy. In the later stage,

when transfusion is bruited, he discourages it, for improvement from it is only very temporary.

ANEURISM.

In an interesting clinical case,* Prof. Da Costa exhibited the great value of iodide of potassium in the cure of internal aneurism. The woman had had fifteen grains thrice daily, which was a very full dosage for her, because every now and then frontal headache and coryza demonstrated that she possessed an unusual susceptibility to the drug, and its use must then be intermitted. She had been on this treatment for some time, and had had nothing else, save a little morphine when the pain was very severe, and iodide of cadmium ointment to the enlarged glands. She had had no particular diet, and nothing special had been done for an accompanying cough or dyspnœa, save a little morphine and atropine at first, when the cough was very severe and irritating. It is seldom that one sees a cure where the benefit to be derived from the iodide of potassium is so very marked. Dr. Da Costa thinks that treatment by full doses of iodide of potassium and a moderate diet, rather under than overfeeding the patient, and absolute rest in bed, is the best that

* *Therapeutic Gazette.*

can be adopted. This latter injunction is very important. In addition, he keeps the action of the heart subdued by aconite; for pain, ice over the tumor, and rub with an ointment of aconitia, gr.j, to vaseline, ʒj. A quiet life, rest in bed and a dry diet, are enjoined upon the patient.

ANGINA PECTORIS.

In a clinical case of this disease, simulating asthma, Prof. Da Costa said the indications for treatment are to relieve the pain during the attacks of angina, and, secondly, to act upon the diseased organ, to relieve its condition, as far as possible, by remedies improving nutrition. For the condition of angina itself, during the attack, nothing will give more relief than nitrite of amyl. It is used in capsules containing from three to five minims each. These are to be crushed in a handkerchief and the vapor inhaled. It is astonishing how rapidly it acts, as the rule. If it does not relieve him sufficiently, he shall also have a quarter of a grain of morphia hypodermically, at once.

After the urgent symptoms have been relieved, the condition of the heart also requires to be studied out. What remedy will act upon the heart itself and restore a healthy condition? Arsenic is

often a useful remedy in such cases, but the arsenic must be pushed to obtain its full physiological effect before you can be sure whether it will succeed or fail. Digitalis is often a valuable remedy, but its effect upon the heart is less permanent. Strychnia is also a good agent. Cannabis indica is very good. He could see no reason why they should not be combined in this case :—

R_y.

Acidi arseniosi,	gr. $\frac{1}{30}$	
Ext. cannabis indicæ,	gr. $\frac{1}{12}$.	M.

Ft. pil.

SIG.—To be taken three times a day, after eating.

The bowels must not be allowed to be constipated, so that there shall be no straining. He shall have a regulated diet, nourishing, rather concentrated; avoiding bulky food, and indigestible articles, such as pies or pastry. As the patient also complained of indigestion and want of appetite, he was ordered tincture of nux vomica, ten drops three times a day.

APHTHOUS SORE MOUTH.

Prof. Ellerslie Wallace believed that the sodium sulphite solution was the best remedy for aphthous sore mouth in infants :—

R_y.
 Sodii sulphit., gr. xxx
 Glycerini,
 Aquæ, āā fʒss. M.
 SIG.—To be used on a swab every two hours.

Where the child is using a nursing bottle, scrupulous cleanliness is required. The rubber nipple should be turned inside out after each time of using, washed clean, and placed in a solution of bicarbonate of sodium (baking soda), in a tumbler, until again needed. It is better to have two, and use them alternately. Milk must never be allowed to stand in the nursing bottle until it becomes sour.

APOPLEXY. See Paralysis.

ARGYRIA.

A patient presented himself at Prof. Bartholow's clinic, who, having contracted syphilis many years ago, had suffered from ulcerative sore throat. To his throat he had for two years applied nitrate of silver, until by this time he suffered from all the symptoms of argyria. He was placed upon—

R_y.
 Sodii hypophosphit., gr. v-x.
 SIG.—Ter die.

Prof. Gross says an excellent tonic in asthenia is—

R_y.

Quininæ sulph.,			
Ferri sulph.,	āā	gr.ij	
Strychninæ sulph.,		gr. $\frac{1}{40}$	
Capsici pulv.,		gr. $\frac{1}{3}$.	M.

SIG.—One ter die.

ASTHMA.

Prof. Bartholow has succeeded in affording great relief to sufferers from this distressing complaint by the administration of fifteen grains of the iodide of potassium and twenty grains of the bromide of potassium four times a day. This combination has been found to be particularly useful where there was any spasm of the bronchi.

Dr. J. S. Neff, at the Jefferson Medical College Hospital, has used, with perfect success, the new drug pyridine in the treatment of the paroxysms of asthma in several cases, independently of the cause, whether bronchial, cardiac or renal. It seemed not only to relieve the paroxysm, but also to prevent the return, in a measure. As the remedy is so very irritating to all the mucous membranes, the following method is used in its administration. The patient being placed in a small room, from thirty to forty

drops of the drug are put on a plate and placed at a little distance from the patient. This may be repeated if necessary, and the inhalations kept up from five to thirty minutes, but relief is usually obtained in from one to five minutes.

At Prof. Da Costa's clinic, a boy, *æt.* four years, who had had pure nervous asthma since he was one year old, was given—

R_y.
 Sodii bromidi, gr.ij
 Tinct. belladonnæ, gtt.j
 Syrup toltutan.,
 Aquæ, āā fʒss. M.
 SIG.—Ter die, well diluted.

The following combination of Prof. Bartholow's, for asthmatic attacks, has been found very useful :—

R_y.
 Ext. grindeliæ fluid., fʒss
 Ext. lobeliæ fluid., fʒij
 Ext. belladon. fluid., fʒj
 Potassii iodidi, ʒij
 Glycerini, fʒiij. M.
 SIG.—Tablespoonful as required.

He considers iodide of ethyl a very valuable anti-spasmodic, singularly and immediately beneficial in spasmodic asthma, also lessening the liability to sub-

each night, to be increased to gr. $\frac{1}{100}$ if necessary, for the trembling. For the atheroma:—

R_y.

Acid. phosphoric. dil.,	gtt.xx	
Tinct. cinchonæ comp.,	gtt.xl.	M.

SIG.—Ter die.

BLADDER, AFFECTIONS OF. See Genito-Urinary Organs.

BOULIMIA.

At Prof. Da Costa's clinic, a patient æt. twenty-four presented himself, complaining of inordinate appetite—boulimia; he was always hungry; had been so troubled for eight years, during which time he had gone from one institution to another and from one doctor to another, seeking relief but finding none. The trouble came on gradually, without cause; no evidence of tapeworm was ever found; no excessive thirst. He ate five or six meals each day; for breakfast he took 1 lb of beef, $\frac{1}{2}$ lb of bread, potatoes and tea; the remaining meals were equally large. He slept well; his heart beat rapidly; his spleen and liver were normal in size. As far as known this affection is due to deranged nervous action.

The fluoride of calcium deprives one of appetite and of strength, and that would be prescribed as a last resort. He was ordered fifteen grains of the

bromide of sodium, in mint water, ter die. The patient returned cured; he now eats three meals a day and is satisfied; he no longer feels weak and hungry between meals, and is gaining in weight. He was directed to take the bromide only twice a day, and in addition gtt.xv of the fluid extract of coca, ter die.

BRIGHT'S DISEASE.

In a case of chronic Bright's disease presented at the clinic, Prof. Bartholow observed:—

These cases are readily diagnosticated, but the difficulty is in the treatment. We now have at our command some remedies which exert a remarkable effect upon this malady. The first of these is nitro-glycerine. Its introduction has given quite a different complexion to the treatment of these cases. It is employed in the form of the centesimal solution: one minim of nitro-glycerine dissolved in one hundred minims of alcohol. One minim of this one per cent. solution is the beginning dose. This may appear an extremely minute dose, but in some persons the action of the heart is accelerated and the face flushed by a single minim, while others may take five to fifty minims. He had, a short time ago, a patient who could take eighty minims of this solution, not only

without injury, but with decided benefit. This was a case of spasmodic difficulty of breathing. In albuminuria he had found that the dose readily borne by an adult is from one to five drops, the average probably being three drops. Begin with the smallest dose, and gradually increase until the characteristic symptoms are produced. It is necessary to produce these characteristic physiological effects in order to obtain the best results. It is fortunate that these effects can be obtained without any injury to the patient, provided the remedy is used in anything like the proper dose. It is perfectly safe within these limits.

We give nitro-glycerine for the effect which it has on the circulation and its secondary effect upon the structure of the kidney. It produces marked dilatation of the peripheral vessels. This at once takes away the blood from the important large vessels and central organs, and distributes it to the periphery. Of course, when the arteries are suddenly dilated, the work to be done by the heart is reduced, and it can send the blood on the round of the circulation with less force. Nitro-glycerine in this way relieves the heart and lowers the high tension which belongs to this malady. Secondarily, it opens the way to the relief of a condition that had hitherto not been

relieved by any measure which we had under our command.

It has been demonstrated, too, that the amount of albumen progressively diminishes under its use. The extent of improvement depends upon the amount of damage which the kidneys have suffered. We cannot restore lost parts. We cannot put new structure into the kidney, any more than we can restore a finger that has been amputated. If we wish to accomplish good, we must begin early. There is no time to be lost. We will begin with the administration of minim doses of the centesimal solution of nitro-glycerine, four times a day, and gradually increase the dose until the patient feels the characteristic flushing of the face and the other symptoms produced by this remedy.

Have we any other remedy? We have a drug which is potent in preventing hypertrophy of the connective tissue of the kidney, chloride of gold and sodium, which has been followed by remarkably good results in these cases. The dose is one-twentieth of a grain three times a day.

In addition to this, the bowels should be kept in good condition by the use of a weak saline water, the function of the skin is to be kept active by the

use of warm clothing, and the patient should carefully guard against changes of temperature.

There is another remedy which is also a food ; that is skim-milk. The patient should live largely upon this, which acts as a diuretic as well as food. As a rule, he should avoid solid food, living almost exclusively on a liquid diet. As he improves, the amount of solid food may be increased. These hygienic measures are of the greatest importance, for without them it is hopeless to expect a favorable result from any method of treatment.

He wished it to be remembered that in many cases there is a syphilitic history, in at least ten per cent., and in such cases, with the remedies already indicated, he would combine the corrosive chloride of mercury in doses of one-fortieth of a grain.

In a case illustrating the form of Bright's disease called parenchymatous nephritis, contracted kidney, Prof. Da Costa, at the Pennsylvania Hospital, said :—

What does the most good in these cases is vigorous counter-irritation by the use of turpentine and dry cupping all over the chest, and the internal administration of ammonia. Whether we use the aromatic spirits, half a drachm every half-hour or so, or the

muriate of ammonium, which was used here, it proves a very valuable aid to the counter-irritation. The heart also needs stimulation, for the circulation is very much embarrassed, and for this purpose we are called upon to give moderate doses of alcohol. The patient has improved very much, and the urgent symptoms having passed away, we will now direct our attention to the condition of the kidneys. She will be given Basham's mixture, and her diet shall be made up largely of milk, though she will not be restricted exclusively to it.

Prof. Da Costa had a clinical case, a man who, four months before, had marked œdema, and persistent albuminous urine. His condition had been entirely relieved, the albumen had disappeared from the urine. His treatment had been by remedies directed to removing the œdematous condition, and to the disease itself had been directed the following:—

R_y.

Sol. nitro-glycerin. centesimal, gtt. j-iiij.

SIG.—With water ter die.

In a case of acute nephritis, complicated with pleurisy, Dr. James C. Wilson, Physician to the Jefferson Medical College Hospital, said:—

Absolute rest is of primary importance. In the next place the patient should be put on a dietary which gives the largest amount of nutriment with the most limited requirements from the excretory organs. An almost exclusive milk diet will be given.

What shall be given in the way of medicines? It is necessary, in the first place, to relieve pain. This can be done by external applications. It is not safe to administer opium or morphia in large amounts in these cases. Opium must be given with extraordinary caution, because often the uræmic accidents to which such patients are liable are precipitated by the administration of opium, even in moderate doses. If, however, the pain is not relieved by external applications, one or two grains of Dover's powder, repeated at hourly intervals, will be given. In regard to further medication, we must decide whether we are going to treat the pleurisy and ignore the condition of the kidney, or to treat the primary condition which underlies the general dyscrasia. Of course, a moment's reflection shows us that we should treat the cause, which is the condition of the kidney. We want to produce elimination and get rid of the non-excreted waste substances with which the blood is charged. It is obvious that the kidneys which secrete urine the specific gravity of which is 1.004 and

loaded with albumen, are draining off the nutritive properties of the blood, and are allowing to remain in the blood those elements of waste which it is the function of the kidneys to excrete. He would therefore make an effort to relieve the blood tension, for this drain of albumen is the result of the increased blood pressure associated with the condition of the vessels and of the heart. It is really a filtering of the albumen through the walls of the vessels with the watery portion of the blood. Another indication for treatment is the promotion of the elimination of the watery portions of the blood holding in solution the waste products by other channels than the kidneys, for these organs are incapable of acting efficiently.

He would therefore purge the patient. Weak as he is, it is proper treatment to administer those purgatives which tend to produce large watery evacuations. For this purpose, he would order one drachm of the compound jalap powder, to be taken night and morning, and watch the result. If this fails, he would not hesitate to use elaterium. At the same time it would be advisable to cause sweating, which would also have a tendency to relieve the pleuritic trouble and aid in the depuration of the blood. He would therefore give small doses of muriate of pilo-

carpin, first administering by the mouth one-eighth of a grain once a day, and if this fails to promote free sweating, he would give the same dose or increase it to one-sixth or even one-fourth of a grain, hypodermically, and repeat it until the desired effect is obtained. The probabilities are that the patient will be benefited by this treatment.

As the patient improves, he would, after a time, administer some form of iron, probably Basham's mixture in the dose of two fluid drachms three or four times a day.

In a clinical case of Bright's disease, with general dropsy, Prof. Da Costa stated the following as the general plan of treatment:—

The temperature is 100°; skin moist, perspiring. The patient has been taking Basham's mixture, half an ounce three times a day. She is passing three pints of urine, about the average quantity. The Basham's mixture being a chalybeate tonic and a diuretic, will be the chief reliance here, as it also acts upon the skin. She shall have an occasional vapor bath, for the same purpose, and nourishing food, principally milk and the like, including eggs, and a fair amount of underdone beef, to replace the drain from the kidneys. In order to relieve the

Prof. Da Costa showed the class a very interesting case of a woman with a long history of ill health; malaria, dyspnœa, and consolidation at the upper part of the right lung, etc. This was diagnosed as general bronchial catarrh on the right, emphysema at the lower part and consolidation at the apex. The emphysema had stopped the consolidation.

The catarrh was considered the most important point of the treatment. She was ordered—

R_y.

Ammonii chloridi,	gr.x	
Tinct. opii deodoratæ,	gtt.ij	
Syrup. pruni virgin.,	fʒj.	M.

SIG.—Every three or four hours.

When the catarrh is well advanced toward recovery, let her take ten grains of the iodide of potassium and ʒss of cod-liver oil three times a day.

For a child with bronchitis, Prof. Bartholow prescribed—

Lemonade, to be drank freely.

R_y.

Ammonii iodidi,	gr.ij	
Syrup. picis,	fʒj.	M.

SIG.—Every four hours.

Prof. Da Costa frequently prescribes codeia in half-grain doses, for cough.

In chronic bronchitis with asthmatic breathing, Prof. Bartholow prescribed, in the clinic—

R_y.

Ext. grindeliæ fluidi,			
Ext. quebracho fluidi,	āā	gtt.xx	
Ammonii iodidi,		gr.v.	M.

SIG.—To be taken three times daily.

BURNS.

For burns, Prof. J. H. Brinton mentioned in his lectures the following dressings: Equal parts lime water and linseed oil; white lead; unsalted lard; flour; and as an elegant application for burns about the face especially, the following:—

R_y.

Olei amygdal. amar.,	gtt.ij	
Liquor. calcis,	f̄v̄ij.	M.

Take fresh lard, wash out the salt under running water, and then beat up the lard with a little of the above solution. The lime water, agreeably flavored by the bitter oil of almonds, prevents the decomposition of the lard.

CALCULUS. See *Lithæmia*.

CANCER (CARCINOMA).

Prof. Gross used with success absorbent cotton

saturated with a one per cent. solution of citric acid, applied to the ulcer of carcinomata, to relieve pain.

For the alleviation of *hepatic cancer*, Prof. Bartholow prescribed syrupus mangani et ferri iodidi, and minute doses of Donovan's solution; the patient to avoid starchy, fatty and saccharine food.

As an application after the removal of a *cancerous growth from the uterus*, Prof. Parvin advised—

R_y.

Iodinii,			
Brominii,	āā	ʒj	
Acid. carbolic. crystal.,		ʒss	
Alcohol.,		ʒj.	M.

SIG.—Apply by means of absorbent cotton.

Prof. Da Costa has, from experience, formed the opinion that small doses, long continued, of corrosive sublimate retard the growth of *gastric cancer*.

In a clinical case of *cancer of the omentum and liver*, Prof. Bartholow said, we should not pronounce a fatal sentence, but should assume the existence of a curable disorder. He would follow that beneficent rule in this case, and would use that remedy which, above all others, has the power of effecting the

absorption of inflammatory and specific exudations. He would therefore tentatively give massive doses of iodide of potassium, by way of beginning the treatment. By massive doses he meant from twenty to forty grains three or four times a day. This is such a diffusible agent, that in order to make a profound impression, it must be given in large doses. He would order for this patient half a drachm of iodide of potassium three times a day, well diluted with water, so as to give the stomach as little distress as possible. The patient also suffers from constipation, which should be relieved by enemata.

Topical applications would be of no service if this diagnosis be correct; but following out the beneficent rule already laid down, he would order the ointment of the red iodide of mercury to be used once a day until the characteristic action on the skin is produced, on account of its specific action, and because it unquestionably has the power of promoting absorption.

Another thing which should be done, as an aid to diagnosis, is to introduce into the mass an exploring trocar, and withdraw, if possible, some of its contents for microscopical examination. This can be done with perfect safety, and will probably settle the question as to the character of the growth.

CATARRH, NASAL.

To diminish the sensibility of the mucous membrane of the nose, Dr. Sajous recommends—

R_y.
 Acid. tannic., gr. xl
 Glycerini, fʒj. M.

SIG.—Apply with a cotton-wrapped probe.

A solution of zinc chloride, gr. ij to fʒj, is also useful, or of the zinc sulphocarbolate, gr. v to fʒj.

To get rid of effusion when the above is of no avail, he recommends that the patient sit covered with a sheet, and place a lamp within to steam him; or use—

R_y.
 Bismuth. subcarb.,
 Pulv. talc, āā ʒj
 Aluminis, ʒss
 Morph. sulph., gr. j
 Pulv. acaciæ, ʒj. M.

SIG.—Snuff up a little several times a day.

He advised that a solution of common salt should never be used as a nasal spray, and not to use any nasal spray cold. He further stated that in almost any case where a wash was required, the following could be used:—

R_y.
 Sodii bicarb.,
 Sodii biborat., āā gr. iij
 Aquæ, fʒj. M.

SIG.—Use as a wash or spray.

R_y.

Iodoform. pulv.,	ʒj	
Extract. geranii,	gr.x	
Acid. carbolie.,	gtt.xv	
Vaseline,	ʒj.	M.

Ft. unguentum.

SIG.—Saturate absorbent cotton with it, and apply up the nostril at night.

CATARRH, POST-NASAL. See Catarrh, Nasal.

CATARRHAL FEVER.

Prof. Da Costa had a protracted clinical case of catarrhal fever, affecting the gastro-intestinal mucous membrane, simulating typhoid. There was abdominal tenderness, the mind was dull and heavy, the temperature was very irregular, tongue heavily coated; nausea and vomiting a marked symptom; the bowels were constipated, and no eruption was ever found. The patient was almost cured by a regulation of diet, attention to secretions, calomel and quinine. She was ordered to keep the bowels open with oleum ricini and take a light bitter tonic, as—

R_y.

Acid. phosphorici dil.,	fʒj	
Tinct. cinchonæ comp.,	fʒij	
Elixir. simpl.,	fʒj.	M.

SIG.—fʒj before each meal.

CEREBRAL EMBOLISM.—CEREBRAL HYPERÆMIA.

Prof. Da Costa treated a case of cerebral embolism, causing right hemiplegia, with digitalis; to aid in restoring the collateral circulation, potassium iodide, quinine and laxatives. He considers aconite *the* remedy for cerebral congestion, combined with bromides and laxatives, or even bleeding in the severer forms.

In a case of cerebral hyperæmia, consequent upon a blow, he prescribed the following active purgative:—

R_y.

Ext. colocynth.	gr. j	
Capsici,	gr. $\frac{1}{3}$	
Ext. gentianæ,	gr. ij.	M.

SIG.—Ter die, in pill.

At night, sodium bromide, gr. xxv.

CEREBRO-SPINAL FEVER.

Dr. James C. Wilson, Physician to the Jefferson Medical College Hospital, states that, in general terms, the treatment by the bromides, by opium or its derivatives, given early and in full doses, calomel occasionally, for its purgative effect, absolute rest and quietude, stimulus and artificial external warmth in the period of depression, and bland nutritious food in moderate quantities, promises, both in theory and by experience, the best results.

In cerebro-spinal meningitis, in which there is a marked febrile tendency, Prof. Bartholow says that gelsemium, in small doses of the fluid extract, is extremely useful. A uniform physiological effect should be maintained.

CHANCROID. See also Syphilis.

Prof. Gross treats chancroids, seen within a few days of their appearance, as follows: Wipe out the sore and under the edges thoroughly with cotton, then apply with another bit of cotton carbolic acid, being careful to touch all the raw surface and to get well under the undermined edges. The pain caused by this application is but momentary, and is followed by a sensation of numbness, which prevents pain from further manipulations. Now, with a bit of cotton wrapped on a match, touch the ulcer with strong nitric acid. This will destroy whatever poison there may be left. Protect with a bit of cotton. Have the patient bathe the penis in warm alkaline water three or four times per diem. If the prepuce covers the sore, let him use as a wash—

R_y.

Cupri sulphat.,	gr. $\frac{1}{8}$	
Acid. tannic.,	gr. ij	
Aquæ,	fʒj.	M.

Place a piece of cotton cloth between the glans and prepuce. A bubo can be aborted by injecting into it an eight per cent. solution of carbolic acid, and the use of compression. If already formed, it may be treated as the original sore.

He states that iodoform prevents granulation in all ulcers, and does no good in chancroid except to relieve pain, and even in this latter case he prefers a solution of chloral, gr. iij to the ounce of water. As a stimulating application to a chancroid, he recommends the following:—

R_y.

Acidi tannici,	gr.ij	
Unguent. hydrargyri nitratis,	ʒj	
Adipis benzoat., q.s. ad	ʒj.	M.

SIG.—Apply on a piece of lint.

CHILBLAINS.

Prof. Bartholow highly recommends tincture of benzoin for chilblains. The part is to be well washed with soap and afterward with clear water, and thoroughly dried. Then the remedy, dissolved in glycerine, is applied.

CHLOROSIS.

In chlorosis, the following has often been found serviceable:—

Internal Treatment.—Must check the early diarrhœa if you desire to be successful, for, in most cases, if you stop this you put an end to the disease. For this purpose the most valuable remedies are sulphuric acid in combination with tinct. opii deod., with aq. menth. pip. In India the acetate of lead, gr. iv, with pulv. opii, gr. j, at once with the diarrhœal outbreak, and continue every three hours until it checks the discharges. If the above cannot check the diarrhœa, use capsicum, gr. j, with opium and camphor.

Second Stage.—Here we have cramps, vomiting, and purging. Now, stop the use of fluids; allow but little ice in the mouth. This is a point of great importance. As little food as possible. Stimulus in small amounts, but frequently repeated. Mustard to the epigastrium. Administer every hour or two—

R̄.	Tinct. capsici,	gtt.ij	
	Tinct. opii deod.,	gtt.x	
	Aquæ camphoræ,	fʒij.	M.

If the stomach does not retain the opium, give it hypodermically; but, if possible, give it by mouth, since it appears to have a local effect. To relieve the cramps, use chloral subcutaneously, in large amounts. When reaction has set in, allow fluids, to wash out the kidneys. If he has not reacted, and is not doing

Asiatic cholera. It is best to give coincidentally morphina and atropina. In the condition preceding the algid stage strychnine is efficacious. It is best administered as the sulphate, combined with sulphuric acid.

He considers that dilute sulphuric acid combined with laudanum is the best remedy in the preliminary diarrhœa of cholera.

CHOREA.

In a case of chorea at the Pennsylvania Hospital, Prof. Da Costa, in calling attention to the successful employment of hyoscyamine, said:—

The ordinary remedies for chorea act slowly; arsenic, though one of the best therapeutic agents for this disorder, takes time, and the loss of time here may be fatal. He recalled a case of tremor which he had seen rapidly influenced by hyoscyamine, the active principle of *hyoscyamus niger*. He concluded to try it here. He ordered him to take one-two-hundredth of a grain, to begin with, a decided dose for a boy of his age; but not finding any marked influence, he concluded that it would be advisable to increase the dose to the one-hundredth of a grain, given three times a day. The effect was admirable. From the first few days the boy began

to improve, and at this time he had some dryness of the throat and wanted his mouth frequently moistened. He became brighter in his mind; took more interest in what was going on; moved voluntarily in bed, and tried to help himself to food. His voice also returned, and he left his bed and began walking around the ward. After this, recovery was rapid and uninterrupted. He had no other treatment than hyoscyamine.

Did the hyoscyamine produce the striking effect, or did the rest in the hospital do it? That rest is good in all, and can cure many cases of chorea, is admitted; but the improvement here was too sudden—coming on in three or four days—and too great to be attributed entirely to the good nursing and the food which he received. Hyoscyamine is a valuable antispasmodic and exercises a remarkable control over muscular movements. With the control of the movements the condition of the muscles is improved, and all the functions are increased. Even the blood has improved; for, though still anæmic, he is not so much so as he was. Let him take for his anæmia the elixir of the pyrophosphate of iron, a drachm three times a day, and stop the hyoscyamine, as having accomplished its purpose.

The treatment of chorea by hyoscyamine had

been successful in other cases, the usual dose at first being $\frac{1}{100}$ of a grain.

In the case of a young man, aged twenty-one, suffering from a well-marked attack of chorea, that could not be linked to any history of rheumatism, but possessing a most irritable temperament, to which he attributed the cause of the trouble, Dr. O. P. Rex, Physician of the Jefferson Medical College Hospital, prescribed—

R \acute{y} .

Potassii iodidi,	gr.vij	
Extract. cimicifugæ fluid.,	gtt.xx	
Syrup. sarsap. comp.,		
Aquæ, āā	fʒj.	M.

SIG.—To be taken ter die.

For a boy aged eight years, with chorea, limited to the voluntary muscles, Prof. Bartholow ordered that the child be kept from school. A pill of the iron iodide was given ter die, also liq. potassii arsenit., gtt. iij, at first, then soon to be increased to gtt. v ter die, and again reduced to gtt. iij ter die.

In another case, in a boy, he prescribed Fowler's solution, three minims three times a day, in combination with the fluid extract of gelsemium. In another case, with anæmia, he prescribed tincture

of calumba, one drachm thrice daily, and Fowler's solution, three minims thrice daily, to be taken before meals, and after each meal one of the officinal pilulæ ferri iodidi.

He advised the trial of conine bromhydrate (dose gr. $\frac{1}{100}$ - $\frac{1}{40}$) in obstinate cases.

Dr. J. C. Wilson, Physician to the Jefferson Medical College Hospital, directed, in the case of a girl of fifteen, suffering from chorea, that chloral, in five grain doses, should be administered five or six times during the day, and that the patient maintain the recumbent posture as much as possible. She would then be placed on iron and arsenic, to be persistently used for a long time.

A case of chorea, in an anæmic girl, æt. eight, which followed diphtheria, was presented by Prof. Da Costa. The choreic movements were continuous. Rapid improvement followed the treatment, which consisted in—

R_y.

Arsen. chlorid.,		gr. $\frac{1}{100}$	
Tinct. ferri chlorid.,		gtt. v	
Syrupi simplicis,		q. s	
Aquæ,	ad	fʒj.	M.

SIG.—Ter die, after meals.

In another case, in a girl not yet arrived at the age of puberty, who had suffered from this affection for two years, and had been taking arsenic, he prescribed atropia, gr. $\frac{1}{80}$ twice daily, used hypodermatically—morning and evening. This plan of treatment would speedily modify the convulsive movements. Good nourishing diet with strict attention to the bowels was also of importance. Should this treatment fail, preparations of zinc or bromide of nickel would be employed.

Prof. Parvin treated a case of chorea as follows:—

R_y.

Liq. potas. arsenitis, gtt.ij.

SIG.—Take at meals.

Also—

R_y.

Hyoscyamin. sulph., gr. $\frac{1}{200}$

Sodii bromid., gr.v. M.

SIG.—To be taken in solution ter die.

In a clinical case of chorea in a child, with heart trouble, after rheumatism, Prof. Bartholow said that it is of the first importance to improve the condition of the blood, for if the blood is impoverished the heart will be irregular; anybody with clinical experience will substantiate this fact. This child,

above all things, needs iron. As mitral lesion is present, we must also give remedies to improve the condition of the heart; for after a time the lesion which is now compensated should cease to be so and lead to disturbance of a serious kind.

R_y.
 Pulv. digitalis, gr. ss
 Ferri redacti, gr. ss
 Ext. nucis vomicæ, gr. $\frac{1}{6}$. M.

in pill, three daily for a few days, and then to be reduced to two. In a short time she need only take one a day, but these remedies should be kept up for a long period of time.

CIRRHOISIS OF THE LIVER. See Hepatitis, Interstitial.

COLDS. See Coryza.

COLIC.

In a clinical case of flatulent colic, in an infant, Prof. Bartholow stated that a proper regulation of the diet is the first step, avoiding those articles of food which the mother considers so harmless, potato, bread and gruel, which undergo fermentation. In addition, he would order a prescription containing a capital remedy for colic in infants, one that is more efficient and less dangerous than the ordinary preparations

of opium—bromide of potassium dissolved in aniseed or peppermint water, or a mixture of the bromide with oil of aniseed, mucilage and acacia, glycerine and water, of which a dose may be given when the colic comes on. It may be ordered without fear, knowing that it is perfectly safe and can do no mischief, which cannot be said of the various soothing combinations and carminatives in common use in the nursery, which usually contain laudanum or morphia.

In another very young child, suffering from colic and indigestion, he said that infants in this condition of feeble digestion—*a-pepsie*, as the French call it—are, as a rule, greatly benefited by brandy, and they are about the only specimens of humanity that are. This child should have fifteen drops of the best Cognac every three or four hours, always giving it after aliment, or after nursing. In these cases of *a-pepsia* in infants, good is also accomplished by pepsin; it is one of the few instances where pepsin is beneficial. Every time it takes its aliment it should also have ten or fifteen grains of saccharated pepsin.

These are the medicinal means required; what are the hygienic ones? The child needs air, and it should be sent out in the open air and sunshine

daily. Moreover, the skin should be kept in good condition, by baths, friction and inunction. After a warm bath, if the skin is well rubbed with a little fat, it will improve the nutrition, and here is a case in which inunction will especially prove of service. After the morning bath the skin may be well rubbed with a soft, dry towel, and then a teaspoonful of lard rubbed in.

With proper attention to the medicinal and hygienic treatment of these cases, with careful regulation of the diet, the child will soon cease to look wan and exhausted.

In other cases of infantile colic and irritation of teething children, he advised a combination of bromide of potassium, oil of aniseed and mixture of asafœtida, given *pro re natâ*.

In a case of hepatic colic with a tendency to the formation of biliary calculi, Prof. Bartholow prescribed—

R ψ .

Sodii cholat.,

gr.xxx-xl

Extract. nucis vomicæ,

gr.iiss. M.

Ft. pil. x.

SIG.—One pill ter die.

The cholate of sodium will help to keep the bile in a soluble condition. To keep the bile alkaline and so prevent the further formation of gall stones, give persistently sodium phosphate or cholate.

CONSTIPATION.

In a clinical case of obstinate constipation, Prof. Bartholow said he would, in the first place, prescribe a pill consisting of the extract of nux vomica, extract of belladonna and extract of aloes, one each night. In order to render the passages uniform at a certain hour each day, the patient will be directed to go to stool at that hour, whether he has any inclination or not. To assist in effecting this, he will take, each morning, one hour before breakfast, the following:—

Ry.	Magnesii sulphatis,	ʒij	
	Acidi sulphuric. dil.,	gtt.xx	
	Ferri sulphatis,	gr.j	
	Aquæ,	fʒiv.	M.

He can also assist in starting the contraction of the bowels by rubbing and kneading the abdominal walls, just as uterine contractions may be stimulated in the same way. Daily faradic applications to the abdomen and rectum will assist materially in starting the action. By the use of these measures, the bowels

may be gotten into the habit of acting regularly, just as they had gotten into the habit of not acting.

In a clinical case of constipation, Prof. Da Costa stated that the elixir of euonymin, or the fluid extract, produces some very satisfactory results, full doses being given at night. The constipation following typhoid is treated by small doses of fluid extract of belladonna, or the tincture, at night, with sweet oil, (ʒss or ʒj) in the morning; or plain water enemata.

For chronic constipation, he had found kneading the bowels to be far more effective than electricity. The best American water for this trouble is Saratoga Congress, but no water should be used continuously. Aloin is the best medicine, and nothing can be better than a pill of aloin, rheum, belladonna and capsicum, all in small doses.

At the clinic, Prof. Gross gave the class the formula of an artificial mineral water suggested by the late Prof. Robley Dunglison, and recommended it as capital for constipation. It is made as follows:—

Ry.	Magnes. sulphat.,	ʒiss	
	Potass. bitartrat.,	ʒj	
	Ferri sulphat.,	ʒj	
	Aquæ,	Oij.	M.

SIG.—Take a wineglassful on arising.

tion. When taken for five or six days, three times daily, it produced copious evacuations.

R _y .	Extract. belladonnæ,	gr. $\frac{1}{12}$	
	Aloës pulv.,	gr. $\frac{1}{8}$	
	Rhei pulv.,		
	Extract. nucis vomicæ,	āā	gr. $\frac{1}{4}$. M.

Prof. Da Costa directed, in a case of impacted colon of one week's duration, that an injection should be used, of turpentine ℥ss, beaten up with the white of an egg and mixed with a pint of hot water; to be followed by simple hot water and salt. In case this treatment failed, warm sweet oil was to be used. Internally was given—

R _y .	Magnesii sulph.,	Ḑj	
	Acid. sulphurici dil.,	gtt. ij	
	Elixir simplic.,		
	Aquæ,	āā	f℥ss. M.

SIG.—To be given every half hour.

At the next clinic the patient returned well, the cure having been accomplished by the injections of sweet oil and a pill of aloes, belladonna and colocynth, on the third day of the treatment.

A woman presented herself at the clinic complaining of constipation consequent upon atony of

the lower bowel. Often she had been six weeks without a passage, and at no time in the last year had she had an evacuation under two weeks. Prof. DaCosta placed her upon the following treatment:—

R_y.

Magnes. sulph.,	ʒj	
Acid. sulph. dil.,	fʒij	
Ferri sulph.,	ʒj	
Aquæ,	Oij.	M.

SIG.—A wineglassful ter die.

She was also given strychninæ sulph., gr. $\frac{1}{10}$, at meal times.

A man suffering with intestinal torpidity was given, by Prof. Bartholow—

R_y.

Euonymin,	gr. iij	
Extract. colocynth. comp.,	gr. ij	
Hydrarg. chlorid. mitis,	gr. j.	M.

Ft. pil.

SIG.—To be taken at night; and a pill each night after, of—

R_y.

Physostigmat.,		
Extract. nucis vom.,		
Extract. belladonnæ,	āā	gr. $\frac{1}{4}$. M.

A remarkable clinical case of constipation, consequent upon saturnine intoxication, was shown by

Prof. Da Costa, in which the physicians in charge had prescribed, without any relief, castor oil, magnesia, and five doses of podophyllin, of gr. $\frac{1}{4}$ each. Following a plan suggested by Trousseau, he was placed upon—

R_y.
 Magnes. sulph.,
 Acid. sulph. dil.,
 Sig.—To be frequently repeated.

℞j
 gtt.ij–iij. M.

Only a few doses were given, and the patient was relieved by most copious and profuse discharges.

He prescribed, for a woman complaining of constipation and dyspepsia, the following:—

R_y.
 Ext. belladonnæ,
 Strychninæ sulphat.,
 Pulv. aloës,
 Olei cajuputi,
 Extract. gentianæ,
 Sig.—One pill ter die.

gr. $\frac{1}{16}$
 gr. $\frac{1}{60}$
 gr. $\frac{1}{10}$
 gtt.j
 q.s. M.

Several times Prof. Da Costa ordered the following combination for constipation:—

R_y.
 Ipecacuanhæ,
 Rhei,
 Extract. colocynth. co.,
 Ft. pil.
 Sig.—At bedtime.

gr. $\frac{1}{4}$
 gr.ij
 gr.j. M.

Thomasville in Georgia, Florida. Colorado, for some cases, is an excellent climate. Cases having a co-existing bronchitis do better in a damp and mild climate, as Florida, etc. The element of change is very useful. The Adirondacks is a fine place for those early cases in which there is no tendency to hemorrhage. He does not care much for the "milk diet," but allows it in conjunction with other things. Give plenty of meats, and alcohol in moderation, especially in those cases free from fever. Mix it with ol. morrhuæ, to lessen the tendency to its abuse. Whiskey and brandy are the best stimulants here. You need not interdict smoking.

Medicines.—Ol. morrhuæ is of great utility, by improving nutrition and also by affecting the tubercle. Do not use its substitutes, as glycerine, etc. Give fʒss, ter die, one hour after meals. To disguise it, and to promote its ready absorption, give, gtt. x-xv, ether; but this sometimes causes belching. Mix it with equal amount of malt or whiskey. When the appetite fails, stop its use for a while. Do not permit the oil to be taken in hot weather.

Next in importance is arsenic in small doses in the early stages; arsenious acid, gr. $\frac{1}{40}$, or gtt. iij Fowler's solution, ter die. In the late stages it will be of no avail.

A third remedy is iodine; it should be more generally used; liq. iodi comp., gtt. i-ij, ter die, with potassium iodide to alternate with it. When anæmia is present, and not much fever, use iodide of iron. It is very valuable. Push it up to the point of tolerance. Begin with gtt. xv of the official syrup, and push up to fʒj, ter die.

Prof. Da Costa does not like the hypophosphites in the treatment of consumption. They have no special effect, as ol. morrhuæ and arsenic have. Inhalations of sodium benzoate are of no use. Carbolic acid and tar by inhalation are of some avail.

Treatment of Special Symptoms.—Entirely too much is done for the symptoms. For cough we should give no expectorant, unless bronchitis exists. Since the cough is generally an irritative one, morphia must, in time, be given. Codeia, gr. $\frac{1}{8}$ – $\frac{1}{4}$, in simple elixir, often has a wonderful effect and does not constipate. Prussic acid or fluid extract of wild cherry is very useful at times. We may combine the acid with morphia. Inhalations of oil of eucalyptus give relief.

Night Sweats.—Give atropia, gr. $\frac{1}{80}$, at bedtime. Sponge off the body with hot water to constrict the vessels. Infusion of sage at night. Mineral acids, especially sulphuric acid. Zinc oxide, gr. ij, ter die.

Ergotin or fluid extract of ergot is better than morphia in some respects. It is more permanent and does not cause dryness. Give ergotin, gr. ij, ter die, the last dose at bedtime.

Digestive System.—The patient often has vomiting. Two excellent remedies may be given, as carbolic acid or creasote, gr. $\frac{1}{4}$, four times per diem. Strychnia, gr. $\frac{1}{50}$, ter die, is also of great value.

Diarrhœa.—Opium q. s., with bismuth ℥j; copper sulphate, gr. $\frac{1}{2}$; silver nitrate, gr. $\frac{1}{4}$; hypodermic injection of morphia, gr. $\frac{1}{2}$ — $\frac{1}{4}$, in the abdominal wall.

The Throat in Phthisis.—It may be swollen, and the larynx the seat of ulcers, which may become tubercular. Drink demulcents, as Irish moss (℥j to the Oj).

He has confidence in local applications of iodoform and cocaine. Let the patient eat his meals while the parts are under the effect of cocaine.

For irritative fever of phthisis—

℞.	Quininæ sulph.,	gr.iss	
	Digitalis,	gr.ss	
	Opii,	gr. $\frac{1}{4}$.	M.
	Ft. pil.		
	SIG.—Ter die.		

Prof. Bartholow said, in a recent lecture: Creasote is curative—I use the word advisedly—in a small

proportion of cases of the more chronic form of tuberculosis, and decidedly ameliorative in the rest, being useless in tuberculosis florida. He vaporizes it with iodine, by means of hot water (120°), and the patient inhales the vapor slowly and deeply, from a distance of from fifteen to twenty-four inches from the vaporizer. Or gr. iij-v may be given in a pill with tolu, three or four times a day, the dose being gradually increased until the urine is darkened. It is most valuable in chronic cases before the stage of softening. Its action is its influence on the bacillus tuberculosis, and the physicians of the Montpellier (France) school find it to be better than carbolic acid for consumption.

Dr. Sajous thinks the local application of cocaine the best means of affording relief, in laryngeal phthisis, to the distress in swallowing, and iodoform to promote the healing of the ulcers.

For the sweating of phthisis, Prof. Bartholow advises :—

Ry.

Acid. gallici,

ʒss

Ext. belladonnæ,

gr.ij. M.

Ft. pil. x.

SIG.—Two pills at bedtime.

In a clinical case of phthisis supervening upon pleurisy, Prof. Bartholow stated that the use of ammonia is highly serviceable in these cases. The iodide of ammonium, given steadily for a long time, will assist materially in bringing about a better state of things, perhaps a vast improvement. The chest should also be painted with iodine. He would also recommend granules of atropia, gr. $\frac{1}{16}$, night and morning; or gr. $\frac{1}{8}$ each night, to prevent night sweats, and have a stimulant effect on the pneumogastric nerve.

He considers nitrate of silver at the head of the list of remedies for the treatment of the diarrhoea of phthisis.

Prof. Da Costa had a case of phthisis, at the Pennsylvania Hospital, due to the patient's occupation, that of a tool grinder, and in whose sputum the bacillus tuberculosis was found. The man said he had known about one hundred men to die of "grinders' consumption," and that those engaged in that occupation only lasted about twelve years, as a rule, but he had stood it much longer. His father lived to be ninety and his mother over seventy, and his brothers and sisters were all healthy, so heredity could have nothing to do with the disease.

Prof. Bartholow lays down the following rules in regard to the administration of cod-liver oil: In consumption the mistake is often made of prescribing cod-liver oil in large doses and before meals. In the latter case it destroys appetite, and creates a repugnance for food. It should invariably be given after eating, and one drachm should be the usual dose. There is a limit to the capacity of the digestive organs as regards the assimilation of fat, and when given in excess it disturbs the digestion and produces diarrhœa. Given properly, it is particularly of use in incipient consumption, before destructive changes have taken place in the lung; it is especially serviceable in fibroid phthisis and chronic bronchitis; the more chronic it is, and the less the range of temperature, the more may be expected of the remedy. The best form in consumption and atheroma of the arteries, is the emulsion with the lacto-phosphate of lime. It may also be given in whiskey, a tablespoonful three times daily, containing a drachm of the oil, or given as hot toddy. It is sometimes taken in a wineglass of ale, in black coffee, lemon-juice, or for children it may be given in the form of biscuit. The cardinal rule for the administration of cod-liver oil is to give it only in the amounts that the stomach can dispose of. Watch the evacu-

ations, and if any portion of the oil is passing unchanged, regulate the dose accordingly.

CORYZA.

Dr. Solomon Solis-Cohen, Chief Clinical Assistant Out-patient Department, Jefferson Medical College Hospital, in a paper recently read before the Philadelphia Laryngological Society, states that the property possessed by belladonna, of checking secretion from mucous surfaces, long ago suggested the employment of this drug in acute coryza. His own experience with atropine had been fortunate. It must be given early in the attack, and when so given is veritably abortive in nine cases out of ten. He had tried several methods of administration, employing granules and triturates of $\frac{1}{100}$ gr. and $\frac{1}{120}$ gr., and a solution of one grain of the salt to the ounce of water, of which the usual dose was four minims (gr. $\frac{1}{120}$). The latter method is preferable with patients upon whose discretion we can fully rely, and to whom we feel no hesitation in intrusting a prescription for a poisonous drug. With other individuals it is safer practice to hand the patient three or four triturates or granules of the dose desired, writing explicit directions as to their use upon the envelop containing them. The manner

of using the remedy which has proved most efficacious, is to administer $\frac{1}{120}$ grain at the first interview (if this be on the first or second day of the attack), and to repeat the dose in four hours, provided there be no dryness of the throat. The rule for the third dose is the same; dryness of the throat or dilatation of the pupils being the indication to stop the remedy.

When a case is seen during the first twenty-four hours, two doses will often bring the affection under such complete control that the patient does not resort to any further medication. Secretion of thick, yellowish mucus, requiring the occasional use of the handkerchief, will, however, usually persist for about a week, but there is, ordinarily, no embarrassment to breathing. Sometimes it is necessary to repeat the dosage in the same manner on the following day, the indication being renewal of watery discharge, suffusion of the eyes, and more or less "stiffness" of the nose. In order to secure the full therapeutic benefit of the atropine in severe cases, it must be pushed until the physiological effect is produced; that is, dryness of the throat and dilatation of the pupil. In one case $\frac{1}{16}$ gr. of pilocarpine hydrochlorate was administered by the mouth, with the effect of relieving the unpleasant sensations. Ordinarily, however, the dryness is readily over-

come by allowing a few pellets of ice to melt in the mouth, or by rinsing the mouth from time to time with cold water.

More recently the effect of cocaine in emptying the engorged venous sinuses of the nasal mucous membrane has led to its employment in the treatment of acute coryza. While the relief is almost immediate, even in cases where there has been great obstruction to breathing, the effect passes away in from two to three hours. He had found the fluid extract of erythroxyton to be equally efficacious, if instilled into the nose in sufficient quantity. The alcohol of the fluid extract is, however, objectionable, producing considerable smarting. An infusion can be made of equal strength by the addition of a small quantity of glycerin, and by this means we get rid of all unpleasant effects not inseparable from the drug. The employment of a preparation of coca will give excellent results in connection with the atropine treatment. The patient is given a glass "dropper" slightly curved at the end, such as is used by oculists, and instructed to flood the nose with the infusion of coca whenever it becomes "stopped up." He is directed to draw the medicine back into the throat, in order to make sure of reaching the posterior ends of the turbinated bodies. In

all cases, however treated, a brisk saline cathartic administered at the outset is found of the greatest advantage.

Where cases are seen too late to employ atropine with advantage, good results have sometimes been obtained from ammonium salicylate in doses of ten to fifteen grains, repeated every second hour until tinnitus aurium is produced. Salicin, salicylic acid, and sodium salicylate have not seemed to be equally efficacious with the ammonium salt.

In a few cases of influenza, in which the coryza has been quite severe, in some of which there has been much conjunctival distress, and in all of which headache and lassitude have been marked, though the febrile symptoms have been mild, cinchonidine salicylate has apparently been of great benefit, while the infusion of erythroxyton has been of inestimable value in relieving the distress occasioned by the nasal symptoms.

As a useful prescription in "common colds" with cough, Prof. Bartholow offers the following:—

R̄.	Codeiæ,	gr. j		
	Syrup. scillæ comp.,			
	Syrup. tolu,	āā	f̄ss.	M.
SIG.—A teaspoonful pro re natâ.				

He states that this prescription will check a very bad cold, or coryza, sometimes with only one sniff of the powder.

CROUP, SPASMODIC. See *Laryngismus Stridulus*.

CYSTITIS. See *Genito-Urinary Organs*.

DELIRIUM TREMENS.

Dr. Neff, at the Jefferson Medical College Hospital, treats this disease with beef tea, very hot, and with much red pepper in it. To obtain sleep he gives sodium bromide, ʒj, and chloral, gr. x, or gr. v if the heart be weak. Repeat the sodium bromide in one hour, and both in two hours, if necessary.

DIABETES.

In a clinical case of diabetes, under charge of Prof. Da Costa, at the Pennsylvania Hospital, he suggested some skepticism as to the reputed influence of remedies over diabetes, and especially the advantages of any particular drug. Hasty conclusions are frequently drawn from such cases while under very different treatment, because of a temporary diminution in the total amount of urine or of sugar, or of both. His rule invariably is to put the man

upon a restricted diet alone, for a week or so, and order some harmless drug, like peppermint water, that the mental effect may not be lacking, to satisfy himself in regard to the case, and establish the amount of water and sugar excreted under the hospital regimen, in order to find out how much may be fairly claimed subsequently, as the result of the remedies. What has often been claimed as the result of medical treatment has been really attributable to the change in the patient's surroundings and his food.

His advice, then, would be to try the patient upon a restricted diet at first, and if he has been already under medical treatment, stop it off altogether for the time, in order to establish his true condition. It is upon the diet of diabetics that chief reliance must be placed. What is that diet? It is one devoid of sugar and of starchy substances, which easily are converted into sugar; one especially consisting of milk, eggs, green vegetables, etc. The great difficulty in establishing such a diet is the bread. The patient will learn to get along without sugar in his tea and coffee, and, indeed, they often get a distaste for sugar in tea and coffee. Sugar and fruits patients can give up, but with bread comes the battle. His advice would be to give a little bread occasionally. Theo-

retically, it is inadmissible. Gluten biscuits, and similar preparations, aid in the attempt to cut off starchy food, but will not entirely take the place of ordinary bread. Graham bread has been recommended, and certain forms of foods for diabetics, but a little bread must be conceded to the patient, from time to time, that he may not be discouraged and give up the treatment. Diet alone will accomplish great results in diabetes mellitus. Under a restricted diet alone many patients may live for years in apparently perfect health.

Of the remedies used two appeared to have done good, the salicylate of sodium, and afterward ergot; but the lactic acid treatment had no effect at all. If you give a patient salts of sodium, potassium, magnesium, and his stomach tolerates the remedy, the total amount of sugar excreted will undoubtedly be reduced. Some natural waters, Carlsbad, for instance, undoubtedly owe their beneficial effect in this complaint to the alkaline salts which they contain. Opium is undoubtedly a powerful agent in the treatment of diabetes; but it should be held in reserve, for fear of making the patient an opium eater; for to be curative it must be kept up for a long time. This patient has taken opium without obtaining as good results as he obtained from the other drugs men-

tioned; but he has not taken sufficient to fairly test the treatment, and Prof. Da Costa said he would now order Dover's powders again, but soon return to the salicylate.

While keeping up the regulated diet and the special therapeutics, attention to the patient's general condition is of great importance. Watch the urine; keep a faithful record of the varying proportions of the chief constituents, water, sugar and urea; but, above all, pay attention to the functions of the skin, by baths and frictions, with or without inunctions; flannel underclothing should be worn, to protect the patient from getting sudden chills. In connection with the other remedies that may be used, cod-liver oil will often be advantageous; and, in conclusion, patients should refrain from drinking too much water, especially in the evening, in order that their rest shall be as undisturbed as possible.

Prof. Austin Flint, Jr., in a recent paper on this subject, read in the Section of Practice, American Medical Association, stated that while the physician is justified in encouraging patients to expect relief, and even cure, in recent, uncomplicated cases, the diet is all important, and its regulation cannot be expected to be perfect without professional aid in its

enforcement. A diabetic is never safe from a return of his disease, even when he believes himself to be cured; and under no circumstances should he pass more than a few weeks without an examination of the urine.

The arsenite of bromine, or Clemens's solution, appears to be useful; beginning with three drops three times daily in a little water, immediately after eating, gradually increasing the dose to five drops. This may be continued for weeks and months, without producing any unfavorable effects; but the administration of this remedy does not supply the place of the dietetic treatment, which should be enforced in all cases. A rigid diet should be continued for two months, at least, even in the mildest cases of the disease. It may be necessary, in certain cases, to continue it for a longer period, even twelve or more months.

The most unfavorable cases are those which occur before the age of puberty. An adult male presents the most favorable conditions for cure. In old persons, when the disease is of long standing, the dietetic treatment will secure practical immunity from nearly all the distressing symptoms, although the glycosuria may not be entirely removed. A study of any of the diet-papers recommended will make it evident that those who are able to follow the

required regimen, without regard to the cost of articles of food, present much more favorable conditions, as regards the prospect of cure, than persons in straightened or indigent circumstances. Diabetes, however, occurs in all classes, and is by no means a rare disease. A hospital devoted to such cases, where the dietetic treatment could be strictly carried out, would be a boon to the rich and poor alike.

Prof. Da Costa gives the following as the medical treatment of diabetes: (a) *Diabetes Mellitus*. Do not use bromide of potassium; it is valueless. Quinine is of no use. Opium is of value, and is one of the best agents, but care should be taken in its use. Codeia, gr. $\frac{1}{4}$ – $\frac{1}{2}$ ter die, is much used in France. Trousseau's plan, with strychnia, is very useful. The salicylate of sodium, gr. x–xv ter die, in compound spirits of lavender and water, is his favorite remedy. Ergot is useful, but less so than others. The alkaline plan, quite popular in Europe, is of value. Aloes or aloin should be used for constipation that may arise. (b) *Diabetes Insipidus*. 1. A course of iron, for its tonic effects. 2. Strychnia is very useful. 3. Ergot gives the best results; absolute cures follow its use; fʒss–j of the fluid extract should be given ter die. When headache from it comes on, it must

be stopped, and strychnine should be substituted for it for awhile. This has made many permanent cures for him, the patients being watched for years.

At the clinic, Prof. Bartholow reported a successful treatment of diabetes mellitus by Fowler's solution and the chloride of gold and sodium. He had seen good results in many cases from the latter remedy. It has been used for three centuries, but not used enough. The dose is the twentieth of a grain three times a day. The chloride of gold is hard to introduce into the system.

Concerning a case of diabetes, Prof. Bartholow said: Withdraw all starchy and saccharine food from diet; instead, use acid fruits and vegetables; if patient can stand it, skimmed milk is the best diet; certain mineral waters are useful, as the alkaline waters of Michigan and the Bethesda, of Wisconsin; large quantities necessary; especially good in fat subjects; ammonium carbonate and sodium phosphate, the chloride of gold and sodium, and cod-liver oil, likewise serve a useful purpose.

DIARRHŒA.

In chronic diarrhœa, Prof. Da Costa speaks favorably of the following remedies: 1. Bismuth, gr. x,

with opium, four times a day. 2. Mineral acids. 3. Copper, zinc, silver, iron. Copper is very effective, given in the dose of gr. $\frac{1}{2}$ - $\frac{1}{8}$ of sulphate, four times per diem. It nauseates at times. Zinc sulphate, gr. i-ij, guarded by opium, gr. $\frac{1}{8}$ - $\frac{1}{4}$, is very useful. Injections of zinc sulphate are of value. Silver nitrate, gr. $\frac{1}{4}$, or the oxide, gr. $\frac{1}{2}$, both with opium, is often efficacious. Iron does not agree with all—dose of sulphate, gr. ij, or Monsel's solution, gtt. iij-v, diluted. Solution of nitrate of iron, gtt. xx-xxx, four times daily. Turpentine has effected many cures in his hands—dose gtt. x, in emulsion. He does not use vegetable astringents.

The routine treatment not long since in Prof. Da Costa's wards in the Pennsylvania Hospital* consisted in the use of a strict milk diet, with from one-fourth to one-third of a grain of the nitrate of silver, administered every two hours, in pill form. At the same time iodine ointment was applied to the patient's abdomen, twice daily. He had afterwards adopted a new plan of treatment, which had greatly improved his patients' conditions. This treatment has consisted in the injection of five minims of Magendie's solution of morphia into the abdominal walls every morning and evening. This method of

* *Medical Record.*

treatment has given great relief to the patients. It was first tried a number of years ago, in some very obstinate cases of chronic diarrhœa, with very good results, better results than he had ever been able to obtain from the hypodermic injection of morphia into other parts of the body.

In cases of obstinate diarrhœa, he had had excellent results from giving the sulphate of nickel, in doses of from one to two grains, four times a day.

For the diarrhœa often attendant upon puerperal septicæmia, Prof. Parvin recommends the following:—

R_y.
 Ol. ricini, ʒj
 Tinct. opii,
 Ol. terebinthinæ, āā gtt.v. M.
 SIG.—Take pro re natâ.

In a clinical case of infantile diarrhœa Prof. Parvin* said: In the treatment of this patient, the first thing is a complete change of diet; let the condensed milk be abandoned, and let the child have instead cow's milk, diluted with one-third or an equal quantity of gum-arabic water, gelatine water, or albumen water; when the diarrhœa is better, barley water may be used for the diluent. To dilute cow's milk with

* *Archives of Pædiatrics.*

water is one of the worst of practices in infant feeding, for by such great reduction of the nutritive properties of the milk a double quantity of fluid must be taken, and thus indigestion result from overloading the stomach or from too frequent feeding. As to the artificial food for infants, it is impossible to say in a given case that one or another kind of food will prove best; have as admirable theories as you please in the selection and combination of ingredients, the final test is in experiment, and the experiment sometimes sets at naught the wisest, most scientific theories.

As to the nature of diarrhœa, it is simply an intestinal catarrh, not an inflammation; its chief cause is the food that is given, and food appropriate to its wants will improve, if not cure, the diarrhœa. The stools when first passed are partly green, and in the medicinal treatment it is well to include some antacid; if the stools become green after exposure to the air, no such indication in the treatment would be presented. For the first few days, give this infant an occasional dose of subnitrate of bismuth, prepared chalk and opium—about the thirtieth of a grain of the last, and two or three grains of each of the other ingredients.

For the erythema, perfect cleanliness of the parts

is of first importance, soiled napkins to be promptly removed, and none but perfectly clean ones applied in their place; then careful bathing and drying, after which thoroughly dust the surface with lycopodium; do not use starch for this purpose, as it is liable to form, with the moisture that exudes from raw surfaces, hardened masses and cakes, which are irritating, and are not easily removed; but if you choose, mix the lycopodium with an equal quantity of oxide of zinc; sometimes, by the way, an ointment of oxide of zinc proves better than any powder applied to the surface.

What is to be done for the rectal prolapse? With less frequent operations the liability to this accident is lessened; but when it occurs, let the tumor be bathed with cold water, and immediately replaced, and then have the child kept upon its back, if possible, for a short time, the thighs being kept close together. In case of paralysis of the anal sphincter, cold astringent injections will prove useful, and its persistence in spite of these may be met by injections of warm water containing one drop of tincture of nux vomica and five drops of the fluid extract of ergot, one or two each day. A recent and very good recommendation for the tenesmus that frequently is a prominent symptom in this rectal prolapse,

is the introduction of a suppository composed of iodoform.

The second child now presented is twenty-three months old, and since it was fifteen months old it has been taking, according to its mother's statement, "table food." For two months the child has had diarrhœa, the evacuations sometimes being as frequent as eighteen in twenty-four hours. These are of a brownish color, contain no hard lumps, no mucus or blood, and there is no prolapse of the bowel resulting from them. It has had fever occurring every other night, and for this quinine has been successfully given. There is a history of tuberculous disease in some of the near relatives, though not in any of the immediate ancestors.

In the treatment of this patient the first thing is to insist upon no more solid food, especially pie, being permitted. Let the child have a liquid diet, such as milk and the lighter animal broths; a daily bath and protection from cold by suitable clothing, and avoidance of exposure will be directed. The quinine will be continued, to guard against a return of the malarial attacks, and also as a useful tonic, and for the diarrhœa the officinal chalk mixture in a dessertspoonful dose, a little tincture of krameria and the camphorated tincture of opium being added to each dose.

stools, never any constipation, tinct. belladonnæ, gtt. xv, bis vel ter die.

When a paretic condition of the bowel is present, and atonic diarrhœa exists, he advises the use of—

R_y.

Tinct. aloës et myrrhæ,	fʒvj	
Tinct. nucis vomicæ,	fʒij.	M.

SIG.—fʒss, ter die.

(For the Diarrhœa of Consumption, see Consumption).

DILATATION OF THE STOMACH. See Stomach, Diseases of.

DIPHThERIA.

Prof. Da Costa, in lecturing upon this subject, gave the following valuable instructions as to the treatment of diphtheria:—

Diphtheria may continue in an individual for a long time, relapses occurring from self-infection. Treatment must be preventive and individual. In the first place, the strictest isolation must be enforced: remove all unnecessary furniture, clothing and the like from the room; disinfect the sputa, linen and everything from the patient, and, if possible, remove the paper from the walls and wash with some disinfectant. Do not allow members of the family to

come in contact with well children, for fear the former may convey the poison to the latter.

The individual treatment is both general and local. In the former, alimentation and stimulation are of the greatest importance, given, as in typhoid, every two or three hours, day and night. Alcohol is given to the point of tolerance. Begin with ʒss to ʒj of brandy every hour; increase till heart and pulse are improved. The amount a patient suffering with diphtheria can take is incredible; a child, æt. two years , has been given a tablespoonful of brandy every hour, and ʒj is quite common. There is present a condition comparable to that found in snake poisoning. Begin the stimulus early.

As to medicines, one of the earliest and best treatments is by potassium chlorate, ʒj to ʒiiss per diem, in divided doses, well diluted. Next to this, either alone or combined with it, is tinctura ferri chloridi, gtt. x every hour or two, for a child æt. ten years .

The rising treatment now is with calomel. It consists in giving large doses frequently, not minding the free movements from the bowels. Give one grain every hour till twelve doses have been taken, then the same amount every second hour. This has been often tried in the laryngeal form, in larger doses, and is of especial utility in this variety of the disease.

Corrosive sublimate, gr. $\frac{1}{20}$ to $\frac{1}{12}$ every hour, is a similar but hardly as effective treatment.

Jaborandi is a very new remedy in this trouble. The idea is that when the patient sweats well the membrane will loosen. As it is very depressing, it is not safe unless the patient is quite strong.

Locally, strong caustics have been abandoned. Cleansing, disinfecting gargles are the modern treatment. Carbolic acid, with borax and soda, may be used. Thymol holds a high place, never weaker than ten grains to the ounce.

R ψ .

Thymol,	ʒj	
Glycerini,	fʒij	
Aquæ,	fʒiss.	M.

SIG.—Gargle. Dilute, if necessary.

Boracic acid in solution is another good gargle.

Permanganate of potassium, a favorite with the English, equal parts of lime water and glycerine, or two parts of the former to one of the latter, are very useful and grateful. When the patient is old enough, these are best used in the form of spray. Equal parts of Monsel's solution and glycerine may be used when the redness and swelling are very great. Do not scrape the membrane.

The most prominent among the solvents for the

membrane are lime, bromine and pepsine. Of lime, it is difficult to get enough. Bromine is too irritating. The remedy that has done best is a saturated solution of pepsine in the form of spray.

Lactic acid, jaborandi and numerous other agents which have been used for this purpose, have some solvent power, but not enough.

Complications or Varieties.—For nasal diphtheria, in addition to the ordinary treatment, carried on, if anything, more actively, keep the posterior nares well washed out with—

R_y.

Sodii sulphitis,		ʒiij	
Glycerini,		fʒij	
Aquæ,	q.s. ad.	fʒiv.	M.

Pepsine may prove yet more effective. This washes away the membrane, checks decomposition of the same and prevents blood poisoning. Use with the post-nasal syringe.

In laryngeal diphtheria, besides the ordinary treatment, the best results have been obtained by having the patient breathe fumes from slaking lime. Also an occasional emetic, while patient has sufficient strength, does good.

Diphtheritic paralyses, with good management, usually recover. The blood is always deteriorated

and patient is anæmic. Give iron, nourishing food, red wines, strychnine for the paralysis, best hypodermatically, if patient is old enough.

Prof. Bartholow* believes that there are two objects to be kept in view in the treatment of diphtheria: 1. To modify the course and shorten the duration of the disease; 2. To obviate the tendency to death.

1. The application of topical agents to the fauces and the administration of internal remedies according to symptoms. He entirely disapproves of caustic and acid applications, as inviting the disease to the adjacent portions of the mucous membrane by destroying the epithelium. He does not think much of the value of benzoate of sodium. The application of sulphur, in the form of powder, by insufflation or by blowing it over the whole diseased surface as far as it can be reached, he believes to be a good treatment. He regards lime water and lactic acid as of value as solvents. Some pieces of freshly burned lime are put in water, and the patient directed to breathe the vapor as it rises, or a solution of lactic acid strong enough to taste distinctly sour is freely applied to the throat by a large mop. He places no

* *Medical Record.*

value on the use of chlorate of potassium, or tincture of the chloride of iron, as faucial remedies.

When gangrenous sloughs are thrown off from the throat, carbolic acid is indicated, a one per cent. solution—not stronger than one per cent. This solution may be applied either by mop or syringe. When the exudation extends into the nares, the spray of a one per cent. solution of carbolic acid is gently thrown into them and kept up until the two canals are pervious, thus preventing the extension and decomposition of morbid materials and the consequent swelling of the deep cervical glands and possible development of septicæmia. He thinks that it is only when the exudation extends into the nares that much good can be accomplished by topical applications.

2. The prevention of the diffusion of the morbid agent, of the development of septicæmia, and of failure of the heart. With the earliest appearance of an exudation in the fauces, from two to ten grains of the bromide of ammonium are given every three hours. It is believed that the diffusion of this agent through the mucous membrane of the respiratory organs, and so out of the mouth, detaches the exudation. To prevent septic decomposition he advises the use of a drop or two of Lugol's solution,

in water, every hour or two. This drug is to be given when the exudation is fully developed and spreading. He uses alcohol steadily, pushing it in large doses as an antiseptic agent. Quinia is also considered valuable in this same connection. Prof. Bartholow does not believe in the extraordinary powers of chlorate of potassium in this disease, as claimed by many. He fears its injurious effects on the kidneys.

As food, milk, egg-nog and beef tea are given freely about every three hours.

In a clinical case of diphtheritic paralysis, affecting chiefly the muscles of the lower extremities, Prof. Bartholow said: The obvious indication is to restore the normal contractility, and by so doing restore the proper nutrition. The faradaic current should be used, and of a strength just sufficient to produce muscular movements. It should be used daily for a few minutes at a time. He cautions against using too strong a current, and against repeating it too frequently. If the current is too strong, irritability of the muscles is exhausted, and instead of being benefited they are injured. If possible, each muscle should be made to act in turn.

If the battery is not accessible, there are other

modes of treatment. Strychnia may be administered internally, and is often of value, but better than the administration by the mouth is the hypodermatic injection of this drug. Used in this way, it acts more quickly, and more thoroughly restores the consentaneous action between the nervous system and the muscles. In addition to these measures, massage and friction may be employed. Here again a word of caution is required. Massage is the mania of the day. Rubbing is very much overdone. A certain amount of friction and kneading is beneficial, but the irritability of the muscles may be exhausted by too much rubbing and friction, just as by an excessive use of electricity. The diet should contain those articles which especially promote the nutrition of the nerve elements. It should contain a large amount of nitrogenous and carbonaceous elements.

In a case of diphtheritic paresis in which the muscles responded to the faradic current, Prof. Bartholow directed that this form of electricity should be used regularly; and internally should be taken—

Ry.

Strychninæ,

gr. j

Acid. phosphorici dil.,

fʒj.

M.

SIG.—Ten drops ter die.

In addition—

R_y.

Syr. hypophosph. cum ferro, fʒj.

SIG.—Ter die.

Prof. J. Solis-Cohen * considers that the two main indications consist: 1. In keeping up a supply of nourishment and stimulants; and 2. In providing for the detachment and discharge of the morbid accumulations when they threaten to occlude the air passages. The sick-room must be systematically disinfected. This is done by free use of sprays of carbolic or sulphuric acid. Solutions of the sulphate of iron or some other disinfectant are kept in all the vessels which are brought into the sick-room to receive the discharges, the soiled clothing, refuse food and slops of the patient.

He regards the chlorine compounds as of more efficacy in diphtheria than all other remedies. Of these he prefers the tincture of the chloride of iron, which must be administered at frequent intervals and in large doses—from five to thirty drops, according to age and vigor of patient, should be given from every half hour to every second hour, as the case may be. It is given in glycerine and water, or in diluted syrup of lemon. He prescribes chlorate of

* *Medical Record.*

potassium very frequently in this disease—in the form of chlorine mixture (made of an equal number of grains of the chlorate and of drops of hydrochloric acid, in plain or aromatic water, or in the infusion of quassia). He always suspends the use of this remedy when there are any symptoms of renal irritation produced by it.

He administers the hydrochlorate of quinia (in preference to the sulphate) as a tonic, antipyretic, neurotic and antiseptic. It is to be given in decided doses. When deglutition is painful it is given by enema, with proper augmentation of the dose.

Alcohol, in the form of strong wine, or as brandy or rum, is regarded as of the utmost importance when the system begins to give way. It should be given after the earliest manifestations of decided loss of vigor. At this stage it is of more importance, for the time being, than any remedial agent. From $\text{f}\text{ʒ}\text{ss}$ to $\text{f}\text{ʒ}\text{j}$ of brandy are to be given at intervals of from fifteen minutes to three hours. As long as it is well borne it may be given to any extent short of intoxication. Children readily take a sort of syrup of brandy made by burning it beneath a lump of sugar, which becomes melted in the process. At moments of sinking he regards carbonate of ammonium as valuable. He gives from two to ten grains by the

mouth, in syrup of acacia, or from eight to forty grains by the rectum. At moments of collapse the ammonia is given by intravenous injection.

The sore throat is treated by pellets of ice placed in the mouth and renewed more or less cautiously. The use of ice compresses is not approved. It is thought better to apply warm cotton batting, spongopilin, or an actual cataplasm, or to anoint the neck with oil, lard, or cosmoline, care being taken not to abrade the cuticle, lest local infection arise as a complication. Morphia is administered when great pain arises.

Morbid products in the pharynx and nasal passages undergoing detachment should be promptly removed. This morbid product is kept diffuent as much as possible, by maintaining an excess of humidity in the atmosphere of the room by keeping a steaming vessel of water on the stove. The uninvaded tissue should never be cauterized. Applications of the tincture of the chloride of iron should be made to the pseudo-membrane with a swab of cotton or sponge. After this application the attempt may be made to remove the deposit by gargle, spray, douche or syringe, employing lime water as the medium. Forcible removal of the deposit is not regarded as judicious.

When the larynx is invaded, he keeps a constant stream of steam in motion directed over the patient's face. Whenever the respiration becomes obstructed, a few pieces of lime, about the size of the fist, are slacked by the bedside every hour or so, covering the vessel in which they are slacked with a hood of stiff paper, so as to direct the steam and particles of lime toward the mouth of the patient.

The use of emetics is indicated in children, to provoke expectoration from the air passages in the act of vomiting; but the same indication does not occur in adults who are able to expectorate voluntarily. If successful, the emetic may be repeated, at intervals of six hours, as long as the indications continue to recur. Alum, ipecac and turpeth mineral are the most reliable agents, and may be tried in the order named, adhering to the alum if it prove efficient. Emesis should not be carried too far, or be repeated if ineffectual, as it exhausts the power of the system without any compensation in the discharge of morbid products.

Should asphyxia be threatened, from accumulations in the larynx or trachea, tracheotomy is indicated, and, though most frequently unsuccessful in averting death, it facilitates due access of atmospheric air to the lungs, and often saves lives that would otherwise

be lost. The most careful attention is required after tracheotomy, to keep the artificial passage clear. The stimulating treatment and the lime inhalations should not be discontinued. The two main indications for favorable prognosis after tracheotomy are desire for food and ability to expectorate. All treatment should be subservient to facilitating these great ends.

DYSENTERY.

Regarding acute dysentery, Prof. Da Costa says, the best treatment is ipecac., not to exceed gr. xx every two or three hours, guarded with opium, and he has very remarkable results from this plan. It is especially good in puerperal dysentery, as Prof. Bartholow has pointed out. The opium plan (gr.ss every two hours) is good. Next is Rochelle salts, one ounce in divided doses in the first twenty-four hours, and less thereafter. This does not preclude the simultaneous use of small doses of opium. Both the ipecac. and the saline purgative plans should be abandoned in two days if no change in the condition of the patient is seen; they are rapid or valueless in their action. Next comes bismuth subnitrate, gr. x-xx every two or three hours. The use of ice water injections three or four times a day was originated by Prof. Da Costa some years ago; they

are very valuable. Sinapisms are useless and blisters harmful.

He placed a man with acute dysentery upon a diet of arrow-root, corn starch and broth; an opium suppository, gr. j, morning and night, to which was added rest and—

R ψ .

Plumbi acetat.,	gr.ij	
Ipecacuanhæ,	gr.¼	
Pulv. opii,	gr.¼.	M.

SIG.—Give every two hours until blood disappears, then lengthen the intervals.

Prof. Bartholow recommends the bichloride of mercury in dysentery of children, where the discharges are of fresh mucus streaked with blood, tenesmus being present.

In chronic dysentery, Prof. Da Costa finds sulphate of copper, gr. $\frac{1}{2}$ – $\frac{1}{8}$, four times a day, combined with opium, to be very effective. Other remedies he finds useful are bismuth (the adult dose being gr. x, three or four times a day), especially in children, nitrohydrochloric acid, zinc sulphate, argentic nitrate, iron sulphate or Monsel's solution (gtt. iij–v), or solution of the nitrate (gtt. xx–xxx). All except iron should be combined with opium. When other

things fail, small blisters over the spot of greatest soreness sometimes do good. The diet should contain no starches, fruits or vegetables.

DYSMENORRHŒA.

In a case of dysmenorrhœa, neuralgic in character, Prof. Bartholow strongly advised the use of—

R_y.

Ext. belladonnæ,		gr. iv	
Ext. hyoscyami,			
Ext. stramonii,	āā	gr. v	
Quininæ sulphat.,		ʒij.	M.

Ft. pil. xx.

SIG.—One pill ter die.

For the same form of dysmenorrhœa Prof. Parvin recommended—

R_y.

Tinct. opii,			
Tinct. valerianæ,			
Spirit. ætheris comp.,			
Tinct. castorei,	āā	fʒij.	M.

SIG.—A teaspoonful every hour.

DYSPEPSIA.

After enumerating the causes of dyspepsia to be—
 1. Eating too rapidly; 2. Drinking too much water at meal time; 3. Improper food; 4. Want of exer-

cise; 5. Too much tea and coffee; 6. Too much tobacco;—Prof. Da Costa gives the following rules as to the treatment: Underdone meats and but little bread. No sweets. Pepsin sacch., gr. v, at each meal. The mineral acids before meals, as muriatic, nitro-muriatic or phosphoric. Certain bitters, as nux vomica or strychnine combined with gentian or calomba. An alkali a few hours after meals when there is great acidity, but this should not be used too frequently.

A case of aggravated dyspepsia with constipation was given by him:—

R_y.

Tinct. capsici,	gtt.j	
Tinct. nucis vom.,	gtt.viiij	
Tinct. gent. comp.,	fʒj.	M.

SIG.—Ter die. With gr. $\frac{1}{2}$ aloin at bedtime, and avoidance of a starchy diet.

In atonic dyspepsia, he prescribed—

R_y.

Tinct. nucis vomicæ,	gtt.x	
Tinct. capsici,	gtt.j	
Tinct. cinchonæ comp.,	fʒj.	M.

SIG.—Ter die.

To this was added pepsin, gr. iij–v, with each meal.

For a case of flatulent dyspepsia, he advised the

following course of treatment: Milk and underdone meats; nothing starchy; sacch. pepsin, gr. v, with meals; also a pill of—

R_y.
 Argent. oxid., gr. $\frac{1}{4}$
 Ext. nucis vomic., gr. $\frac{1}{8}$
 Pulv. capsici, gr. $\frac{1}{8}$ M.
 Sig.—Ter die.

A pill of aloin, gr. $\frac{1}{10}$, every night, for accompanying constipation, which he considers the best remedy to keep the bowels open in dyspepsia. Or it may be taken in doses of gr. $\frac{1}{10}$ — $\frac{1}{8}$, twice a day.

In a case of dyspepsia in a woman, forty-eight years of age, who had reached the climacteric, Prof. Bartholow stated that she should be placed on a diet free from fermentescible constituents. We should provide nothing which will contribute to the evolution of carbonic acid gas. A great deal could be accomplished by restricting the diet to the most elementary constituents. What is the elementary diet? It is that provided for the infant during the earliest period of life. This patient should adopt an exclusively milk aliment; and, to render its digestion more easy, the cream should be removed. It should be skimmed once. To insure its digestion, one-fourth

the quantity of lime water should be added, and it should be given every three hours, for this is about the time required for the digestion of milk. About a gill will be taken on each occasion. But living on an exclusive milk diet is not an enjoyable existence. After a few days there is a great desire for solid food; there is a feeling of weakness or "goneness," and there is usually constipation. Notwithstanding these disadvantages, the patient should be encouraged to persist in the use of the milk. The proper rule is to continue the milk until the symptoms for which it has been prescribed disappear. That may be one, two, three, or even more, weeks.

After this course of milk, which should be exclusive, the patient taking no other aliment, and, in fact, no other drink, she should add to the dietary such articles as are suited to her condition, such as beef tea, made by mechanical process, and white of egg. The yolk of egg should be avoided, as it contains fatty and other constituents difficult to digest.

It is necessary to give remedies which will relieve the gastralgia and at the same time prevent the fermentation of certain constituents of the food. Creasote is one of the best remedies for this purpose. It may be combined with bismuth and glycerine. Glycerine has a decided power to prevent fermentation in the

stomach, and thus prevent the subsequent distention due to the evolution of gas. The subcarbonate of bismuth is better than the subnitrate. The prescription will then be—

Ry.

Creasoti,		gtt.vijj	
Bismuthi subcarb.,		ʒij	
Glycerini,			
Aquæ menthæ pip.,	āā	fʒj.	M.

SIG.—To be well shaken, and a teaspoonful given every three, four, five or six hours, according to the persistence of the pain.

Under the milk diet the constipation will be greatly increased. As a rule, it is better to relieve this by the rectal administration of remedies. Sometimes a saline does very well; a bottle of Congress or Pullna water or a little Epsom salts will be sufficient. Better than this is an enema at night, of half an ounce to an ounce of linseed oil, allowed to remain all night, and followed in the morning by an enema of soapsuds. Instead of linseed oil, an enema of castor oil suspended in mucilage may be used.

Another remedy very efficacious in these cases, and which may be given in the prescription already mentioned, or separately, is arsenic. It has been found that in gastralgia and abnormal fermentation

Fowler's solution of arsenic is exceedingly useful. It should be given in small doses, as one or two drops three or four times a day.

Prof. Da Costa says that milk diet has never seemed to him as applicable to functional as to organic dyspepsia. He would leave it to the choice of the patient. Strychnia is one of the best, if not the most valuable, remedies we have in functional indigestion. Avoid sugars and starches. Onions, spinach and peas are well borne. A meat diet should be directed.

In a case of functional indigestion, he advised the following course of treatment:—

R_y.

Acidi nitro-muriatici,	fʒij	
Vini pepsin.,	fʒij.	M.

SIG.—A teaspoonful, ter die, at meal time.

Prof. Bartholow advises the use of naphthaline, two to three grains, in pill form, for stomach fermentation. In some cases he gives dilute nitric acid, gtt. x, before meals; and in one clinical case he prescribed glycerine, stating that it has decided power to prevent fermentation in the stomach, as has lately been shown.

For dyspepsia, Prof. Pancoast suggests the following combination :—

℞.	Elix. pepsin. et bismuth.,	ʒij	
	Ext. cinchonæ fluid.,	ʒj	
	Elix. zingiberis,	ʒj.	M.

SIG.—Dessertspoonful at meal time.

Dyspepsia may also occur as a symptom of kidney disease. In a clinical case under Prof. Da Costa's care, the patient was placed, for a time, upon a purely milk diet, with lime water, and that was very effective in stopping the vomiting; he was subsequently allowed to eat eggs, and an albumenized diet, without meats. He was ordered five grains of pepsin after each meal, stopping all other prescriptions, and keeping him in bed. Partly with a view of improving his blood, and partly to act upon the kidney, he was afterward ordered Basham's mixture, a table-spoonful three times a day.

In a case of dyspepsia dependent upon the fermentative process established by devotion to a starchy diet, to the exclusion of meat, Prof. Bartholow said: In such cases all remedies will be absolutely useless without a rigid regulation of the diet; we must make a careful study of the diet from the point of view of

the various disorders. In this case, as soon as the diet was modified so as to exclude the offending articles, the patient commenced to improve, but as sure as she forgot her caution and used that food which she preferred, her bad condition became aggravated. In addition to regulating the diet, he ordered a mixture of carbolic acid, creasote and bismuth, suspended by glycerine. The glycerine here serves a double purpose, first, by arresting the fermentation (for it is, in itself, a good remedy for flatulency), and, secondly, it serves to hold the other drugs in suspension. This is an excellent combination for stomachal and intestinal fermentation.

In another case of indigestion dependent upon acid fermentation, Prof. Bartholow ordered ten drops of diluted muriatic acid before meals, not after meals, for then it would only add fuel to the flame. We give acid before meals to reduce the acidity of the gastric juice; it checks the formation of acid, in accordance with the well-known physical law, if you put an acid upon one side of an animal membrane, and an alkali upon the opposite side, there is rapid diffusion, and thus, availing ourselves of this fact, by giving acid before meals reduce the acidity of the gastric juice.

An acid applied to the mouth of a follicle, which normally excretes an acid fluid, will reduce the acidity of the glandular secretion; this is a physiological law, as well as a clinical fact. Upon this principle he would conduct the management of the case, and with due attention to diet, and to the state of the bowels, would expect in a short time to effect a cure.

In a case of intestinal indigestion, accompanied with fermentation in the small intestines, Prof. Bartholow said: We should, of course, correct the diet, cutting off rigorously all starch and sugar. What will be the consequence: there will be no fermentation. For this parietic condition of the bowel, which allows the flatus to collect, he should prescribe nux vomica. The following prescription would be of great service:—

R̄.
 Tinct. nucis vomicæ,
 Tinct. physostigmatis,
 Tinct. belladonnæ, āā fʒij. M.
 Sig.—Fifteen drops morning and evening.

If the patient can be faradized every morning, so much the better; one pole may be placed over the spine, or over the stomach, the other inserted into

the rectum ; it will have a decided stimulating effect. Under this treatment it might be expected that this case would be relieved.

EMPHYSEMA.

In a clinical case of this disease, Prof. Bartholow said that the proper regulation of the diet is of primary importance. If the patient take food that he cannot digest, the stomach becomes distended with flatus. The patient then goes to bed, and the breathing at once takes on this asthmatic character. He should not use a large quantity of drink at his meals, and should confine himself to such articles of food as do not readily undergo fermentation. Bread should be avoided, because it readily ferments in the stomach. A supper of bread and butter and coffee would almost inevitably lead to an asthmatic attack.

His diet should consist largely of animal food, lightly cooked and in most digestible form ; avoiding substances which fill the stomach without contributing much to the nourishment of the body. The supper is particularly important. If he should even drink a quantity of milk at night he would have an attack of difficult breathing. Food must not be given in large quantities at a time, and it should not be of a kind easy to ferment.

He should take a hypodermic injection of morphia (gr. $\frac{1}{12}$, .005 Gm.), and atropia (gr. $\frac{1}{120}$, .0005 Gm.); for the relief of the paroxysm there is nothing comparable to it. It is much more effective than the pastilles commonly used, which contain belladonna leaves and nitre, which, when burned, produce a smoke that irritates the bronchial tubes, although they do allay the trouble by acting upon the nervous system.

The iodide of ammonium, on account of its effect upon the bronchial mucous membrane, and arsenic, for its influence upon the organs of respiration, will greatly ameliorate the symptoms. This peculiar action of arsenic has long been known. The mountaineers of Styria attribute their powers of endurance to its use, and assert that the difficulty in breathing in ascending mountain heights is less in those who take the arsenic than those who do not. By the general improvement in nutrition and the powers of respiration, arsenic would be of service in this case; but its effects should be carefully watched. It will be greatly aided by some volatile expectorant, which will aid the lung in getting rid of this viscid secretion. One of the best of these is eucalyptol, which may be given in capsule (five minims) four times daily. Its effect is at first tonic, and secondly specific, because,

being eliminated by the mucous membrane of the lungs, it comes directly in contact with the affected tissues.

The iodide of ammonium also acts upon the pulmonary mucous membrane, and makes the secretions thinner. Under this treatment he may go for months or years without any attack of asthma, and may fancy himself cured; but if he take a cold and bronchitis is set up, the old trouble will be on him again.

ENDARTERITIS.

As a cardiac and nervous sedative, Prof. Bartholow prescribes five drops of the deodorized tincture of opium every four hours. To arrest the usually accompanying condition of chronic arteritis, the hypophosphites, cod-liver oil and quinia are employed. One fluidrachm of the lactophosphate of lime and three minims of Fowler's solution are given thrice daily, in addition to the opium. When any improvement is visible in the condition of the patient, quinia is given in energetic doses. It has been shown to have a good effect upon the coats of the arterioles.

In the case of a man fifty-eight years old, suffering with chronic arteritis, he prescribed—

R_y.
 Ammonii carbonat., gr.v
 Liquor. ammonii acetatis, fʒss. M.
 SIG.—To be taken ter die, for some months.

In addition, he was advised to take, for his general condition, a drachm of compound syrup of the phosphates, ter die.

Prof. Bartholow says that, in the earlier stages of chronic endarteritis leading to changes in the nutrition of the brain, cod-liver oil combined with the carbonate and iodide of ammonium is of very great value. In a case of this kind he prescribed, with a view of reducing the plastic element of the blood, the following, from which he had seen remarkable effects:—

R_y.
 Ammonii iodidi, gr.v
 Ammonii carbonatis, gr.x
 Liq. ammonii acetatis, fʒss. M.
 Stg.—To be given three times daily.

This treatment should be kept up for several months. The object is first to aid in the absorption of the thrombus, and assist the vessels in increasing the nutrition of the brain. Otherwise areas of softening may form, and progressive degeneration ensue.

ENDOCARDITIS. See Heart, Affections of.

ENTERITIS, MEMBRANOUS.

Prof. Da Costa, in a clinical case of this disease, said that it was difficult of cure. He advised, every night, a piece of confection of senna, and for the pain—

R_y.
 Tinct. bellad., gtt.ij
 Tinct. cinchon. comp., fʒj. M.
 SIG.—Ter die.

He had found membranous enteritis to very often occur associated with hysteria in women. Which is cause and which is effect he is not certain. The diagnosis depends on finding the membrane in the stools; aphasia, tetanus, vertigo, loss of memory and other nervous symptoms occur.

Several clinical cases of membranous enteritis were presented by him, the treatment of which consisted in keeping the fecal accumulation in a soluble state by—

R_y.
 Magnes. sulph., ʒij
 Ferri sulph., ʒij
 Aquæ, Oij. M.
 SIG.—Take, every morning, fʒss.

Also—

R_y.
 Liq. potassii arsenitis, gtt.ij
 Tinct. ignat. amaræ, gtt.vj
 Tinct. cinchon. comp., fʒj. M.
 SIG.—Ter die.

ENTERO-COLITIS.

Dr. J. C. Wilson, Physician to the Jefferson Medical College Hospital, in a case of chronic entero-colitis, suggested the following plan of treatment, the patient being four years old:—

Rub over abdomen, which is greatly distended, ℥ss ol. morrhuæ, bis die. Before applying, the oil should be slightly heated.

Diet—Expressed juice of meat and milk, containing pancreatin. A teaspoonful of whiskey, in milk, twice daily, was advised, and of bismuth subnitrate, gr.ijj, four times daily; twice daily, a suppository:—

Ry.

Pulv. opii.,	gr. $\frac{1}{6}$	
Quininæ bisulph.,	gr. ij.	M.

(See also *Ileo-Colitis*.)

EPIDIDYMITIS.

The treatment of epididymitis is thus outlined by Prof. J. H. Brinton: First give dose of salts; apply lead water and laudanum; place American leeches on the cord, to relieve inflammation; let the patient lie on his back. Now cover the testicle with a cloth saturated with mercurial ointment. If pain is severe, put some belladonna with the ointment.

The above is not the treatment for gonorrhœal epididymitis. (See *Gonorrhœa*.)

EPILEPSY.

In treating mild cases of epilepsy, Prof. Da Costa gives the bromides during two weeks of each month only; in case the patient is a woman, the week preceding and the one following the menses. During the remainder of the month, a salt of silver, or zinc oxide, or arsenic, or strychnine, or, what was a favorite of Trousseau, belladonna to the point of tolerance. Prof. Da Costa had a patient who had taken the bromides continuously, scarcely missing a dose, and had gained rather than lost in intelligence. Of any single bromide, he considers that of sodium the best, but is partial to a combination, such as the following:—

R_y.

Potass. bromid.,	gr.x	
Sodii bromid.,	gr.xv	
Ammonii bromid.,	gr.v.	M.

He also frequently prescribes, in the same disease, five grains of the effervescing bromide of nickel, *ter die*, especially in cases of epilepsy of long duration. In the Hospital, he found bromide of nickel, in small doses (five grains *ter die*), remarkably efficient in the treatment of epilepsy occurring at the menstrual epoch.

For epileptiform attacks, due to sunstroke, he

directed that tinct. belladonnæ, gtt. iij, be taken ter die. Patient to keep out of the sun.

In a case of vertiginous epilepsy, consequent upon a severe blow, he prescribed—

R̄.
 Potassii iodidi, gr.v
 Potassii bromidi, gr.xx.
 SIG.—In syrup and water three times a day.

In addition, saline purgatives in the morning to lessen blood pressure.

For a child two and a half years old, with infantile epilepsy, he ordered drachm doses of cod-liver oil twice daily; also the following:—

R̄.
 Potass. bromid., gr.ijj
 Potass. iodid., gr.j
 Syrup. zingib.,
 Aquæ, āā q.s. M.
 SIG.—Ter die.

Prof. Bartholow prescribed for a child æt. four years, suffering with epileptic seizures, and having a pale retina, picrotoxinum, gr. $\frac{1}{12}$, morning and evening, along with rigorous attention to diet. This drug often acts admirably in such cases when the bromides have failed.

In a case of epilepsy, complicated with anæmia

and intestinal irritation of a gaseous character, he ordered the following pill:—

R̄.

Ferri sulphat.,		gr. j	
Ex. nucis vom.,			
Ex. belladonnæ,			
Ex. physostigmatis,	āā	gr. $\frac{1}{4}$.	M.

SIG.—To be taken three times a day.

If there is constipation, half a grain of extract of aloes will be added. Some of these remedies act on the longitudinal and some on the circular fibres of the muscular layer of the bowel. The relief of the intestinal disorder and the correction of the anæmia will probably suffice to prevent the recurrence of the attacks. Nothing is more fatal to the effects of treatment than the attempt to treat symptoms. If the theory of the case be the correct one, there are good grounds for believing that when the morbid chain between the peripheral nerves and the spasm centre is broken, the convulsions will cease.

In another clinical case of epilepsy, he said: If there be any secret in the treatment of epilepsy, it is in regulating the diet. He was sure that more good had come from attention to this one point than from anything else. Drugs have a trifling potency compared with a rigid diet. The meals must be small at a time, meat only once daily, and the stomach should

never be overloaded, while large draughts of liquid must be avoided, even of water. Fatty food should be interdicted, and but small quantities of starchy or saccharine matter allowed. For drugs, we must remember that this woman is approaching the climacteric period, and that the attacks are growing worse, hence drugs must be directed toward allaying any irritability of the sexual system. This can be best accomplished by the use of bromide of sodium, one drachm, morning and evening, for the first week, and after that one drachm daily, in two doses.

Prof. Bartholow, in a clinical case that had resisted treatment by the bromides, said : In a case of epilepsy, if the bromides fail, especially if the patient be anæmic, give strychnia and push it. Notwithstanding large doses of the bromide were given, the attacks persisted. She was ordered strychnia, in one-thirtieth of a grain doses, thrice daily ; and since she has taken it, she has had no more seizures. Besides the strychnia, he had insisted upon a rigid regulation of the diet. She had been taking nourishing but unstimulating food, without coffee and tea, and with meat only at dinner, and not in large amount ; this latter is a concession to her anæmic condition, for in many epileptics meat must be entirely prohibited.

In a clinical case of nocturnal epilepsy, he stated that the treatment should be partly medical, partly hygienic. The patient should have less tobacco and more oxygen. He should eat a light supper, substituting milk and water for tea; and to relieve this irregularity of circulation in the brain, take the bromide of potassium, which acts by gradually shutting off the blood. Besides this, it will relieve him of the terrible dreams and nightmare which aggravate his condition. You can almost always stop night terrors in children by full doses of bromide of potassium. Let him take a drachm at bedtime each night; this can be increased if necessary. The period of full action of the salt can be ascertained by the insensibility of the pharynx. If, by touching the fauces with a spoon, no reflex action is produced, the full impression is known to have been obtained. (See also *Hystero-epilepsy*.)

EPISTAXIS. See Hemorrhage.

EPITHELIOMA.

Prof. Bartholow mentioned a case of epithelioma treated by carbolic acid, after being removed twice in one year, and apparently well at the expiration of six years; also a case of schirrous cancer treated,

after two removals, by carbolic acid, in which a cure was effected, the pathological condition disappearing, and the enlarged adjacent glands gradually lessening to their normal size and state. He threw a five per cent. solution deeply under the growth, so that it might get to all the adjacent tissues.

In the general treatment of epithelioma, he is assured of the efficacy of arsenic, given internally, and injected into the immediate vicinity of the morbid growth. Chlorate of potassium, in impalpable powder, dusted on the cleansed and dried ulcer of epithelioma, is said to arrest this disease. It is also serviceable in rodent ulcer, and he considers it superior to iodoform for chancroid ulcers.

ERYSIPELAS.

Prof. Da Costa, in lecturing upon this subject, gives the following modes of treatment in erysipelas: To modify a case there are several plans of treatment, to wit: 1. The old but still useful method of purging by diaphoretics and diuretics. 2. Quinine, grs. xii-xvi, in twenty-four hours, is of much value. 3. Tinct. ferri chloridi, in large doses, gtt. xx, every three or four hours. This is an admirable plan. 4. Pilocarpine: inject gr. $\frac{1}{6}$ - $\frac{1}{4}$ under skin. Great success followed the use of this remedy in several cases. The fluid extract

of jaborandi may be used when pilocarpine cannot be obtained. In the cases with delirium, stimulate freely.

At a recent clinic, Prof. Gross said: "There comes a time in the history of every hospital when septic diseases make their appearance. Erysipelas and septicæmia have appeared in this Hospital this winter, and I now use antiseptic precautions. The antiseptic used was bichloride of mercury, $\frac{1}{1000}$ solution. After being once used the sponges were cleansed as follows: They have water run over them for twenty-four hours, and are then thoroughly washed in a solution of sodium carbonate (one pound of the salt to a gallon of water), and are soaked in the same for twenty-four hours. This removes the fibrin. After soaking in a $\frac{1}{1000}$ solution of bichloride of mercury for a week longer, they are again used."

In the treatment of surgical erysipelas, Prof. Gross reported favorable results from the hypodermic use of pilocarpine, first introduced by Prof. Da Costa in the treatment of the idiopathic form of the disease. He has, however, had no case of erysipelas since he began the antiseptic treatment of wounds.

As a local application in erysipelas, Prof. Bartholow recommends the use of unguentum hydrargyri.

Prof. Da Costa, in a case of acute erysipelas,* referred to the remarkable result from pilocarpine, introducing a novel treatment of erysipelas. He intended to exhibit the case as a case of erysipelas, but he found that the erysipelas was gone. The treatment had proved more quickly efficacious than he supposed it would. The patient was ordered tincture of the chloride of iron, twenty drops every three hours, but only received one dose. As the disease was rapidly spreading, and something was needed to make a prompt impression, another and more active agent was employed. He received, hypodermically, one-sixth of a grain of the muriate of pilocarpine. The result was remarkable; the temperature fell from 102° to $99\frac{1}{2}^{\circ}$. He sweat profusely for an hour and a half, and there was no further development of the erysipelas; not only did it not spread further, but what did exist quickly subsided. No local treatment was employed, not even cold applications; therefore, whatever success was obtained was from the pilocarpine.

As long as five years ago he had used jaborandi in the

* *Medical Times.*

treatment of erysipelas until sweating was produced, and, he thought, with the result of checking further development. In one case with high temperature the disease had already made some headway, and did not subside so quickly. Under the use of iron the disease had not been controlled, but the fluid extract of jaborandi, given every two hours, checked it. He had since used the jaborandi in connection with the iron at times, with good results. Jaborandi and pilocarpine, its active principle, are, of course, similar in their effects.

He would order in a case of erysipelas in its beginning the use of pilocarpine. It had saved this man a long and dangerous illness. It should be borne in mind that, in order to be fully effective, profuse sweating must be produced.

In lecturing upon another case, he stated that pilocarpine had been of special service, in his hands, in cases in which the heart is not feeble nor the vitality depressed; and in those in which there is an acute beginning with high temperature, and with a tendency to rapid spreading. The demonstrated value of the pilocarpine treatment in this class of cases renders it probable that it may also be of service in surgical erysipelas, and he had recommended it to the surgeons for trial.

Prof. Bartholow stated in regard to a clinical case of facial erysipelas, that the treatment of erysipelas should always be conducted with reference to the systemic condition of the patient. In an ordinary case, it will suffice to place the patient at rest, order a suitable diet, and keep the bowels open; but if the case is more serious, there are three remedies which may be used with advantage. The first is belladonna. This drug produces a condition of the skin and vessels directly in antagonism to that which exists in erysipelas. We will often be surprised to see how speedily the erysipelas disappears after the development of dry mouth, dilated pupil and flushing of the skin. If there be any systemic depression, as there usually is in severe cases of facial erysipelas, quinine should be combined with the belladonna, giving one-quarter of a grain of the extract of belladonna with from two to five grains of sulphate of quinia every three or four hours.

Should we have reason, from the occurrence of delirium or the beginning of coma, to suspect that emboli are being deposited, we should, without delay, resort to the use of carbonate of ammonium, and produce full alkalization of the blood as speedily as possible. Such are the general principles of the systemic management of these cases.

The text-books contain a vast variety of remedies to be applied locally. The attempt is made to stop its spread by the use of blisters, nitrate of silver, tincture of iodine, a saturated solution of the sulphate of iron, carbolic acid and a thousand and one other remedies. All this is based upon a fallacy. This condition of the skin is a symptom of the malady, and only a symptom. We cannot prevent or limit by such measures the constitutional condition. The simplest local application suffices. He had seen more good from mercurial ointment very much diluted, and from vaseline or lard, than from the most elaborate applications. The strength should be one drachm of mercurial ointment to the ounce of lard or vaseline. If there is reason to fear that the disease will exist as an epidemic, we should, of course, adopt measures to prevent the diffusion of germs.

In a clinical case of facial erysipelas, Prof. Da Costa stated that in his experience at the Pennsylvania Hospital, the treatment that had been usually followed was the following: Large doses of the tincture of the chloride of iron, quinine, during the first few days; and, locally, the use of demulcents and the benzoated oxide of zinc ointment, which are very grateful to the sufferer. When the patient

becomes convalescent, the iron should be diminished to fifteen drops every four hours, and quinine given in tonic doses, about ten grains daily. By the means of mild diluents, the action of the kidneys may be maintained, the skin kept moist, and the course of the disease favorably modified. With good nursing and proper care, relapse rarely occurs, except in the phlegmonous variety; but under the iron treatment, suppurative inflammation is very seldom observed.

EXOPHTHALMIC GOITRE.

In a clinical case of this disease, Prof. Bartholow stated that he had effected cures in several cases by persistent galvanization of the cervical sympathetic. He had repeatedly seen symptoms of a violent character disappear under the use of galvanism, the positive electrode being applied in the fossa behind the angle of the jaw, and the negative on the epigastrium. A current of from ten to thirty cells is used, according to the condition of the patient and the amount of reaction. The stable galvanic current is the proper one. The applications should be made daily for ten minutes at a time. This will tone up the sympathetic, which is the seat of the disorder, will moderate the action of the heart, contract the dilated vessels and diminish the size of the thyroid.

He was particular in saying that the constant galvanic current will cure uncomplicated cases of exophthalmic goitre, which are purely functional derangements of the sympathetic system. In many cases complications exist, the most usual being in the heart and great vessels. Such lesions, being permanent, cannot be removed by such a remedy.

The fact must not be lost sight of that the treatment is not directed solely to the ganglia of the sympathetic, for if one electrode be placed behind the angle of the jaw and the other on the epigastrium, there are within the circuit not only the cervical sympathetic, but the pneumogastric, the descendens noni and the cardiac branches of the sympathetic.

In addition to this, remedies which modify the activity of the sympathetic system may be administered by the mouth. Digitalis has been much used, and has sometimes been of service. Ergot has also done good in many of these cases. The two remedies may be combined as follows:—

R̄.

Ext. ergotæ (Squibb's aq. ex.),	gr.ij	
Pulv. digitalis,	gr.j.	M.

SIG.—Ter die;

and locally the ointment of the red iodide of mercury, rubbed in over the enlarged gland, preferably

clusively a milk diet, only very rarely a few oysters. He shall have neither tea nor coffee, nor is anything stimulating to the circulation to be given. Having taken away the irritability of the heart, he shall be allowed a bland diet, nourishing enough, but which will not excite the circulation. Secondly, he shall rest in bed, the greater part of the day, at least, mainly to modify the hypertrophy of the heart, rather than for any effect upon that of the thyroid gland. Rest is as much a part of the treatment as in cases of aneurism.

To control the circulation, and bring down the force and power of the heart, he would order *veratrum viride*, one drop of the fluid extract every three hours, diminishing or increasing the dose, according to the effect upon the pulse and cardiac beat. In addition, partly for its constitutional effect upon the heart, and partly for its effect upon the nervous system, he would give him thirty grains of bromide of potassium at night. Modify nutrition by withdrawing everything stimulating, while supplying good but not rich blood to the tissues. Keep the circulation quiet in these cases, and reduction in the size of the heart will probably be produced. The bromide assists, but this is in addition to its special action upon the nervous system.

As to local treatment, iodine is not so good as in other forms of goitre, but is generally employed. Ergot, hypodermically or internally, is also used, but in this case is contraindicated by the great enlargement of the heart that coexists. He would endeavor to shrink the gland and control the vascular supply by the daily application of ice.

Nothing can be done for the eyes, for the condition is dependent upon the heart. He had found it suitable, where the exophthalmos is very marked, to give an occasional purgative, a saline generally. It is always followed by better vision, for the trouble depends upon the state of distention of the tissues forming the cushion, upon which the eye rests, pushing the eye forward. This purgative is all the more indicated when we have cerebral symptoms coexisting. This is always the treatment of exophthalmic goitre; it is the treatment proper for a case with enlargement of the heart. Where there is marked anæmia, a long course of iron would be indicated. Again, there are certain remedies acting upon the general system, such as arsenic, or the administration of digitalis, or the application of the constant current to the neck, which may come into play in certain cases.

EYE, DISEASES OF.

For *blepharitis marginalis*, Dr. L. Webster Fox directed the eyes to be bathed twice daily in aqua chlorinii, and at the same time ordered the eyes to be refracted. The following solution was then given preparatory to the testing for glasses:—

R_y.

Atropinæ sulph.,		gr.j	
Aquæ destillat,		fʒiij.	M.

SIG.—One drop in each eye, three times daily.

At the same Hospital he prescribed for a case of *acute conjunctivitis*—

R_y.

Acid. borici,		gr.xij	
Aquæ camphoræ,			
Aquæ destil.,	āā	fʒij.	M.

SIG.—Eye lotion.

Or the following:—

R_y.

Acid. boric.,		gr.xij	
Zinci chlorid.,		gr.ij	
Aquæ camph.,			
Aquæ destillat,	āā	fʒij.	M.

SIG.—Use as lotion for eyes.

Should this fail, use something stronger, as zinc chloride, gr. ij to fʒj. In the third stage, where we are confronted with granular lids, use the caustic copper, in sticks.

For *chronic conjunctivitis*, the following prescription is found very successful at Jefferson Hospital:—

R_y.

Zinci chloridi,		gr. iv	
Vini opii,		fʒij	
Sassafras med. (filtrat.),		gr. x	
Aquæ camphor.,			
Aquæ destill.,	āā	fʒij.	M.

SIG.—Drop into the eyes, twice a day, after bathing with warm water.

When the trouble is acute, boric acid, twelve grains, is substituted for the zinc chloride.

To relieve the pain of an eye, due to a *stye* or injury, Dr. Fox, at the Jefferson Hospital, recommended the following:—

R_y.

Tinct. opii,		fʒj	
Tinct. belladonnæ,		fʒj	
Acid. boric,		gr. x	
Aquæ camph.,			
Aquæ destill.,	āā	fʒj.	M.

SIG.—Saturate a small cloth with the solution and place over the eye.

Prof. William Thomson directed, in a severe case of *purulent ophthalmia* in an infant, that the eyes be well washed out every two or three hours with a

solution of borax, ten grains to the ounce ; then apply one of these collyria :—

R_y.

Aluminis,	gr.ij	
Aquæ,	fʒj.	M.

Or—

R_y.

Argent. nitratis,	gr.ij	
Aquæ,	fʒj.	M.

FLOATING KIDNEY.

In a clinical case of this affection, Prof. Bartholow said that medicines directly can do very little, but indirectly they can accomplish something in the way of relieving symptoms. An abdominal bandage well applied would give great comfort. In order to adjust it, the patient is placed recumbent, and then the offending kidney is to be gently pressed up into position, where it is held by the bandage, drawn with considerable firmness, which should be worn night and day ; if taken off at night it will undo the work of the day. By constant use of the bandage for months and years, adhesions that will maintain the kidney in place may occur, and he had thus succeeded in obtaining such new attachments when the bandage was worn for several years. Attention to the functions of the abdominal organs is also

essential; flatus must be carefully guarded against by cutting off all articles of food that ferment readily in the stomach or intestines. This point is one of much importance.

With a view of overcoming this condition of abdominal fullness, he would order a drop or two of carbolic acid three times daily, and prevent constipation by aperients occasionally, so that no colonic accumulation may press upon the kidney.

In a clinical case of floating kidney, under care of Dr. James C. Wilson,* Physician to the Jefferson Medical College Hospital, the following observations were made as to the remedial measures indicated: The treatment, by a sort of contradiction of terms, is more satisfactory than the prognosis, for while you cannot relieve the condition, you can do much to make it bearable. In the first place, you must make your patient understand the nature and character of the tumor, in order to relieve his mental symptoms; in the second place, associated causes of ill health must be removed. As anæmia and inanition are very frequently present, a generous diet and the use of iron are indicated. As the subjects of this condition are frequently overworked as well as underfed,

* *Medical Times.*

rest and the avoidance of the more toilsome occupations are, if possible, to be secured. If the symptoms be such as to wear the patient out, and to incapacitate him for self-support and enjoyment of life, or if the displaced organ be the seat of malignant or suppurative disease, surgical interference may become necessary. In the former case, whether the displaced organ, free from disease, should be extirpated—nephrectomy—or fixed in the loin—nephrorrhaphy—is still an open question in surgery. In the latter case, extirpation is the only resource, and nephrectomy is, even under favorable circumstances, one of the most fatal operations of surgery.

GASTRALGIA.

In gastralgia Prof. Bartholow has often obtained good results from—

R_y.

Atropinæ sulph.,	gr. j	
Zinci sulph.,	ʒss	
Æquæ destill.,	fʒj.	M.

SIG.—Three to five drops twice or thrice daily.

Prof. Da Costa gives the following directions as to the treatment of gastric pain or gastralgia: Diet of little importance. Stimulus at meals in small amounts. Morphia relieves at once, but use it care-

fully. 1. Bismuth with a little opium. 2. Nitro-muriatic acid, gtt. ij–iij, diluted, or 3.—

R̄.

Morph. sulph.,		gr. $\frac{1}{32}$	
Acid. carbolic,		gtt. j	
Aq. menth. pip.,	ad	fʒj.	M.

SIG.—Ter die.

4. Fowler's solution, beginning with gtt. j, and increase to gtt. v, ter die.

GASTRIC CATARRH—GASTRITIS.

In the treatment of chronic gastritis, Prof. Da Costa teaches that the cause should be removed. A scanty supply of food. Pepsin at each meal (gr. v). Milk, with a little meat, may be taken as food. Oxide of silver, gr. $\frac{1}{2}$, a dose, will be found of value. Bismuth is useful. Avoid tonics, but use the mineral waters to keep portal system drained.

Prof. Gross gave the following directions for making koumiss, which he states is an excellent article of diet when the stomach cannot tolerate food:—

Grape sugar,	ʒss	
Water,	fʒiv.	M.
Milk,	fʒij	
Fleischmann's yeast,	ʒj.	M.

Mix the two R_s in a quart bottle, and then fill the bottle with milk; cork securely; shake *ter die*, and on third day use. A quart may be used in twenty-four hours. In catarrhal conditions of the stomach it is most agreeable.

Prof. Bartholow, in a clinical case of gastric catarrh, said that such patients are liable to violent attacks of palpitation of the heart, due to the reflected irritation from a stomach greatly distended by flatus and food. In order to improve the condition of the stomach, the patient should take Lugol's solution, five drops, in sweetened water, before meals. This will relieve the pain, and also act favorably upon the disturbed condition of the heart.

In an aggravated clinical case of gastric catarrh, with gastralgia, Prof. Da Costa advised the following treatment: Diet—milk and soft-boiled eggs, a little lime water to be added to the milk. Between meals bismuthi subnitras, gr. xv. At night—

R_y.

Aloës,	gr. $\frac{1}{4}$	
Ext. belladonnæ,	gr. $\frac{1}{12}$.	M.
Fiat pil.		

In another case, he directed that the upper bowel

be kept unloaded by calomel, gr. $\frac{1}{4}$, and sodii bicarbonat., gr. ij, taken every night, and sodii phosphat., \mathfrak{z} j, night and morning.

In chronic gastric catarrh, he prescribed the following pill :—

R γ .
 Argenti nitrat., gr. $\frac{1}{4}$
 Ext. belladonnæ, gr. $\frac{1}{16}$. M.
 SIG.—Ter die.

And for accompanying constipation, he prescribed—

R γ .
 Pulv. ipecac., gr. $\frac{1}{4}$
 Pulv. rhei, gr. ij
 Ext. colocynth. comp., gr. j. M.
 SIG.—To be taken at night.

GASTRIC ULCER.

In a clinical case of gastric ulcer, Prof. Da Costa stated that we are obliged to give the stomach rest, and must therefore resort to nutritious enemata, except some food of a very simple character, such as skimmed milk with lime water, and pieces of ice occasionally. Three or four times every day this patient had injections of beef tea or milk; not more than two ounces at one time, so that it could be easily retained, and one egg. The addition of a few drops of deodorized tincture of opium was found of

great assistance in enabling the patient to retain the injections. Ergot, made into a solution with glycerine and water, was given hypodermically, in a dose equivalent to five grains of the extract. The effect in checking the bleeding was immediate and lasting. He could recommend this method of administering the remedy, not only in hæmatemesis, but also for pulmonary hemorrhage, intestinal hemorrhage in typhoid, and in diabetes.

He was inclined, in this case, to use the silver salts, giving the oxide, in doses of one-half of a grain. After a while, to improve her blood, which is hydræmic, he would give her hypodermic injections of iron; the best preparation for this purpose being ammonio-citrate, a crystalline salt, readily soluble in water, and giving rise to very little irritation, very rarely causing abscess. He had also used dialysed iron for this purpose, with excellent results, but in some cases it unaccountably causes inflammation. Whichever may be adopted or rejected, do not overlook the hygienic treatment, as the patient is in need of sunshine and fresh air as much as of nourishing food.

In a clinical case of gastric ulcer, Prof. Bartholow stated that we have in rectal alimentation, especially

by the injection of defibrinated beef's blood, an excellent and available means of nourishing the patient and of securing rest for the stomach. The manner of using the blood is to obtain it at the butcher's shambles, as soon as it is drawn from the animal; while warm it is whipped with a bundle of fine twigs and rapidly strained. About half a pint of this defibrinated blood is administered by enema, night and morning, if the patient is able to retain so much. The remedy is in a form which enables it at once to enter the blood and nourish the patient. He desired to emphasize this point: where a person is suffering with a stomach disorder, and it becomes necessary to give the stomach rest, there is in defibrinated blood a means of accomplishing this. It is a most successful remedy in the treatment of gastric ulcer, where it is necessary to give the organ absolute rest. In order to allow the ulcer to cicatrize, we may feed the patient exclusively by rectal injections. Hitherto the ingenuity of physiologists and therapeutists has been taxed to the utmost to furnish an acceptable method of nourishing such patients, but nothing yet has equaled defibrinated blood when employed in this way.

Throughout the course of its administration the large bowel should be irrigated once or twice weekly,

to remove a coating of blood which may adhere to the surface of the mucous membrane and interfere with further absorption. A large enema of warm water may be used for this purpose, but irrigation is preferable. In addition to the rectal alimentation, he should take no food by the stomach except occasionally a small quantity of milk and lime water. He should also take, thrice daily, one drop of a combination consisting of equal parts of Lugol's solution of iodine and carbolic acid. The ordinary method of administration would be to give the carbolic acid after eating and the iodine before.

GASTRO-INTESTINAL CATARRH.

A child with catarrh of the intestines was given, by Prof. Bartholow—

Ry.
 Bismuth. subcarb., gr.v
 Creasoti, gtt.¼.
 Ft. emulsio.

SIG.—Every three hours.

In a case of gastro-intestinal catarrh, secondary to a condition of cirrhosis of liver, he prescribed—

Ry.
 Creasoti, gtt.j
 Bismuthi subnitrat., gr.xv
 Glycerini, fʒss. M.

SIG.—Ter die, diluted, and milk diet.

To check the hyperplasia of the connective tissue—

R_y.

Ol. phosphorati,	gtt. i-ij
Mucilaginis,	q.s. M.

SIG.—To be given after the stomach has regained its former condition.

In a case of gastro-intestinal catarrh,* causing enlargement of the liver, at the Pennsylvania Hospital, Prof. Da Costa placed the patient at first upon small doses of calomel with bicarbonate of sodium, and a milk diet. This was followed by one drachm of the phosphate of sodium (in warm water) thrice daily, on an empty stomach. It is better borne when given in warm water. It will sometimes act as a laxative, and if it does so excessively, the dose must be reduced.

In addition to this internal medication, he recommended painting over the surface of the liver with tincture of iodine diluted to one-half its strength. The girl's diet, so far, had consisted of milk and soups; this had been well retained save during the last twenty-four hours, when she vomited. She had had no solid food. She was directed to take a quart to three pints of skim milk with lime water (in the proportion of half an ounce of lime water to four

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ounces of milk), and also to have the soup and a few stewed oysters occasionally. All starchy articles must be rigidly excluded from the dietary. As she improves, she will be allowed to have underdone meat; but it will be a long time before she can be allowed to use a mixed diet, and particularly any articles containing starch or sugar.

GENITO-URINARY AFFECTIONS.

For an *irritable or inflamed condition of the genito-urinary tract*, Prof. Pancoast habitually uses the following prescription:—

R_y.

Buchu,	℥xviij	
Uvæ ursi,	℥viiij	
Aquæ bullientis,	Cong.j.	M.

Boil to two-and-a-half pints, and add

Alcohol,	Oiss	
Olei cubebæ,	f℥j	
Olei juniperi,	f℥ss	
Spirit. ætheris nitrosi,	f℥iv.	M.

This may be administered in doses of a dessertspoonful to a tablespoonful three times daily.

A young man who had for several years practiced masturbation applied at the clinic for relief, as he

was suffering from a *morbid sensibility of the urethra*, with constant sticky discharge from that canal. He was given, by Prof. Gross—

R _y .	Potass. bromid.,	ʒj	
	Sodii bicarb.,	gr.xv	
	Inf. digitalis,	fʒss	
	Atropinæ sulph.,	gr. $\frac{1}{60}$.	M.

SIG.—At bedtime.

To relieve the pain and irritability of the bladder in a clinical case of inflammation of that organ, he ordered *tinctura opii camphorata* fʒj administered three times a day.

For an *irritable condition of the neck of the bladder*, causing frequent micturition, a favorite as well as efficacious prescription is the following, of Prof. Pancoast:—

R _y .	Lupulinæ,	ʒj	
	Tinct. opii camph.,	fʒj	
	Infus. buchu,	fʒij	
	Syr. orgeat,	fʒij.	M.

SIG.—A teaspoonful to a dessertspoonful, in water, four times a day.

To render the above still more useful, an opium suppository, gr. ss, may be placed in the rectum morning and evening.

For a case of *renal inadequacy* and gastric catarrh, Prof. Da Costa ordered a strict diet, argent. oxid., gr. $\frac{1}{2}$, and ext. belladonnæ, gr. $\frac{1}{10}$, ter die, a saline for the bowels and for the kidneys:—

R γ .

Potass. acet.,		gr.xx	
Tinct. zingib.,		gtt.xx	
Elixir. simp.,			

Aquæ,	āā	q.s.	ad	fʒij.	M.
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SIG.—Every third hour, well diluted.

At a recent clinic of Prof. Da Costa's, a woman presented herself, complaining merely of indigestion. The case being fully developed, a diagnosis of renal inadequacy was made, and the patient put upon citrate of caffeine, gr. ij, ter die; the dose to be increased to gr. v ter die.

In *chronic catarrh of the pelvis of the kidneys*, the ureters and the bladder, also in simple irritability of the bladder without apparent cause, especially in women, Prof. Bartholow says: Tinct. cantharidis, gtt. x to xx quater die, kept up persistently, is often signally beneficial.

In *chronic catarrh of the bladder*, he considers eucalyptol as one of the most effective remedies that can be employed.

which, by inflammatory changes, obstructs the flow of blood into said vessels. However, he says that moderate bandaging is the best treatment.

Instead of the ordinary iodine solutions for *application to the cavities of the uterus and cervix*, Prof. Parvin now uses these preparations in this manner: The first solution is applied by means of a cotton-wrapped probe, then immediately the second is applied with a different cotton-wrapped probe. The acid uniting with the potassium, the iodine is set free in the form in which it can accomplish the most good, *i.e.*, in the nascent state:—

No. 1.

R_y.

Potass. iodidi,	ʒj, gr.xv	
Potass. iodatis,	gr.x	
Aquæ,	fʒj.	M.

No. 2.

R_y.

Acid. citric.,	ʒj, gr.xv	
Aquæ,	fʒj.	M.

For the treatment of a clinical case of *vaginitis*, Prof. Parvin recommended, first, the use of simple measures and injections of warm borax water, repeated three, four, or five times a day. This will prove very soothing also to the external inflamma-

tion. If not sufficient, he would order suppositories containing the following:—

R_y.
 Iodoformi, gr.v
 Ex. belladonnæ,
 Morphiæ sulph., āā gr.ss
 Olei theobromæ., q.s. M.

SIG.—One of these to be introduced into the vagina every night.

If this does not cure the vaginitis, the vagina will be penciled with a solution of nitrate of silver. In doing this, a Sims's speculum, with an "elevator" to lift up the anterior walls of the vagina, should be used. Then the mucous membrane should be thoroughly painted with a solution of five to ten grains of nitrate of silver to the ounce. For the external inflammation, a weak solution of corrosive sublimate (1-4000), carbolic acid, hydrocyanic acid, or chloral in solution might be employed. As a rule, ointments are not used to the external genital organs, especially if the inflammation has extended to the sebaceous follicles. Ointments under such circumstances, even if they contain suitable remedies, will usually be found injurious, while, on the other hand, the use of an alkaline wash will often accomplish much good, for the alkali dissolves the accumulated sebaceous secretion. A solution of carbolate

of zinc, or of subacetate of lead, often proves useful in vulval pruritus. Hot water, as a local application, often proves valuable in a pure pruritus—that is, where there is no inflammation causing the intense itching.

GOITRE.

In a case of this affection, Prof. Bartholow said that the ointment of the red oxide of mercury will cure any case of goitre in which the gland has not undergone either cystic or calcareous degeneration. It is also very valuable in chronic enlargements of the spleen.

In a clinical case of goitre, Prof. Gross stated that there are several things which might be done for this disease. Sorbefacient remedies are often serviceable. A very common prescription with him is the following:—

Ry.

Unguent. hydrarg. biniodid.,	ʒj	
Camphoræ,	ʒj	
Cosmoline,	ʒj.	M.

Prof. Da Costa treated a case of goitre with syrup ferri iodidi, gtt. xx, ter die, and local applications of the official ointment of iodide of mercury. Another

case of the same was given tinct. aconite, gtt. ij, ter die, with ice locally.

He directed the patient, each morning, to take a piece the size of a marrow-fat pea, and to stand so that the direct rays of the sun may fall upon the goitre while the ointment is rubbed in. The application may be repeated at night. He would also give her five drops of Lugol's solution, to be taken largely diluted, after each meal. In place of this, muriate of ammonia might be added, in twenty-grain doses, three or four times in the twenty-four hours; and by gradually increasing the dose, some decrease in the size of the growth might confidently be looked for. Under these remedies, it is frequently found that the tumor almost entirely disappears.

This case might be treated by parenchymatous injections; iodine in various forms, or ergotin, or Fowler's solution, might be thrown into the tumor; but he did not think any great benefit would result. These interstitial injections have no special advantage to compensate for the danger of the occurrence of inflammation, necrosis and abscess, which may endanger the life of a patient.

GOITRE, EXOPHTHALMIC. See Exophthalmic Goitre.

GONORRHŒA.

In the early treatment of gonorrhœa, Prof. Gross condemns the use of injections. His plan is as follows: If possible, put the patient to bed; give him at the outset a purge, by administering Epsom and Rochelle salts, each ℥ij, in lemon syrup. Allow no meat or any stimulating articles of diet, etc. Malt liquors do more harm than alcoholic, so interdict both. He should not take tea or coffee, but milk, eggs and some oysters, etc. Three times daily he is to hold the penis in a cup of hot water—quite hot. Keep the organ there for five minutes at a time, then wipe it gently each time.

The internal treatment will be by the “antimonial and saline mixture:”—

R̄.

Antimonii et potassii tartrat.,	gr. $\frac{1}{16}$	
Magnesii sulphatis,	℥ij	
Morphinæ sulphatis,	gr. $\frac{1}{16}$	
Tinct. aconiti radicis,	gtt. j	
Liquor. potassii citrat.,	f℥ss	
Olei limonis,	gtt. ss	
Elixir. simplicis,	f℥ss.	M.

Sig.—Ter die.

By this treatment the urine will be rendered bland and unirritating. Should the urine persist in “scalding,” then add to the above prescription gtt. x tinct.

cannabis indicæ. To prevent or cure chordee, order at night a suppository of—

R̄.

Extract. opii,		
Camphoræ,	āā	gr.ij.

In the course of four or five days the discharge from the urethra will look more like laudable pus; then order an injection :—

R̄.

Hydrargyri chloridi corrosivi,	gr.ij	
Aquæ destillat.,	Oj.	M.

SIG.—With a syringe that holds an ounce, inject into the urethra—having first “flushed” the canal several times by voiding urine—and retain the fluid for five minutes.

Internally, a useful combination is that used at the out-door department at the Hospital, and consisting of—

R̄.

Cubebæ,	ʒij	
Alum. pulv.,	ʒj.	M.

SIG.—Of this take a heaping teaspoonful in a tumbler of water ter die; the dose to be increased.

Should the discharge per urethram still persist, use an injection of—

R̄.

Liquor. plumbi subacetatis,	fʒj	
Aquæ,	fʒx.	M.

Or—

℞.

Plumbi acetatis,	gr.ij	
Zinci sulphat.,	gr.iiij	
Aquæ,	fʒj.	M.

Or—

℞.

Acidi tannici,	gr.ij	
Aquæ,	fʒj.	M.

According to Prof. Bartholow, the following, in gonorrhœa, after the acute stage, is efficacious:—

℞.

Zinci sulphat.,		
Plumbi acetat.,	āā	gr.viiij
Ammonii chlorid.,		
Aluminis,	āā	gr.iv
Aquæ rosæ,		fʒj. M.

SIG.—As an injection.

He also considered subnitrate of bismuth, mixed with glycerine, as thick as can be used in a syringe, a capital injection for gonorrhœa.

From a lecture recently given by Dr. Joseph Hearn, at the Jefferson Medical College Hospital, the following note was taken regarding the treatment of gonorrhœa:—

For first stages, a mild diet; avoid excesses especially of drink; locally, hot-water baths for penis, also hot-water injections, together with the antimonial saline mixture, or—

R_y.
 Potas. citrat., gr.xx
 Sodii bromid., gr.xl. M.
 SIG.—Ter die.

In second stage, resort to copaiba, cubebs, and especially oil of sandal wood, was recommended. Copaiba could be given in a mixture of acacia syrup and water, together with citrate of potassium, or in syr. sarsaparillæ with cubebs.

In third stage, use one of the following as injections:—

R_y.
 Plumbi acet., gr.ij
 Zinci sulph., gr.j
 Aquæ, fʒj. M.
 SIG.—As an injection.

R_y.
 Hydrarg. chlor. corros., gr.j
 Liq. calcis, fʒj
 Aquæ, fʒxij. M.
 SIG.—As an injection.

If discharge persists, use steel bougies three times a week.

In a clinical case of gonorrhœal rheumatism, Dr. Morris Longstreth prescribed quiniæ sulphas (gr. iv) and tinctura ferri chloridi (gtt. xx), three times a day. The joint was painted with tincture of iodine. Castor oil was given for constipation. The tincture of the chloride of iron was stopped, as it apparently disagreed with his stomach. In these cases the digestive functions should be encouraged. He therefore substituted proto-chloride of iron (gr. $\frac{1}{2}$ ter die), in syrup and water. The joint still continued to be painted with iodine.

Gonorrhœal rheumatism is less rapidly amenable to remedies than acute articular rheumatism, at the same time not attended with any of its dangers. We do not have to combat the attacks of endo- and peri-carditis, or of pleurisy, which occur so frequently in the latter disease. Theoretically, many would have it that the disease is a local one, and confine their attention to the joints and possibly the urethra. But the patient may need at least as much attention for his general condition as his gonorrhœal rheumatism.

First, however, as to the joints. The remedies are to be proportioned to activity of the symptoms. Rarely will you see cases requiring leeching, though they do occur; lead water and laudanum are more

frequently required; iodine, or perhaps mercurials, will generally be found of most advantage. Rest is absolutely required in all stages, but the joint should not be immovably fixed, lest it become ankylosed. If the effusion be delayed in its absorption, pressure by bandaging or strapping will be applied.

The general treatment needs attention in two directions; the patients may be simply broken down, as is so frequent among hospital cases, requiring food and tonics; or, on the other hand, more rarely, where the pyæmic symptoms are marked, the use of quinine and iron, to directly influence the febrile condition, is indicated.

It usually happens that you will see the patient for the first time when the gonorrhœal disease is subsiding or gone; or, perhaps, arrive at the diagnosis at a period when it requires no attention, for, especially among hospital cases, no allusion will be made to it or its existence positively denied. All measures directed to the cure of the gonorrhœa should be very cautiously used, lest, so far as concerns the general condition of the patient or the articular affection, they do more harm than good.

Prof. Da Costa, in a clinical case of gonorrhœal rheumatism, placed the patient upon chlorate of

potassium, with a view of modifying the state of the diseased mucous membrane, and, to some extent, the blood; and a certain amount of chlorate of potassium (gr. v solution) was employed locally as a urethral injection. No other local treatment was adopted. This treatment would be continued until the gonorrhœa is entirely stopped, when the chlorate of potassium will be suspended, and tinctura ferri chloridi (gtt. xx), four times daily, and ten grains of quinia daily, given, and also good food.

GOUT.

Prof. Da Costa teaches that arsenic, in small doses, is very useful in chronic gout. Prof. Bartholow considers salicylate of lithium a useful remedy. It does not derange the stomach, and is pleasant to take. Dose, gr. ij-x, or even gr. xx.

HÆMATURIA.

Prof. Da Costa gives the following directions for the treatment of hæmaturia: Treat the cause as well as the symptoms, though the treatment of both is generally the same. 1. Gallic acid, in doses of gr. x-xx, repeated every hour or two. 2. Sulphuric acid, alone or with gallic acid, unless contraindicated by scarlet fever, etc. 3. Fluid extract of ergot, gtt.

xx, increased to fʒj. All three of the above are reliable remedies.

He mentioned the diagnostic point noticed by Dr. Morris Longstreth, that in hæmaturia the blood corpuscles are round and of normal appearance when from the kidney, and are small, shriveled and broken up when from the bladder.

Prof. Bartholow states that in renal hemorrhage, the following is generally very effective :—

R.
 Extract. ergotæ fluid.,
 Tinct. krameriaë, āā fʒij. M.
 SIG.—fʒj every hour or two.

HÆMOPTYSIS. See Hemorrhage.

HAY FEVER.

In a paper read before the College of Physicians of Philadelphia, Prof. Da Costa gave the particulars of several cases of rose-cold, hay fever and influenza treated by the local application of a four per cent. solution of cocaine. He stated that the manner of employing the cocaine is not without importance. It may be used with a small atomizer as a spray; but the readiest means is to inject from five to eight drops up each nostril, the head being

thrown backward; in some persons once, in most twice daily, will be found sufficient. It will be necessary to instruct patients not to irritate the membrane by rubbing it needlessly with the glass tube, or pushing this up too far.

Its mode of action in hay fever is partly by the local insensibility it produces, partly by the contractions of the capillaries that result. The effects are thus chiefly local. It will not arrest the bronchial catarrh or the asthma, which attend some cases; yet it is astonishing how it seems to lessen the tendency to these complications when early applied, and before they have gotten much headway. The remedy is not, strictly speaking, curative; but it gives great comfort, converts bad into light cases, enables those to stay at their homes who otherwise are obliged to flee to hay fever resorts, and relieves much suffering and distress. In no case of rose-cold or hay fever ought cocaine to be left untried.

HEADACHE.

In a clinical case of the form of headache known as migraine, or hemicrania, Prof. Bartholow said that we must commence by altering the manner of life. The patient must discontinue tobacco and coffee, and by correcting indigestion stop the external source of

irritation which constantly keeps the centre in a state of irritability. Instead of coffee and tea let him use milk; no fried food; and as he has found that eating pie at night always brings on an attack the next morning, let him discontinue the pastry, and eat a plain but well-cooked and readily digested diet.

Among the remedies for headache may be mentioned bromide of potassium, guarana and paullinia, which is closely allied to the former. The bromide will abort these paroxysms, by allaying the irritability of both the fifth and pneumogastric nucleus. But to cure the disease permanently, we must go to the source of the evil, and cure the catarrh of the stomach, by administering Fowler's solution, properly diluted, at meal times. The dose of bromide must be given early, before the attacks come on. He may commence with two drops of Fowler's solution, and keep this up for a month before reducing it to one drop.

Should the headache appear in spite of these precautions, it may be that half a drachm of the fluid extract of guarana will afford him relief.

In hemicrania, in a woman who was also troubled with acid dyspepsia, Prof. Da Costa prescribed bromide of nickel, as follows:—

R_y.

Niccoli bromid.,	ʒij	
Ol. gaultheriæ,	gtt.vj	
Syrup. tolu,	fʒss	
Aquæ,	q.s. ad	fʒij. M.

SIG.—Teaspoonful ter die.

After a while the dose of the bromide is to be doubled. At night aloin, gr. $\frac{1}{16}$, is to be taken, followed in the morning by ʒj of potassii et sodii tartras.

HEART, DISEASES OF.

In *functional disorders of the heart*, Prof. Da Costa speaks highly of three agents, viz.:—

1. Digitalis, which is most excellent.
2. Belladonna, especially useful when there is irregularity of action and cardiac pain. It may be combined with digitalis.
3. Strychnine is efficacious when we have a depressed condition of the nervous system.

Dr. Morris Longstreth exhibited a patient at the Pennsylvania Hospital suffering with *mitral and aortic insufficiency*. Pulse very weak and slow, between thirty and forty per minute, headache and sense of oppression, cold extremities. Under the use of digitalis but little was accomplished; then

ammonia in large doses was given, in addition, and a very great amelioration followed, the pulse became more rapid and stronger, the headache and oppression disappeared.

There was recently a very complicated clinical case of heart trouble under Prof. Da Costa's care. A young man, æt. eighteen, had *cardiac hypertrophy* with dilatation, mitral stenosis and regurgitation; also pericardial adhesions. He was directed to take—

R̄.

Tinct. digitalis,	gtt.x	
Tinct. cannabis ind.,	gtt.ij	
Tinct. cinchon. comp.,	fʒj.	M.

SIG.—Ter die.

In addition, an occasional dose of Rochelle salt.
Meat diet.

For a woman with the double cardiac lesion of *mitral and aortic stenosis*, he gave—

R̄.

Tinct. digitalis,	gtt.x	
Tinct. cinchonæ comp.,	fʒj.	M.

SIG.—Ter die.

A man, sixty-three years old, suffering from *mitral stenosis with hypertrophy*, and in whom atheromatous degeneration of the blood vessels was present,

was given, by Prof. Da Costa, fluid ext. of convallaria, gtt. viij ter die, to make the heart beat more regularly; Fowler's solution for the atheroma.

He advised, in a case of *mitral stenosis*, with some roughening of aortic opening and resulting cardiac asthma:—

R̄.

Tinct. digitalis,	gtt.x	
Tinct. belladonnæ,	gtt.ij	
Tinct. cinchonæ comp.,	fʒj.	M.

SIG.—To be taken ter die.

And for the asthma one drop of the centesimal solution of nitro-glycerine at night, to be increased to three drops if necessary.

In a clinical case, Prof. Bartholow gave convallaria infusion (a tablespoonful twice a day) for *mitral lesion*, preferring it to digitalis.

Dr. O. P. Rex, Physician to the Jefferson Medical College Hospital, prescribed for a man with a *mitral regurgitant murmur*, the following:—

R̄.

Pulv. digitalis,	gr. $\frac{1}{3}$	
Extract. belladonnæ,	gr. $\frac{1}{12}$	
Extract. gentianæ,	q.s.	M.

Fiat pil.

SIG.—One ter die.

In a man *æt.* sixty, suffering from great dyspnœa and palpitation consequent upon *cardiac hypertrophy* with aortic stenosis, Prof. Da Costa advised—

R_y.

Tinct. veratri viridis,	gtt.ij	
Syrup zingiberis,	fʒj	
Aquæ,	fʒj.	M.

SIG.—fʒij to be taken until palpitation is overcome; then discontinue its use.

At the clinic, Prof. Bartholow gave nitro-glycerine to a patient with a *mitral lesion* causing pulmonic and renal congestion, albuminuria and general œdema. He thinks it the best remedy we have for congestion of the kidneys, and valuable to take work off the heart, by lowering the tension. It does not interfere with nutrition like digitalis. One drop of a one per cent. solution, slowly increased to flushing of the face, is the dose.

He speaks very favorably of the use of nitro-glycerine persistently in the treatment of *fatty heart*. It takes the strain off the weakened organ, and allows it to gain strength while its work is lessened.

A man with *hypertrophy of heart* and aortic dilatation, upon whose chest could very plainly be

noticed the systolic dimpling, was given, by Prof. Da Costa, quebracho, gtt. xx, bis die, and potassium iodide, gr. x, ter die.

In the case of a much-afflicted man having *mitral regurgitation*, fibroid liver and kidneys, with resulting ascites and œdema of the legs, Prof. Bartholow ordered pulvis jalapæ comp., for the latter trouble; for the digestion and liver, acid. nitric. dil.; gtt. x, ter die; for the fibroid condition, after the other symptoms were modified—

R_y.

Hydrarg. chloridi corrosivi,	gr. $\frac{1}{30}$	
Auri et sodii chloridi,	gr. $\frac{1}{15}$.	M.

SIG.—Ter die.

He prescribed for a boy with a very tumultuously acting heart, a *mitral regurgitant murmur* and anæmia, this pill, to be taken morning and evening:—

R_y.

Quininæ sulph.,		gr. ij	
Pulv. digitalis,			
Ferri sulph.,	āā	gr. j	
Pulv. opii,		gr. $\frac{1}{15}$.	M.
Ft. pil.			

Treatment of *endocarditis* (Prof. Bartholow): Keep heart at rest by ice and digitalis:—

R_y.

Infus. digitalis, fʒss-ʒj.

SIG.—Every four hours.

Fly blister to axillary region.

In incipient stage, he advises—

R_y.Morph. sulphat., gr. ʒ
Quininæ sulph., gr. x. M.

SIG.—Every four hours, for one day.

In a clinical case of this disease, with mitral lesion and albuminuria, Prof. Bartholow said that the problem in this case is how to bring about compensation, both for the heart lesion and for the loss of albumen. In order to make up for this defective valve, effort should be made to bring about compensating hypertrophy of the heart, so that the congestion of the lungs, liver, kidneys, etc., may be obviated. The blood pressure should be increased, and the quality of the blood improved; but this cannot occur as long as this state of the kidneys and albuminuria continues. We can, however, enable the heart to contract more energetically, and by proper regimen relieve this patient to a large degree. The patient needs rest and good diet. She is, unfortunately, a working woman, and cannot obtain proper food, and, doubtless, has no time for rest.

R_y.

Infusi digitalis,

f℥ss.

As a dose, twice a day.

She shall also have Basham's mixture, which is one of the best combinations in this disease; the iron is required on account of her anæmic condition.

In the case of a patient suffering from acute *rheumatic endocarditis*,* Prof. Da Costa said that when referring to the use of salicylates in this affection, he had called attention to the absolute uselessness of salicylates in preventing cardiac complications. He fully concurred in the estimate of the value of salicylic acid or its salts in removing the symptoms of rheumatism, the pain and joint affection; but he would say that they are useless in preventing the occurrence of heart lesions.

In regard to the alkaline treatment, when, in a case of rheumatism, you detect a commencing cardiac inflammation, give alkalies, not only for their actual effect, but also to prevent the occurrence of persistent heart complications. Give them in full doses. The object is to saturate rapidly the system and defibrinate the blood, and, if possible, prevent deposits upon the valves. We also aim to keep up the

* *Medical Times*, May 15th, 1886.

secretions, and therefore give the alkali in combination with neutral mixture, so as to keep up the action of the kidneys. Alkalies, by altering the crasis of the blood and acting as depuratives, are the most valuable agents we possess in the treatment of inflammations complicating acute rheumatism, and especially for the cardiac complications.

In considering the question of further treatment, he would now give ten grains of iodide of potassium three times a day, while diminishing the alkali still more,—to two drachms of bicarbonate of potassium three times a day. The patient should be well nourished, but without meat or much nitrogenized food. Starchy food, bread and vegetables, and a little milk, should constitute, in the main, his dietary. Quinine should be continued, eight grains daily, simply as a general tonic and with a view to the prevention of a relapse. (See *Rheumatism*.)

For a case of *acute* (dry) *pericarditis*, Prof. Da Costa prescribed a few small blisters over the apex of the heart, and—

R̄.	Potassii iodidi,	gr.ijj	
	Potassii acetat.,	gr.x	
	Syr. zingiberis,		
	Aquæ,	āā	fʒij. M.
	SIG.—Ter die.		

He treated a boy, æt. twelve, having *pericarditis* with effusion, following a very severe attack of chorea, as follows: Potassium acetate, ʒss every two hours; tinct. digitalis, gtt. v every four hours; whiskey, fʒij per diem; to insure quiet and sleep, a little paregoric at bedtime. Do not interfere too actively with the bowels; the quieter in every respect the patient can be kept, the better. Do not allow him to get out of bed under any circumstances as long as any effusion is present.

Prof. Da Costa treated successfully a case of *irregularly acting heart*, first sound divided, pulse fifty per minute and weak, with tinct. digitalis, gtt. x, quater die.

At a meeting of the College of Physicians of Philadelphia, Prof. Da Costa called attention to the hypodermic use of cocaine in cases of *cardiac failure* and *weak heart*. He had found that doses of one-third to two-thirds of a grain strengthened the cardiac systole, and, as shown by the sphygmograph, the pulse became fuller, stronger, and a little slower. Given in this way it was observed that the pupils became dilated, but the effect upon sensibility of the mucous membranes was only slight, and not com-

parable to that following its local employment. Injected into the skin it produced a wheal which was insensible, but thrown under the skin no local anæsthesia was produced.

In a clinical case of *irritable heart*, Prof. Bartholow prescribed the one per cent. solution of nitro-glycerine, beginning with one drop, and this dose has been gradually increased until he now takes four drops every four hours. This produces characteristic physiological symptoms. Its effect has been to quiet the tumultuous heart, to reduce the number of beats to about the normal, and to give them their proper force. In order to give permanent relief, it is necessary to tone up the forces of the body, to restore digestion and improve nutrition, and especially the nutrition of the nervous centres, by the use of those agents which promote digestion—by a combination of mineral acids with digestives. He would give a teaspoonful of Scheffer's solution of pepsin and five drops of diluted muriatic acid, taken directly after meals. Something is required to remove the excessive mobility of the nervous centres. The remedy best adapted to accomplish this, under the present circumstances, is the arseniate of iron. This we combine with strychnine as a tonic for the nerve centres.

In a clinical case of *irritable heart*, associated with anæmia and digestive derangements, Prof. Bartholow said: It is idle to try to relieve this condition of the nervous system, unless we supply it with good blood; it cannot be done with drugs alone. We will commence by giving this woman ten drops of dilute nitric acid thrice daily; in a little while we will order her a more generous diet, prescribing especially milk and eggs; interdicting stale bread (of which she eats a great deal), and coca shells (which she drinks), because she cannot digest the fats. This I know, because the eructations or regurgitations are of an offensive acid character; butyric acid is set free.

We must also leave out starchy, saccharine, and all fermenting foods. Nutrition must be forced; she should have milk every three hours, eggs daily, and meat at every meal; and of meat she should have fresh beef, game and poultry (but not veal or duck); fresh fish, no salt meat or salt fish of any kind. She should eat but little bread, substituting for it such vegetables as celery, lettuce, or spinach, those that are free from sugar or starch. She may eat lettuce, in the English fashion—that is, to take out the centre leaves and dip them in salt. If the patient can have cod-liver oil, without its producing

acid digestion, it should be given in doses of one drachm in half an ounce of whiskey thrice daily. A person of fifty years of age, who has led a temperate life, can take a little whiskey with advantage, but it will do no good to one who has been a toper. It is quickly oxidized, and it helps primary assimilation. Exercise should be enjoined just at the end of digestion, when the food is ready to be assimilated and requires an abundance of oxygen to complete the metamorphosis.

In a case of excessive *irritability of the heart*, in which the pulsations numbered one hundred and eighty per minute, Prof. Da Costa prescribed—

R.
 Digitalis, gr. j
 Extract. belladonnæ, gr. $\frac{1}{16}$. M.
 SIG.—One pill, ter die.

In one of his clinical lectures at the Pennsylvania Hospital, he recommended the hypodermic employment of digitalis, when the indication was to revive a *flagging heart*. He prefers the fluid extract diluted with water, two drops being equivalent to about fifteen minims of the tincture, the injection being repeated as often as necessity required it.

In an interesting clinical case of *slow heart*, with increased blood pressure and increased vascular tension, Prof. Da Costa said he had prescribed iron, in tonic doses, and for a few days strychnia, and also extract of belladonna, in $\frac{1}{4}$ -grain doses at night. We ought to be able to quicken this heart by remedies which will equalize the blood pressure by controlling the powerful impulse, and the remedy most likely to effect this is *veratrum viride*. But in view of the irregularity, we should keep up the small amount of belladonna at night. He should therefore take two drops of fluid extract of *veratrum viride* three times a day; and even if we fail in remedying the probable cause of the altered frequency, we shall improve the abnormal forcible action. For the improvement of his blood and general nutrition, he may continue taking twenty drops of the tincture of the chloride of iron after each meal. He should have nourishing food, and have the secretions carefully looked after.

The dose of *veratrum viride* was afterward increased, but as it apparently had no decided influence upon the heart, he was ordered two drops of tincture of aconite three times daily. The heart's action, on the whole, was softer and more regular, but not much

increased in frequency, and for a few days before leaving the Hospital for England, it ranged from forty-eight to fifty-two per minute.

In a clinical case of heart disease, with *musical murmur*, Prof. Da Costa said that the treatment would depend very much upon the condition of the walls of the heart associated with the musical murmur. In this case there was a moderate amount of dilatation, with a slight increase of muscular structure. The action of the heart, on the whole, was feeble, and even struggling, which accounted for the oppression in breathing. The pulse had been singularly irregular. By paying attention to this state of the cardiac muscle, which, after all, is the part that requires attention rather than the valve itself, much relief can be afforded. He would endeavor to improve the nutrition of the walls, and bring about a change in the cavities that will secondarily influence the valves. He had therefore ordered him digitalis and extract of belladonna, and apparently with good results:—

R_y.
 Ext. digitalis fluid., gtt.ij
 Ext. belladonnæ fluid., gtt.j. M.
 S_{ig}.—Ter die.

To render blood more coagulable, when we have effusions of the same into cavities and so cannot ligate the bleeding orifices, Prof. Gross advises—

R_y.
 Acid. gallici, gr.ij
 Digitalis foliorum,
 Ergotin., āā gr.j
 Opii, gr.ss. M.
 SIG.—Ter die.

He advises the following when, after hemorrhage, it is desired to contract the arterioles, and to increase the plasticity of the blood:—

R_y.
 Ergotin.,
 Pulv. digitalis, āā gr.j
 Opii, gr.ss
 Plumbi acet. vel, gr.ij
 Acidi gallici, gr.ijj. M.
 Ft. pil.
 SIG.—To be taken every four hours.

Prof. Bartholow says that for *hæmoptysis* ipecacuanha is a remarkable physiological remedy. In a clinical case it was given in combination, as follows:—

R_y.
 Ext. ipecac. fluidi,
 Ext. ergot. fluidi, āā gtt.v. M.
 SIG.—At a dose.

For a young woman, æt. thirty, suffering from hæmoptysis, consequent upon incipient phthisis, Prof. Da Costa gave—

R_y.

Acidi sulphurici dilut.,	gtt.v	
Morphinæ sulphat.,	gr. $\frac{1}{8}$	
Elixir. simplicis,	fʒss.	M.

SIG.—To be taken as required.

She was also directed to take arseniate of sodium, gr. $\frac{1}{40}$, ter die, after meals.

In hæmoptysis, when the usual remedies, as ergot, gallic acid, etc., have failed, he advises the use of the tincture of matico, in doses of fʒss–fʒj, every two or three hours.

Prof. Da Costa showed, at the Pennsylvania Hospital, a strongly anæmic rheumatic young man with mitral and aortic regurgitation, who suffered every two or three days with severe *epistaxis*, losing from ʒvj–xij each time. He was treated with ergot, styptic preparations of iron, gallic acid and tincture of matico, without avail, and he was much reduced by the repeated hemorrhages. He was then placed on copper sulphate, gr. $\frac{1}{2}$, which was successful. He has had but one slight hemorrhage since.

Prof. Bartholow, for a case of frequent epistaxis, occurring in a young man of twenty-five years of

age, recommended the following prescription, to maintain the tonicity of the blood:—

R_y.
 Ergotæ (aq. ext.), gr.ij
 Ferri sulphat., gr.j
 Extract. nucis vomicæ, gr.¼. M.
 SIG.—One pill, ter die.

For a man having recurring epistaxis and a tendency to bleed from the gums, due to a malarial cachexia, Prof. Bartholow ordered the following pill to be taken, ter die:—

R_y.
 Quininæ sulphatis, gr.v
 Extracti ergotæ,
 Mangani sulphatis, āā gr.ij. M.

Gossypium as a *uterine hæmostatic* was a favorite remedy in the Jefferson Medical College Hospital. The fluid extract is given in half-drachm doses every four hours.

For menorrhagia, independent of treatment directed to the cause, Professor Parvin recommends quinine, ergot and digitalis, but as the best treatment, water as hot as can be borne, in a rubber bag, to the lumbar region, and gallons of hot water injected into the vagina. If these fail, tampon the os uteri with a tent. Rest at next menstruation is to be directed.

He considers opium one of the best remedies for uterine hemorrhage; ergot the best for post-partum hemorrhage and that due to fibroid tumors. If the hemorrhage be due to malaria, quinine must be used.

In Prof. Bartholow's experience, metrorrhagia produced by fibroids or fungous granulations is much more decidedly held in check by diluted sulphuric acid than by ergot; while menorrhagia dependent upon ovarian excitement is generally more quickly relieved by bromide of potassium.

HEPATITIS.

Prof. Bartholow, in a clinical case of interstitial hepatitis (cirrhosis of the liver), stated that if there be a sufficient quantity of healthy liver substance remaining to carry on the function of the organ, the interference of the morbid process being removed and its progress arrested, we may succeed in restoring the man to comparative health.

The problem is to restore the production of bile, and secure the discharge into the intestinal canal. We have therapeutic agents that will arrest this over-production of connective tissue, which is contracting

upon the liver cells and causing their destruction. The phosphates and phosphites, particularly the former, may be used with a good prospect of success. The best, in view of its ready assimilation, is the phosphate of lime; but, on account of its insoluble character, the question is how to introduce it into the system. When freshly prepared, it is soluble in lactic acid. In this form it is readily absorbed, and promotes digestion and assimilation. Phosphorus exerts an elective action upon the connective tissue of the liver. In phosphorus poisoning we find the hepatic connective tissue in the state of fatty degeneration and destructive change.

The metals, also, are generally thrown out by this channel, and in poisoning by the metallic salts, such as copper or antimony, the substance may be detected in this organ. In medico-legal cases, we always secure the liver, in order to examine it for poison. Arsenic particularly acts upon the hepatic structures, and after arsenical poisoning it may be detected in all the viscera, but is principally found in the liver. With this in view, he shall have two drops of Fowler's solution three times a day, given after meals:—

R_y.
 Syrup. calcii lacto-phosphatis, fʒj
 Liq. potassii arsenitis, gtt.j.
 SIG.—Ter die.

We employ the arsenic in order to act upon the nutrition of the liver, and for its specific effect upon the connective tissue.

A most important part of the treatment in hepatic disorders is careful regulation of the diet, which should mainly consist of such articles of food as do not require bile for their assimilation. We know that the bile emulsifies fats and favors their absorption; it also prevents fermentation in the starchy and saccharine elements. We must therefore give this patient substances that are converted into peptones in the stomach, and are thus readily absorbed. He shall have milk, fresh meat, eggs, and the succulent vegetables, such as contain but little sugar or starch (spinach, cabbage, cauliflower, etc.).

It would be folly for the patient to expect that in a few days or weeks we will be able to entirely restore him,—especially if he disobey our instructions in regard to alcoholic drinks, which must be absolutely discontinued. Unless he faithfully carries out his treatment, he will go on from bad to worse until the organ will be irretrievably damaged.

The watery purgatives—the so-called hydragogue cathartics—are the chief means employed for getting rid of the ascites in cirrhosis of the liver. Prof.

Bartholow ordered in one case from one to two drachms of the compound jalap powder every morning.

In cirrhosis of the liver, Prof. Da Costa recommended the persistent use of small doses of hydrargyri chloridum corrosivum (gr. $\frac{1}{30}$, ter die), with an occasional saline purgative to keep the portal circle unloaded. He teaches that in the early stages (before contraction) of interstitial hepatitis (cirrhosis), a cure may be effected. He has seen the disease in women who did not drink, and the worse case he ever had was in a boy four years old, in which the diagnosis was confirmed at the autopsy. Inherited syphilis may be a cause of it. In the early stages the remedies are leeches, sulphate of magnesium, cream of tartar, iodide of potassium.

In a clinical case of suppurative hepatitis, in a man thirty years old, he prescribed the following treatment: Aspiration would not yet be justifiable; but poultices of flaxseed, to which should be added a little laudanum, were indicated.

Ry.

Quininæ sulphat.,

gr.vij-x.

SIG.—Ter die.

And also—

R̄.

Tinct. ferri chloridi,			
Spirit. ætheris nitrosi,	āā	gtt.xx	
Elixir. simplicis,		f℥ss.	M.

SIG.—Ter die.

HERPES ZOSTER.

Prof. Bartholow stated, in a clinical case, that in the treatment of this affection the remedies are to be more particularly addressed to the nervous system. Recognizing the fact that it is an affection of the trophic filaments of the cutaneous nerve, the case can be treated intelligently. There are many remedies which might be used. One of the best preparations is chloral camphor, in which morphia has been dissolved:—

R̄.

Camphoræ,			
Chloral.,	āā	ʒj	
Morph. sulph.,		gr.x.	M.

SIG.—To be painted over the affected part.

This solution applied to the seat of disease relieves the pain and promotes healing. A mild stabile galvanic current, direct, is also a most effective remedy. If the pain is severe, the hypodermatic use of morphia may be required, or by the stomach a full dose of quinine and morphia may be given.

As it is a self-limited disease, local anodyne applications will be sufficient, awaiting the effect of time.

HODGKIN'S DISEASE. See Lymphadenoma.

HYPOCHONDRIASIS.

In a clinical case of hypochondriasis, Prof. Bartholow stated that having decided that the central difficulty is disturbance of the digestive organs, and that the reflex symptoms are grouped about this centre, of course the first thing to be done is to restore the power of the digestive organs. It is not so much the quantity of the food as the quality that is to be regulated. The food must be of an easily digested and assimilable character, but any kind of food in considerable amount produces distress.

The constipation must be relieved. Thus:—

R_y.
 Extracti nucis vomicæ,
 “ belladonnæ,
 “ physostig., āā gr. ¼
 “ aloës, gr. ½. M.

Ft. pil.

SIG.—One three times a day.

The nux vomica acts upon one part of the muscular layer of the bowel, while the belladonna acts upon another; the physostigma has a powerful effect in increasing the secretion of the intestinal mucous

membrane, and the aloes is, of course, directed more particularly to the condition called torpor of the intestine.

The reflex nervous symptoms are due to irritation of the terminal portion of the nerves in the stomach. The best remedy, under the circumstances, is arsenic. We direct two drops of Fowler's solution of arsenic three times a day, before meals. This acts upon the terminals of the nerve, and upon the nervous apparatus. The pills previously mentioned may be taken two or three hours after meals. Arsenic also has a decided effect upon the mental condition to which the term hypochondriasis is applied. Independently of the associated conditions, it promotes a feeling of well being.

For sexual hypochondriasis, in a man *æt.* twenty-six, Dr. Joseph Hearn, at the Jefferson Medical College Hospital, ordered the following:—

R_y.
 Sodii bromidi, ℥ss
 Tinct. gelsem.,
 Tinct. cannab. indic., āā fʒj
 Aquæ,
 Syrup., āā fʒiij. M.

SIG.—Two teaspoonfuls three times a day.

HYSTERIA AND HYSTERO-EPILEPSY.

Prof. Bartholow alluded, in a clinical case of hysteria, to the prevailing unphilosophical way of disposing of these cases. How often is such a patient directed to take Hoffman's anodyne, tincture of asafœtida, or something of the kind, which is never curative, but always a temporary expedient. It bridges them over the difficulty for a short time, but always leaves them worse than before. The rational treatment is first to seek out and cure the primary trouble. Correct the disorder of vision, correct the constipation, correct the diet, correct the vicious or sedentary habits of life, and the hysterical attacks will take care of themselves.

He ordered for an hysterical girl with scanty menstruation, one of the officinal pills of asafœtida and aloes morning and evening, and one week before the expected menses the following pill:—

R_y.
 Extract. nucis vomicæ, gr. ¼
 Ferri arseniatis, gr. ⅛
 Mangani sulph. dessic., gr. ij. M.
 Ft. pil.

SIG.—One three times a day.

He says the best thing for hysterical aphonia is atropine pushed to dryness of the throat. The voice reappears as if by magic.

In a clinical case of hysteria, dependent upon subinvolution of the uterus, he said that in applying remedies we should first endeavor to bring about a change in the condition of the uterus; and, secondly, we must look after the digestion and assimilation. She may take—

R_y.
 Extract. ergotæ, gr.ij
 Ferri sulphat., gr.j
 Ext. nucis vomicæ, gr.¼
 Hydrarg. chlor. corrosiv., gr.⅙. M.
 Ft. pil.

SIG.—One ter die.

This will improve the condition of the digestion and the state of the blood; or, at least, there is hope that it will bring about a change in the functions of nutrition and blood-making, as well as act upon the uterus and promote involution.

Prof. Da Costa prescribed for a clinical case of hysteria, the acute attack having been cured by the valerianate of zinc, the following:—

R_y.
 Liq. arsenii chloridi, gtt.v
 Tinct. ferri chloridi, gtt.xv
 Syrup. simp., gtt.x
 Elixir. simp., ad fʒj. M.

SIG.—This dose to be taken ter die, after meals, well diluted.

Every night this pill to be taken—

R_y.
 Aloin, gr. $\frac{1}{10}$
 Ex. belladonnæ, gr. $\frac{1}{2}$
 Rhei, gr. ij. M.

Prof. Bauduy, of St. Louis, in a paper on cocaine, states that there is nothing which relieves any of the ordinary manifestations of hysteria so rapidly and completely as a hypodermic injection of cocaine.

In a clinical case of hystero-epilepsy, Prof. Da Costa prescribed the following:—

R_y.
 Zinci valerianatis, gr. ij
 Ext. cannabis indicæ, gr. ss. M.
 Ft. pil.

SIG.—Three times daily;—

and thirty grains of sodium bromide at night.

Instruct him to live out of doors a good deal, and to try and divert his mind, and live a well-regulated life, and by following this regimen he may anticipate decided improvement.

For hystero-epilepsy occurring in a young girl seventeen years old, he prescribed—

R_y.
 Acid. hydrobromic. dilut., ʒss.
 SIG.—Bis die.

Constipation being a marked element, she was directed to take at night a pill consisting of—

R_y.

Aloës,	gr. $\frac{1}{6}$	
Ext. belladonnæ,	gr. $\frac{1}{12}$	
Capsici,	gr. $\frac{1}{3}$.	M.

Prof. Bartholow, in a clinical case of hysterical convulsions, in an anæmic young lady fifteen years of age, who had passed through, without accident, the changes incident to puberty, and now menstruated regularly, said that one of the best combinations would be iron and arsenic, giving a mixture containing two or three drops of liquor potassii arsenitis, with five grains Vallet's mass. A change takes place in such a mixture, but at the same time it is a useful combination. This will be given three or four times a day, preferably after meals.

In addition to the arsenic prescribed with this view, she should take ten drops of tincture of nux vomica, three times a day, to tone up the nervous system and diminish its excessive mobility.

ILEO-COLITIS.

A child suffering with this affection was treated successfully, at the Jefferson Medical College Hospital, under a properly regulated diet and the use of tincture of iodine and carbolic acid, the so-called

carbolate of iodine—a half a drop of each being taken three times a day.

A case of ileo-colitis, occurring in a boy æt. ten, was treated by Prof. Bartholow as follows: Cut off starchy and fatty substances of his diet, but give skimmed milk and beef juice; also the white of eggs, if this agrees with him, and three times a day give—

Ry.
 Bismuthi subcarb., gr.xv
 Acidi carbolici, gr.¼. M.

See also *Entero-colitis*.

IMPOTENCE.

In a clinical case of impotence, Prof. Bartholow spoke with confidence of—

Ry.
 Ext. cannabis indicæ, gr.x
 Ergotin. (aq. ex.), ℥ij
 Ext. nucis vomicæ, gr.x, M.
 Fiant pil. xx.

SIG.—One, morning and evening.

When there are present relaxation of the genital organs, diurnal losses and inaptitude for coitus, from irritability, he stated that the following may often be found very useful:—

℞.

Ergotin. (aqueous extract),	ʒj	
Sanguinarinæ,	gr.ij.	M.

Fiant pil. xx.

SIG.—One pill, three times a day.

When it is desirable to use ergotin hypodermatically, he recommends the following solution:—

℞.

Ergotinæ (aq. ex.),	ʒj	
Glycerini,	fʒj	
Aquam dest.,	ad	fʒj.
		M.

SIG.—Eight minims = gr. j of ergotine.

INCONTINENCE OF URINE.

At Prof. Da Costa's service in the Pennsylvania Hospital, chloral hydrate was given, in three-grain doses, ter die, for incontinence of urine in young children.

Prof. Bartholow, in incontinence of urine, occurring in a girl twelve years of age, prescribed the following:—

℞.

Ext. ergotæ,	gr.j	
Ext. nucis vom.,	gr. $\frac{1}{6}$	
Ext. belladonnæ,	gr. $\frac{1}{6}$.	M.

Ft. pil.

SIG.—Take three times a day.

Also—

R_y.

Pil. ferri iodid.

SIG.—One ter die.

For a child, æt. three, with nocturnal and diurnal incontinence of urine, he directed that she be put upon a diet suitable to a child, as the food of adults would have a tendency to make the urine too stimulating to the bladder. To improve her general condition, fresh air and exercise, and syrup. ferri iodidi; also, to increase the power of the sphincter vesicæ, extract. ergotæ fluid., gtt. xv, ter die.

INDIGESTION. See *Dyspepsia*.

INFLAMMATION.

In inflammatory diseases, when patients cannot sleep, but require it, and unless there exists some contraindication, Prof. Gross prescribes—

R_y.

Potassii bromidi,		ʒss	
Chloral.,		gr.xv	
Morphinæ sulphat.,		gr. $\frac{1}{8}$	
Syrup. aurant.,			
Aquæ,	āā	fʒj.	M.

SIG.—Pro re natâ.

He suggests the following formula for an excellent cold application when indicated:—

R̄.

Potassii nitratis,			
Ammonii chlorid.,	āā	ʒv	
Aquæ,		ʒj.	M.

The lead water and laudanum solution of Prof. Gross is as follows:—

R̄.

Plumbi acetatis,		ʒij	
Tinct. opii,		fʒss	
Aquæ,		fʒviij.	M.

SIG.—Lotion.

INFLUENZA. See Coryza and Hay Fever.

INTERMITTENT FEVER. See Malarial Diseases.

INTESTINES, DISEASES OF. See Gastro-Intestinal Catarrh, Diarrhœa, Dysentery, Enteritis, Entero-Colitis, Ileocolitis, etc.

JAUNDICE.

In a clinical case of this disease, Prof. Bartholow stated that the phosphate of sodium is the most efficient remedy for causing the catarrhal process to disappear, and to favor the flow of the bile into the intestine, given in drachm doses three times a day. In this case it will be advantageous to combine with it the arseniate of soda, in the dose of $\frac{1}{30}$ of a grain three times a day. The malarial impression must

not be disregarded. The salicylate of cinchonidine must be given, five grains three times a day. This is a most efficient substitute for sulphate of quinine in ordinary malarial attacks.

In another case of jaundice, after attending to the therapeutical and pathological diagnosis, he asked what should be done to relieve the swelling of the mucous membrane, to remove the obstructing mucus, and to get rid of the bile pigment which is disseminated throughout the body, and upon the presence of which depend many of the symptoms. The patient was given the phosphate of sodium in teaspoonful doses dissolved in a wineglassful of hot water, and taken as hot as possible before each meal. One of the objects of this is to liquefy the thick, tenacious mucus, and to prevent the fermentative changes in the duodenum which tend to keep up the catarrhal process. Again, the phosphate of sodium acting on the intestine, will, by reflex action, cause contraction of the gall bladder. It is in this way that at times the resinous cathartics do good in jaundice. The bile flowing down may dislodge the obstructing mucus.

By common consent, mercurials are regarded as contraindicated in such cases as this, although there is a reason why calomel might be used. It has been

proven beyond controversy that calomel, so far from increasing the flow of bile, actually diminishes it. This has been established by experiment on animals and also on man. In two important cases of biliary fistula, in Germany, in which all the bile was discharged externally, it was found that after a full dose of calomel, the result was the same as had previously been found to be the case in animals: the quantity secreted was diminished. It is this action which makes this remedy useful in certain cases of hepatic disease. If there were no other objections to it, it should be employed in the present case, but there are other remedies which are just as useful as calomel, without possessing its disadvantages. Phosphate of sodium fulfils all the requirements.

Often there is a malarial element, and unless this is removed, all remedies will prove inefficient. This patient had been taking from five to ten grains of quinine morning and evening.

In the next place, it is desirable to get rid of the bile which is circulating in the blood, which irritates the skin, slows the heart and causes the unpleasant mental depression. This is best accomplished by the use of diuretics. The patient should drink freely of cream of tartar lemonade, ordinary lemonade, distilled water, or some of the alkaline mineral waters.

For this purpose the alkaline waters of Michigan, the Bethesda water of Wisconsin, the Buffalo lithia water, or Vichy, may be employed.

In a clinical case of chronic catarrhal jaundice, Prof. Da Costa stated that the main points in the treatment are to unload the portal circulation by active cathartics. Internally we give phosphate of sodium, a drachm daily in divided doses. It might be increased to two or even three drachms daily, if the stomach bears it well. Counter-irritation may be employed over the liver by painting with iodine; or a cloth wet with a weak acid solution may be resorted to with benefit. A blister over the liver might also be serviceable. The fluid extract of jaborandi in drachm doses once a day as a temporary means of increasing the action of the skin and of the kidneys may be beneficial; and to this patient he had also given arsenic for its influence upon the swollen mucous membrane. This has sometimes a very happy effect.

Prof. Bartholow considers that when the cause of jaundice has been removed, salicylic acid will remove the bile pigment from the blood more promptly than any other drug.

In ordinary cases of catarrhal jaundice, Dr. Neff, at the Jefferson Medical College Hospital, advised the application of a blister over a region marked by a line extending from the gall bladder to the ensiform cartilage. In a few hours after the application the bile pigment disappears from the urine, and the yellow hue of trunk and body rapidly fades. Phosphate of sodium is given in conjunction.

KIDNEYS, DISEASES OF. See Bright's Disease; Genito-Urinary Organs, Diseases of, etc.

LARYNGISMUS STRIDULUS.

In a case of this disease—spasmodic croup—at the clinic, Prof. Bartholow said, that as it is merely a reflex spasm of the muscles of the larynx, remedies which relieve spasm are the appropriate ones to use. In the present case a remedy can be prescribed which has a twofold effect,—which benefits the intestinal inflammation, by acting through the nervous system, and is also very effective in relieving the muscular spasm. This is the bromide of potassium. In summer complaint, bromide of potassium is one of our most efficient remedies, because it acts on the vascular supply of the mucous membrane, through the nervous apparatus, the semilunar ganglion and solar

plexus. He would direct five grains of bromide of potassium every three hours until the symptoms subside. The injunctions in regard to diet must be repeated. The child has been given bread in considerable quantity, with the idea that bread, being the staff of life, can do no harm. In such cases bread is unsuitable, because it is an eminently fermentable substance, and in the process of fermentation acids are produced which have an irritating effect on the inflamed mucous membrane.

In the treatment of laryngismus stridulus, the late Prof. Ellerslie Wallace highly approved of large doses of potassium bromide, given every hour or two; for a child two years old, he would give six grains every two hours. It may be given in syrup of wild cherry, or in the form of elixir of potassium bromide, which is made by the pharmacists generally.

LEAD POISONING.

In a clinical case, Prof. Bartholow stated that the first thing is to secure the elimination of the lead which is deposited in the tissues. The iodides and bromides, especially the former, are remedies which will effect this elimination. They must be given in large doses; it is useless to prescribe less than twenty

grains of iodide of potassium, four times a day, and if the stomach will bear it the dose will be increased to thirty or forty grains. The reason for giving such large doses is the rapidity with which diffusion and elimination of this remedy take place. Unless the system can be saturated, thus securing the diffusion into all parts of the body, no effect can be produced upon the lead, which is in a state of minute subdivision, in contact with the ultimate elements of the tissues. A small dose goes into the blood and is eliminated by the kidneys, and does not reach them. The dose must be larger than can be at once gotten rid of by the kidney. Purgatives and diuretics are also to be exhibited. To act on the bowels there is nothing better than Epsom salts, which, while being a laxative, will combine with any lead in the alimentary canal, and form the insoluble sulphate of lead. To increase the action of the kidneys, the patient will be ordered to drink freely of bitartrate of potassium lemonade.

In the next place, the paralysis of the muscles must be relieved by electrical excitation and injection of strychnine. The first thing is the elimination of the poison, and the next the restoration of the consentaneous action between the brain and the muscular tissue, which has been interrupted by the presence of the metal.

In a clinical case of chronic lead poisoning, with delirium and tremor, Prof. Da Costa prescribed iodide of potassium, ten grains every four hours, if the patient's stomach would permit it, and also chloral and bromide of potassium.

A boy, æt. eighteen, a painter, was the subject of lead poisoning. Had great pain at defecation, etc. Was given, by Prof. Da Costa—

R \acute{y} .

Ext. belladon.,	gr. $\frac{1}{8}$	
Rhei,	gr. ij.	M.
Ft. pil.		

SIG.—One morning and evening.

Also—

R \acute{y} .

Potassii iodidi,	gr. x.
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SIG.—Ter die, until line on gums disappears.

A favorite prescription of his, for the constipation of plumbism, is one drop of croton oil made into eight pills, of which one is given two or three times a day. He has found that the liability to lead colic is greater where much turpentine is used.

In a clinical case of heart and kidney disease dependent upon lead poisoning, Prof. Da Costa said that the patient, a fresco painter, forty-eight years of age, had had several attacks of lead colic, from

the inhalation of white lead, which he sometimes used in his business to dust on a freshly-painted surface. He had the blue line upon his gums. He had been vomiting, and was ordered a mixture of carbolic acid (gr. $\frac{1}{4}$), morphia (gr. $\frac{1}{32}$), in equal parts of mucilage of acacia and peppermint water. His sickness of stomach had passed away, although his tongue was still coated and his bowels were constipated. He had also been taking strychnia (gr. $\frac{1}{30}$, ter die).

Prof. Bartholow says that alum, by virtue of its astringency, is the most efficient purgative in lead constipation, by overcoming the relaxation and paralysis of the muscular layer of the bowel, on which the phenomena of lead-colic depend.

In a case of "drop wrist" in an anæmic woman, he gave, to eliminate the lead, a scruple of sodium iodide, ter die, well diluted and on an empty stomach. On account of the anæmia, the potassium iodide was contraindicated, being a paralyzer.

LEUCORRHŒA.

Prof. Parvin prescribed for simple leucorrhœa:—

R̄.

Tinct. benzoin.,

f̄j

Aquæ rosæ,

f̄vij. M.

SIG.—Put two ounces in a pint of water, and inject.

As a strong solvent for urinary calculi, of the uric acid variety, he speaks highly of the tartraborate of potassium, in doses of a scruple ter die, in water.

Prof. Da Costa usually treats a case of uric acid renal calculus with twenty to thirty grains of carbonate of potassium in a glass of Apollinaris water three times a day. Soda water may be used instead of Apollinaris. This is for patients who cannot get Carlsbad water. He teaches that the evidence about nephrectomy for nephritic calculus is not conclusive. He says success is not so great as to make him very warm in its advocacy. Except under the extraordinary circumstances of its being the only chance of life, he would not advise its being done. When there exists an irremediable condition, with pus in the urine, aspirate first, and if there be further evidence of a stone in the kidney, cut down and remove it.

LIVER, CANCER OF. See Cancer.

LIVER, CIRRHOSIS OF. See Hepatitis.

LIVER, INFLAMMATION OF. See Hepatitis.

LOCOMOTOR ATAXIA. See Sclerosis, Posterior Spinal.

LUMBAGO.

Prof. Bartholow prescribed for a case of lumbago salicylic acid internally, and externally the oil of wintergreen.

In severe cases of lumbago, Prof. Da Costa advised acetate of potassium, ℥j, four times daily, to be dissolved in syrup of orange; also—

R_℥.
 Atropinæ sulph., gr. $\frac{1}{80}$
 Morphinæ sulph., gr. $\frac{1}{6}$. M.
 SIG.—Hypodermically.

LYMPHADENOMA (HODGKIN'S DISEASE).

In a clinical case of this disease, Prof. Bartholow stated that the treatment must be both systemic and local, the latter being the most important. Internally, probably more good has been done by phosphorus than by any other remedy. It is best given in $\frac{1}{100}$ -grain doses, dissolved in a drachm of cod-liver oil, three times a day. Good effects have also followed the use of the syrup of the iodide of iron and manganese. These may be given in combination with the phosphorus. Ergot sometimes does great good.

The most important part of the treatment is the local treatment. The best local remedy is injection of arsenic into the affected glands. The amount of

arsenic said to have been used in some cases is almost incredible, as much as thirty to sixty drops of Fowler's solution having been injected at a time. In practicing the injection, either spray or a piece of lint moistened with chloroform is applied, to benumb the skin. The hypodermic needle is then inserted, and a few drops of Fowler's solution thrown in. The injections should be practiced on alternate days. Various other remedies have been used locally. Injection of iodine has been employed, but it is much more painful and less efficacious than arsenic.

For the enlarged spleen, the Germans are in the habit of injecting arsenic into that organ. They do this with apparent impunity and with great apparent good. Many other remedies might be enumerated, but the most important are phosphorus with cod-liver oil, and the injection of arsenic.

Prof. Da Costa had under his care a patient who had had Hodgkin's disease for fifteen years. The disease had been kept in check by living in a yacht, supplementary to treatment. He strongly urges arsenic, increased in dose until constitutional symptoms are manifested, and kept there, as the best medicinal treatment. He believes that the disease

is not as uncommon as is supposed, being often confounded with syphilis. Sometimes the diagnosis is difficult, but a microscopic examination of a removed tumor will often throw light on the case.

In lymphadenoma, following scarlet fever in a girl of seventeen years, he prescribed—

Ry.
 Acidi arseniosi, gr. $\frac{1}{40}$
 Ferri sulph., gr. ij. M.
 SIG.—Ter die.

Over the enlarged glands rub—

Ry.
 Ung. iodi,
 Ung. belladonnæ, āā ʒss
 Camphoræ, gr. v. M.

He recently showed the class at Pennsylvania Hospital a very severe case of lymphadenoma, which had been much improved by these means, viz.: Syrup. ferri iodidi, fʒj, ter die; Fowler's solution, gtt. v, ter die; no stimulants allowed; perfect rest and good food. Early surgical interference in such cases might possibly be beneficial.

LYMPHATIC GLANDS, OBSTRUCTION OF.

In a case of obstructive disease of the abdominal lymphatic glands, Prof. Bartholow said: There are certain remedies which do undoubtedly affect the

lymphatics. Mercury is one. Iodine and the iodides are other remedies which have the same effect ; manganese and iron, under certain circumstances, also. Let this patient take twenty grains of iodide of potassium three times a day, and also one-twentieth of a grain of bichloride of mercury, with one grain of extract of cinchona three times a day, in the form of a pill. As you see, the iodide and mercury are not given together. A simple solution of the iodide is to be made, and the patient is to take twenty grains in four ounces of water, three times a day, before meals, so as to secure its diffusion through the system before the mercury is administered. It is always an error to combine these two remedies : such a combination does not, as is commonly supposed, produce the beneficial effect of both drugs.

MALARIAL DISEASES.

Prof. Parvin reported a case of intermittent fever occurring in an infant but one week old, which he cured by the rectal administration of a solution of quinine.

Professors Bartholow and Da Costa agree that an antipyretic dose of quinine is not less than five grains every two hours until four doses are taken, or else thirty grains in two or three doses close together.

The former believes a small dose of morphine given with quinine is the best thing to counteract the unpleasant cerebral symptoms of the latter. They also recommend the following as a non-irritating preparation of quinia for hypodermatic use:—

R_y.

Quininæ hydrobromat.,	gr.xlvijj	
Aquæ destillat.,	fʒss.	M.

Dissolve, and by heat, if necessary.

SIG.—Twenty minims contain four grains.

It is readily dissolved in a little glycerine and water. It has, therefore, none of the irritating qualities of a solution in which an acid is employed.

In a case of a young girl suffering from chronic malarial poisoning, Prof. Bartholow stated that the question which we have to consider is, how to best arrest the attacks. In order to prevent the occurrence of the paroxysm, quinine must be administered, in anticipation of the seizure. The condition of the liver and spleen must be taken into consideration, for although there is no enlargement of the area of dullness proper to these organs, they are doubtless the seat of the changes which characterize chronic malarial toxæmia. The spleen in these cases is not necessarily enlarged, and may, indeed, as already stated, be smaller than normal. The organ may be

in the condition known to practical pathologists as the "fleshy spleen." This is a chronic alteration in which the trabeculæ are very much increased in amount, and the splenic pulp proportionately diminished. There are hypertrophy and hyperplasia of the connective-tissue elements, and hence its fleshy appearance.

Two remedies to influence the liver and spleen are especially valuable. The one is aqueous extract of ergot and the other is an iodide, especially iodide of ammonium. There is also a condition of anæmia for which remedies of the chalybeate group are indicated. The most appropriate one in the present instance is the arseniate of iron. The best results will be accomplished by giving quinine, to prevent the recurrent attacks, and the use of a pill containing the following:—

R_y.

Extracti ergotæ,	℥j	
Ferri arseniatis,	gr.ss	
Ammonii iodidi,	ʒj.	M.

Fiant pil. xx.

SIG.—Two pills three times a day.

This prescription should be very persistently used.

For a cheap prescription for intermittent fever, Prof. Da Costa considers the following very efficient—

R̄.

Quininæ sulphat.,	gr.xl	
Cinchoniæ sulphat.,	ʒij	
Chloroform.,	fʒj	
Tinct. cardamomi comp.,	fʒj	
Misturæ acaciæ,	fʒij	
Aquam,	ad	fʒvj. M.

Take a dessertspoonful three times a day. More frequently quinia (about twelve grains daily) is relied upon, in simple solution with dilute sulphuric acid and water (disulphate).

He suggests the following as effective in the treatment of chronic malarial diseases:—

R̄.

Quininæ sulphat.,	gr.ij	
Ext. nucis vomicæ,	gr. $\frac{1}{6}$	
Acid. arseniosi,	gr. $\frac{1}{24}$.	M.

Ft. pil.

SIG.—One ter die.

If there be much enlargement of the spleen, ergot by the mouth or hypodermically is used.

In a case of pure anæmia accompanying malarial cachexia, with slightly enlarged spleen, Prof. Da Costa put the patient upon sulphate of iron with carbonate of potassium (gr. iss each) in a pill, three times daily. In addition to this treatment, as his condition was good and his bowels were constipated,

he gave him, in a pill, podophyllin, gr. $\frac{1}{8}$, extract of hyoscyamus, gr. ij, each night, and an additional pill in the morning, if needed.

In a second case, an illustration of leucocythæmia with malarial cachexia, the patient took sixteen grains of quinine daily, which were reduced to ten grains, and, as he had noises in his ears, to six grains daily. He was also taking Basham's mixture.

In a clinical case of tertian intermittent fever, Prof. Bartholow asked, in regard to the use of quinine: Shall we give small doses frequently repeated, or large doses less often? The latter is the true mode. Give here fifteen grains three hours before the expected paroxysm. He preferred this to the other method, for this reason, which he regarded as indisputable: Quinine, though not eliminated from the system with great rapidity, yet is eliminated, and chiefly by the urine. If given in small doses early in the morning, by afternoon it would be eliminated, and would require to be repeated, and in larger amount, in order to check the paroxysm. Therefore, it is more economical, as well as more effective, to give a single large dose, which is also more agreeable to the patient; for fifteen grains, given at once, will give much less distress than one

grain every hour until the same amount be taken. Large doses obtund the sensibility of the cerebral centres, while smaller ones cause excitement of the brain and tinnitus. On the critical days of the return of the chills, the remedy should be repeated.

But the quinine will not be sufficient to relieve a damaged liver, or to reduce an enlarged spleen; in other words, the condition of chronic malarial poisoning. Treatment must be directed to this object as well as to breaking up the chills, or they will inevitably return. Lugol's solution in five-drop doses, given in water before meals, and Fowler's solution, three drops after meals, always prove most efficient aids. It is best, about the twenty-first day, to give a full anti-periodic dose of quinine for three days, for by this time there is a much greater accumulation of morbid material in the blood than at the other periods named.

Prof. Da Costa gives quinine in solution, if possible, mixed with a little spirit of nitrous ether to disguise the taste. In a case of masked malaria, he ordered—

Ry.

Quininæ sulph.,	gr.xvj	
Acidi sulphurici,	gtt.xvj	
Syrup. toltan.,	fʒj	
Spirit. æther. nitros.,	fʒj	
Aquæ,	q.s. ad	fʒij. M.

Sig.—Take in the morning, in three doses.

For a marked case of malarial cachexia, with latent pleurisy, he prescribed the following:—

R_y.

Tinct. ferri chloridi,	fʒss	
Acid. acet. dil.,	fʒij	
Liq. ammonii acet.,	fʒij	
Elixir. simplic.,	fʒix	
Strychninæ sulph.,	gr.ss.	M.

SIG.—Dessertspoonful ter die, to be doubled slowly.

In addition, four grains of quinine, to be taken every morning *before* breakfast, directly after arising.

In a case of chronic malarial intoxication, with enlarged liver and spleen, Prof. Bartholow advised as a topical application—

R_y.

Unguent. hydrargyri rubri,	q.s.
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A piece the size of a pea to be rubbed into the skin thoroughly, preferably in the rays of the sun.

Internal treatment consisted of the following prescription:—

R_y.

Cinchonidinæ salicylat.,	gr.v	
Ferri arseniat.,	gr.⅓	
Extract. ergotæ,	gr.ij	
Ammonii iodidi,	gr.ij.	M.

SIG.—To be given in a wafer, three times daily.

In a case of anæmia of splenic origin, due to malarial poison, with beginning leucæmia, Prof. Da Costa, at the Pennsylvania Hospital, prescribed at first chiefly quinine, given in amounts not exceeding sixteen grains daily, and occasionally mercurials, to relieve a tendency to constipation. As the patient did not materially improve, he gave him ergot, a drachm of the fluid extract three times a day, and reduced the quinine to tonic doses of six grains daily.

In regard to the successful employment of ergot in this case, he said that there was no doubt the cure might be attributed to the ergot. He first began to use it hypodermically, but the patient objected, and finally refused to allow it to be given in this way. He was then given half a drachm thrice daily by the mouth, and in a week the dose was increased to a drachm of a trustworthy fluid extract, and his stomach had borne it well.

He had adopted the rule to use ergot hypodermically in adults when a rapid result is desired, and where time is of less importance to give it by the mouth. The ergot acts by a constricting effect upon the blood vessels: the spleen being a very vascular organ, the ergot reduces the size of its blood vessels. What strikes one here is the interesting physiological

fact that, under the action of the ergot upon the spleen, the blood has become normal. He had not given him any iron. As his spleen came down in size the blood improved, although since admission he had had none of the remedies which are supposed to act upon the blood and increase the number of red corpuscles. He did not think it really necessary to continue the treatment, but the patient might take the following, chiefly for its strengthening effect:—

R_y.

Cinchonidiæ sulphatis,	gr.ij	
Extract. nucis vomicæ,	gr. $\frac{1}{8}$	
Rhei,	gr.j.	M.

Ft. pil.

SIG.—One morning and evening.

The effect will be tonic, and at the same time the pills will keep the bowels in a soluble condition, and thus prevent anything like abdominal fullness.

Dr. Solomon Solis-Cohen, Chief of Clinic Out-Patient Department, Jefferson Medical College Hospital, in a paper read before the Philadelphia County Medical Society, thus summarizes the treatment of chronic malarial disorders:—

1. Quinine salts are of greatest value in those cases of chronic malaria showing a distinct periodicity, and especially if there be a febrile paroxysm; and in

such cases their chief value is prophylactic, rather than curative. The administration of quinine until relief is manifested, and then the withdrawal of the drug, will sometimes bring out a periodicity otherwise masked. The bimuriate of quinia and urea hypodermatically is the preferable salt in acute or subacute exacerbations occurring in the subjects of malarial cachexia.

2. In cases where the patient is much run down and exposed to unsanitary conditions, iron should be part of the medicinal treatment.

3. Where the most prominent symptoms are connected with the nervous system, including apparent pulmonary, cardiac, intestinal or gastric troubles, arsenic is indicated.

4. Where the most prominent symptoms are rheumatoid or myalgic in character, salicin, or some of its derivatives or compounds, is of advantage; cinchonidine salicylate, by preference, in order to obtain the anti-malarial virtues of the cinchona alkaloid. Cinchonidine salicylate is also of use in maintaining an effect produced by quinine, after the withdrawal of that drug, and is superior to quinine where the paroxysmal manifestations are vague and irregular.

5. Iodine is of some benefit when administered alone, and of decided benefit when combined with other remedies.

Dr. Longstreth had a very bad case of chronic meningitis, at the Pennsylvania Hospital, which very much improved under the use of potassium iodide and arsenic.

MENORRHAGIA. See Hemorrhage.

METRORRHAGIA. See Hemorrhage.

MIGRAINE. See Headache.

MYALGIA.

Dr. James C. Wilson,* Physician to the Philadelphia Hospital, thus describes the treatment of myalgia :—

In acute cases, due to overwork pure and simple, and where complete rest is attainable, little other treatment is required. In the course of a few hours or days the function of the muscles is fully restored and their contractions are performed without pain. When, however, complete muscular relaxation is impracticable or fails to afford relief, anodynes are necessary. Morphia hypodermically is very useful, but this altogether independently of any local action. The continuous application of dry or moist heat by means of hot-water bags, flannels, poultices, spongi-

* *Philadelphia Medical Times*, Nov. 14th, 1885.

opiline, etc., is also useful. Anodyne lotions do good, and liniments containing aconite, belladonna, chloroform or chloral may be especially recommended, as may also the compound belladonna liniment of the British Pharmacopœia. Plasters of belladonna, conia and menthol also relieve pain. Galvanism occasionally gives prompt relief. The same statement may be made of static electricity. The pain sometimes disappears under gentle and long-continued massage.

In severe cases rest in bed becomes a necessity. In affections of the respiratory muscles, as pleurodynia, firm support of the side by means of overlapping strips of plaster drawn from the spine downward and forward, in the direction of the ribs, to the median line in front, is sometimes necessary and always comfortable.

The balance of nutrition is restored by rest. Local means to further this end are such as relieve pain—namely, heat, anodyne and stimulating frictions, massage and galvanism. The parts must be protected from sudden changes in temperature by extra thicknesses of flannel or sheets of wool or cotton batting, covered, if necessary, with a piece of oiled silk or fine gum cloth. In old cases, prolonged massage, with passive movements, and the slowly-

interrupted galvanic current alternating with rapid faradic currents, are followed by good results.

As constitutional measures, a Dover's powder at night, followed by mild purgation in the morning, is often indicated. Purgation is especially called for in plethoric or gouty persons, in whom also Turkish or vapor baths are of good service; while poorly-nourished anæmic subjects demand quinine, iron, lime and cod-liver oil. If the attack linger, full doses of ammonium chloride, and, in old cases, of potassium iodide in moderate doses, well diluted and long continued, are advocated; and in stubborn cases Anstie recommended deep acupuncture of the muscle near its tendinous attachment. In cases marked by a tendency to spastic rigidity, the repeated hypodermic injection of atropine may often be relied upon as the speediest means of cure. Where the general nutrition is poor, the local trouble is apt to be obstinate, and often yields only to measures that restore the general health.

For myalgia, Prof. Da Costa prescribed, in a clinical case, the following lotion:—

Ry.			
	Chloral.,	ʒj	
	Lin. saponis comp.,	fʒij.	M.

NASAL CATARRH. See *Catarrh, Nasal.*

NEPHRITIS. See *Bright's Disease.*

NEURALGIA.

In a case of neuralgia of the arms, Prof. Bartholow stated that, as the pain is chiefly nocturnal, and as we have evidence of some inflammation, the most appropriate remedy will be iodide of potassium, which is useful in neuralgia, with nocturnal exacerbations, irrespective of its specific origin. Descending galvanic currents, labile and stabile, from fifteen or twenty cells, are recommended, one electrode being placed over the brachial plexus and the other on the hand.

If the pain is not relieved by these measures, the hypodermic injection of certain anodynes is to be tried. We should first use the remedy which is of the least doubtful propriety, that is, the injection of water, the injection being practiced over the course of the nerve. At each point where the nerve becomes superficial, from half a drachm to one drachm of water may be injected. If this fails, one-sixteenth of a grain of morphine may be used, and, finally, if the case becomes chronic, a few drops of chloroform should be injected in the vicinity of the nerve.

He presented at the clinic a case of neuralgia, or tic douleureux, neuralgia of the superior maxillary branch of the fifth nerve. There is no fact in therapeutics more striking than the curative results of a few drops of chloroform injected in the neighborhood of this division of the nerve, when it is the seat of neuralgia. Simply lift the corner of the lip and insert the needle at the junction of the mucous membrane of the lip and that of the cavity of the mouth, and pass it up until its extremity comes in the neighborhood of the nerve, and inject from five to fifteen drops of chloroform or ether. As a rule, chloroform is less painful and more efficient than ether. In this case the pain at once subsided, and in the majority of cases the result, if not permanent, lasts for a considerable length of time. He had a patient in Boston, who came to him twice a year to have this injection practiced. In his case the neuralgia was probably due to intra-cranial disease. The relief which he obtains is complete, and lasts never less than six months.

Prof. Bartholow treated a case of intercostal neuralgia by the application of a cone of chloral and menthol, moulded by the aid of spermaceti, directly to the seat of pain.

He recommends for superficial neuralgia that a five to twenty per cent. ethereal solution of menthol be painted over the part. He had also found the following of benefit, applied externally :—

R_y.

Ol. caryophylli,			
Ol. gaultheriæ,			
Ol. thymi,	āā	ʒj	
Tinct. benzoini,			
Tinct. cinnamomi,	āā	ʒiv.	M.

He treated a case of cervico-brachial neuralgia by the subcutaneous injection of gr. $\frac{1}{8}$ of cocaine hydrochlorate in the neighborhood of the affected nerve. The injection of morphine and atropine in combination might also be used. In the chronic variety he would greatly prefer ether or chloroform used in the same manner.

Prof. Parvin recommends the following for uterine neuralgia :—

R_y.

Quininæ sulphat.,	gr.vij	
Camphor. pulv.,	gr.ij	
Morphinæ sulph.,	gr. $\frac{1}{8}$.	M.

SIG.—Give in anticipation of the expected paroxysm.

NIGHT TERRORS. See Epilepsy, Nocturnal.

NYMPHOMANIA.

In a clinical case of this affection, Prof. Parvin prescribed the direct application of muriate of cocaine to the genital organs, and the internal administration of five to ten drops of Fowler's solution three times a day, with a milk diet. The vaginal spasm and the other symptoms had been greatly relieved. He believed that this was the first time that muriate of cocaine had been used for this purpose, and the results were such as to justify its application in other cases. It seemed to him an entirely rational way of treating this disorder in certain cases. Lower the exalted sensibility of the two chief centres of sexual pleasure; not only lower that sensibility, but blunt it. This patient had expressed herself very grateful for the benefit that she had had from the cocaine treatment.

OBESITY.

In a clinical case of obesity, Prof. Bartholow prescribed the following line of treatment: She had been eating articles which produce fat—farinaceous vegetables, bread and butter, with coffee, starches, etc. She takes the juices of meats, with sauces, but does not eat meats. To lessen this tendency to obesity, her diet must be changed gradually. Let

the patient eat meats, except pork and duck and salted meats. Interdict fried fishes and meats. Let her take succulent vegetables, that contain the least amount of starch, as stewed apples, boiled onions, with skimmed milk and eggs. Acid fruits are of avail. Allow hot milk as a substitute for tea, etc.

For her obesity and myalgia also give—

R_y.

Potass. permang., gr.ij

in pellets, four times a day, in filtered water. It will relieve the pains and check obesity. Uric acid will be eliminated. Exercise is of paramount importance, and should be taken regularly, a few hours after meals.

ŒDEMA.

In a clinical case of acute general œdema without kidney, heart or blood affection, Prof. Da Costa considered this an illustration of what the old writers called inflammatory œdema, and to which he applies the term catarrhal œdema. The lesion is principally in the areolar tissue. The patient recovered in about a week, under an active diaphoretic treatment. At first, ammonium acetate was given; afterward, jab-orandi.

PARALYSIS.

A remarkable series of coincidences occurred in Prof. Da Costa's clinic. Five patients presented themselves for the first time, suffering from paralysis of certain groups of muscles, due to over-taxation. The first four were treated with strychnine hypodermatically; the last, since the above plan would be injurious, was given—

R_y.

Strychninæ sulph.,		gr. j	
Acidi phosphorici dilut.,			
Elixir. simplicis,	āā	f̄j	
Aquam,	ad	f̄iv.	M.

SIG.—f̄j ter die.

A clinical case of *vaso-motor paralysis* was shown by Prof. Da Costa, a girl, æt. fourteen, a seamstress by occupation. Her hands were purple, but this color disappeared on pressure. There was marked swelling of the hands; no heart lesion. The cause of the disorder lay in the fact that the nervous supply of the capillaries was cut off, so that the vessels dilated. She had not yet menstruated. She was given aloin, gr. $\frac{1}{10}$, every night; also, f̄ss of fluid extract of ergot, twice daily. This latter would contract the capillaries, and also aid in bringing on normal functions.

The specific at the Jefferson Medical College Hospital for *paralysis due to pressure* of the main nerves of a limb is a blister along the course of the affected nerve. At the same time the patient takes an active purge.

In a clinical case of *infantile paralysis*, in a child of fourteen months, Prof. Bartholow observed that the treatment consists, first, in the use of remedies to improve the local condition of the paralyzed parts, and, above all things, to prevent wasting of the muscles. In some cases the special stimulants to the spinal cord may be used with great advantage. Strychnia injected into the paralyzed muscles will prove very beneficial if given after the first few days, but he would particularly advocate the application of the galvanic current to the affected limbs daily; the galvanic current, not the faradic. The galvanic current slowly interrupted will generally produce definite contractions of the muscles; if it does so in a given case, you can promise improvement, if the disease is not far advanced. After a while you will find that the muscles, which at first would only react to the galvanic current, will now respond to the faradic; and then faradism or the induced current may be substituted.

In regard to the treatment of the lesion in the spinal cord, we have remedies that will improve the nutrition of the cord, such as the tincture of nux vomica and the syrup of the iodide of iron, which the little patient has been taking for a short time with very marked improvement. Thus far there has been no systematic treatment directed to the muscles. Electricity should be applied for ten or fifteen minutes daily, as already indicated, and the muscles rubbed and kneaded by the mother's hand, so as to keep up their nutrition until the nerve power is restored.

Remember that this condition comes on suddenly in young children after a slight fever, that it may generally be relieved by prompt treatment, and that electricity should not be applied during the continuance of the fever.

A child fifteen months old, presenting a case of *spinal paralysis*, due to irritative lesion following fever from teething, was given, by Prof. Da Costa, the following:—

Ry.	Potass. bromidi,	gr.ij	
	Potass. iodidi,	gr.ss	
	Syr. zingiberis,	fʒss	
	Liq. potass. citrat.,	fʒss.	M.
SIG.—Ter die.			

The application of cold to the spinal column is of much value in these cases.

For a case of *infantile paralysis* of two or three weeks' duration, in a girl *æt.* four, in which the paralysis involved the right upper extremity and the left lower extremity, Prof. Bartholow brought about a good result by massage; also the administration of lactophosphate of calcium with *ol. morrhuæ.* Strychnia was injected into the muscles.

In a case of *hemiplegia* following enlargement of the parotid gland and the lymphatic glands of the right side of the neck, Prof. Bartholow prescribed, with successful result, one-half a grain of sulphate of iron with $\frac{1}{120}$ of a grain of sulphate of strychnia three times a day.

In a clinical case of hemiplegia following scarlatina in a child, he said that in cerebral extravasations, the clot of blood would by pressure cause the surrounding area to undergo atrophic changes, which can only be partially restored. In the course of time the patient will recover more or less, but never entirely, for this degeneration takes place all along the motor tract at the base of the brain and into the anterior columns of the medulla oblongata and spinal

cord. In many cases electricity should be applied, if only to prevent further degeneration of the muscles, for the patient would proceed from bad to worse without it. Decided benefit might result, however, from the systematic daily application of the current, rubbing of the affected limbs, and due attention to general nutrition, with occasional tonics and nourishing food.

In a clinical case of embolic hemiplegia, Prof. Bartholow said that, in the treatment of such a case, if seen early, it is well to begin by administering an alkali, because these emboli are soluble in alkaline blood. This may be done by the administration of carbonate of ammonia, and cases of this kind are found to be greatly improved in this way. This case had advanced too far. What we have to do is to improve the general nutrition, and, secondly, to restore the power to the limbs. We may favor this by the administration of the lactophosphate of lime and the hypophosphites; and, secondly, by faradizing the muscles; for, if neglected, the muscles will still further atrophy.

In another case of embolic hemiplegia of long standing, he directed that the patient should take tinct. physostigmatis, gtt. xv, ter die.

In a clinical case of hemiplegia consequent upon

syphilis, he prescribed potassium iodide, with small doses of the corrosive chloride of mercury, in connection with tonics.

In a clinical case of *paraplegia* from interstitial myelitis, Prof. Bartholow said that the patient should have remedies to improve the digestion; but there are also remedies having an influence upon the nutrition of the spinal cord. This is a case of interstitial disorder, affecting the connective tissue of the cord rather than the nerve elements. Certain agents have the power to relieve this condition of the connective tissue; these are the chloride of gold and the bichloride of mercury. She may take one-twentieth of a grain of chloride of gold, in pill form, three times a day, after meals. As it is also desirable to exert an alterative influence, she shall have two drops of the compound iodine solution thrice daily, which has a remarkable power to improve the appetite and digestion. Often a single drop of Lugol's solution will arrest vomiting and pain in the stomach.

Two clinical cases of *paralysis agitans* illustrated, in Prof. Da Costa's hands, the effects of hyoseyamine in this disease. He began with gr. $\frac{1}{200}$, ter die, and pushed it to tolerance. Use it thus for four to six

weeks; then alternate with liquor potassii arsenitis, gtt. ij-v, for some time, and return to the hyoscyamine. To make the treatment still more effective, use a galvanic battery of 10-12 cells every second day.

In a second case, the patient—a woman of fifty-nine—had been on hyoscyamine for two years, and had greatly improved. She began by taking $\frac{1}{200}$ gr., and was now taking the same remedy, in doses of gr. $\frac{1}{30}$, ter die. He placed her upon quinine, gr. x a day, in two doses of gr. v each, and hyoscyamine, gr. $\frac{1}{40}$ ter die.

For a case of paralysis agitans in a man sixty-five years old, Prof. Bartholow prescribed hyoscyamine, gr. $\frac{1}{80}$ once every day, and morning and evening, picrotoxin, gr. $\frac{1}{60}$. As he presented the aspect of sclerotic changes, he was also given the lactophosphate of lime.

PARAPLEGIA. See Paralysis.

PERITYPHLITIS. See Typhoid Fever.

PERTUSSIS. See Whooping Cough.

PHTHISIS. See Consumption.

PLEURISY.

Prof. Da Costa, in lecturing upon pleurisy, gave the following outline of the treatment:—

1. *Acute Pleurisy.*—In the early stage, when effusion has not yet taken place, the question arises, Shall we employ local blood-letting? In a young, vigorous adult it is good practice to withdraw from $\text{ʒviiij} - \text{xij}$ of blood. Follow the cups by a poultice, on which place sufficient laudanum. This is a comfortable application. If we do not employ venesection, poultice at once and use counter-irritants. Subcutaneous injections of morphia in small doses near the inflamed pleura are of great value. It is of importance to keep the patient under the influence of an opiate. Dover's powder is a convenient form. Control the circulation by the use of tincture of aconite, in drop doses every hour, as indicated by the heart.

When effusion has taken place, do not cup; nor is aconite indicated, since the heart is displaced. At this stage the acetate of potassium and digitalis are of great value, ʒss of the acetate to be given in liquor potassii citratis, in the twenty-four hours. Digitalis may be advantageously combined with the above. In a strong man, when the effusion persists, jaborandi is often of decided value. The iodide of

potassium is a most useful agent when the effusion tends to linger. During its use, add small blisters, repeated occasionally. Often in these cases a gentle mercurial impression will start the effusion; then follow up with diuretics as well as diaphoretics. Sustain the strength, especially in lingering cases, by the use of stimulus.

When the effusion is overwhelming, the question of paracentesis comes before us. When delirium begins, and circulation and respiration become irregular, then it is time to tap. If the effusion be double-sided, then aspirate; but, as a rule, a double-sided pleurisy occurs in tubercular patients, so that tapping will not materially lengthen life.

2. *Chronic Pleurisy*.—This is both medical and surgical. In the medical treatment we have two remedies of great value, to wit: Basham's mixture, ℥ss, ter die, with strychnia, gr. $\frac{1}{80}$, ter die. Begin their use before pus has formed, for then only surgical means are of avail. The second remedy of utility is the iodide of potassium, to which add the use of small blisters. When irritative fever sets in, use quinia and digitalis. In weak persons, ol. morrhuæ is of great benefit. Chronic pleuritic effusion may sometimes be removed by half-drachm doses of fluid extract of jaborandi, given two or

three times daily, just sufficient to keep up free action of the skin and kidneys.

When surgical treatment becomes necessary, some advise tapping always when fluid is present. Prof. Da Costa does not employ tapping as frequently as he did: the after results are not always favorable. Always select your cases for the operation.

The following directions are suggested for the operation of tapping: 1. Never tap until you have tried medical means. 2. Don't wait a day, if pus be present. 3. In doubtful cases better tap, since medicine will not remove pus. Suppose your patient should take medicine for six months, and no result, when suddenly some fever develops: you may not fully believe that pus has formed in this case, but "tap, anyway." 4. Better tap more than once than leave a drainage tube in the cavity. 5. In large, purulent effusions the tube may be used, but it produces fever.

Injections.—Prof. Da Costa prefers tincture of iodine; carbolic acid may be used, or corrosive sublimate in weak solution.

(See also *Pneumonia*.)

PNEUMONIA.

The treatment of ordinary marked sthenic pneumonia (croupous), as laid down by Prof. Da Costa, is

the following: Do not bleed, as a rule; though, in a strong man with strong pulse, you will relieve the headache and dyspnoea in the early stage. In later stage a few wet cups, in the same condition, will be of much avail. Keep down the circulation, at any rate, by one of two remedies, to wit: Tinct. aconite, gtt. j-ij, in diaphoretic mixture, every two hours, or tinct. veratrum viride, gtt. iij-v, in syrup of ginger, until an impression is produced on the pulse. In conjunction, quinine, gr. viij-xij per diem, will be found beneficial.

As the case goes on, and the circulation is to be further controlled, the use of digitalis is indicated. Act on the secretions and keep them up; keep patient quiet. Give him Dover's powder at night.

Quinine is to be given throughout the course of the disease. In the second stage expectorants are valueless, but may be used later, when tissue breaks down, etc. Then use ammonium chloride or ammonium carbonate. The latter is also a stimulant to the circulation, and also breaks up exudation. Give it in doses of gr. v-vij, every two or three hours. The aromatic spirits of ammonia may be substituted for it, in doses of ℥ss, given in simple elixir.

Plain food should be given: oysters or fluid food. We may give the patient almost what he wants.

Stimulus is required for the symptoms, but not for the disease; *i. e.*, a flagging pulse, a weak heart, call for whiskey. In this state of affairs give f3ss every two or three hours. If the case passes into the stage of general exhaustion, give whiskey freely.

In typhoid pneumonia give ammonium carbonate, quinine, digitalis and stimulus from the very onset.

Local Treatment.—If some pleurisy exists, poultice; but cease when pain stops. Glycerine for circumscribed pleurisy and lingering consolidation.

The treatment of catarrhal pneumonia, according to Prof. Da Costa, is the following: Inhalations of carbolized spray, with the administration of ammonium chloride (gr. v–xx), potassium iodide (gr. iii–v) given in compound licorice mixture (3ss), or elixir of yerba santa, if there is much spasmodic cough, have given decided results. Night sweats are controlled by ergot or atropia, and emulsion of cod-liver oil and extract of malt, if the nutrition is below par. A moderate amount of stimulant may be required; and if there are great daily fluctuations in the temperature, indicating the onset of pneumonic phthisis, the pill of digitalis, quinia and opium (Niemeyer) is used three times a day.

Dr. Neff, of the Jefferson Medical College Hospital, prescribed the following treatment in a clinical case of pneumonia which had been complicated with typhoid fever. The pneumonia was treated by quinine, grs. xx per diem, in doses of five grains per hour, beginning at 5 A. M., to which was added whiskey, ℥xij, during twenty-four hours. The typhoid fever was treated with carbolic acid and iodine.

For a case of catarrhal pneumonia of the left apex, Prof. Da Costa gave—

Ry.
 Sodii iodidi, gr.v
 Morphinae sulph., gr. $\frac{1}{48}$
 Elixir. simplicis, fʒj. M.
 SIG.—Ter die.

Blisters were advised over the apex.

For a case of syphilitic lobar pneumonia, he advised—

Ry.
 Ammonii iodidi, gr.v
 Spirit. ammonii aromat., gtt.xv
 Elixir. simplicis, fʒss
 Aquam, ad fʒj. M.
 SIG.—Ter die.

To this was also added a pill consisting of—

Ry.			
	Digitalis,	gr.ss	
	Quininæ sulph.,	gr.j	
	Ext. opii,	gr. $\frac{1}{4}$	
	Ext. ipecac.,	gr. $\frac{1}{4}$.	M.

In the early stage of a clinical case of pneumonia, he gave:—

Ry.			
	Tinct. verat. virid.,	gtt.ijj	
	Liquor. potass. citratis,	fʒijj	
	Spirit. ætheris nitrosi,	fʒss	
	Syrup. zingiberis,	ad fʒss.	M.
	SIG.—Every three hours.		

The dose of chloral habitually given by Prof. Bartholow is gr. xv, not repeated before two hours. He says its importance in all acute inflammations is not adequately recognized, but special caution must be used in pneumonia. Its best antidote is the conjoined use of artificial warmth, atropine and picrotoxin, general principles being observed.

He says that ether, employed hypodermatically in pneumonia, is one of the greatest advances in the treatment of this affection, and is surprised that it is not more frequently used to tide the case over the crisis in typhoid pneumonia. It should be given one, two or three times in twenty-four hours.

Prof. Bartholow treated a case of pleurisy combined with pneumonia of low grade, with ammonium iodide gr. v every eight hours, and ammonium carbonate, gr. v, dissolved in spirits of mindererus ℥j, every eight hours, so taken that one remedy would be taken every four hours. He speaks highly of the use of ethyl iodide, when the local effect of the drug is desired, as in caseous pneumonia.

PREGNANCY AND PARTURITION, AFFECTIONS AND ACCIDENTS OF.

For *painful breasts after parturition*, Prof. Parvin uses—

R_y.
 Ol. olivæ, fʒij
 Tinct. opii, fʒj. M.

He regards an absolute milk diet as the very best means of treating *albuminuria of pregnancy*, and a milk diet as most important in the *hydræmia of pregnancy*. Ferrum redactum is the best form in which to administer iron in this condition. He recommends, among other remedies for *salivation in pregnancy*, the smoking of a fourth of a cigar several times a day.

Among the numerous remedies recommended for relief of *sore nipples*, he pronounces the compound

tincture of benzoin the best, as a local application. As the saliva of the infant is liable to be productive of fissures, etc., by its irritation, the nipple should always be carefully cleansed and dried after the nursing of the child.

Prof. Parvin teaches that, while there is no single plan of treatment applicable to all cases of *placenta prævia* in general, this treatment may be comprehended in the alliterative phrase,—Temporize, tampon, turn. Temporize if the hemorrhage be not so great, and the pregnancy not near its end. Tampon if the hemorrhage be severe, and the os not sufficiently dilated for immediate delivery; but let the tampon be so applied that the hemorrhage will be surely stopped, and that dilatation of the os may be effected. Of course, a tampon can be most effectually applied if the perineum be drawn back by a Sims' speculum, and the os can be best dilated by a spongetent, or by means of Barnes's dilators, and these are to be preferred.

If you use a vaginal tampon, do not soak the material in any astringent solution, for it is not by coagulating blood, but by pressure, you hope to arrest the flow. Of course, position is important, and you may also give cold acid drinks; opium and stimulants

may be required if there be pain and prostration. Finally, turn—turn, because very often in placenta prævia the foetus is transverse; turn, because when you bring the legs and then the thighs into the os uteri, you have a most effectual tampon; turn, because you can thus, as a rule, most quickly effect delivery; and the great dominating principle in the treatment of placenta prævia is, that when the hemorrhage is grave, end the pregnancy as soon as possible, both for the safety of the mother and the safety of the child.

Prof. Parvin believes that very many cases of the *vomiting of pregnancy* are due to coitus. In the treatment of this affection, he places at the head of the list tinct. nucis vomicæ, gtt. ij–iij every two or three hours, or else gtt. x before meals. Getting the idea from the similar successful treatment of the nausea resulting from the administration of ether, he suggests water as hot as it can be drunk.

Prof. Bartholow says the failure of oxalate of cerium in the vomiting of pregnancy is very often due to insufficient doses being given. Ten-grain doses have been given in such cases without doing harm.

Dr. W. B. Atkinson offers the following conclusions, as to the treatment, in a paper read before the Philadelphia County Medical Society:—

The most complete rest of body and mind; the avoidance of all forms of diet save those easy of digestion and assimilation; the relief of the early symptoms by some one of the articles mentioned under the head of medication; unless prompt relief is obtained, the use of chloral, morphia, belladonna or hyoscyamus, or their combination, by the rectum or by the vagina. In the latter case, it is important that we should first carefully cleanse away the discharge usually found clinging to the os and cervix, and then bring the medicaments closely in contact with the os, and maintain them there by the usual methods. This failing, apply to the os and cervix, if need be, the glycerole of iodine or the nitrate of silver, and follow this by an application of the anodynes, as before.

If the vomiting is now great, abandon the stomach as a depot for food, and employ rectal alimentation solely. In each injection we may include with the nutrient, chloral, to aid in complete rest.

To relieve the intense thirst which is generally present, we may allow the patient to swallow at intervals small lumps of ice, or to drink iced carbonic

acid water, which is now so readily obtained from the siphon. Of course, just sufficient of this should be taken to relieve the throat at the moment.

He did not consider the dire alternative of induced abortion, as such a procedure rarely becomes necessary.

In regard to the *hygienic management of pregnancy*, Prof. Parvin spoke as follows: Let the patient eat but little in the latter months, though she may eat a little frequently during the day. A large meal causes much inconvenience, due to the already enlarged abdomen. A bandage properly applied around the abdomen is useful and comfortable. She should sleep eight hours, and take an occasional bath in tepid water. If leucorrhœa be present, let her use an injection of salt water, and bathe the external genitalia with tepid water. High-heeled shoes should be dispensed with during pregnancy.

Care of the Breasts.—Use oily matters, and no alcohol. In the morning the nipples may be painted with equal parts of tinct. arnica and water, but in the evening should be covered with cocoa butter.

PROGRESSIVE MUSCULAR ATROPHY.

Prof. Bartholow stated, in a clinical case of this disease, that, as regards the treatment, in the first place, we must, as soon as possible, resort to measures to stop the wasting. The muscles should be stimulated and their nutrition promoted. The first step consists in galvanic and faradic stimulation of the affected muscles; next, injections of strychnine into the muscle should be practiced. In the intervals between the injections of strychnine, water should be injected, in the same way, for this expedient is found to promote the growth of the muscles. The dose of strychnine may be the one-sixtieth of a grain. Massage may also be employed. A judicious conservatism is to be observed in the use of both massage and the faradic stimulus; these applications should not be continued too long, and the muscles thus fatigued. By too protracted employment of these muscular stimuli the irritability of the muscles is diminished or destroyed. Their use should be limited to a few minutes each day.

We must also employ measures to increase the nutrition of the nerve centres. The phosphates and lactophosphate of lime are among the most important of the agents employed to promote the activity of the trophic centres.

In another case of this disease which had been preceded by rheumatism, he ordered the patient to take six grains of salicylate of chinoidine three times a day, the salicylate acting as the rheumatic element, while the chinoidine had a tonic effect.

In another clinical case of this disease associated with syphilis, Prof. Bartholow stated that when a case arises, such as this one before us, of a probable specific character, we must take a different view of the causation; for, if the local disturbance is due to a syphilitic lesion in the nerve, we may be able to do something, after the lesion has been removed, for the muscular wasting. When the atrophy is caused by disease in the nerve trunk, or is secondary to a central lesion, it is very different from true progressive muscular atrophy. We take a very different view of the latter, as regards prognosis.

Assuming a syphilitic history, you can find out whether the muscles are capable of regeneration by ascertaining the electrical contractility of the muscle. If it respond, we know that there is enough of the proper muscular tissue left to bring about some restoration of function; if not, the muscle has wasted so far that nothing remains but connective tissue and fat. In such a condition, of course, no cure can be effected. Another fact: a muscle that is wasted may

not respond to the faradic current, but will contract under a galvanic current, slowly interrupted. It may then be restored so that it will subsequently respond to both currents, after the regular use of the constant current for a time. This shows that a physician needs both forms of battery, as often he cannot find out the state of the muscle by the faradic current alone; but even when it will not contract at first under the induced current, the systematic application of the galvanic current may restore it to a condition where it will again react to the former.

RHEUMATISM.

Prof. Da Costa, in lecturing upon the subject of acute rheumatism, gave the following directions as to treatment:—

No remedy has a specific action in this disease, but there are means which we may employ that will greatly lessen the after dangers. There are laid down two principal plans of treatment:—

1. Salicylic Acid and the Salicylates. These are unquestionably the most speedy remedies, but should not be employed in those cases in which much weakness exists, for they greatly increase the sweats and depression, or in those cases where tendency to cardiac

complication is manifested. In these latter they have been stated to be worse than useless.

If the acid be used, which is preferable to its salts, give not less than sixty to ninety grains in twenty-four hours. Ten grains may be given in emulsion every hour, for six hours, if borne well, and then the same doses may be given at intervals of two hours.

If the salicylates are used, give three drachms in twenty-four hours. If this plan acts at all, it will do so promptly; and if good results are not achieved by the second or third day, it had better be abandoned.

2. The Alkaline plan. This consists in rapid saturation with alkalis. It lessens the tendency to heart complication, but no good can be achieved by small doses; an ounce to an ounce and a half of either the bicarbonate or acetate of potassium must be given the first twenty-four hours, half as much the following day, and three or four drachms each day thereafter. Employ until the urine becomes neutral or alkaline, and then diminish the dose as above stated.

The bromides, which were formerly used, are not so rapid as the salicylates or so useful as the alkalis, but for lighter forms of the disease, with restlessness,

they can be employed with good results. They also have some virtue against cardiac complications. In weak, exhausted cases, where the weakness occurs in repeated attacks, use the tincture of chloride of iron. This remedy is preëminently useful if the case be the least pyæmic, or of gonorrhœal origin. In treating this disease, no matter what plan be adopted, it is always of advantage to add to the other treatment ten or twelve grains of quinine per day. The treatment by blisters near the joint is effective, but very painful. If a case be seen in which the joint remains involved, blister. It will always do good locally, and also have some good general influence.

As to local treatment, there is not much to say. We may wrap the joint in lint steeped in solution of potassii nitras, with a little tinctura opii added, and cover with oiled silk. Some patients enjoy, and get better relief from, dry applications, enveloping the joint with cotton to which some powdered opium has been added.

Complications.—1. Carditis. Push the alkaline treatment to the utmost, supplementing by a certain amount of the bromides. We must give opium to relieve pain and procure rest and quiet. Digitalis is a valuable remedy, more so in endocarditis than in pericarditis. If seen early, use leeches locally. The

Germans use ice over the heart, but this, to do any good, must be employed early. In most cases, at the time when seen, relief can best be had by poultices, but a blister may do good.

2. For Cerebral Symptoms, if with high temperature, besides the general rheumatic treatment, use quinine to reduce the temperature. More certain is antipyrin : give gr. vii-x every hour until impression is made, but it is not advisable to go beyond gr. xxx. We can also use application of cold cloths to the abdomen, chest and limbs. Cerebral cases without high temperature do best on stimulus in large amounts, eight ounces in twenty-four hours.

In a clinical case of inflammatory rheumatism, Prof. Da Costa stated that he had found the bromide of ammonium to diminish the tendency to cardiac complications.

In a clinical case of acute rheumatism, Dr. Neff, at the Jefferson Medical College Hospital, prescribed the following :—

R̄.

Sodii salicylatis,		gr. xxx	
Spirit. lavand. comp.,			
Syrup. simplic.,	āā	fʒss.	M.

When the temperature falls, which is usually on the second day, the alkalies are pushed for two or three days ; then, in the weak and anæmic, iron with cod-liver oil and quinine are given.

Prof. Bartholow finds the following more efficient than salicylate of sodium alone:—

R _y .			
	Acid. salicylic.,	ʒij	
	Sodii bicarb.,	ʒj	
	Aquæ,	fʒij.	M.
	SIG.—Dose, one to two teaspoonfuls.		

In a case of acute rheumatism, complicated with organic disease of the heart, Dr. James C. Wilson, Physician to the Jefferson Medical College Hospital, said:—

The point in treatment is this, in almost all severe cases and in many mild cases of acute articular rheumatism: if auscultation is carefully practiced, there will be found, at some period of the disease, without other changes, a systolic blowing murmur which is not heard over the apex. This is often faint and easily overlooked. The changes in the valves consist of infiltration of the sub-serous tissue of the leaflets with inflammatory products, which give rise to such conditions as prevent close approximation of the edges of the leaflets, and thus allow

regurgitation. If the patient be kept on the back, so that the number of revolutions of the heart be kept down to the minimum, and the amount of strain on the leaflets made as slight as possible, and the intervals between the tensive process be prolonged so that the valve has a greater opportunity for physiological rest, the reparative processes will be facilitated and more or less complete restoration of the valve be effected.

A patient with acute articular rheumatism must be kept on his back. He must not be permitted to get up as soon as the evidences of joint inflammation have disappeared, particularly if there have been any signs of endocarditis. If there have been the slightest evidence of endocarditis—nay, to go further—even if there have been no signs of endocarditis, you will, if you do your best for the patient, prolong the rest in bed for a considerable time—a week or ten days, at least, after the disappearance of the symptoms. If, on the other hand, the patient is allowed to get up while the heart is weak, while the tissues of the valve-leaflets are infiltrated with inflammatory products, an increased amount of activity will be brought upon the heart and its valves in their damaged condition, the time of physiological rest will be shortened and the pressure will be increased. In this way he

believed that permanent lesions which could be averted by continued rest are produced in hearts but slightly damaged by the primary trouble.

The treatment in this case had been a pill of ergot, iron and digitalis. Its use had been followed by improvement, and was accordingly continued.

See *Endocarditis* (Heart, Diseases of).

In a case of acute rheumatism affecting a special muscle—the masseter—Prof. Da Costa, at the Pennsylvania Hospital, said:—

The only thing done in the way of treatment was to administer hypodermic injections, into the affected muscles, of solutions of atropine and morphine, from which such good results had already been obtained in the treatment of spasmodic wry-neck. Under these the disease was rapidly yielding. The patient received one-sixtieth of a grain of atropine and one-sixth of a grain of morphine once a day. He had had only two hypodermic injections, but he had begun to improve. Dryness of the throat he had not complained of, but his pupils were seen to be a little dilated. No effect upon the pulse had been shown. The dose was increased to one-fiftieth of a grain of atropine, accompanied by one-sixth of morphine, which, to some extent, counteracted the effects

of the former. This constituted the local treatment; while, to remove the rheumatic element, he would order salicylate of sodium, fifteen grains every three hours, until he took six doses, so that he could take daily one drachm and a half. It could be mixed with a little spirit of lavender and mint water:—

Ry.		
	Sodii salicylatis,	gr.xv
	Spirit. lavandulæ comp.,	gtt.x
	Elixir. aurantii,	gtt.xxx
	Aquæ menthæ pip.,	fʒj, gtt.xx
	Pulv. acaciæ,	gr.j. M.

SIG.—To be taken every three hours until six doses have been taken in the day.

Continue the hypodermic injections.

Prof. Bartholow says the suggestion to apply oleum gaultheriæ locally in rheumatism is to be much commended. If the skin will not bear it, it may be diluted in soap liniment:—

Ry.		
	Olei gaultheriæ,	ʒj
	Linimenti saponis,	ʒiij. M.

In the clinic, he had frequently prescribed it in rheumatism with excellent results. A useful combination for internal use is—

R̄.

Ol. gaultheriæ,		ʒj	
Acidi salicylici,		ʒiv	
Sodii biborat.,		ʒj	
Syrup. picis liquidæ,			
Aquæ anisi,	āā	fʒij.	M.

SIG.—Dessertspoonful every four hours.

Prof. Bartholow stated, in a clinical case of rheumatism, that, by all means, the best alkali in the treatment of rheumatic affections is the bromide of lithium.

For a clinical case of chronic rheumatism in an anæmic woman, in whom the joints of both hands were stiff and swollen, together with the large joints of the body, Dr. J. C. Wilson prescribed, at the Jefferson Medical College Hospital, ol. morrhuæ, ʒss, bis die; flannels to be worn next the skin, and—

R̄.

Mist. ferri et ammonii acetat.,	fʒss
Strychninæ sulphat.,	gr. $\frac{1}{8}$.

SIG.—To be taken ter die, after meals.

Prof. Da Costa directed, in a case of rheumatoid arthritis affecting the second joints of the fingers alone, that passive motion should be performed after soaking the parts in hot water in which was dissolved a little sal soda; and internally gtt. xx of the syrup

of the iodide of iron ter die, the dose to be slowly increased to one drachm.

RHEUMATISM, GONORRHŒAL. See Gonorrhœa.

RHINITIS. See Coryza.

ROSE COLD. See Hay Fever.

SAINT VITUS'S DANCE. See Chorea.

SCARLET FEVER.

When lecturing upon scarlet fever, Prof. Da Costa, at Jefferson Medical College, mentioned the following agents as being of use:—

1. Carbolic acid, gtt. $\frac{1}{2}$, a dose for a child two years old. Give in mint water.
2. Ammonium carbonate, gr. ij, every two hours, to child ten years.
3. Potassium chlorate, \mathfrak{zj} , in water, \mathfrak{Oj} . Patient to drink this in twenty-four hours.
4. Salicylic acid when high temperature is present.
5. Small doses of chloral.

Always keep skin active, and if heart be weak, give digitalis; if arterial tension be high, give aconite.

When much exudation has occurred, he prescribed, for its solvent action—

R_y.

Ammonii carb.,	gr. x	
Liquor. ammon. acetat.,	fʒss.	M.

SIG.—Every four hours.

If there is much depression, prescribe, also, quinia and digitalis in combination.

For the past few years he had been using boracic acid, glycerine and water, as a gargle in scarlatina, and he considered it an admirable gargle.

SCIATICA.

In a clinical case of sciatica due to joint changes, Prof. Bartholow said: The first thing to be done is to relieve pain in these nerve trunks. Deep injection of chloroform will give much relief; alcohol and ether may be used for the same purpose. Can we also give remedies to check the progress of the disease in the joints? Although the state of the joint is not altogether satisfactory, we can do little to influence it directly, but we can influence its relation to the system so as to bring about a state of affairs altogether different. The bromide of lithium, or the iodide of ammonium, kept up steadily for a long time, with cod-liver oil for months without inter-

mission, and the hypodermic injection of chloroform or ether, will relieve the symptoms to a marked extent.

SCLEROSIS, POSTERIOR SPINAL (Locomotor Ataxia).

In a case of incipient locomotor ataxia,* Prof. Bartholow stated that the metallic tonics, so to speak, are the drugs that we will derive the most benefit from in this disease. Prominently among this class he would place nitrate of silver, which, when persistently used, is eminently calculated to cure, or at least to control, its progress. He would also mention chloride of gold and sodium, which is at least as efficacious as nitrate of silver, if not more so.

Syphilis is a very common cause of locomotor ataxia; indeed, some authorities go so far as to say that the disease is always caused by syphilis. It would seem, as some suppose, that while the disease is not directly caused by syphilis, yet it may be, so to speak, evolved from it. While locomotor ataxia is not a symptom of active, acute syphilis, yet the specific affection may cause such changes in the nervous system as to favor the development of the disease, so that the disease may be said to be induced or favored by syphilis, which must be recognized as a potent factor in very many cases.

* Reported in the *Peoria Medical Monthly*.

This question will have an important bearing on our therapeutics. If we know that there be a specific taint, and especially if the disease be of recent date, it is obvious that we would resort to iodide of potassium. In this case we can get no direct history of syphilis as a causative influence, but in general terms, when the existence of a specific influence is suspected, it would be good therapeutics to use the iodide.

He would order the nitrate of silver in pill form in this case. It has the property of accumulating in the system when used for a long time, and producing very unpleasant results; yet, that it may do good, it must be used for a long time. Hence, he would give directions, by observance of which its use may be long continued, without deleterious effects. The patient should take it continuously for six weeks and then suspend its use, being then thoroughly purged, and other measures resorted to in order that the accumulated drug may be removed from his body by means of the excretory organs. After an interval of two weeks he should recommence the drug, continue it again for six weeks, suspend it, eliminate it as before, and so on. By thus cautiously handling the drug, it may be persisted in for so long even as two years, but all this caution is imperatively needed.

The electric brush has been highly lauded by some authorities, and its use will be frequently productive of very good results. Strumpf, of Dusseldorf, has had remarkable success in the treatment of locomotor ataxia by general cutaneous faradization. The method consists in passing through the skin of the whole body a mild current—not strong enough to cause muscular action—by placing the feet on a copper plate connected with one of the poles, and moving the other electrode over the surface generally. Or the procedure may be reversed—one of the poles placed on the neck, and the other passed over the body generally. If rightly applied as to the strength of the current, no pain or other disagreeable sensation is produced.

The length of the application thus made should be about ten to fifteen minutes—not long enough to cause a feeling of fatigue. Some authorities claim that they have arrested the disease in many cases by the use of the electric brush alone, without other remedies. Whether this is true or not, Prof. Bartholow was not prepared to state, though a comparatively small amount of positive evidence in this, as in any other direction, will outweigh a much greater amount of negative evidence, and he was quite sure that its effects are sufficiently good to warrant us in

giving it a very thorough trial in every case we have to treat.

It is a common mistake that is made by the general practitioner who has not an intimate acquaintance with the therapeutic uses of electricity, to employ it in too strong quantities. He would lay down the rule that electricity should be used in such quantity only as will produce a pleasant sensation, an agreeable titillation. The very strong current will prove injurious, while the weak current, directly acting on the skin only, and not producing pain, but only pleasant feelings, will surely do good.

Some authorities say that the patient should be kept in bed for a month or more at a time. While he should have rest, yet a certain amount of exercise is beneficial, but not carried to fatigue, for then it will prove very injurious. When we enjoin rest, we must caution the patient to be very careful not to eat to excess, and, indeed, the diet must be materially reduced. From each individual case we must draw the indications for the kind of restriction we will impose upon the diet. If the patient suffers from indigestion at all, we must inquire into its nature, and expel from the dietary the offending articles. Thus, if he has acid indigestion, we must

exclude the fats, which, by fermentation, generate butyric acid.

In another case, Prof. Bartholow, for the improvement of the nutrition of the spinal cord, gave the patient phosphorized cod-liver oil (gr. $\frac{1}{100}$ of phosphorus in f3ss of the oil) thrice daily.

In a case of locomotor ataxia, where the patient had been pretty thoroughly saturated with silver, Prof. Da Costa, to tone up the system, gave—

R_y.
 Strychninæ, gr. $\frac{1}{60}$
 Syrup. hypophosphit., f3j. M.
 SIG.—Ter die.

He thinks that one of the most efficient remedies for the severe pains of this disease is hyoscyamine, gr. $\frac{1}{200}$, every night, to be increased to double the amount.

For a case of beginning cerebro-spinal sclerosis Prof. Bartholow directed the following:—

R_y.
 Auri et sodii chlorid., gr. $\frac{1}{20}$
 Hydrarg. chlorid. corrosiv., gr. $\frac{1}{30}$. M.
 Ft. pil.
 SIG.—Ter die ;

and one minim of oleum phosphoratum, well diluted, after meals.

The following was prescribed by Dr. J. Solis-Cohen for a woman sixty-eight years old, whose case was diagnosed as disseminated sclerosis:—

R̄.

Aurii et sodii chlor.,			
Hydrarg. bichloridi,			
Arsenici iodidi,	āā	gr.ij	
Extract. cinchonæ,		q.s.	M.

Fiant pil. xx.

SIG.—One after meals.

SCURVY.

Two cases of scurvy in sailors were shown at the Pennsylvania Hospital clinic by Prof. Da Costa. They were given dilute muriatic acid, gtt. v, ter die; juice of three lemons daily; vegetables and fresh meats. Their teeth becoming loose, the gums were painted with tincture of iodine. Later, for fetor of breath and for the teeth, the following was advised:—

R̄.

Thymol,		gr.ij	
Acid. boracic.,		gr.v	
Glycerini,		fʒj	
Aquæ,	ad	fʒj.	M.

SIG.—Gargle.

SEA-SICKNESS.

Prof. Bartholow considers the most efficient remedies in the treatment of sea-sickness are chloral and potassium bromide. Their administration should begin before the cause.

SKIN DISEASES.

In a case of *eczema* of the hand, Prof. Bartholow stated that the remedies appropriate in erysipelas are applicable to this disease. He directed three grains of sulphate of quinine with one-fourth of a grain of extract of belladonna, three times a day. The amount of belladonna may be increased, if necessary, but the dose indicated will probably be sufficient to obtain its constitutional effect. Unless we procure some decided effect, we shall probably fail to arrest the malady. Attention to diet and to the state of the different functions is also of importance.

As regards local treatment, he directed the part to be dusted with subcarbonate of bismuth. This will allay the irritation and diminish the irritability of the end organs of the sensory nerves. Further development of the affection may, of course, necessitate the use of other remedies.

He thought that a strict vegetable diet would often cure *eczema* when all other means failed.

A case of *chronic eczema*, of seventeen years' standing, was treated by Dr. J. V. Shoemaker as follows:—

R_y.
 Antimon. et pot. tart., gr. $\frac{1}{20}$
 Ext. gentian, gr. ij
 Aloin, gr. $\frac{1}{10}$. M.
 Ft. pil.
 SIG.—Ter die.

Also—

R_y.
 Naphthal. ℥ss
 Camphoræ, ℥ss
 Ung. hydrarg. nitrat., ℥ij
 Ung. zinci oxid., q.s. ad ℥iss. M.
 Ft. ung.
 SIG.—Apply to surface, twice daily.

Prof. Parvin uses as a local application in *eczema of the vulva* the following:—

R_y.
 Plumbi acet., ℥j
 Acid. hydrocyan. dil., f℥ij
 Aquæ, f℥iij. M.
 SIG.—Apply to the parts every three or four hours; less often if the skin is broken.

Prof. Bartholow, for a case of *erythema nodosum*, in a girl twelve years old, prescribed—

R_y.
 Sodii phosphatis, ʒj.
 SIG.—Ter die, in hot water before meals.

R_y.
 Mangani sulph., gr.ij
 Quininæ sulph., gr.ij
 Ferri arsenitis, gr. $\frac{1}{10}$. M.
 Ft. pil.
 SIG.—This pill after each meal.

Prof. Da Costa directed, in a case of *favus of the scalp* of ten years' duration, that the mass of crusts be softened and removed with this solution :—

R_y.
 Liquor. potassæ, fʒss
 Glycerini, fʒss
 Aquæ, fʒiij. M.
 SIG.—Put on as a fomentation.

Then, as a germicide, to cure the disease, apply corrosive sublimate, four grains to the ounce, twice daily, to the parts affected.

Prof. Bartholow prescribed in a clinical case of *herpes annularis*—

R_y.
 Syrup. calcii lactophosphat., fʒiv
 Liquoris potass. arsenitis, fʒj. M.
 SIG.—Teaspoonful three times a day.

Apply locally a five per cent. solution of pyrogallic acid, after preparing the surface with a poultice and cleansing.

For a case of *ichthyosis* occurring in a boy aged twelve, Prof. Bartholow prescribed—

R_y.

Saponis mollis,	ʒij	
Ol. cadini,	ʒj.	M.

SIG.—Rub it into the skin thoroughly at night, after the removal of the scales.

He was also given twice daily a gtt. xv. of ext. pilocarpi fluid.

The dose to be increased until the full physiological effects are obtained.

Prof. Bartholow says that *itching of the skin*, from any cause, can be allayed by sponging the patient with—

R_y.

Acid. carbol.,		ʒij	
Glycerini,		ʒj	
Aquæ rosæ,	ad	ʒviiij.	M.

SIG.—Lotion.

Prof. Bartholow uses an ointment of picrotoxin, gr. x, to benzoinated mutton suet, ʒj, in *parasitic skin diseases*.

Prof. Parvin treated a case of general *pruritus* successfully by putting the patient on an absolute milk diet, and giving Fowler's solution, gtt. vij ter die.

Prof. Brinton has, for many years, treated, with excellent results, *pruritus ani* with teucrium scordium, in gr. xv–xx doses, ter die, in water. It is to be used for four or five days, until effects are produced.

Prof. William Goodell recommends for *pruritus vulvæ*—

Ry.			
	Acid. carbolic,	ʒj	
	Morphinæ sulphatis,	gr. x	
	Acid. boracic,	ʒij	
	Vaseline,	ʒij.	M.

Also, pat the parts with a sponge soaked in boiling hot water. This is also a most excellent application for that rawness so often found between the thighs of the newly born.

For a case of *psoriasis*, Prof. Da Costa advised the persistent use of the following:—

Ry.			
	Acidi arseniosi,	gr. $\frac{1}{30}$	
	Capsici,	gr. $\frac{1}{3}$.	M.
	SIG.—Ter die.		

As a morning laxative Rochelle salt, ℥ij. The diet must be varied, consisting chiefly of fruits and vegetables. No salt meats. The local treatment: Get rid of the scales by a poultice, then use—

R̄.

Potassii carb.,

℥j

Aquæ,

.Oij. M.

SIG.—Apply frequently.

In a case of chronic psoriasis of eleven years' duration, and which had during this time baffled all treatment, he placed the patient, a young man of twenty-two years, on Donovan's solution, gtt. x ter die, to be increased to gtt. xx ter die; the object being to produce the full physiological action of the remedy.

In a clinical case of acute psoriasis, Dr. Morris Longstreth said that the remedies usually directed to the treatment of psoriasis in its chronic stage,—arsenic, for instance,—at that period would be inadmissible. The patient was, in view of its recent appearance, ordered alkaline baths, and placed upon a plain, unstimulating diet, with proper attention to the secretions; and as a result the red, inflamed appearance of the arms, and afterward of the legs and the back, rapidly faded away. Then the disease assumed the chronic form, and about the first of the

year, or four weeks after the commencement of the disease, he was given the special treatment by arsenic (sodium arseniate, gr. $\frac{1}{30}$ every four hours), and since then the improvement has been far more rapid and decided than it was before.

Prof. Da Costa prescribed with perfect success the fluid extract of ergot, gtt. x ter die, in a case of *purpura*.

SMALL POX.

The treatment of small pox, as given by Prof. Da Costa, is as follows:—General treatment. Cool room; sponge body; light food; when suppuration sets in, support patient with egg-nog, milk punch, etc. Carbolic acid, gr. $\frac{1}{4}$ —ss, in mint water, every two hours, or xylol, gtt. x, in capsules, every two hours, as used in the Berlin Military Hospital. For the general debility, tinct. iron and quinine. In early stage of fever, aconite or digitalis, as indicated by pulse. For the secondary fever, quinine, gr. xii—xvj, daily, in conjunction with iron. When delirium is present, use morphine or camphor with opium. Chloral also has been of value. For diarrhœa, sulphuric acid with opium. For ulceration of cornea, touch with silver nitrate. Local treatment,—dark room; lauda-

num and water for itching. One of the most efficient means of preventing the "pitting" of small pox is by the application of—

R_y.

Hydrarg. chloridi corrosivi,	gr. j	
Aquæ,	fʒiij.	M.

SIG.—Apply by means of a camel's-hair brush.

SPERMATORRHŒA.

Prof. Gross offers the following general remarks on the treatment of this disease* :—

In all cases of seminal incontinence, with rare exceptions, the remedies at the onset should be directed to overcoming the sensibility of the mucous membrane of the urethra, of the ejaculatory ducts, and of the seminal vesicles; to subduing the irritability of the muscles concerned in ejaculation; and to diminishing the reflex excitability of the genito-spinal centre. Hence, they should be of a calming and sedative nature. By the ignorant and indiscriminate employment of strychnia, cantharides, phosphorus, damiana, and cold sitz-baths or affusions during the stage of hyperæsthesia, much harm is done, and the therapeutics of spermatorrhœa brought into disrepute.

Premising the statement that tonic should follow

* Practical Treatise on Impotence and Sterility. Phila., 1881.

the sedative plan of treatment, I will now give an outline of my view as to the best management of the varieties of the affection:—

Under all circumstances thirty grains of bromide of potassium, along with about ten drops of the fluid extract of gelsemium (Bartholow) every eight hours, and one-sixtieth of a grain of sulphate of atropia (Rosenthal) on retiring, are worth all the other internal remedies combined. In anæmic subjects the bromide may be administered at night and quinine and iron be exhibited during the day; but if the bromide be badly borne, it should be guarded (or its cumulative action must be prevented) by promoting its excretion by the urine, combining it with a diuretic, as ten grains of nitrate or bitartrate of potassa (Rosenthal). This combination is far better than that with Fowler's solution (which is advised by Gowers and Bartholow), or it may be replaced by twenty grains of chloral. Not only does atropia diminish reflex mobility of the genito-spinal centre, but the recent researches of Kenchel, Heidenhain, and Stricker and Spinner show that it paralyzes the movements of the cells of the acinous glands and checks their secretion, so that it cannot be dispensed with.

Prof. Bartholow states that he has had better results from the combination of potassium bromide and digitalis in the spermatorrhœa of plethora, than from any other remedies. In spermatorrhœa of the pathological type, he gave, at the clinic—

R_y.

Extract. ergotæ fluid.,

Extract. pilocarpî fluid., āā gtt.xv. M.

SIG.—Bis die, morning and night.

Also—

R_y.

Auri et sodii chloridi, gr. $\frac{1}{20}$

Extract. nucis vomicæ, gr. $\frac{1}{6}$. M.

Fiat pil.

SIG.—One ter die.

Excellent results might also be obtained by passing an interrupted galvanic current through an insulated electrode placed in the urethra, the exposed part being in the prostatic urethra, the other electrode to be placed upon the perineum.

SPINAL SCLEROSIS (POSTERIOR). See Sclerosis.

SPRAINS.

For sprains, Prof. J. H. Brinton teaches that the limb is to be put into a vessel of very hot water immediately, boiling water being added as it can be borne, and kept immersed for twenty minutes or

until the pain ceases. Then put on a pretty tight bandage and order rest. Sometimes the joint can be used in twelve hours. If the trouble is more chronic, apply a silicate of sodium dressing, and let the patient walk with a cane, if the ankle be the joint affected.

STOMACH, DISEASES OF.

When the stomach is irritable, so that medicines cannot be retained, and if it should be necessary to purge the patient, Prof. Gross recommends the following injection, should there also be much tympany: Oil of turpentine, ℥ss, rubbed up with the yelk of one egg, then add castor oil, ℥iss, warm water, Oj. To be used as an injection.

Prof. Bartholow is opposed to the use of the soluble salts of bismuth. In the various disorders for which the insoluble salts are prescribed, especially in the stomachal diseases, he prefers this combination :—

R̄.

Bismuthi subcarb.,

℥j

Creasoti,

gtt.j

Glycerini,

Aquæ,

āā

℥ss.

M.

SIG.—Take diluted.

Prof. Da Costa prescribed the following treatment for dilatation of the stomach : Dry solid food ; underdone meats ; no milk. Give carbolic acid to allay fermentation ; wash out the stomach occasionally ; administer strychnia, hypodermically or by the mouth.

(See *Cancer, Gastralgia, Gastric Ulcer, Gastritis*, etc.)

SUNSTROKE.

For the treatment of sunstroke, Prof. Da Costa prescribes the following :—

For heat exhaustion, removal to a cool place, stimulation and forced feeding. For sunstroke proper, or thermic fever, reduce the temperature by stripping patient and dousing with cold water, or rub down with ice. A new method, introduced into practice simultaneously by some New York physicians and by Dr. Orville Horwitz of Philadelphia, is the use of antipyrine, either hypodermically, per rectum or by the mouth. This plan has given excellent results. Turpentine by the bowel, at times, is useful. When the face is flushed, pulse full, put a drop or two of croton oil on the tongue. The use of the lancet is not advised, but exceptionally, when the case simulates apoplexy, it may be called for. Dry cups to

the back of the neck in these cases do good. See that the kidneys keep acting; keep the system full of liquids; give water by the rectum. For convulsive phenomena, asafœtida by the bowel, inhalations of chloroform, with care, and chloral hypodermically, all do good; but the most certain is morphia, thrown under the skin.

When the acute symptoms are over, a long treatment is necessary. If the patient has means, he should remove to a cool climate, at least during the summer, and do no work of any nature for a year. Care must be taken about the function of the bladder, as irritability of that organ remains, also severe headache. Both of these troubles, are best relieved by potassium bromide and cannabis indica.

SURGICAL FEVER.

Prof. Gross recommends as a cathartic in surgical fever with constipation, coated tongue and nausea, this powder:—

Ry.

Hydrarg. chlorid. mit.,	gr.v	
Ipecac. pulv.,	.	
Capsici pulv.,	āā	gr.ss. M.

A mixture used at the Jefferson Medical College Hospital, in surgical fever, is the following:—

R_y.

Liq. ammon. acetat.,			
Liq. potass. citrat.,	āā	fʒj	
Spirit. æth. nit.,			
Liq. morph. sulph.,	āā	fʒss.	M.

Sig.—Dessertspoonful ter die.

If the fever runs very high, gtt. ij tinct. aconit. rad. are added to each dose.

SYPHILIS. (See also **Chancroid.**)

Prof. Gross strongly cautions against telling a man with a history of any kind of a sore on his penis that he does not have syphilis, until three months have elapsed from the last connection. The sore may not be a chancre, but a chancre may be incubating.

He ordered for an infant one year old, suffering with inherited syphilis, the biniodide of mercury, gr. $\frac{1}{64}$, and potassium iodide, gr. $\frac{3}{4}$, ter die; this to be gradually increased. For the eruption:—

R_y.

Unguent. hydrargyri,			
Unguent. zinci oxidi,	āā	ʒss	
Balsami peruviani,		ʒj.	M.

The mucous patches to be brushed over every second day with a thirty-grain solution of argent. nitras.

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should be given as soon as the odor of the breath gives warning of the commencement of ptyalism.

He warns against the use of iron in the later stages of syphilis, when we have to deal with deposits, for it tends to render them permanent and prevent their destruction.

In a case of inherited syphilis, in a girl eleven years of age, in which a gumma was the prominent syphilitic symptom, Prof. Gross cautioned against opening a gumma, no matter how soft it may appear. It would only make a fistulous opening, difficult to heal. Endeavor, on the contrary, to obtain absorption. Place the hand and arm upon a padded splint, and keep it quiet. Subsequently, we usually paint the surface with iodine diluted with an equal amount of alcohol, and applied every eight hours. But the internal treatment is, of all others, iodide of potassium; it acts almost like magic. These tumors may be so soft that they seem to be on the point of opening, and yet they may be entirely absorbed by this treatment. The iodide is certainly the best of all remedies for producing a temporary effect upon the tertiary lesions of syphilis, but it does not effect a permanent cure: the influence is not sufficiently lasting.

The disease is ultimately sure to break out again, unless you put the patient on the mixed or mercurial treatment. He would order potassii iodidi, gr. iv; hydrarg. chlor. corrosiv., gr. $\frac{1}{30}$, to be taken in syrup of red orange or simple syrup, three times a day. This is all the treatment that will be required. We might have given the iodide by the stomach, and used the mercury by inunction, in the form of the oleate, but this is a dirty and troublesome mode of treatment, and one that is not especially required in this case.

When a syphilitic patient cannot take potassium iodide, he gives—

R _y .	Tinct. iodi,	gtt.vj	
	Syrupi aurantii,	fʒj	
	Aquæ,	q.s. ad	fʒj. M.
SIG.—Ter die.			

In a clinical case of cerebral syphilis, accompanied with hemiplegia, Prof. Da Costa placed the patient on light but nourishing diet, without stimulants, and directed him to keep quiet in bed, and not to make any great exertion, so that the nourishment of the brain might be kept up, and no strain put upon it, for the vessels might readily rupture in this condi-

tion. Endeavor to prevent cerebral fullness by prohibiting stimulants or over-feeding; so, of course, insist upon bodily rest. The patient should take laxatives from time to time, which would aid in preventing cerebral fullness. He would continue the treatment of the syphilis by iodide of potassium in decided doses, twenty grains thrice daily, to be gradually increased, and electricity to keep up the nutrition of the paralyzed muscles. Faradization with weak currents, and in a few days alternating with the continuous, will aid recovery, but the main point is the treatment of the syphilitic endarteritis and the absorption of the plug. In the meantime he would carefully maintain the supply of healthy blood, to remedy the impaired nutrition of the brain which these changes are so apt to induce.

Prof. Bartholow speaks highly of the use of ethyl iodide by inhalation, when a prompt iodine impression is desired, as in syphilis of the brain.

For a case of secondary syphilis, with very marked symptoms, Prof. Da Costa ordered—

R_y.

Hydrarg. iodid. virid.,

gr. $\frac{1}{8}$

Extract. conii,

gr. j.

M.

SIG.—Pushed till gums are touched.

Prof. Gross thus epitomizes the treatment of secondary syphilis: Mercury is the only remedy that should be given in this stage; do not give it in the first stage, for no one can be cured of syphilis who has not suffered from some of the secondary symptoms. The prognosis is less favorable in the tubercular form of eruption than the erythematous. Any form of mercury can be used, according to the inclination of the doctor; the protiodide is one of the best. Combine with it some article to act on the skin, and some opium to prevent its running off from the bowels:—

Ry.
 Hydrargyri iodidi viridis, gr. $\frac{1}{5}$
 Antimonii et potass. tartrat.,
 Morphinæ sulph., āā gr. $\frac{1}{20}$. M.
 Fiat pil.

SIG.—Begin with one after each meal, increase the noon dose one pill every two days until the gums are touched, then diminish and keep at a dose easily borne by the patient.

Do not salivate. Patient should have a good nourishing diet, and should take a warm bath every other day. This treatment should be kept up for three years, with intermissions, as a rule. During this time all the symptoms will disappear, with only an occasional return of a mucous patch. To insure

a cure, continue treatment for one year after all symptoms have disappeared.

For the local treatment of squamous syphilides, Prof. Gross recommends the following elegant prescription:—

R_y.
 Hydrarg. bichlorid., gr. iv
 Tinct. benzoini, fʒss
 Aquæ cologniensis, fʒj
 Aquæ rosæ, fʒivss. M.

SIG.—Apply with sponge, and hold in contact with the skin for twenty minutes.

A child twenty months old, suffering with dactylitis syphilitica, and other evidences of hereditary syphilis, was treated by Prof. Brinton with the following combination:—

R_y.
 Hydrarg. chlor. corros., gr. $\frac{1}{75}$
 Potas. iodid., gr. j. M.
 Ft. pil.

SIG.—To be taken ter die.

Prof. Bartholow prescribed, in a case of tertiary syphilis—

R_y.
 Hydrarg. iodidi viridis,
 Extract. belladonnæ, āā gr. $\frac{1}{6}$. M.

SIG.—Ter die.

If this makes the bowels too loose, add opium.

Several times, at his clinic, Prof. Brinton has given the following combination in cases of tertiary syphilis:—

R _y .	Iodi,	ʒj	
	Hydrarg. chlor. corrosiv.,	gr.ij	
	Potassii iodidi,	ʒiij	
	Aquæ,	fʒiij.	M.
SIG.—fʒj ter die.			

In a case of malignant precocious syphilis in a woman, in which secondary symptoms were intermixed with tertiary manifestations, Prof. Gross said the treatment should be very thorough. The woman had iritis, which came on at this early period. In such a case, a solution of atropia (gr. iv to ʒj) should be instilled three or four times a day; not only does this prevent the formation of inflammatory adhesions between the lens and iris, by fully dilating the pupil, but if any have been recently formed, it tears them asunder; the atropia has also a decidedly sedative action upon the vessels and nerves of the eye. The case should also be brought under the influence of mercury as promptly as possible, in order to arrest the progress of the iritis, and prevent further structural changes in the eye. The patient is pale, weak, and pretty well broken down, but notwithstanding

this, she should be put upon a mercurial course, in combination with tonics:—

R_y.

Quininæ sulphat.,	gr.ij	
Ferri sulphat.,	gr.j	
Hydrarg. chlorid. mitis,	gr.j	
Opii,	gr.ss.	M.

Ft. pil.

SIG.—To be taken three times daily.

She should have the best possible diet, including four good milk punches in the twenty-four hours, made with the best brandy, of which she shall get about four to six ounces daily.

For the mucous patches and ulcers in the throat, local applications should be made, every day, of the acid nitrate of mercury diluted with twelve parts of water, and she may use a simple gargle of water. To relieve the pain about the orbit, which is more severe at night when she gets warm in bed, she may take—

R_y.

Pulv. ipecacuanhæ comp.,	gr.x	
Morphinæ sulphatis,	gr.½.	M.

in two pills at night. This will give her the equivalent of two grains of opium.

She must not be salivated. We only wish to make a gentle mercurial impression, and will then

put her on the mixed treatment (gr. x iodide of potassium; gr. $\frac{1}{2}$ bichloride of mercury, three times in twenty-four hours). At the same time she shall steadily keep up the tonics, iron and quinine. We cannot in such cases dispense with tonics; if we were compelled to make a choice of the remedies, we would rather rely upon the milk punch and tonics than upon mercury, but still we regard the mercury as almost indispensable.

TÆMIA. See Tapeworm.

TAPEWORM.

At the clinic, Prof. Da Costa reported a private case of tænia, in which one hundred and twenty feet of worm were passed. No food, calomel, pelletierine and a purgative, in the order given, still prove uniformly successful in the treatment of tapeworm. He considers pelletierine, the active principle of the pomegranate bark, by far the best tænifuge we possess. That of French manufacture is best, and the dose is all of the one gramme as put up in the bottle, repeated if necessary. His success is due in part to his plan of treatment, which is the following, given to a woman who had been passing tapeworm segments for eighteen years: At night, after twenty-

four hours of almost absolute fasting, five grains of calomel are to be taken ; on the following morning, one-half of the bottle of Tanret's solution of pelletierine, on an empty stomach, and two hours later the remainder of the solution. If free purgation does not soon follow, let the patient take pulvis jalapæ comp. ʒj. Prof. Da Costa repeats the treatment after the lapse of a week, and frequently a second worm is expelled, and sometimes three from one patient.

In a case of tapeworm, at the clinic, Prof. Bartholow prescribed chloroform in ʒss doses, to be followed by a dose of castor oil. For one day previous the patient had taken milk only as nourishment.

TETANUS.

Prof. Bartholow says physostigma must be pushed to the border line of danger in tetanus. Physostigmine (eserine) should be used hypodermically. He also considers bromide of potassium an important remedy in tetanus. The dose must be sufficient—one to two drachms every two, three or four hours.

THERMIC FEVER. See Sunstroke.

THROAT AFFECTIONS. See also **Tonsillitis, Diphtheria, etc.**

Dr. Jurist recommends the following in various conditions of the throat requiring a gargle:—

Ry.

Tinct. guaiac. comp.,			
Tinct. cinchon. comp.,	āā	fʒij	
Potas. chlor.,		ʒj	
Mel. desp.,		ʒj	
Aquæ,	q.s. ad	fʒiij.	M.

SIG.—As a gargle.

TONSILLITIS.

In a clinical case of severe acute tonsillitis, Prof. Da Costa called attention to the success of the following treatment: He gave ten grains of quinine daily, at first in a single morning dose; afterward in divided doses. He allowed the patient to suck ice freely, and also applied the ice in bags to the outside of the throat assiduously. This was carried out very effectually; for in place of the profuse suppuration which usually takes place in such cases in the tonsils, it was only superficial and very slight, and affected only one tonsil. Otherwise nothing locally was done; he used a little water as a gargle, but no astringents, relying solely upon the ice which he sucked, and had applied to the angles of the jaw.

TORTICOLLIS.

Prof. Bartholow, in prescribing for a clinical case, said: All kinds of remedies have been used in vain, but we can do much in these cases by attention to little details, and can cure the disease if it has not lasted too long. The best procedure is to galvanize the overacting and faradize the under-acting muscles. He would use fifteen cells of a small battery, applying the steady, non-interrupted current on the contracted muscles, and the interrupted current on the paretic muscles. He preferred the slow interrupted current, for the rapid interruptions will throw the muscles into a tetanic condition; the slow current should be applied to each muscle in turn, and must be used regularly and perseveringly every day.

A great deal can also be accomplished by gymnastic training under the direction of the will, which should be used to educate the weaker muscles to antagonize the stronger. It is wonderful how much can be accomplished in this direction by the force of the will. All drugs that have a reputation for controlling muscular spasm have been tried in this affection, and hyoscyamus and gelseminum have done some good, but they do not cure. Arsenic thrown directly into the muscle, by hypodermic

injection, has done more good than anything else; its use was begun empirically, because it was known to do good in chorea, which is a disease somewhat analogous to torticollis; some very obstinate cases have been thus cured by arsenic. Cocaine, the drug of the day, has also been used with advantage, injections of one-sixth or one-fourth of a grain being made. While these injections are being made into the contracted muscles, strychnia should be similarly used in the paretic muscles. By these combinations we can generally cure the disease, if there be no lesion of the nerve, but we will find it a very obstinate disease to handle.

Prof. Da Costa relieved a boy, at the clinic, almost entirely, of a severe torticollis, in five minutes, by having injected over the sterno-cleido-mastoid, atropine, gr. $\frac{1}{100}$, combined with morphine, gr. $\frac{1}{8}$.

TUBERCULOSIS OF THE LUNGS. See Consumption.

TYPHOID FEVER.

Prof. Da Costa, in his lecture on this subject, gives the following directions for the treatment of typhoid fever:—

1. **HYGIENIC.**—Place the patient in a large well-

ventilated room, so that he may get plenty of fresh air. Allow but one person (nurse) with him. Keep friends away. Enjoin cleanliness. Keep patient washed twice daily with vinegar and water, or a solution of permanganate of potassium. Disinfect the dejections with carbolic acid or chloride of zinc, etc.

Nourishment.—There are times when the patient is weakest, as in the early morning; this is the case in all low fevers. Nourish him every two hours with beef or mutton broths, alternating with milk. Other broths, as chicken, etc., may be used. If the patient craves for more solid food, allow him at the mid-day meal a little arrow-root boiled in milk, or a soft-boiled egg. Excepting these, allow no form of solid aliment until convalescence is completely established, and even then be careful. Be sure to feed the patient between 4 A. M. and 5 A. M.; even wake him at this time to feed him. Allow a liberal supply of water, or toast-water, ginger syrup and water, or claret and water. It will keep the kidneys washed out.

2. MEDICAL TREATMENT.—Different plans have been instituted:—

1. Quinine, which has been justly abandoned.
2. The mercurial plan—calomel, grs. v-x per

diem, at the first stage of fever—said to modify the intensity of the fever process. Not an effective plan.

3. Carbolic acid, gtt. j–ij, in mint water, every two hours. This remedy is not to be relied upon.

4. Iodine treatment, as Lugol's solution, gtt. ij, four times a day. This promises something good in the way of treatment.

5. The plan used by Dr. Bartholow in the following combination :—

R_x.
 Acid. carbolic., fʒj
 Tinct. iodinii, fʒij.
 Dose, gtt. j–ij, every two or three hours.

This is a good plan of treatment.

6. Prof. Da Costa's plan is by the use of mineral acids. Those that use this plan in Germany prefer sulphuric acid ; in England, hydrochloric ; in France, phosphoric, and in America, nitro-hydrochloric acids. Of the last, an ordinary prescription is gtt. xx of the dilute acid in simple elixir. This will also control, to some extent, the diarrhœa.

Do nothing else if you can possibly get along without, but guard against complications, and treat them immediately as they arise.

The first prominent symptom to be noticed is the

diarrhœa. If there are but three stools, unless they be unusually large, do nothing. If very profuse, give a little tinct. opii camphorata at night, or an opium suppository, gr. j. Should this fail, use—

Ry.

Bismuthi subnitrat., gr.x-xx

Opium, gr.ss-j.

SIG.—Every three hours.

If this fails, try carbolic acid, gtt. j, with morphinæ sulph., every three hours. Often cupri sulph., gr. $\frac{1}{2}$, with opium, gr. $\frac{1}{2}$, is very effective.

For the tympany, cold applications, or injections of vinegar, fʒj-ij to water Oj. Internally administer turpentine, gtt. viij, in emulsion, with morphia, gr. $\frac{1}{4}$. Often strychnia is useful, but secondary to the above.

Thoracic symptoms.—The pulmonary congestion occasions cough; the patient's position must therefore be changed frequently. If the patient is not too feeble, use dry cups. The internal use of turpentine is of avail when marked fever is associated with the congestion. Do not give expectorants. If there is a large accumulation of mucus, use aromatic spirits of ammonia.

Sustain the circulation by quinine in tonic doses, gr. vj-x, in the twenty-four hours, but alcohol is the

best, repeated in small doses, to keep up the heart's action. In the early morning increase the dose. Under stimulus the pulse of one hundred and fifty should come down to one hundred and twenty or one hundred and ten. The first sound of the heart is the key to the amount required. From four to ten ounces of brandy or whiskey may be necessary. For nervous symptoms, as headache, delirium, etc., give opium with camphor, or with belladonna. Chloral is the most useful, but do not give it when the heart is weak.

For high fever, cold water is excellent. Put the patient in a bath until the temperature of the water gets to 72° F. The tendency to intestinal hemorrhage is greater in this treatment than by quinine, which is next in importance, and should be given in doses of gr. xx-xxx in the day.

For intestinal hemorrhage, ergotin, gr. ij-vij, hypodermically, or fʒj fluid extract of ergot may be given every hour or two. Sulphuric acid is also useful. Opium, to keep the bowels at rest, is indispensable. Cut down milk and stimulus now.

Spreading tenderness (peritonitis). Tinct. opii deodorat., gtt. x every hour, and gr. j opium suppository at the same time. The suppository must not be repeated for four hours.

Should the patient have parotiditis ice is the best treatment; also tinct. ferri chloridi, to enrich the blood.

For the *functional palsies* use strychnia.

Dr. Howard J. Williams, of Macon, Ga., recently read a paper before the Georgia Medical Association, in which he thus describes the treatment of typhoid fever followed at Jefferson Medical College Hospital when he was a resident there:—

The patient, of course, was attended by trained nurses. For convenience, cleanliness, and to avoid unnecessarily disturbing the patient while having a passage, he was placed on a fracture-bed, with the pan constantly in place. Milk and beef tea, or beef extract, constituted the diet. One-half pint of each was given systematically, alternately, every two hours. Medicinally one gtt. of a ninety-five per cent. solution of carbolic acid, and two drops of the compound solution of iodine, were combined at the bedside and administered every four hours. If the case required stimulants, whiskey or brandy, or carbonate of ammonium, was administered every two hours. When the fever was very high and required reduction, quinine and general sponging were employed. For delirium, opium alone or opium and

In a clinical case of typhoid fever, accompanied with marked hyperpyrexia, persisting in spite of appropriate medication,* Prof. Da Costa called attention to the fact that his general condition had improved under the following treatment: Dilute muriatic acid (gtt. v) and turpentine (gtt. x) every two hours. He also took twelve grains of quinine daily, and six ounces of wine and six of whiskey. His food consisted of milk and beef tea, two pints of each in the twenty-four hours.

When he found that the man had, a week ago, an evening temperature remaining persistently at 104°, he tried to reduce it by large doses of quinine, sixteen grains daily, and on one day he took ten grains morning and evening. He was also frequently sponged with cold water. The effect was but slight; the temperature remained high.

Prof. Da Costa then directed that cloths wrung out of ice water should be laid upon the abdomen until the desired result was obtained. The temperature was at once reduced to 100°, so that by this means he was enabled to keep the temperature within bounds, and thus to gain time. He discussed the expediency of putting him in a bath, but, as he was very weak, and the bath-room was some distance from

* *Medical Times.*

his bed, rather than subject him to the risks of so much handling, he yielded the point, though, if the bath had been more convenient, he would have preferred it. He wished to call attention especially to the use of ice-water applications to reduce temperature, as a substitute for the large doses of quinine and cold baths, which are not always convenient.

This was a most instructive case. Indeed, he considered that the man's life had been saved by this means. Taking into consideration the rising temperature and the falling circulation, as shown by the impaired heart sounds, it did seem likely that the case would not get well. He would also call attention to the fact that in this case the quinine failed to reduce the temperature. It does not often fail, but it did here.

Prof. Da Costa has found thymol to be as effective as, and less disagreeable than, carbolic acid, as an antipyretic in typhoid fever. The dose is one-half to two grains, preferably in solution.

He had, at the Pennsylvania Hospital, a rare sequel of typhoid fever—perityphlitis. He directed that it be treated with poultices, opium, quinine, and supporting measures; the aspirator to be used if any evidence of pus appeared.

ULCERS.

To the granulating surface of an ulcer, Prof. Gross applies the following:—

R_y.
 Acidi nitrici, ʒj
 Pulv. acac., ʒss
 Aquæ, Oj.

Or—

R_y.
 Ung. hydrarg. nitrat., ʒj
 Adipis benzoat., ʒx. M.

These are used to promote rapid cicatrization.

For chronic ulcers of the leg which resist various plans of treatment, Prof. Bartholow advises that the surface and surrounding skin be blistered, to be followed by the application of a poultice. This done, use the following:—

R_y.
 Plumbi nitrat., ʒj
 Ung. petrolei (cosmoline), ʒj. M.

VAGINISMUS. See Genito-Urinary Organs (Female), Diseases of.

VAGINITIS. See Genito-Urinary Organs (Female), Diseases of.

VERTIGO.

For *gastric vertigo*, with disturbed circulation, Prof. Da Costa administered, in the case of a man—

R_y.
 Argenti oxidi, gr.ss
 Ext. hyoscyami, gr.ij. M.
 SIG.—Ter die.

He also prescribed pepsin at meals.

In another case, with beginning cirrhosis of the liver, he directed that the phosphate of sodium, ʒj, be taken every morning; and hydrarg. chlorid. corrosiv., gr. $\frac{1}{4}$, ter die, to keep up the secretion and to act on the liver. The patient must live on a diet of meat, milk and vegetables, taking no oleaginous food whatever.

Cases of stomachal vertigo, where the attack happens in the night or early morning, Prof. Da Costa often treats successfully by having the patient take a late supper of some easily digested food.

In a clinical case of gastric vertigo, Prof. Bartholow prescribed, with good results, hypodermatic injections of strychnia, and remedies to improve the digestion. He had seen the greatest improvement in these cases from Fowler's solution, two drops given just before each meal; it is of the greatest service in stomachal vertigo.

In a case of *labyrinthine vertigo*, associated with impairment of hearing, Prof. Bartholow called attention to the great benefits to be derived from quinine in these cases. We have several remedies, all of which have somewhat the same action as quinine. We thus can use quinine, salicylic acid or salicin. All of these drugs, when used in large doses, produce more or less buzzing and vertigo. Quinine causes this buzzing, because it occasions a condition of anæmia of the parts, lessens congestion and so favors absorption. It must be given in large doses, not less than five grains thrice daily, and, if the patient will bear it, more good will be derived from ten-grain doses, continued for three days, then five-grain doses for the balance of a week, when its use should be suspended, to be resumed, if necessary. He would impress the fact of the importance of carefully inspecting the ear. Remember that this is not truly Menière's disease, though the name is sometimes applied to it. These cases are much milder, and the term should be strictly confined to those cases in which there are hemorrhage, unconsciousness and extreme vertigo.

VOMITING OF PREGNANCY. See Pregnancy.

WHOOPING COUGH.

To cut short the paroxysm in whooping cough, Prof. Da Costa recommends the inhalation, by means of an atomizer, of—

R_y.
 Sodii bromid., gr.xx
 Ext. belladonnæ fluidi, gtt.ij
 Aquæ, fʒj. M.

SIG.—The spray to be inhaled just prior to occurrence of the paroxysm.

In the interval, quinine should be pushed up to the point of tolerance.

The nervous cough of mothers, which exists during the presence of whooping cough in the household, may be allayed, according to Prof. Bartholow, by—

R_y.
 Acid. hydrocyan. dil., fʒj
 Tinct. sanguinariæ, fʒiv
 Syr. senegæ, fʒss
 Syr. tolu, fʒij
 Aquam lauro-cerasi ad fʒiv. M.

SIG.—fʒj-ij every three or four hours.

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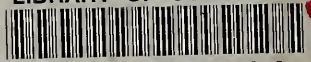
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