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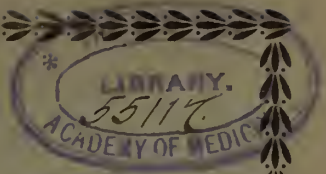








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# The Vermont Medical Monthly

*A Journal of Review, Reform and Progress in the  
Medical Sciences.*

*Official Organ of the Vermont State Medical Society and Thurber Medical  
Association.*

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## Aconitine.\*

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F. R. STODDARD, M. D., Shelburne, Vt.

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Aconitine is an alkaloid, and is the active principle of the leaves and root of *aconitum napellus*. According to Wright the yield of aconitine from the root is 0.07 per cent.

In medicine two forms of aconitine are used, the amorphous and the crystalline. The amorphous is prepared in granules which contain different amounts of the active principle. There are granules containing gr. 1-134, gm. .0005 and others containing gr. 1-500, gm. .000125. The crystalline is prepared only in granules which contain gr. 1-500, gm. .000125.

If a granule of aconitine is held in the mouth and allowed to dissolve, within ten minutes a tingling sensation is perceived in the lips, tongue and fauces. If aconitine is taken in large doses, or if smaller doses are repeated very often, tingling is felt in fingers and toes, then in hands and feet, and finally in all parts of the body.

The tingling or numbness is the first physiological manifestation which shows that the system is fully under the influence

\*Read at the Eighty-Sixth Annual Meeting of the Vermont State Medical Society.

of aconitine. Numbness is rarely produced while treating fever with aconitine. Probably the presence of fever prevents this action, at any rate it is not necessary in order to reduce fever that tingling should be manifest. Harm cannot result until the patient first feels the numbness.

In the treatment of adults, therefore, no danger can arise from medicinal doses of aconitine if the medicine is withdrawn when the patient perceives the sensation of numbness. When aconitine is indicated we are justified in pushing its use, if relief is not obtained, until tingling, the one physiological effect described above, is manifested. The tingling is produced by paralysis of the end-organs of the sensory nerve fibres. This physiological effect is utilized in the treatment of neuralgia, hyperaesthesia, sprains and contusions.

The first two may be treated by the internal administration of aconitine, or by the local application of aconitine in the form of an ointment in the proportion of two grains to the drachm of lard.

In the treatment of many stubborn cases of neuralgia, especially of the facial nerve, it is absolutely necessary before relief can be obtained to give aconitine in increasing doses until the full physiological effect is produced.

With reference to the tingling, the question might be asked, "How is it in the treatment of little children and infants who cannot express themselves or indicate their sensations?" In the first place; it should be remembered that tingling of the extremities is rarely produced in the treatment of fever. Further, as the prominent symptoms subside, the aconitine should be withdrawn and too much of the remedy is therefore not likely to be given.

Lastly, Prof. J. M. Shaller and Dr. W. C. Abbott write that they have never seen a case which was treated with aconitine, according to Burggrave's method in which an untoward or alarming symptom, danger, or death has been produced.

I have been using aconitine daily for four years in the treatment of children and adults, and have never seen any of the alarming symptoms. This may appear to be a bold statement to make in the face of warnings uttered by various writers of prominence like Biddle and Butler, who say aconitine should never be used internally and that it is unsafe.

If the physicians who made the remarks had ever used a reliable preparation of aconitine, in small and oft-repeated doses, in the treatment of fever, they would never have made these statements.

When aconitine was first isolated it was variable in strength, and using it in too large doses was the cause of death.

These observations have been handed down by those who imitate rather than investigate and may be found in many of the standard text-books of to-day.

It is strange to read such adverse testimony about a remedy which physicians use daily and know from experience to be the most reliable, effective and safest of all the alkaloids in medicine.

When aconitine amorphous gr. 1-134, gm. .0005 is taken every half hour, the number of pulsations and respirations is reduced, the arterioles are dilated, the capillaries are flushed with blood, the blood pressure is lowered through the action of the vaso-motor nerves and all the secretions are augmented.

The effect of aconitine upon the secretions is shown by the moistened tongue and skin, increased flow of urine, and if the dose has been excessive, by the diarrhœa and sometimes by the vomiting of mucus.

In disease the effect of aconitine upon the glandular structure is more marked than in health. During high fever, the skin is hot and dry, the urine scanty, the bowels are constipated and the tongue is dry, heavily coated, brown or may be glazed. The patient may be comatosed and may breathe heavily, or he may be restless and delirious; he may suffer from great thirst, from general soreness and pain, and the pulse may be rapid.

Under these conditions if aconitine gr. 1-134 be given every half hour, great change is soon produced. The skin is covered with perspiration, the quantity of urine is increased, the bowels are moved, the tongue grows moist, the patient is aroused from coma, or is relieved of his restlessness and delirium, his thirst and pains are gone and his pulse, respiration and temperature are reduced to normal.

By closely observing the tongue in fevers we are able to judge of the progress of the action of aconitine. As long as the tongue remains dry, no impression has been made upon the general secretion, and no progress has been made in the case; as soon as the tongue begins to grow moist general improvement follows.

In the use of aconitine, no question need be asked as to the kind of fevers for which it is suited. It may be used in all kinds of fevers, from those occurring during the first days of infancy, through life to extreme old age, irrespective of cause. Wherever there is fever, aconitine is indicated. Aconitine is not only an excellent febrifuge, but without exception *it is the BEST antipyretic known.*

Aconitine is the great jugulator of fevers. Every endeavor should be made to give it as early as possible in the course of an acute fever. While it is always easy to detect fever if a thermometer is used, it may not always be easy to detect the cause. Active treatment should be begun at once. To give a placebo and wait until tomorrow in order to make a positive diagnosis is a useless loss of valuable time. Fever is present and that is sufficient reason to begin treatment. The fever indicated by a rise in temperature is ominous and may prove serious. When the human body is plainly showing by many signs, as an abnormal temperature, general lassitude, chilliness or rigor, head-ache, back-ache, a quickened pulse and respiration, that an inflammatory disease is threatening to attack some organ or structure, experience is not able to say where the general storm which seems to be gathering throughout all parts of the organism will finally

locate its entire force. If this force is localized it will produce congestion, and congestion usually leads to inflammation. It is our duty to attempt to prevent the general storm from making headway and attacking a single organ or, if too late for this, to jugulate the congestion or even to strive to hold in check the inflammation if it has occurred; and notwithstanding the preponderance of opinion against it this can frequently be done. Every case which presents itself with prodromal febrile symptoms, if unchecked by nature or art, will terminate in fever. This should be fully realized, and as soon as the case is seen, whether fever is present or not, aconitine should be given every hour and continued until improvement is manifested. The result will be that in many cases the various symptoms will disappear. If fever has been present the temperature will be restored to normal within twenty-four hours.

Some of the cases will run their course but the probabilities are that the course will be more shortened under the treatment of aconitine than any other medicine. This has been my experience, and that of Prof. Shaller, Dr. Abbott and other writers on the subject, and that is the chief reason for using aconitine in fevers.

Not all cases can be jugulated chiefly because all cases, in their incipency, do not come under the care of the physician. "Frequently temperatures of  $101^{\circ}$  to  $105^{\circ}$  have been restored to normal in twenty-four hours" writes Prof. Shaller, and that has been my own experience. Without positive evidence of course, I nevertheless believe that if treatment had been begun one day later, the termination would not have been so favorable. When first seen, some of these cases were in their early congestive, others in their early inflammatory stages. Marked inflammatory changes had not yet occurred. Whatever organ or structure was threatened, it contained an increased supply of blood. The vaso-motor nerves were paralyzed and allowed an influx of blood into the threatened structures, while all the remaining structures of the body were drained and their arterioles

were probably contracted. The equilibrium of the blood supply was destroyed through inharmonious action of the vaso-motor centers. A hyperaemia was produced in one part of the body, and anaemia in all other parts.

When aconitine is administered to patients whose blood-supply is thus disturbed an harmonious action of the vaso-motor centers is soon produced. The contracted arterioles dilate and the blood is withdrawn from the congested area. A large amount of blood being thus drained off, the congestion is relieved, an inflammation is prevented and a disease is aborted.

The following plan for the administration of aconitine in fevers is used by Prof. Shaller and I followed it in my practice, and it can be recommended as being perfectly safe and highly effective. One granule of aconitine gr. 1-134 is the adult dose, and may be given every fifteen minutes, every half hour or every hour, according to the degree of fever. If the temperature ranges between 100° and 103° a granule of aconitine gr. 1-134, gm. .0005 should be given every half hour.

If, however, the thermometer registers from 103 to 105 degrees the same dose should be given every fifteen minutes. In both cases the medicine must be continued until some improvement is manifested; the same dose should then be given every one or two hours. If the patient is comatosed, one granule of aconitine may be injected subcutaneously every half hour until the fever declines or the patient is able to swallow. To children only a fraction of a granule should be given at a dose and that should always be given in a solution which is made as follows: Measure into a glass twenty-four teaspoonfuls of water or use a three ounce bottle of water, drop into the water one granule aconitine amorphous gr. 1-134 g m. .0005 for each year of the child, together with one additional granule, that is, for a child one year, two granules, for a child four years five granules, etc. For an infant six months old, one granule. Give of this solution one teaspoonful every fifteen minutes, every half hour, or every hour according to the degree of the fever. In the treat-

ment of children as in adults as soon as the fever lowers and there is improvement give the medicine less frequently.

For infants under six months old the dose prepared for a child six months old should be given, as follows: If the child is under one month of age fifteen drops of the solution may be given. If the child is one, two or three months old, one-half teaspoonful of the solution is a safe and sufficient dose. If no improvement in the condition follows in twelve hours, the dose should gradually be increased to one teaspoonful. I have often in the past four years given aconitine to infants a few days old, and have never known harm to come to the patient. The great safeguard in the use of an alkaloid, according to the rules laid down by Burggraeve, is that as soon as improvement occurs the medicine should be withdrawn either gradually or entirely. I think gradual withdrawal the best as it prevents return of fever.

How can we know when to withdraw it gradually and to begin giving it at greater intervals? If your patient has been restless or delirious and become quiet, if thirst, lassitude and soreness disappears, if the dry skin and tongue become moist, then instead of giving aconitine so often give it every two or three hours. If after a time fever returns, aconitine may be given as frequently as at the beginning of the disease. It should be remembered that generally the pulse is restored to normal before the fever has been reduced.

How long may aconitine be administered? It may be given continuously for weeks, but it is best to combine it with strychnine or digitalis. Aconitine lowers the number of respirations and should be used therefore in all inflammatory diseases of the lungs in which there is always increased respiration. There is no remedy that can cure acute diseases of the entire respiratory tract so quickly and so thoroughly as aconitine. These are among the diseases that may be aborted.

It should be remembered that there is no disease accompanied by fever in which aconitine may not be given with advantage. In scarlet fever, measles, diphtheria, articular rheumatism and in

muscular rheumatism, in erysipelas and in meningitis, aconitine will give better satisfaction in the reduction of fever and consequently in the relief of pain than any other antipyretic. In the treatment of asthenic cases with aconitine it should be combined with strychnine and digitalis, according to Burggraeve, Shaller and Abbott, and I use the combination with great advantage in old age, when the patient is delicate and the heart weak. When this combination is used for children it should be sweetened to correct its bitterness.

The adult dose is aconitine 1-134, strychninæ 1-134 gr., digitalin 1-67 gr.

In the above combination, aconitine is an antipyretic, digitalin a heart tonic, and antipyretic, while strychnine is a heart, lung and nerve tonic and stimulant.

The slight antagonism which exists between aconitine and digitalin is not sufficient to destroy the property of aconitine as a febrifuge, and the digitalin aids aconitine in the reduction of fever.

The combined action of digitalin and strychnine in sustaining the heart and particularly the action of strychnine as a respiratory stimulant, prevents pulmonary depression by the action of aconitine.

According to Harley, death is produced in cases of poisoning by aconitine, through its action on the medulla. There is incomplete paralysis of the diaphragm and spasmodic action of the muscles attached to the upper part of the chest, but no complete muscular paralysis. The heart continues to beat after the lungs have ceased to perform their function. While aconitine kills by paralyzing the respiration, atropine and strychnine, which act powerfully on the respiratory centers, are potent to prevent death. That which recommends aconitine for general use, especially for the treatment of children, is not only its wonderful efficacy and safety, but its tastelessness. Children take it in solution and ask for more. Frequently it is the only remedy needed. But of this you may rest assured that a few trials of this



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wonderful and unfortunately not fully appreciated febrifuge will convince you that there is no remedy equal to it in reducing fevers, quickly, safely and agreeably. I am indebted to Dr. J. H. Shaller and Dr. C. W. Abbott for many of the facts but they all agree with my own experience in using this potent drug.

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## Symptoms of Acute Appendicitis.

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Dr. G. W. Gay says: "The most important and reliable symptoms of acute appendicitis are pain and tenderness in the abdomen. They are always present, to a greater or less degree, in the early stage of the affection, and the latter persists so long as the active process is going on. Of such vital importance is tenderness in the acute stage as a factor in the diagnosis, that its absence would make one hesitate to call the disease appendicitis, even were the other symptoms present to a marked degree.—

*Med. Summary.*

## Clinical Observations with Aspirin.

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*By Dr. Ladislaus Ketley, Buda Pesth.*

Aspirin, acetyl salicylic acid, is produced by the action of acetic acid anhydrid upon salicylic acid, the OH of the salicylic acid being substituted by an acetyl radical. Of the chemical properties of aspirin, I would only mention that it is scarcely, if at all, decomposed in an acid solution, while readily split up into its constituents in an alkaline solution. This fact explains its superiority over salicylate of sodium, since the latter so often taxes the gastric mucous membrane, while aspirin is unaffected by the acid contents of the stomach, and is decomposed only in the alkaline intestinal tract into salicylic and acetic acids.

These statements based upon theoretical considerations have been confirmed by the practical use of the drug. In our Clinic (Imperial University of Budapest) aspirin has been employed in 12 cases of acute polyarthrititis and in six cases of rheumatic pains. In the 12 cases of polyarthrititis aspirin was used four times immediately after the commencement of the disease in the form of powders in doses of 100 gm., and in daily amounts of 4.0 to 5.0 gm. In all these patients it proved an excellent remedy, acting as efficiently as sodium salicylate as an analgesic, antipyretic and antirheumatic. The disease was never complicated with endocarditis, and the patients never experienced headache, tinnitus or nausea. The cardiac action was not impaired even during long continued administration. Salicylic acid could be discovered in the urine within a short time, usually after 30 or 40 minutes. The effect appeared at the latest after one-half hour in the form of profuse sweats, the latter being much more marked than with sodium salicylate. In other cases of polyarthrititis the freedom of aspirin from unpleasant after-effects was still more strikingly shown, since in these cases sodium salicylate had to be discontinued owing to its very disagreeable action upon the stomach.

These patients received aspirin in the above mentioned doses, after which the gastric disturbances caused by the sodium salicylate subsided, and a most beneficial influence was produced. In some instances after a number of weeks' administration no unpleasant phenomena of any kind were observed, and we still have a case of polyarthrititis in our Clinic in which aspirin has been employed uninterruptedly in daily doses of 3.0 gm. without the slightest sign of digestive disturbances. For the sake of comparison we also administered salophen in cases of long duration, and would assert that both these remedies exert a similar satisfactory effect. It seems to us, however, that aspirin acts more energetically and rapidly, which is also shown by the rapid occurrence of profuse sweating.

In these cases of polyarthrititis we also observed that aspirin like salophen or sodium salicylate exhibits a most decided and permanent action when it is not given at too long intervals; and during the evening hours at intervals of one hour. When used in this way it manifests most successfully its analgesic and specific effect, and best promotes night rest. Under this method of administration it is scarcely necessary to relieve the pain in the joints by local applications.

Equally good results were obtained from the use of aspirin in doses of 1 to 2 grains in eight other cases of rheumatic pains. With this dose the pains were usually alleviated after one-half to one hour. The cardiac action and temperature were never influenced. Disagreeable after-effects failed to occur, and even its diaphoretic action was very slight.

In every instance aspirin was given in powder form, and when administered in wafers none of the patients experienced the least unpleasant taste. These results justify us in recommending aspirin as a remedy which possesses all the beneficial properties, as well as the specific action of sodium salicylate, and besides is entirely free from any of its disagreeable after-effects. Indeed, it would be desirable if aspirin would entirely displace

sodium salicylate especially in those cases in which continued administration is necessary.

Die Heilkunde, October, 1899.

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## Thurber Medical Association.

At a meeting held January 4, the principal item in the program was a paper by Herbert Parker, Esq., ex-District Attorney for Worcester County, on "*Some Points in Medical Jurisprudence.*"

Greatly to the disappointment of the association, as well as the members of the legal fraternity, a number of whom were present by invitation, Mr. Parker was compelled to absent himself, on account of an important legal case to which he was at a late hour called. His paper was therefore read by Dr. Wm. L. Johnson of Uxbridge. It was one of great interest, being mainly devoted to an account of several medico-legal cases involving the crimes of rape and abortion.

The death of Dr. Charles Kingsley of Marlboro was announced, and Drs. French, Johnson and A. J. Gallison were appointed to report a memorial and resolution in regard to the same at the next meeting.

The next meeting will be held February 1, and will be devoted to papers on miscellaneous subjects by the members.

J. M. FRENCH, Secretary.

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## Accidental Wounds of the Female Bladder.

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*By Frederick Holme Wiggin, M. D., New York City. Presented to the Section on Obstetrics and Diseases of Women, at the Fiftieth Annual Meeting of the American Medical Association, held at Columbus, Ohio, June 6-9, 1899.*

Accidental opening of the bladder has, for many years, been considered one of the most serious accidents that could occur in the course of the complicated work which gynecic surgeons are often called on to perform. The following case is offered in illustration of this type of injury :

M. H., unmarried, aged 41, was admitted to the City Hospital, Blackwell's Island, N. Y., Sept. 30, 1898, suffering from a large myoma, which sprung from the anterior uterine wall and extended above the umbilicus. On Oct. 3, the abdomen was opened, and the tumor, which weighed seventeen pounds, was drawn through an incision six inches in length, freed from its attachments and removed, together with the body of the uterus amputated near the internal os. As hemorrhage was profuse it became necessary to remove the mass very rapidly, to accomplish which the anterior attachment of the tumor was clamped and cut, when it was discovered, from the escape of urine, that the bladder had been opened near the fundus.

The general cavity had previously been shut off with gauze pads and thoroughly irrigated, followed by the use of Hydrozone in half strength, and this, in turn, by saline solution. The gauze pads were now changed, and the opening in the bladder, four inches in length, was closed by means of two layers of chromicized catgut sutures. The wound was then disinfected, and there being a large peritoneal flap, it was attached to the bladder and made to cover the line of sutures, thus making the bladder-wound

extra peritoneal. After further washing out of the abdominal cavity with Hydrozone and the saline solution the external wound was closed, without drainage, and the usual dressings applied. The patient being feeble it was not thought advisable to make a vesico vaginal fistula to drain the bladder, but, instead, a self-retaining catheter was introduced. At the end of ten days, however, tumefaction occurred over the lower angle of the abdominal wound, and, on opening it, urine began to escape. A vesico vaginal fistula was now made in order to afford adequate drainage. The sinus in the abdominal wall was curetted and, after being thoroughly disinfected with Hydrozone, its walls were sutured. Soon afterward, the sinus having closed, the sutures which kept open the vesico vaginal fistula were removed, and the latter closed quickly without any further operative interference.

Percival (in *British Medical Journal*, 1897, Vol. 1, p. 1282) reports a case of ruptured bladder on which he had operated. It was closed by means of a double wall of Lembert silk sutures. The wound in the abdominal wall was closed, after the peritoneal cavity had been flushed out with boric acid solution and a large quantity of clots and urinous fluids had been removed. For a few days the patient did well, and then died from peritonitis. But the necropsy proved that the bladder-wound had completely healed. It is the writer's opinion that had saline solution and Hydrozone been used, instead of boric acid, and the abdominal wound been closed leaving saline solution in the peritoneal cavity the patient would probably have recovered.—*Abstract from the Journal of the American Medical Association, of Sept. 9, 1899.*

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## **EDITORIALS.**

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### **Life Insurance as a Factor in Racial Improvement.**

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The business of life insurance demands of those who are insured, that they should present satisfactory evidence of good family history, good personal history, a sound physique, good habits, and a healthful occupation.

The possession of these qualifications results in the establishment of an aristocracy of health. By it there is formed a distinct line of cleavage, dividing the community into those

who have been accepted as good physical risks on the one hand, and those who have not on the other. The latter class includes not only the rejected risks, but the great mass among whom the process of selection has not been exercised. This process is not so much the voluntary separation of the community into two classes, as the voluntary formation of a higher class by certain of those members of the whole population who are able to reach its standard. As the business of life insurance continues to increase in volume and importance, so does the sifting of the larger class, and the consequent growth of the smaller increase in a similar ratio. The result is the formation of a voluntary aristocracy, based on good physical qualifications, in which the Life Insurance policy serves not only as a promise to pay, but as a diploma of merit.

Some years ago, I attended on the same day, the meetings of the representative bodies of two of the great orders of the country—one of them a beneficiary order, requiring of all its members a careful physical examination, the other a reformatory society, having no such test for its membership. They met within a few blocks of each other. Each contained both sexes in its membership. Each was a representative body. Yet the difference in the physical *personnel* of the two bodies was so great as to make a lasting impression on my mind. A considerable proportion of the latter body were physically inferior, undersized and defective. In the former, you were at once aware that you were in the presence of a body of picked men and women—of good physique, and in every way superior to the general average. The line of cleavage was a life insurance examination.

Now the holding up of a standard higher than the general average must be of benefit in the physical world as really as it is in the moral or the intellectual. Evident to all is the elevating influence of a school or college upon the intellectual standard of the town or city in which it is situated, as is also the moral benefit of a church or churches. The school and the churches are the



leaders in their respective spheres, and tend to elevate all who come within their influence.

In a similar way the business of life insurance, by its selection of a class of lives above the average, and its rejection of those which fail to come up to the standard, renders the possession of good physical qualifications increasingly desirable, and causes them more and more to be sought after. It thus serves, not only directly to bring material comforts to the homes of the insured, but also indirectly to act as an important factor in the building up of a better physical race.

J. M. FRENCH.

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## Interstate Reciprocity in Regard to Medical Legislation.

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The Wayne County (Michigan) Medical Society deserves the universal support and commendation of the medical profession for its efforts to secure interstate reciprocity in regard to medical registration. We fear that the time is not quite ripe for any general action throughout the Union, but the movement inaugurated by this progressive society and its energetic secretary, Dr. Amberg, is in the right direction and bound to hasten the day when eligibility to practice medicine in one state will carry with it the right to practice anywhere in the United States.

Medical legislation is only in its infancy, but many of us will live to see national laws take the place of state enactments. The necessity of universal legislation in regard to medical registration and matters of public health will be fully recognized, and all agencies producing this result will receive full measure of credit. The Wayne County Medical Society will come in for a well merited, "Well done."

## A Warning to the Profession.

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The physicians of the country are being approached by a fraudulent institution styling itself "St. Luke's Hospital" of Niles, Mich. The circular which is being sent to the medical profession offers an appointment on the staff of the hospital provided the regular hospital certificate is purchased! A certain percentage of the fees received from patients are returned to the physician sending them.

The names of several prominent members of the profession are given as endorsing the institution but the investigation conducted by the *Cleveland Journal of Medicine* proves that a large number of these names were secured surreptitiously and dishonestly. The bona fide endorsements are from men with whom no respectable regular physician would care to be associated.

The whole scheme is for the purpose of getting money out of unsuspecting members of the medical profession, and those quacks who eagerly snap at anything in the way of a certificate however cheap and valueless.

We hope no self-respecting physician will be roped into this bunco game.

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## Another New Journal.

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We are in receipt of the first copy of the *Providence Medical Journal*, dated January. The new publication is to be a quarterly, and as we understand it, the official organ of the Medical Societies of Rhode Island. An abundance of material is assured and the *Journal* is sure to prove successful. The first issue is a remarkably clean number, and if those succeeding maintain the same standard, there is no doubt of the high position it will take in American medical journalism.

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MEDICAL ABSTRACTS.

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**Manganese in the Treatment of  
Dysmenorrhea.**

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*Abstracted from an article by Charles O'Donovan, M. D.,  
Baltimore, in Jour. Am. Med. Assoc.*

The habit of dysmenorrhea tends to intensify itself in neglected cases, growing worse monthly, and harder to relieve; beginning early in the menstrual life and rapidly fastening upon the sufferer such a fear of the recurring pain that life becomes a burden. For this reason it is advisable that treatment should be instituted at as early a period as possible. Dysmenorrhea does not disappear of itself; it always grows worse if left alone. Therefore it is very bad practice to put off the mother of a young girl whose early periods already cause her great pain by telling her that time will bring relief. It will not; on the contrary, we have every reason to believe that each month will, if let alone, be worse than the last. But the ardor of the operating gynecologist has been such that many mothers, from fear, refrain from mentioning their daughters' ailment. It is in such cases that manganese offers the best means of relief and cure. It is extremely efficient in those young women whose dysmenorrhea seems due to functional neuralgia, beginning almost with the establishment of menstruation. If administered early in the course of the disease, great relief is experienced; if persisted in, the habit is, in many cases, readily broken up, and the health of the sufferer saved from impairment. Such young girls should never

be examined, even by the rectum, unless there is very positive evidence of serious local inflammation, until manganese has been given a full trial.

After the habit of dysmenorrhea has been established for years, in older women, it is a more difficult matter to destroy it, but in many instances it can be done. The most important thing to remember is that one should not be too soon discouraged. If a trifling improvement can be seen after two or three months of constant use of manganese, it means that a great relief can be given by it. One need not despair until four or five periods have passed with no benefit from the drug. In many cases it is not necessary to wait so long. If the case is a suitable one, the first succeeding period will be notably easier, and after that little or no pain will occur during the administration of the remedy.

I have found the black oxide the most satisfactory, given in doses of two grains, by itself or in combination with iron or other adjuvants, about an hour after each meal. It may be used for an indefinite time without any effect, and should be given constantly until its efficiency or inefficiency shall have become manifest. If benefit is obtained at once, I then order it to be taken for two weeks before the next period; if that has been nearly painless, it is given during one week before the following period. In successful cases this is usually enough, and taking the drug during one week just before menstruation insures a painless period. No deleterious effects follow its use in this manner. It should be continued indefinitely; usually after a few months the patient feels cured, and stops taking the pills; but this is apt to allow a return of the dysmenorrhea, especially in those women who have suffered for any length of time. In young girls the habit seems to be more readily destroyed, and the general systemic improvement renders the cure permanent. One must not expect cure, or even relief, in all cases.—*Med. Council.*

**The Injection Treatment of Hemorrhoids.**—In cases of internal hemorrhoids that are thought suited to cure by the injection methods, Dr. Tuttle of New York uses the following formula for making his fluid for injection :

R Acid Carbolic,	1½ drachms.
Acid Salicylic,	½ drachm.
Soda Biborat	1 drachm.
Glycerin (Steriliz) q. s. ad.,	1 ounce.

M. et. ft. Sol. Sig.: Injection for hemorrhoids.

Of this fluid from two to four minims are injected into the base of the hemorrhoid. If other injections are to be made they are made in from three to five days.—*Therapist.*

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**The Menopause and Heart Disease.**—Hos-siewitz (La Gynecologie), after five years' observation, finds that a functional cardio-vascular neurosis appears at the menopause in certain women. This neurosis is very dangerous when organic disease of the heart already exists, being one of the most frequent causes of asystolism. Patients with arterio-sclerosis without valvular lesions resist best the unfavorable influence of the menopause, when aortic insufficiency is aggravated. The same ill-effect is seen in mitral disease. Dilatation of the chambers or of the aorta, tachycardia, and irregular pulse, have been noted in these patients, but not in any direct proportion to the degree of arterial sclerosis present. The cardiac neurosis of the menopause comes in fits between the periods, and is usually improved by the appearance of show. They are, like all other phenomena of the menopause, aggravated by overwork, violent emotion and all debilitating influences.—*British Medical Journal.*

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**Surgical Use of Cocaine.**—1. The use of cocaine should not be abandoned because its irrational employment has produced deleterious results

2. Always make a thorough physical examination of the patient before injecting the drug.

3. It should not be used in cases showing organic disease of the brain, heart, lungs, or kidneys, or in persons of neurotic diathesis.

4. Children bear it fully as well as adults.

5. The patient should always be placed in a recumbent position prior to its employment.

6. Constriction should be used whenever possible to limit the action of the drug to the desired area.

7. Use a freshly prepared solution for each case.

8. Distilled water should always be employed, to which phenic, salicylic, or boric acid should be added.

9. A two per cent. solution has a better effect and is safer than solutions of greater strength.

10. Never inject a larger quantity than one and one-eighth grains when constriction is used.

11. About the head, face and neck one-third of a grain should never be exceeded.

12. When constriction is impossible the dose may be as large as two grains.

13. Every slight physiological effect is not necessary to be taken as cause for alarm.

14. Cocaine does have effect upon inflamed tissues.

15. In case alarming symptoms occur use amyl nitrate, strychnine, digitalis, ether or ammonia.

To which we will add: Always use a chemically pure product, free from isotropyl and cinamyl-cocaine, as well as other impurities, the presence or absence of which can be readily ascertained by the simple tests of the United States Pharmacopcia.—  
*New England Medical Monthly.*



BOOK REVIEWS.

**Shall We Drink Wine?**—A Physician's Study of the Alcohol Question.—By Dr. Jno. Madden, Professor of Physiology in the Wisconsin College of Physicians and Surgeons. Milwaukee: Owen and Weibrecht Co., 1899. Pp. 220. [Price \$2.00.]

The object of this book is best expressed in its sub-title. It is a careful and scientific consideration of the alcohol question, from a physician's point of view. The author discusses the various phases of the action of alcohol—its food value, its stimulant action, its effects upon digestion and assimilation, its pathology, alcoholic heart disease, alcoholic irritation of other organs, effects on nerve tissue, influence on heredity, and as a factor in the production of insanity—and also such general topics as the attitude of the medical profession towards alcohol, what is inebriety, who become drunkards and why, popular fallacies regarding alcoholic beverages, the effects of alcohol on civilization, etc.

The work is unquestionably one of the best that has appeared on this subject of late. It is a study rather than a crusade, and as such is well worth reading by every candid man or woman, whether physician or layman, who is interested in a subject which touches so closely the welfare of the race. J. M. F.

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**The Surgical Diseases of the Genito-urinary Tract.**—Venereal and Sexual Diseases. A Text-book for Students and Practitioners. By G. FRANK LYDSTON, M. D., Professor of Surgical Diseases of the Genito-urinary Organs and Syphilology in the Medical Department of the State University of Illinois (The Chicago College of Physicians and Surgeons), etc. Illustrated with Two Hundred and Thirty-five Engravings. Philadelphia, New York, and Chicago: The F. A. Davis Company, 1899. Pp. xiv-1011. [Price, \$5.]

In preparing this work Dr. Lydston has followed the general plan of the lectures delivered by him at the Medical Department of the University of Illinois. The attempt has been made to cover the whole field of genito-urinary and venereal diseases in a manner acceptable to the student and general practitioner. That the author has accomplished all that he intended is very evident. For a long time he has been a prominent contributor to the literature of his specialty, and from his previous writings the profession are prepared to greet a complete work with far more than usual approbation.

For convenience the book has been divided into the following ten parts: 1. General Principles of Genito-Urinary, Sexual and Venereal Pathology and Therapeutics; 2. Non-Venereal Diseases of the Penis; 3. Diseases of the Urethra; 4. Chancroid and Bubo and their Complications; 5. Syphilis; 6. Diseases affecting Sexual Physiology; 7. Diseases of the Prostate and Seminal Vesicles; 8. Diseases of the Urinary Bladder; 9. Surgical affections of the Kidney and Ureter; 10. Diseases of the Testes and Spermatie Cord.

The foregoing shows the plan and scope of the work and a knowledge of the contents excites a most favorable opinion of the author's ability. He has covered the whole subject in a highly satisfactory manner and given the profession one of the most readable scientific books of the period. The reader cannot help but feel confidence in Dr. Lydston's views for his style and methods are convincing.

The illustrations are unusually complete and well executed and add their share to the efficiency of the work. In every way the book is a clean, comprehensive and thoroughly scientific exposition of genito-urinary and venereal diseases.

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**An Atlas of the Bacteria Pathogenic in Man.**—With Descriptions of their Morphology and Modes of Microscopic Examination. By Samuel G. Shattock, F. R. C. S., Joint Lecturer on Pathology and Bacteriology, St. Thomas'

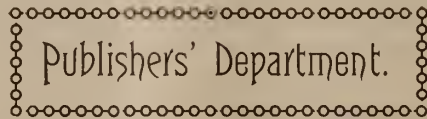


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Medical School, London: Pathological Curator of the Museum of the Royal College of Surgeons, London. With an Introductory Chapter on Bacteriology: Its Practical Value to the General Practitioner, by W. Wayne Babcock, M. D., Pathologist to the Kensington Hospital for Women, etc. Sixteen full-page Colored Plates. New York: E. B. Treat & Company, Publishers. Price, \$1.00.

This little volume is issued in response to many requests from the profession, that the contained articles, originally published in the *International Medical Annual* of '98 and '99, be published in book form. Having secured a number of sets of the illustrative plates, the publishers have acceded to the wishes of the profession. The result is a very valuable little work of handy size, yet complete enough to fulfil its mission.

The plates of the pathogenic bacteria are remarkably fine and equal to anything yet published. The text while brief, is eminently practical and of a character to meet general approbation. In every way it is a most of acceptable addition to the subject and worthy of a place in every physician's library.



Publishers' Department.

**Winter Coughs—Grippal Neuroses.**—That codeine had an especially beneficial effect in cases of nervous cough, and that it was capable of controlling excessive coughing in various lung affections, was noted before its true physiological action was understood. Later it was clear that its power as a nerve calmative was due, as Bartholow says, to its special action on the pneumogastric nerve. Codeine stands apart from the rest of its group, in that it does not arrest secretion in the respiratory and intestinal tract. In marked contrast is it in this respect to morphine. Morphine dries the mucous membrane of the respiratory tract to such a degree that the condition is often made worse by its use; while its effect on the intestinal tract is to produce constipation. There are none of these disagreeable effects attending the use of codeine.

The coal-tar products were found to have great power as analgesics and antipyretics long before experiments in the therapeutical laboratory had been conducted to show their exact action. As a result of this laboratory work we know now that some of them are safe, while others are very dangerous. Antikamnia has stood the test of exhaustive trial, both in clinical and regular practice and has been proven free from the usual untoward after-effects which accompany, characterize and distinguish all other preparations of this class. Therefore Antikamnia and Codeine Tablets afford a very desirable mode of exhibiting these two valuable drugs. The proportions are those most frequently indicated in the various neuroses of the larynx as well as the coughs incident to lung affections, grippal conditions, etc.—*The Laryngoscope*.

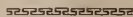
Dr. G. A. Kirker of Detroit, Mich., President of the Wayne County Medical Society, says: "I recently prescribed 'Maltine with Creosote' in a case of capillary bronchitis, the results being highly satisfactory. The patient was a male adult who manifested the most aggravating and distressing symptoms. After three weeks' treatment, in which 'Maltine with Creosote' was the chief remedy administered, there was marked improvement. All the worst symptoms were abated, a general building up of the whole system followed, and the patient gained steadily in flesh.

"I attribute the good results in this case entirely to 'Maltine with Creosote,' which I consider a most fortunate combination. The preparation should be brought more generally to the attention of the medical profession, and should be accorded a prominent place among our most valued therapeutic agents.



**No Consumption Quarantine.**—Isolation and careful sanitary precautions instead of quarantine measures form the decision of the Californian Board of Health, and it meets with general approval by physicians throughout the country. The daily use of a proper disinfectant in the rooms occupied by consumptives will insure freedom from contagious dust and malodors. The floor should be sprinkled (particularly before sweeping) with Platt's Chlorides diluted with ten parts of water.

A stronger dilution (one part Chlorides to four of water) should be kept in the cuspidores and vessels.—*The Medical Examiner.*



**A Famous Expression.**—Prof. Gibson, one of the pioneers in the development of scientific medical teaching in the United States, was asked, by one of his students at the University of Pennsylvania, how to obtain a comprehensive, accurate knowledge of medicine that would enable the physician to make a correct diagnosis, and execute proper treatment. Dr. Gibson's reply has become inseparably connected with his name and memory. It was "Principles, principles, principles." By this, of

course, was meant that however varied were the manifestations of disease, they were to be comprehensively grasped only by a knowledge of the fundamental principles of physiology, pathology and therapeutics. The symptoms of disease, however manifold, could be intelligently interpreted only on this philosophic basis. Strictly consistent with this inexorable law is the fact that all conditions of depression and exhaustion of the system can be appropriately and effectively treated only by re-awakening the dormant and torpid nutritive functions. The crying need of the emaciated tissues and impaired vital functions is for food, the natural restorative. In most cases, however, there is not only an indisposition to take food, but the digestive organs are so enfeebled that they cannot digest and assimilate food—their functions are suspended.

The first indispensable step is to restore these functions. The ordinary tonics—iron, arsenic, strychnine, hypophosphites, etc.—fail entirely to accomplish this object. Cod liver oil is the heaviest burden on even the strongest digestive powers to prepare for assimilation; on the atonic stomach it is an irritant—it aggravates the existing trouble. The digestive organs must be gradually coaxed into a condition of restored functions; they need stomachic alteratives, tonics and stimulants.

The best of these, as proven by experience, is Gray's Glycerine Tonic Comp. It has a specific, selective action upon the atonic digestive organs; it not only enables them to digest food, but it invariably promotes assimilation, so that reconstruction of wasted tissues and nervous force is absolutely assured. For this reason Gray's Glycerine Tonic Comp. is the most rational, scientific and effective remedy in all conditions of malnutrition, anæmia and nervous exhaustion, occurring either independently as a consequence of organic disease, such as tuberculosis, Bright's disease, or as the result of acute infectious diseases.

# The Vermont Medical Monthly

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*Official Organ of the Vermont State Medical Society and Thurber Medical  
Association.*

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## EVOLUTION OF THE HOSPITAL.\*

*By LeGrand Blake, M. D., Milford, Mass.*

The word Hospital is derived from the Latin *Hospitalis* and this again from the noun *hospes*—a hosti or guest, the place in which a guest was received, hospitium.

The English word Hospital comes from the old French Hôpital, which is said to have been remade from the Latin many centuries ago, and meaning an establishment for temporary occupation of the sick and hurt for medical and surgical treatment.

Although in ancient times there may have been places for the reception of strangers and travelers, it seems at least doubtful if there was anything of the nature of a charitable institution for the reception of sick or injured such as has existed since the introduction of Christianity.

Among the Greeks there seems little evidence of the existence of establishments for the sick. And the word Hospital does not seem to have been in use earlier than the 4th century A. D.

That the Romans had a Medical Staff has been shown by the monuments discovered in Great Britain.

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\*Read at the meeting of the Thurber Medical Association, February 1, 1900.

Among the earliest Hospitals on record are that said to have been founded by Valens in Cesarea 370 or 380 A. D. and the one built at Rome by Fabiola, a Roman lady and friend of St. Jerome.

The origin of our present Hospitals must be looked for in the monastic arrangements for the care of the sick and indigent. Every monastery had its *Infirmaria* managed by an *Infirmarius*, in which not only were sick and convalescents treated, but also the aged, the blind and weak were housed.

About the earliest distinct record of the building of a Hospital in England is in the life of Lanfranc, archbishop of Canterbury, who in 1080 founded two, one for Leprosy and one for ordinary diseases. The former is referred to in the *Viè-de-St. Thomas-le-Martyr*, a work of the 12th century.

The earliest of these establishments probably grew up in the time of the Crusades or soon after, necessitated by the spread of new diseases, introduced by the Knights and their followers returning from the East. Of those most noted are St. Bartholomew's of London, St. Thomas's, Bethlehem, Bridewell and Christ's Hospital, which were long known as "The Five Royal Hospitals."

That most ancient in the list is St. Bartholomew's, London, which had its origin in a priory of the same name, founded by Rahere, a minstrel, in 1100. A quarter of a century later the same man secured land adjoining the monastery where he built and endowed a Hospital "for a master, brethren, and sisters, and for the entertainment of poor diseased people until they got well."

At the dissolution of the monasteries St. Bartholomew's contained 100 beds with one physician and three surgeons. It was refounded on a new basis in 1544 and incorporated by a charter in 1546. St. Bartholomew's, on account of its age, and excellency of its medical staff, stands foremost in rank of English Hospitals, as of the endowed charities of the country in general. About 300 years later this Hospital shows a record of 5,672 in patients, 19,576 out patients, together with 153,905 other patients attend-

ing for temporary medical and surgical attendance—thus affording relief to 179,153 in course of the year.

The earliest American Hospital of any size was the Pennsylvania Hospital of Philadelphia, which was begun in 1755 under the auspices of Dr. Thomas Bond and Benjamin Franklin, and finished in 1805.

Up to this time the over-crowding of Hospitals had received little if any attention and the dreaded "Hospital fever" and "Hospital Gangrene" so common in large institutions may be one cause of fear--by the laity--of Hospitals at the present day.

"The Massachusetts General" Hospital is said to be the oldest in America except Pennsylvaniaian at Philadelphia and one of the first to agitate architectural changes, thereby giving more space per individual. Yet little attention was paid to it, until the importance of the subject was so roughly thrust upon the country's notice in the great war of 1861-5. Since that time progress has made its mark and every city in the land today has its Hospitals and Dispensaries each well equipped for the care of the sick and maimed. The over-crowding so common centuries ago is a thing of the past. It is not an uncommon occurrence nowadays when one applies for admission to a Hospital to be told they must wait until some future day "before there will be a bed ready," not a very encouraging reply to the solicitations of a merciful people for suffering humanity.

As a result many small towns wishing to progress with the times have small Cottage Hospitals of their own, doing much good on the same plans as larger and more commodious ones in larger places do.

Every enterprising institution has to have its beginning. The first move towards any undertaking must be made and it only lacks that beginning for a Hospital to be one of Milford's *most* needed institutions.

Our society is composed of able men in the profession and might form a nucleus with the combined efforts of the people.

For the upbuilding of a Hospital in Milford would be no different than in many other towns and cities. Sweet charity has always played an important part in all institutions for the care of sick and maimed and thus it ever will.

A Hospital may derive its support from town, city or state. Most of them have a fund from which they flourish aided by benevolent minded individuals and town treasury in which they are located. It is a very common happening, almost every-day occurrence, some poor human being is injured in some one of our large manufacturing establishments or stone quarries. How many of you can recall the several cases of fatal or nearly fatal accidents within our locality the past year?

To take those poor suffering souls weak from shock and loss of blood, and hustle them off 12 or 35 miles to a Hospital simply because there is no place nearer where they can receive the proper care and nursing, lessens their chances of recovery perhaps beyond endurance.

Is there a Remedy?



## All that is Necessary.

The American Association for the Advancement of Science says the following lines are all that is necessary for the physician to learn in order to prescribe in the metric system:

1,000 milligrams make one gram.

1,000 grams or cubic centimeters make one kilo or liter.

65 milligrams make one grain.

15½ grains make one gram.

31 grams make ounce, Troy.—*St. Louis Med. Review.*



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## A Few Remarks on the Treatment of Gonorrhoea.

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*By H. L. Keith, M. D., Milford, Mass.*

GENTLEMEN:—I promised our worthy secretary that I would write an article for this meeting. But it was very hard to decide what topic to choose. The object of a medical society is to help each other I suppose but in my case it is easier to be helped than to help.

During my twelve years of general practice, I, like all other practitioners had more or less Gonorrhoea to contend with, and I can truly say that I always hated to see a case come in the office. The ignorance of the laity in regard to the disease and the erroneous views and ideas the majority of patients have, all combine to make it disagreeable. And the habits and deceit of patients also make the outcome often unsatisfactory.

I think it would be foolish for me to go into the history, pathology and causes of a Urethritis. You have read it all many times over and if I can interest you at all I think it will be in giving you some of my clinical experience in the treatment of Gonorrhoea. I always give the patient a little talk before I take the case. And, altho' I never try to frighten patients I *do* try to make them understand the nature of the disease and that they have something more serious than a cold. I never promise anything definite as to time or results. I explain the nature of the trouble, the usual duration, and possible complications. Tell them that for a while I, myself, will be satisfied if I keep them from much suffering and inconvenience.

After my injury I felt I might have to confine myself to office work, for a time at least, so I took special instructions in Genito-Urinary diseases and Gynecology. I was interested in Prof. Valentine's irrigation method of treating Urethritis and use it when practicable. With patients that can come to office

twice a day, it is a good thing and the results in some cases are really wonderful. But I have not found it the "universal cure all" that Prof. Valentine claims for it. I have cured some as bad cases as ever came to me in ten days but nine times in ten it takes longer. I use hot permanganate irrigation twice a day varying from 1 to 2000 to 1 to 6000. When cases relapse or prove obstinate I often change the irrigation to some astringent. In a record of twenty-three cases treated by this method I have had extension of the trouble into the deep urethra in only four cases and these were cured by intravesical irrigation, and only one case of Orchitis which was started before the patient came to me. This is certainly better results than I had with hand injections. You can give simply an anterior irrigation or a deep one with this apparatus. Prof. Valentine recommends intravesical irrigations in all cases. I presume he is right but I have not seen the necessity of it. One thing in regard to this method. When patients cannot come in *regularly* it can be used *occasionally* with much benefit. Where there is much inflammation and swelling it is wonderful how only using the hot irrigation once will reduce both the œdema and inflammation. I would heartily recommend this method of treatment. But in the majority of cases owing to the patient not being able to come to office you have to resort to hand injections, the old treatment.

An eminent authority writes, "Internal medication does no good and hand injections are useless." All I have to say is, that I have not found it so.

When I get a patient who cannot come to the office for irrigation I give him the *same talk* and try very hard to impress upon his mind the virtue of hot water and cleanliness. Have him soak penis three or four times a day in hot water and wash with some germicidal soap. I generally give him a solution of Protargol and instruct him how to inject and direct him to hold it in for some minutes. They usually cannot hold it in long enough so I have them use two injections, one right after the other. Have them inject from four to six times in twenty-

four hours according to the *case*. I never give much medicine the first ten days or two weeks. A corrective if the urine is very acid.

Instruct them about food, right living, etc. Keep their bowels open with spring water or seidlitz powders. After acute stage I change to an astringent injection, generally a weak solution of chloride and iodide of zinc. At this stage I give a prescription containing salol, cubebs and capaiba. I sometimes use santal oil with benefit but not always. When I get an old clapp due to stricture I usually cut but *not* deep, then dilate. I have tried almost everything, that has ever been used, for a deep urethritis. Never had the success with soluble bougies that I hoped and expected. Injected through a catheter with better success. Now when I get a chronic discharge I use the endoscope to locate the lesion and brush with strong solution of nitrate of silver. You can cure with few applications. It is astonishing how much discharge a small ulceration will cause. I generally pass a sound at first to ascertain the condition of the urethra, (and smooth it out as it were)

To sum up:—First and all the time *hot water*. Antiseptic injections for first two weeks then astringent. No special internal medication for same period. Then maybe prescription as above. I have tried all kinds of medication on the start and all kinds of injections, (except “mercurol,” and I intend to give that a good trial soon.) But I find better results in this way and more satisfaction to myself and patient. I never use strong injections. A suspensory bandage is the proper thing in all cases. And ice cold applications in a commencing orchitis or in tender and swelled glands. If you use hot water freely you get very little chordee. If you do, opium and belladonna suppositories will stop it.

Gonorrhoea in the female is not such a formidable condition to cure as many advocate, providing the patient is intelligent enough to be instructed about the parts and how to be thorough with douches. But there is the rub. When the dis-

charge and irritation begin to lessen *they* begin to lessen their care and efforts and many become permanently diseased. I always try to have them continue treatment and doucles long after I discharge them.

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## Proper Time to Use Medicines.

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Alkalies should be given before food. Iodine and iodides should be given on an empty stomach, when they rapidly diffuse into the blood. If given during digestion the acids and starch alter and weaken the digestion. Acids, as a rule, should be given between the digestive acts, because the mucous membrane of the stomach is in a favorable condition for the diffusion of the acids into the blood. Acids may be given before food when prescribed to check the excessive formation of the acids of the gastric juice. By giving it before meals you check the osmosis stomach-ward of the acid-forming materials. Irritating and dangerous drugs should be given directly after food, such as the salts of arsenic, copper, zinc and iron, except where local conditions require their administration in small doses before food. Oxide and nitrate of silver should be given after the process of digestion is ended, if given during food, chemical rations destroy or impair their special attributes and defeat the object for which they were prescribed. Metallic salts, especially corrosive sublimate, also tannin and pure alcohol, impair the digestive power of the active principle of the gastric juice, so should appear in the stomach during its period of inactivity. Malt extracts, cod liver oil, phosphates, etc., should be given with or directly after food, so that they may enter the blood with the products of digestion.—*Med. and Surg. Reporter.*

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## The Relief of Pain.

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*By Thomas J. Strong, M. D., Resident Physician Fanny Allen  
Hospital, Burlington, Vt.*

One of the most important demands on a physician's knowledge and skill is to relieve pain. Suffering humanity are always importunate and they will brook no delay on the part of their medical attendant in giving them relief from their aches and pains. Furthermore, the deleterious effect of severe pain on the vital functions has long been recognized and the reaction following pain is always characterized by more or less depression. Therefore, called to a case where pain is the prominent symptom, it is the physician's first duty to relieve all suffering as promptly yet as wisely as possible. The means for achieving this result require careful discrimination. The remote effects of the agents employed should always be considered and the prime object should invariably be to obtain the maximum amount of relief with a minimum amount of dangerous injury to the patient's organism. For many years the analgesics at the command of the medical profession have been unsatisfactory in many respects. The dangers of opium and its alkaloid morphine are too well known to require mention but the countless examples of morphinism in every community bear witness to its ruthless use in the past. Most of the coal tar products which have been found to possess pain-relieving properties have been discarded because of the great heart depression so frequently following their administration. The profession have been therefore exceedingly reticent in prescribing any of the synthetic analgesics. But recently a preparation known as pheno-bromate has been submitted to the profession which seems to meet all demands as an agent to relieve pain. It is in a measure a coal tar product being a synthesis of the phenol and bromine derivatives. It possesses, however, none of the evil effects of the average coal tar preparations and its

administration is characterized by a total absence of all the disagreeable and painful results following the use of such drugs as morphine, chloral, the bromides, etc., etc.

Doses as large as forty grains in two hours have produced no ill effects and its continued use over a period of many weeks has resulted in absolutely no untoward symptoms. In regard to its power to relieve pain, especially headaches and that due to functional derangement of the nervous system, it acts with precision and certainty. Few drugs in the *Materia Medica* can be given and the physician feel as confident of the result. In a great many cases, a few of which are given below the drug has acted promptly and with great satisfaction to the patient as well as the physician. Not once did it produce nausea, vertigo, cardiac, depression, or mental disturbance of any nature, and oftentimes one dose of five grains was sufficient to give complete relief. It certainly is a boon to the profession to have at its service a drug so worthy and efficient.

When used properly pheno-bromate should be given in hot water or hot milk. Administered in this way its analgesic action is hastened and prolonged.

Following are a few of the many cases in which the drug has been used to a decided advantage to the patient :

#### CASES.

Case I. Male, age 36, laborer, admitted to Fanny Allen Hospital suffering from sciatica. Leg from exit of sciatic nerve to toes bandaged in cotton and wrapped snugly to keep from the air. Anti-rheumatic remedies were administered and leg put to rest. At times pain was very severe, but pheno-bromate in five grain doses every three hours relieved this. Leg cauterized over course of the sciatic nerve, and though pain was quite severe it was promptly relieved by pheno-bromate. After three weeks patient was discharged from Hospital entirely relieved.

Case II. Female, age 35, housewife. Gave history of severe headaches, backache, pain over region of ovary and irregular menstrual periods. Operated on and cystic ovary removed.

After about two weeks was again troubled by headache and constipation. Laxatives freely administered and pheno-bromate given in five grain powders till pain relieved. After remaining in Hospital for some time patient was discharged cured.

Case III. Male, age 30, laborer, unmarried. Admitted suffering from severe bruise and wrench to knee joint. Hot applications applied to reduce the inflammation and swelling, but the pain still remained. Pheno-bromate in 10 grain powders given every four hours and on following morning patient was feeling no discomfort with exception of stiff limb. The limb was bathed in lead and opium solution and pheno-bromate continued in five grain tablets every four hours. No further pain was experienced and the administration of pheno-bromate seemed to assist very markedly his recovery. In three weeks patient left Hospital entirely cured.

Case IV. Female, age 32, housewife. Diagnosis: Trifacial neuralgia. Pain in front of right ear extending down to lower jaw. Frontal headache and on close examination history gave evidence of hereditary syphilis. Sleep at night was greatly disturbed by pain over the trigeminal nerve. Powders containing pheno-bromate 10 grains were administered every four hours. Pain soon relieved and on a proper anti-syphilitic treatment patient made a marked improvement daily.

Case V. Female, age 47, housewife. Admitted, suffering from insomnia, severe headaches and nervousness. Tonic treatment and pheno-bromate given for the severe migraine. This being remedied her sleep was markedly improved and after a period of three weeks she gained in weight and her general appearance was much improved.

Case VI. Male, age 29, laborer. Admitted to Hospital with Potts disease. A kyphosis of the fourth dorsal vertebra was discovered and the patient was prepared for the application of a spinal apparatus. After the application of the splints the pain was intense. Not caring to administer morphine pheno-bromate

was given in 10 grain powders every two hours and succeeded in relieving the pain quickly. A week or two later a plaster jacket was substituted. Patient had lost use of limbs when admitted to Hospital but is progressing favorably at present writing. Pain is always relieved by pheno-bromate with no after effects and is thus contributing to his rapid improvement.



**Treatment of Alcoholism.**—Dr. Charles J. Douglass (*New York Medical Journal*) states that about one-thirtieth of a grain of apomorphine injected hypodermically will produce sleep in patients suffering from alcoholic delirium. The drug should be used in sufficient quantity to produce slight nausea. The craving for alcohol is also frequently relieved. After the patient has recovered from the acute symptoms, he should receive tonic treatment for several weeks. At this stage nitrate of strychnine administered subcutaneously is the most potent drug.—*Canadian Practitioner and Review.*



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## “NOSE AND THROAT AFFECTIONS.”

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*By C. H. Powell, A. M., M. D., Professor of Physical Diagnosis and Clinical Medicine, Barnes Medical College, St. Louis, Mo.*

Now that the season of the year is upon us at which time disturbances of the nose, throat and lungs are predominating an article calling attention to the different affections, their causes, pathological characteristics and treatment is certainly of practical importance. Nasal involvement is certainly the most common morbid phenomenon we meet with, of every degree from simple congestion of the Schneiderian membrane to ulceration, hypertrophy, and deflection of the nasal septum. One of the first indications that a trouble exists in the nose is indicated by the presence of nasal discharge. The most common discharge observed occurs from a simple cold or more technically termed an acute rhinitis. This troublesome affection usually begins as a dryness of the Schneiderian membrane which has an accompanying condition a vaso-motor constriction, the blood vessels are accordingly emptied of their contents, and as a consequence the function of the parts supplied by the blood is temporarily suspended. This cessation of function, however, does not persist longer than twelve or twenty-four hours when the blood vessels resume their function but to an extent greatly in excess of what previously existed; there is then a greater amount of blood carried to the parts, and as a result we have the escape of the watery element manifesting itself in the shape of a large discharge of mucus which, from the fact that it follows an inflammatory process, is in a strict sense an exudation, not a transudation. This flow of mucus is usually very profuse causing the patient to be continually using his kerchief which is saturated with the discharge. The attack is often ushered in by repeated attacks of sneezing, headache, and a sensation of fullness in the frontal

sinus; these unpleasant sensations usually are markedly relieved as soon as the discharge of mucus is well established. This first state of morbid activity on the part of the nose gives us in a most typical form the symptoms described as an acute nasal catarrh. For the relief of such an acute condition the indications to be met consist in applying an agent or agents that will constrict the blood vessels, and at the same time destroy the germs associated with the discharge. Having accomplished this, the inflamed mucous membrane should be protected from the influence of the atmospheric irritants. As the treatment usually employed by me is quickly, and often permanently satisfactory in correcting this trouble, I will outline the *modus operandi*. In the first place I provide myself with a Mullhall-Warner Nasal Douche which has a long curved tip for insertion up behind the uvula. I find this simple instrument of signal utility in the treatment of all nasal difficulties. I now prepare a solution of one part of Glyco Thymoline (Kress) to six parts of luke warm water, and wash out the nose thoroughly; having accomplished this I next spray the nares thoroughly with a solution of cocaine, ten grains to the ounce, and then complete the treatment by throwing into the nose with a De Vilbiss instrument some heated vaseline, which soothes, protects, and keeps the constricting influence of the cocaine solution *in situ* for a considerable interval. I seldom find it necessary to repeat this treatment more than once or twice. The relief experienced in every instance is prompt, and grateful to the patient. There is another class of patients who are sufferers from a chronic nasal discharge whose condition is due to the occupation engaged in, thus those who work in factories where the air is continually loaded with dust and debris, being constantly exposed to the irritating influence of these particles the nasal disturbance is perpetuated. In this class of cases the same plan of action is referable namely, first thoroughly cleansing of the nose with Glyco Thymoline (Kress) solution in the same strength as before and the after application of an unguent. A very useful remedy that gives well marked beneficial results is a

four per cent menthol and alboline mixture which is a very efficient and cooling ointment that, being liquid, can be readily sprayed upon the nasal mucous membrane. There is still another class of cases that are very persistent in resisting different kinds of treatment, I refer to what is technically known among the people as chronic catarrh. In this class of subjects the pathological state of the nose is to be carefully enquired into as the catarrhal discharge is only a symptom of something else; this something else constitutes the disease to be treated. In one case it will be found to be an hypertrophic rhinitis, in another a stenosis of one of the nares from a deflected septum, and in a third case, especially in the case of a child, the presence of a foreign body, a tumor, or a polypus. Treatment of the nasal discharge therefore to be efficacious should consist in directing attention to whichever one of these or other conditions are found to be responsible for the catarrh. In all cases however, due to whatever cause, the action of Glyco Thymoline (Kress) has impressed me most favorably. I will outline a half dozen cases wherein I have derived the most gratifying results from this remedy.

Case I. Acute Rhinitis. A lady consulted me with a very bad cold which had been persisting to her intense annoyance for several days. She called upon me in the belief that the difficulty was increasing instead of diminishing. Posterior nasal washing was at once done, using Glyco Thymoline (Kress) in warm water, one part to six, and the nasal fossae sprayed with cocaine solution, patient was also given a six ounce bottle of Glyco Thymoline solution, and advised to apply with an atomizer three times a day. Recovery was prompt and thorough under its use.

Case II. Hypertrophic Rhinitis. This case was in a man who worked out doors in all kinds of weather. In addition he was an inveterate tobacco user, smoking as many as two dozen pipes of tobacco daily. He was also subject to great relaxation of the pharyngeal structures, had a cough, enlarged tonsils, and was a terrible snorer, sleeping with his mouth open. This patient

was treated with Glyco Thymoline (Kress) in solution, and the throat frequently gargled with a fifty per cent solution of the same remedy. Internally quinine, iron and strychnia were given him, and he was advised to lessen the amount of tobacco he was consuming. He was also told to dress more warmly. The outcome of the case was very slow but an uneventful recovery took place.

Case III. Tobacco Pharynx. This patient came to me for an annoying cough, which upon inspection I discovered was due to an intense hyperaemia of the pharyngeal structures. He was given a twenty-five per cent solution of Glyco Thymoline (Kress) and instructed to gargle his throat often with the medicine. I saw him a week later, and he advised me that very much to his own and his wife's delight the cough had entirely disappeared.

Case IV. Diphtheria. I have used Glyco Thymoline (Kress) in cases of diphtheria with good results. My favorite combination is composed of the following: Glyco Thymoline, 50 per cent; per oxide of hydrogen, 50 per cent, for use in the atomizer every hour or so. Although mentioning this under case fourth, I will not specify any particular case as I employ this prescription in all cases of diphtheria. Glyco Thymoline (Kress) has no specific influence in diphtheria other than a strong, reliable and harmless antiseptic.

Case V. Chronic Gastritis. Having satisfied myself of the signal utility of Glyco Thymoline in the previous conditions outlined, determined me to test its efficacy in the operation of lavage. A few days ago a conductor on a street railway in St. Louis, came to my office complaining with chronic gastric disease. He had a foul, coated tongue, and said he always felt bloated after meals. I employed lavage, using sodium, bicarbonate and Glyco Thymoline (Kress), using two tablespoonfuls of soda and six tablespoonfuls of Glyco Thymoline to a quart of hot water. The patient experienced so much relief from this remedy that he returned unsolicited four days later and asked that I repeat

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the process, which I did. He sent me several other railroad men, and the results in each case were the same.

Case VI. Acute Cystitis. A gentleman who sustained an injury to his spinal column from suddenly alighting from his bicycle, had as a result paralysis of his lower extremities in which his bladder participated, was troubled with acute cystitis and its concomitant evils. For the correction of this his bladder was irrigated with a tablespoonful of Glyco Thymoline and a tablespoonful of boracic acid to a pint of warm water. It was not necessary to repeat this process more than three times when the relief was established, frequent micturition disappeared, and necessity for the continued use of the catheter was obviated.

These cases demonstrate beyond the peradventure of a doubt the therapeutic efficacy of Glyco Thymoline (Kress) as a remedial agent.

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More beautiful faces have been ruined by atrophy of the soul than all the world's epidemics of small pox.

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We have just heard that a prominent Vermont prohibitionist is lying at death's door suffering from water on the brain. What a strange coincidence!

## Thurber Medical Association.

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The regular monthly meeting was held February 1, 1900.

It was voted, that at the annual meeting in October, a prize be awarded for the most meritorious paper read before the association during the year, by an active member; the prize to consist of some medical work, or other token, not necessarily of any great intrinsic value, but to be given as a token of recognition for good work done; the decision to be made by a vote of the entire membership. The president, secretary and treasurer were appointed a committee to see to the carrying out of this vote.

It was also voted that the Vermont Medical Monthly be continued as the official organ of the Association for the year 1900, and that each paid-up member be furnished with a copy, as heretofore.

The following papers were then read:

“The Evolution of the Hospital,” by LeGrand Blake,  
M. D., of Milford.

“The Treatment of Gonorrhœa,” by H. L. Keith, M. D., of  
Milford.

“The Treatment of Pleurisy with Effusion,” by N. C. B.  
Haviland, M. D., of Holleston.

It is expected that all the papers will appear in the Monthly.

J. M. FRENCH,

Secretary.

# *The Vermont Medical Monthly.*

*A Journal of Review, Reform and Progress in the  
Medical Sciences.*

H. EDWIN LEWIS, M. D., EDITOR.

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## **EDITORIALS.**

### **European Vacations.**

This Year will probably witness the exodus of a greater number of European pleasure seekers than ever before in the history of our continent. The Paris Exposition will be the general excuse but many will seize the opportunity to see that world, which, to many of us, only exists in the imagination. It will be distinctly to the advantage of those who have little time to spare, at best a month or two, to join some party organized and conducted by some one familiar with European travel. We are pleased to inform our readers that just such a party is being

organized for medical men and their families. All who intend going should consider the matter at once and the following letter will prove interesting :

HARTFORD, Conn., March 3d, 1900.

MY DEAR DOCTOR :—A committee of New England physicians has been appointed to make arrangements for the summer excursion to Paris and the International Medical Congress. Two large steamers have been chartered in New York for the exclusive use of physicians and their families. One will start June 30th, the other a day later. The excursion will include a visit to the North of Ireland, through the mountains of Scotland to Edinburg, and down the east coast of England visiting the cathedral towns on the way to London. Then to Belgium, Brussels, Antwerp and Paris, returning by the way of London and the English Lake District. All expenses are to be paid by the agent who conducts the party so the party will have no concern other than to enjoy the scenery and sight-seeing. The expense will vary from \$260 to \$285, depending upon the length of time, thirty or forty days. Three hundred physicians are already registered from all over the country. The New England Committee are anxious to hear from everyone who would like to join this excursion party, which will be one of the most enjoyable of the season. For information and particulars write to H. O. Marcy, M. D., Boston, Mass., or E. R. Campbell, M. D., Bellows Falls, Vt., or T. D. Crothers, M. D., Hartford, Conn.

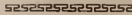


## Fads and Faddists.

All things adjust themselves in due time and the profession has little to fear from any of the present day fads. Some one has said that a sucker is born every minute. Our observation teaches us that this is a low estimate, but as long as even the above birth rate of the gullible class continues, fakirs will thrive and



get rich. Fortunate for all of us is it as Barnum said that though you can fool some of the people all of the time, and all of the people some of the time, you cannot fool all of the people all of the time. And there will be plenty of good people who will perceive the rank foolishness of Eddy-ism, Still-ism and all other fool-isms in ample time to save themselves and their reputation for good horse sense. The other class, those who are not happy unless they are "it,"—well, let them go. They are legitimate fruit for the fakir in whatever garb he may appear, and medical men the world over will do well to be rid of them. Medical science with its open methods and array of facts contains too little mysticism to suit the sucker class. It does not pander enough to their craving for the mysterious and supernatural, and medical men are too proud of the solid tenets of their profession to resort to the angling process for their clientele. Therefore as we said before, let those who must have bait of the red flannel or silver spoon variety seek it elsewhere than at the hands of the medical profession. The intelligent class will always choose the better part and we will continue ministering to their ills intelligently, scientifically and above all honestly, true alike to ourselves and to our patients.



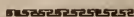
## Thoughts---And Other Things.

*He only is advancing in life whose heart is getting softer, whose blood warmer, whose brain quicker, whose spirit is entering into living peace. And the men who have this life in them are the only true lords and kings of the earth—they, and they only!*—RUSKIN.

It seems to me the older I grow and the more in touch I come with men and mankind that we appreciate too little the necessity of making the most of what we have. I mean in the

way of friendships, talents, opportunities and happiness. Too often in observing other people's blessings we forget our own, and I sincerely believe that there is no man living who does not have something to feel thankful for. The dissatisfaction and unhappiness of many lives come from not trying to find out what that something is. If we used half the energy we waste in striving for what we would like to possess, in developing what we already have, there would be fewer human bankrupts and failures. But we seldom do, and so pass on down the years burdened with unrest and disappointments. On every hand are pleasures within easy reach, beautiful scenes spread before us, delightful friendships in our homes and every day life, but we pass them by without a glance in the pell mell rush for the visionary something just beyond. Do we attain it? Never, and when we realize that our efforts to reach the unattainable are vain, as some of us do occasionally, we hurry back only to find that it is too late, too late. The pleasures we might have had are not the same, the scenes once beautiful are so no longer and between us and the friendships and heart talks we might have enjoyed there is a grave.

Then shame, shame to men and women who do not try to make the most of themselves, who let their lives be spoiled by that bitterest of human gall, discontent. They are losing all that is best and happiest in life, they are failures in every sense of the word. Where they are there is no peace, their portion is unhappiness, and when they are gone they leave behind them—nothing.



If people would only cultivate the habit of self analysis, get acquainted with themselves, as it were, how much easier living would be. A man's first and most confidential friend should be himself, not for self-praise, for a true friend seldom praises, but for self-criticism. Only one who knows himself is capable of progressing, for he alone knows his strong points, he alone appreciates his weaknesses. Such a man can water and nourish

the flowers in his garden, no matter how small that garden or how few the flowers. And the flowers will grow and thrive. But he who does not take the pains to know the flowers from the weeds, will find sooner or later that his garden is ruined, and try as he will the flowers will never grow, for the Winter of Life is too near.

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Then again people magnify their cares too much and let little every day matters of business and responsibility crowd cheerfulness out of their lives. We take our work and our duties too seriously, and as a consequence lose much legitimate pleasure. It isn't right, and no matter how high a pedestal we may have built for ourselves nor how important we may consider our work, we should reconcile ourselves to the fact that we are not so much after all. Read the following Antidote to Care (and Self Importance as well), and realize its truth :

Think that the grass upon thy grave is green ;  
 Think that thou seest thy own empty chair ;  
 The empty garments thou wast wont to wear ;  
 The empty room where long thy haunt hath been,  
 Think that the lane, the meadow, and the wood,  
 And mountain summit feel thy feet no more.  
 Nor the loud thoroughfare, nor sounding shore ;  
 All mere blank space where thou thyself hath stood.  
 Amid this thought-created silence say  
 To thy stripped soul, what am I now, and where ?  
 Then turn and face the petty, narrowing care,  
 Which has been gnawing thee for many a day,  
 And it will die as dies a wailing breeze  
 Lost in the solemn roar of bounding seas.

—*Smetham.*


## The Road of Life.

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Along the foot of the Hill a little River flows, and beside the River as it twists here and there, is the dusty Road. Every little ways, small beaten paths lead from the Road. A few pass up the Hill ; a great many lead down to the River. Those passing up the Hill, though hard to climb, bring one to the top from which untold glories are seen, and where the sun's bright rays are last to leave. Those passing down to the River are short, and soon are lost in the tangle and brush of the river bank.

But the the Road itself, unchanging ever, keeps on by the River which breaks at times into merry song, until at last it ends where the River's song is hushed forever in the moan of the Sea.

*A few travellers pass up the Hill, many go down to the River, but most of all, weary and too often heart-sick, keep plodding along that well trodden Road which only ends at the shores of the Great Sea--Eternity.*



## MEDICAL ABSTRACTS.

### Medical Etiquette and a Legal Decision.—

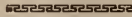
We have heard of medical etiquette occasionally being the subject of attack and ridicule in court proceedings, but a recently decided case shows that it has at least a legal sanction. A physician was called to a case and rode six miles only to find another physician in charge. He therefore refused to treat the patient, but sent in a small bill for his time. Being obliged to sue for his pay, he was met with the defense that he had rendered no service and was therefore entitled to no pay. The county judge, however, held that the observance of medical etiquette was legitimate for the physician, and that when called to see a case and finding it in charge of another, the law implied that he was not obliged to take the case. The decision was, therefore, in the doctor's favor, the judge recognizing even the finer points in medical ethics, which are not always duly appreciated by jurists. —*Journal of the American Medical Association.*

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**Foreign Body in the Nose.**—Dr. D. S. Humphreys, of Greenwood, Miss., writes to the *Medical Record* as follows: I was called some time ago to remove a cotton seed from the nostril of a three-year-old child, which I did very easily and quickly by the following method: The nose-piece of an ordinary Politzer's air-bag was inserted into the nostril on the side opposite to the offending substance and the bag suddenly compressed, when out, half way across the floor, flew the cotton-seed.

It is an ideal method, as the screaming of the frightened child closes the posterior nares, and forces the air back through the other nostril.

**Removal of Foreign Bodies from the Nose and Ear.**—Starrock (*Brit. Med. Jour.*, December 30, 1899,) recommends the following means of procedure. The presence and approximate situation of the foreign body having been ascertained, a piece of india rubber tubing rather less in diameter than an ordinary lead pencil, varying in length from one to three inches, and attached to the nozzle of a brass syringe, is introduced into the nostril or meatus, as the case may be, and brought into contact with the foreign body. The piston of the syringe is then pulled out for a sufficient distance to create a vacuum in the tubing, and thus draw the foreign body into, or against, its free end. The syringe is then withdrawn and with it the foreign body attached to the tubing. In some cases it has been found advantageous to dip the tubing into glycerin before inserting, in order to diminish the chances of air entering between the tubing and the foreign body.—*Medical Record.*



**Treatment of Pulmonary Hemorrhage.**—Slight bleedings from tubercular areas are useful and require no treatment, except to assure the patient that all is well. He may be advised to refrain from exertion, be quiet, eat sparingly, so that a small hemorrhage shall not become a large one.

As an increase of fever often accompanies hemorrhages, the bleeding probably is due to extension of disease, or new channels of absorption, tending to produce infection, have been opened.

Ulceration of blood vessels rarely occurs, the hemorrhages being nearly always due to a weakening of vessel walls by the tubercular process, and the pressure of the blood current within producing a rupture.

Nature's method of repair is to permit a clot to form at the point of rupture, which closes opening and furthers healing.

This clot forms rapidly and remains fixed, unless it is forced out as rapidly as it is formed. Therefore, pressure must be reduced and the physical conditions favor clot formation.

Blood pressure is lessened by slowing heart action and reducing its force, and to attain this the patient must be recumbent, mind free from fear, if possible, and the nerves quieted with hypodermics of morphine.

Although morphine increases blood pressure slightly, it tranquilizes the patient, dilates the peripheral vessels, and removes fear, thus being more beneficial than otherwise.

Aconite and veratrum are sometimes used, but Dr. Bridge does so very rarely. Hot water bottles should be put to the extremities, as the heat aids in taking the blood from the center of the body and dilates the surface vessels.

Copious enema accomplishes the same thing reflexly.

A very simple and much more prompt measure is to tie a bandage tightly about each limb at the groin—it bleeds the patient into his limbs by segregating the blood in the extremities.

Do not tie bandage so tighly that limbs turn purple. After the excessive bleeding is over, slowly relax bandages, allowing blood to flow through body unhindered. Keep head cool.

Bridge says that swallowing large quantities of salt, inhalation of turpentine fumes, ice to chest, hamamelis and ergot are positively useles, and even harmful, especially ergot, as it causes contraction of the unstriped muscle in vessel wall, increasing the blood pressure and the hemorrhage. In the presence of rapid hemorrhage never administer drugs by stomach.

In his estimation, morphine and atropine combined, administered hypodermically, is the best remedy, and may be used freely while hemorrhage lasts, after which it must be discontinued.—*Dr. Bridge, in South. Cal. Practitioner.*

Publishers' Department.

**Gastro-Intestinal Catarrh.**—Dr. Davis of Louisburg, N. C., reports a case a gastro-intestinal catarrh, the concomitant of mitral regurgitation, in which “Maltine with Creosote” proved decidedly beneficial. As he had anticipated, the Maltine showed its value as a digestive agent, and the Creosote as an intestinal antiseptic, so that the very disagreeable symptoms—nausea, diarrhœa, etc.,—were promptly relieved.

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**Bromidia in the Treatment of Epilepsy.**—The *New Albany Medical Journal* for November, 1898, contains an article on “Epilepsy Treated by the Use of Bromidia,” by T. Edward Converse, M. D., of Louisville, Ky., which, after discussing the use of medicines chiefly relied upon in the treatment of that disease, and giving the needful hygienic measures in considerable detail, concludes by referring to “the question often raised : How long will the patient have to keep up the treatment?” If the bromides are given, they should be continued for at least two years after the last convulsion, or if combined with the chloral hydrate in the form of bromidia, a year and a half is sufficient in most cases. If the patient is having several attacks during the day, a teaspoonful of bromidia after the attack and repeated in an hour will abort the next attack ; but, as a rule, one teaspoonful will be sufficient.—*Sanatarium, April, 1899.*

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**Treatment of a Case of Facial Neuralgia.**—Bernays (“*Report of a Surgical Clinic*”) cites a peculiarly obstinate case of facial neuralgia with treatment. The patient



# Not Necessary to Test Them on the Patient

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For they are tested by us on the living animal, and their efficacy established beyond all doubt. Ours is the only House in the country that maintains a laboratory equipped for the especial purpose of testing drugs physiologically. All drugs not amenable to chemical assay, such as aconite, cannabis indica, convallaria, digitalis, ergot, elaterium, strophanthus, and other toxic and narcotic agents, are submitted to a careful physiological test before they leave our laboratory. . : . : . : . :

If you want fluid extracts that have been standardized and their reliability determined beyond all question, specify P., D. & Co., and you will get them. . :

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City, Baltimore, New Orleans, and  
Montreal, Quebec.

DETROIT, MICH.

BRANCH LABORATORIES:

London, England, and Walkerville, Ontario.

was a lady aged 50 years, who showed a good family history and whose previous health was also good. The trouble began with a severe neuralgic toothache of her lower right molars, and was paroxysmal at first, but after two months became continuous. The paroxysms generally occurred in the early morning, and entailed much acute suffering. The pain was relieved by biting strongly upon some firm object, but returned immediately when the pressure was removed. The touch of anything cold or hot promptly excited a paroxysm. A moderate heat when sustained produced the opposite effect. In the effort to afford relief four molars were extracted, but without success. The patient strenuously held out against the use of narcotics in any form throughout the entire course of the disease. Antikamnia in ten grain doses (two five-grain tablets) was found efficient as an obtundant, and was relied upon exclusively. Eight weeks after section of the nerve, when the report was written, there had been no return of her former trouble in any degree.—*The Medical News (January 13th, 1900)*.

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## The Consumptive's Room.

A duster, particularly that potent distributor of germs, the feather duster, should never be used in the room habitually occupied by a consumptive. The floor, woodwork and furniture should be wiped with a cloth moistened with a mixture of Platt's Chlorides and water (one pint to eight). If carpeted the floor should be well sprinkled with this dilution before sweeping. The cuspidor should be washed out daily with boiling water and a mixture of one part Platt's Chlorides and four parts water kept constantly in it to receive the sputum.

# The Vermont Medical Monthly

*A Journal of Review, Reform and Progress in the  
Medical Sciences.*

*Official Organ of the Vermont State Medical Society and Thurber Medical  
Association.*

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Vol. VI.

MARCH, 1900.

No. 3

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## **A Chronic Case of Empyema of the Antrum.\***

*By S. D. Hodge, D. D. S., Burlington, Vt.*

In regard to this case, which is that of a prominent clergyman, age 56, of Burlington, Vt., I would like to say in the beginning, that while I have been connected with the case from the first surgical treatment of the antrum, the general direction of it has been under the care of Dr. Chretien Zaugg of Montreal, and Dr. H. E. Lewis of the Fanny Allen Hospital of Burlington.

The antrum affected is on the right side.

There is one point in the etiology of diseases of the antrum on which there is unanimity of opinion; it is not an idiopathic affection. Most of the dental text books give dental caries, periostitis, injury and abscess of the roots of the teeth as the cause. I think that most dental practitioners are of the opinion that nearly every case can be traced to these sources. On the other hand, most rhinologists of to-day while giving diseases of the teeth as the cause of the majority of cases of antral trouble, are of the opinion that a good percentage of cases are of nasal origin.

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\*Read at the Annual meeting of the Vermont State Dental Society, March 21, 1900.

Of the physiological function of the antrum, and the accessory frontal, ethmoid and sphenoidal sinuses little is absolutely known. A more careful and systematic study of the physiology and pathology of these sinuses, will, as in all other branches of medicine, clear up disputed points. The pathological phenomena of antral diseases do not differ from those that attend purulent processes of mucous membranes elsewhere.

So far as I know every one who has been connected with this case, is of the opinion that the cause of the antral trouble was chronic nasal catarrh of many years standing, and that there was empyema of the antrum for a long time before it was suspected that it was involved. It is not necessary to go into the minute anatomy of the antral cavity. You will readily recall the fact that it is only one of a series of accessory cavities and that the orifices by which the frontal, anterior ethmoid and antral cavities communicate with the nasal chambers are close together and that pus or a purulent discharge from one of these sinuses might easily find its way into the antrum, infecting that.

Empyema of the antrum is usually preceded by a catarrhal inflammation, and with the access of micro-organisms assumes a purulent character. In this case there was a general impairment of the vitality of the patient. There was very marked anaemia; lips, ears, eyelids were bloodless. You could almost look through the hands, and the liver and kidneys were inactive. This condition of active toxemia was very marked for two years before trouble with the antrum was discovered, and so grave was the condition of the patient at the time of the opening into the antrum that there was great anxiety lest general systemic infection should follow the operation.

About two years before trouble with the antrum was discovered, the right superior bicuspid tooth had been crowned with a Logan crown. It was an excellent piece of work in every respect, and had done good service for something like eight years when the post of the crown broke. I drilled out the broken post and put on a new Logan crown. This was worn with entire comfort

for something over a year, when the root split. The patient was at this time ill at the Fanny Allen Hospital, and as the root began to abscess, it was taken out at the Hospital. The root was taken out Christmas day 1896. This healed without any trouble.

For many years the patient had been troubled with severe headaches, the pain being in the frontal region. The usual symptoms of antral trouble were absent, and the teeth and gums were in a healthy condition, no alveolar enlargement. About August of 1897 there was a sense of distention and weight in the upper jaw. He went to Montreal and placed himself under the care of Dr. Chretien Zaugg. August 10, 1897, Dr. J. H. Bourdon of Montreal extracted the right superior first molar, and Dr. Zaugg opened into the antrum following the socket of the palatine root of the first molar. Cocaine was used in this operation, the patient not desiring to take an anæsthetic. The condition of the patient was such that it was thought best to pursue a conservative line of treatment, and not attempt any radical operation; making simply an opening for drainage, using antiseptic washes, and building up the system, believing that with increasing vitality both the antral and nasal trouble would be brought under control.

Upon opening into the antrum a large amount of pus was found. This was washed out with a saturated solution of boric acid.

About a week after the operation the patient accompanied by Dr. Zaugg came to my office, and a plate was made to hold drainage tube in position. This drainage tube was silver; it was worn till November 23, when Dr. Bourdon of Montreal made another plate using a different shaped tube. This plate was clasped to the second molar and first bicuspid. In October 1897 an operation was performed by Dr. Zaugg, removing hypertrophied tissue from the middle turbinal, left side. This was removed by cauterization.

In April 1898, Dr. Zaugg removed a large mass of hypertrophied tissue from inferior turbinal, right side, using the cauterly in this operation. Much relief was given by these two operations.

There had been a gradual improvement in the condition of the patient from the time of the first operation of opening into the antrum in August 1897 till the summer of 1898. He then began to be troubled with violent headaches, the pain being most severe in the frontal region, and the general condition began to grow worse. He sent for Dr. Zaugg who came to see him August 29, 1898. The patient was suffering intense pain and had a high fever. Examination showed the membrane covering the middle turbinal, right side, greatly congested and so great was the congestion of the tissues that the passage was nearly closed, nearly filling the space between the middle and inferior turbinated bones. This was immediately relieved by the application of a four per cent. solution of cocaine. The nasal condition was so severe as to give rise to a painful attack of tri-facial neuralgia. Heroic doses of quinine and codeine were given for six days. The congestion and pain were relieved, and the following week he went to Montreal and Dr. Zaugg cut away the hypertrophied tissue from middle turbinal, right side. This was cut away by the cold snare.

It was thought best at this time to take out the first bicuspid tooth. This was taken out by Dr. Bourdon who made a new plate, and a new drainage tube of gold was used. There has been a marked improvement in every respect since these operations. The general health has improved, no further headaches and the discharge from both the antrum and nasal passages is less in quantity and less purulent. A little later another plate was made by myself using the same drainage tube; this is the one he is now wearing. It is clasped to the second molar and the cuspid. Many different solutions have been used to wash out the antrum. After the first operation boric acid, saturated solution alone was used; Peroxide of hydrogen ten per cent. was used for some

time; carbolic acid solution two per cent; Resorcin one, two and three per cent; Marchand's hydrozone fifty per cent. followed by glycozone; Glyco-Thymoline twenty per cent; Tr. calendulo two per cent.

From the time of the first operation in August 1897 until September 1899 the washing out of the cavity had been done principally by the patient himself two or three times daily, the syringing being done through the drainage tube, and every week coming to my office to have the plate and drainage tubes thoroughly cleansed. In September 1899 at the suggestion of the specialist of the Fanny Allen Hospital, we commenced the use of protargol, taking out the drainage tube every day and thoroughly irrigating the antrum through the opening in the alveolar process. The protargol was at first used  $\frac{1}{2}$  of one per cent solution but later about 1-5 of one per cent. The protargol was followed by a mild solution of Wampole's Formalid. This gave the most beneficial results of anything yet used. I know of no remedy equal to protargol for the washing of a diseased antrum. The protargol was used for about four weeks daily, and since that time has been used occasionally when there is much catarrhal discharge. We are now washing out the antrum removing the drainage tube four or five times a week, using a mild solution of Wampole's Formalid. The patient washes it out daily through the drainage tube, using a solution of boric acid or chloride of sodium. Numerous bacteriological examinations of the discharges from both the antrum and nasal passages have been made. Streptococci and Staphillococci and pus cells have been found in every examination. The most interesting microscopical examination was one made at the Vermont State Laboratory of Hygiene Feb. 4, 1899, which is as follows:

“Growth reddens litmus,

Ferments Smith solution.

Grows with gas production in gelatin stab.

Gives indol reaction with Dunham's solution.

Bacterium is *B. coli communis*.

Pathogenic for quinea-pig in nine days.”

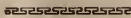
I think that this bacillus has not been found since.

The condition of the patient to-day is that of returning health and vigor. In washing out the antrum the water as it comes away is usually clear, showing but little discharge from the antrum. There is considerable discharge from the nasal passages. The last microscopical examination made a few weeks ago showed the same bacilli in both antrum and nasal passages.

Transillumination of the antrum shows slight hypertrophy in one or two places. No trace of caries of the bone can be found.

It is my opinion that if the nasal passages were in a normal condition, it would be safe to take out the drainage tube and close up the antrum.

I am indebted to Dr. H. E. Lewis the eye, ear, nose and throat specialist of the Fanny Allen Hospital, for the data of the surgical operations and the microscopical examinations.



**The Color of the Nails.**—Dr. Edward Blake, who has recently written a book upon the hand, states (*Medical Record*) that the nails are pale in hectic and in anasarca, gray in serious internal disease, yellow in jaundice, white in convalescence, chalky in some forms of paralysis, acutely livid in ague and chronically purple in cyanosis. He says further that when one hand is persistently hot and the other cold, the case may be one of subclavian aneurism, but is much more likely to be gout or lead poisoning.—*Denver Medical Times*.



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## Chronic Dyspepsia Successfully Treated With H<sub>2</sub>O<sub>2</sub>.

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BY GEO. A. GILBERT, M. D., DANBURY, CONN.

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The case herewith subjoined is one of interest on account of its typical character, its long-standing, and its speedy recovery on the adoption of a rational treatment.

Peter H., æt. 40, Hungarian, farm laborer, applied for treatment at my office on July 1, 1899. He was a strapping fellow, mostly skin and bones, of about 170 pounds weight, and would not have been thought ill except for the prominent dark rings under his eyes, his injected conjunctivæ, and a drawn, hunted expression on his countenance, indicative of past trouble or imminent danger. The history he gave was somewhat as follows:

Six years previously, on his voyage to this country, he suffered from an attack of acute gastritis, attended with retchings of the most violent character. Soon after landing he recovered sufficiently to attend to his work; but he says he has "never been the same man since." In all this long period he has not eaten "a good square meal," nor enjoyed what he has eaten, the burning pain in the epigastrium, after meals, becoming so great occasionally that for fear of its repetition he has gone without food for two or three days at a time. Belching of enormous quantities of gas, too, is common with him soon after eating, thus evidencing the presence of undigested food with its resultant fermentation. The patient states, that in order to get relief he has spent all of his wages upon various doctors, specialists, quacks, nostrums, etc., and swears that he is worse to-day than on the day he first landed in this country.

On examination it was found that he was slightly feverish, pulse rapid, tongue flabby and heavily coated, while the teeth and entire cavity of the mouth were covered with a foul-smelling sticky mucus. That the stomach received, in the process of

starch digestion, little or no assistance from the salivary glands of the month was plainly apparent. In deciding upon the mode of treatment it was obvious that lack of the usual amount of gastric secretion must be met by restoring the physiological conditions upon which the secretion depends. In other words, in order to relieve the inflammatory condition of the gastric mucous membrane and restore the function of the peptic glands, antiseptics were required. The patient therefore was furnished with a flask of Ozonized water, made of one part Hydrozone to four parts of water, and directed to wash out his mouth every night and morning, thoroughly cleansing the tongue, teeth and gums of the unhealthy mucus and any pathogenic germs it might contain. To destroy the microbic elements of fermentation in the stomach and dissolve the tenacious mucus there, a mixture of one ounce of Hydrozone with two quarts of sterilized water was made, and half a tumblerful directed to be taken half an hour before meals. Having thus procured a clean surface in the stomach, the patient was advised to take immediately after meals, a drachm of Glycozone, diluted in a wineglassful of water, for the purpose of enhancing cellular action and stimulating healthy granulations. Of course he was ordered to select his food with care and eat regularly.

The result of this simple procedure was magical. Although for the first two or three days there was some discomfort after eating, this soon disappeared, and at the end of a fortnight the patient reported that for the first time in six years he was enabled to eat his meals without dread of subsequent distress and eructations of gas. (In the opinion of the writer the fermentation was thus quickly subdued by the active oxidation resulting from the liberation of nascent oxygen.) The treatment was continued in this manner for another month and then gradually abandoned. On September 1st, the patient came to the office, expressed his eternal gratefulness, said that he weighed 185 pounds and believed himself completely cured.—*New England Med. Monthly*, Dec. 1899.

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## Thurber Medical Association.

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The regular meeting was held on Thursday afternoon, March 1. In spite of the fact that the rain was pouring down in torrents and that the roads were almost impassable, a respectable number of medical men assembled, and the entire program was carried out.

The committee on the death of Dr. Kingsley reported the following memorial and resolutions:

### Memorial.

Dr. Charles Kingsley was born in East Machias, Me., March 6, 1869. He fitted for Bowdoin College at Washington Academy, but on deciding to study medicine he gave up the college course, and spent three years with a preceptor. He then attended Jefferson Medical College in Philadelphia, from which he graduated in March, 1891. In July of that year he located in Franklin, and immediately thereafter became a member of the Thurber Medical Association, of which he remained an active member up to the time of his death. He also became a member of the Massachusetts Medical Society in 1897. He married Miss Mary Elliott in 1892. He remained in Franklin until January, 1896, enjoying a large practice, which was also very laborious. At this time his health gave out, and he sold his practice and took a six months' rest, a part of which was spent in traveling. He then located in Marlborough, where he remained until his death, on December 29, 1899.

Dr. Kingsley was one of the most valued members of our society. A thorough physician, of good intelligence, having a large measure of native good sense, he was decided in his own convictions, while at the same time respecting those who differed from him. His presence at our meetings was always helpful to the members, and he was ever ready to do his part. He was President of the Association in 1892-3, and delivered the annual

address in 1895, taking for his subject, "Heredity and Education."

Cheerful, vivacious, a pleasant companion and associate, he was sincere and honest, and free from jealousy. In his profession not superficial, but inclined to go to the root of things, and willing to extract help for his patients from any source, he was respected, appreciated and loved by his brother physicians with a sincerity and tenderness not soon to be forgotten.

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RESOLUTIONS.

*Resolved*.—That in the untimely death of Dr. Charles Kingsley, the Thurber Medical Association and the general brotherhood of the Medical Profession have sustained an unusual loss. Thus stricken down upon the threshold of professional life, with bright prospects in his immediate future, his developing talents and thorough equipment seem an inscrutable loss. In this apparently severe dispensation we discern the ways of a Power and Knowledge far beyond mortal ken. To us of limited vision, the shaft seems untimely broken. We bow in reverent submission to the will and decree of One who sees as neverman sees, and whose inscrutable way leads upward and onward to vistas far too glorious for mortal sight.

*Resolved*.—That with heads bowed in reverent submission, we commend our brother's ashes to waiting dust, and his weeping relatives to the unfailing source of consolation, while his professional brothers mourn with them his untimely departure.

Signed,                    J. M. FRENCH, }  
                                   W. L. JOHNSON, } Committee.  
                                   A. J. GALLISON, }

Milford, Mass., March 1, 1900.

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The topic of the day was "*Cottage Hospitals for Small Towns*," considered from the standpoint of the general practitioner, and with special reference to the needs of Milford.

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Dr. Alfred Worcester of Waltham, who has done more than any other man in New England to encourage the formation of hospitals in small towns, gave an exceedingly interesting and practical talk upon the subject. He claimed that the hospital is the highest fruit of Christian civilization, the practical realization of the teachings of the founder of the Christian religion. He showed the need of a hospital in a town like Milford for the homeless and friendless, for those suffering from contagious diseases, for the victims of accident and injury, and also for the physician and surgeon himself. He stated that the thing most essential to a hospital is not a fine building but a company of men and women banded together for the relief of human suffering. It is the community which must organize and carry on this work, and not the physicians. Their co-operation is necessary, but it is the community as a whole which must do the work.

Dr. O. W. Collins of South Framingham sketched the history and work of the Framingham Hospital and Training School for Nurses. This was begun with one trained nurse and two student nurses in a rented building, March 4, 1893. The same night a railroad accident furnished the first patient, whose life was saved by the care he there received. The training school has been self-supporting from the first, and latterly a source of income to the hospital. The present building, thoroughly equipped and having accommodations for 30 patients, was opened to the public in January, 1898.

Dr. E. A. Hobbs of South Framingham gave a further account of the advantages of the hospital and training school.

The members of the association then discussed the question, and each one present expressed himself as favoring the organization of a hospital in Milford.

Much popular interest has been manifested in this subject, and it is hoped that the matter will now be taken up by the citizens generally and the work carried on to a successful conclusion.

J. M. FRENCH, Secretary.

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H. EDWIN LEWIS, M. D., EDITOR.

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## EDITORIALS.

### Vaccination.

In these days of surgical cleanliness it is strange that greater care is not taken in the method of vaccination. Possibly the simplicity of the process makes the medical man unduly careless, but before undertaking the operation of vaccination he should recognize that carelessness on his part is extremely liable to produce results exceedingly distressing to his patient, and embarrassing to himself.

The following extract from an editorial in the *Cleveland Journal of Medicine* is apropos.

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"Vaccine is a perishable commodity and care in its employment is imperatively demanded if successful results are usually to be attained. Experience suggests that probably a vaccination may fail in a susceptible subject, if the area of operation is cleaned with a strong antiseptic, for the virus will not stand contact with an antiseptic. Many failures are also due to lack of care in storing the vaccine in the drug store. The glycerinated virus, which is undoubtedly the best, should always be stored in a cool place, for even at so moderate a temperature as 70° F. it may become spoiled. Then of course the virus must be fresh, as it deteriorates with time. Another possible source of failure to secure a positive result from vaccination lies in the method of dressing the wound immediately after the operation. Undoubtedly an antiseptic dressing applied too soon may destroy the activity of the virus. Yet the glycerin is so slow in drying that the operation would be made too tedious by waiting until the virus had dried in sufficiently to warrant the application of a protective dressing.

The safest technic for vaccination seems to be about as follows: Scrub the arm thoroughly with soap, brush and hot water; dry it with a clean towel; then wash the skin with alcohol or ether; after applying the virus to the wound, place around it a perforated piece of one-quarter inch gummed felting that will keep from contact with the wound the overlying surgical dressing. As this ring is not usually very comfortable, it may be removed in a few hours, and the vaccination wound simply covered with a clean protective dressing. With this technic and with vaccine from a reliable laboratory, not many failures will occur among susceptible cases."

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### The Value of Physical Diagnosis.

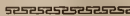
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The importance of acquiring the highest amount of skill in physical diagnosis ought to be apparent to every medical gradu-

ate. Often times disease in its incipiency gives no subjective symptoms and its onset can only be determined by a careful physical examination. The man who can readily determine the deviations from the normal in the human body has a distinct advantage over one who cannot, for he can anticipate gross changes where the other man would not suspect them and thus earlier inaugurate preventive treatment. Then again many of the little details which we can only determine by thorough physical diagnosis modify our opinions and more scientifically regulate our treatment.

Life insurance has done much toward perfecting the general practitioner in the art of physical diagnosis. Insurance companies have required a careful physical examination of all their applicants and the physicians making these examinations have acquired from experience a marked proficiency in physical diagnosis. Unconsciously they have fallen into the habit of critically examining the bodies of all their patients and the result has been highly satisfactory to all concerned. Nowadays, the diagnosis of disease does not consist merely of giving it a name. The medical attendant who understands his business must inform himself in regard to the changes taking place in all of the organs, and this not once but at each visit.

Every medical man, then, who on entering upon his career intends to practice his profession scientifically should perfect himself in physical diagnosis. It will be to his gain as well as his patients.



### **Dr. A. M. Phelps, President.**

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The Medical Society of the State of New York at its last annual meeting elected to its presidency for the ensuing year Dr. A. M. Phelps, professor of orthopedic surgery in the Post-Graduate Medical School. This is not the first time that Prof. Phelps has been honored by the Society, for he was chosen vice-president of the Society in 1887 during the presidency of Dr. Alfred M. Loomis. In 1894 he was president of the American Orthopedic Association, a national body.



Dr. Phelps was born on a farm in Grand Isle county, Vermont. His family is of that good New England stock that traces back to stock as good in the old England across the seas. His ancestors were landed proprietors in the neighborhood of Tewksbury until the religious and civil commotions of the time of the Commonwealth and the Restoration drove them thence to the new world for the liberty which they could no longer claim in the old. In the present generation the family has contributed as ministers to the service of the United States, Hon. E. J. Phelps at the court of St. James and the late William Walter Phelps at Berlin. The father of Dr. Phelps was well-known even beyond the bounds of his neighborhood for musical skill, and his taste and facility in that art have been inherited by the subject of this sketch.

When Dr. Phelps decided to break away from the asperities of a farm life in the granite hills of the Green Mountain State and to fit himself for a wider place in a larger world his first inclinations led him to take up the study of civil engineering and with that purpose he entered the University of Michigan. There is more in this fact than a mere mention of a change of plan on the part of a lad in college; it shows the impulse of that well known New England ingenuity which is so well recognized. How far that same ingenious bent has led him is familiar to those who have observed his work in surgery. While at Ann Arbor his plans were changed and he pursued the course in medicine. After receiving his degree in medicine he entered on general practice, but always with that mechanical twist which made surgery more interesting. For a time he served as surgeon of the Vermont Central railroad and in a similar capacity for some large iron mines in that state.

Dr. Phelps abandoned general practice in 1880 and went abroad. The next four years were spent in assiduous study with the best surgeons of Europe, and it is worthy of note that the student was able to introduce to the teachers the valuable suggestions of American methods of surgery.

On his return to this country Dr. Phelps was called to the chair of orthopedic surgery in the University of Vermont, and also to the similar foundation in the University of New York, which he held for ten years. In the Vermont institution on the death of Prof. Wright he was called to the chair of surgery, a position which he still holds. His connection with the orthopedic surgery department of the Post-Graduate dates from 1887. In connection with the hospital work of this institution he directed the munificence of Mr. and Mrs. Herbert Turner to the founding of a summer home for crippled children at Englewood, of which he is surgeon-in-chief.

His contributions to surgical literature are so many that a mere index would occupy a large space. Science owes to his ingenuity and skill a most successful operation for hernia with a continuous stitching of fine silver wire, the open incision operation for club foot, the internal traction fixation splint for the hip, the aluminum corset and various corrective braces.



## MEDICAL ABSTRACTS.

**Neuralgia of the Rectum.**—Samuel G. Gant in the Post Graduate for January calls attention to this condition. In the majority of his cases the cause has been either a deviated coccyx or an impaction of feces.

In every case he says that we should search diligently for fissure, ulcer, hemorrhoid, tight sphincters or displaced coccyx.

In the treatment we should endeavor first to correct any abnormality. Keep the bowels open and have the patient rest quietly in bed. Frequent irrigation of the rectum with water or oil as hot as can be borne or dry heat over the seat of irritation will lessen the pain.

In one case permanent relief was given by a thorough cauterization of the skin over the affected part with the Paquelin cautery. However a reliable counterirritant for all cases is hard to find so we may try several as aconite, chloroform, capsicum, camphor, turpentine, iodine and the oil of mustard.

Electricity is valuable in some cases, the static current giving the best results.

Forcible divulsion of the sphincters may give relief. He reports one in which perfect results followed complete division of the sphincters after other means had failed.—*Charlotte Med. Jour.*

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**Yolk of Egg as Excipient for Salves.**—Unna is now using a salve composed of two parts yolk of an egg to three parts oil of sweet almonds, blended as for a salad dressing, to which is added the medicinal substance required to a portion of ten per cent. The salve dries rapidly and forms a protecting

covering especially advantageous in eczema, acne, and scabies. One per cent Peruvian balsam will prevent decomposition.—*Indiana Med. Record.*

§§§§§§§§§§§§§§§§

**Pulmonary Phthisis.**—During the past year and more Dr. Thomas J. Mays has been using silver nitrate injections (in all over two thousand) over the course of the vagi in the neck in the treatment of pulmonary phthisis with most gratifying results. In a recent communication to the *Phila. Med. Jour.* he remarks that it is a good plan to give most of the injections on the side of the neck below which the infected lung is located. In some cases, however, the injections become unserviceable on this side, and give a better service on the opposite side of the neck. The injection, as a rule, should consist of four to seven minims of a 2.5 per cent solution of the drug, though the writer has used as much as five minims of a 5 per cent solution. He appears to have made the injections about once a week usually. One patient gained altogether twenty-seven pounds in as many weeks. Even if abscesses are produced, the running discharge has seemed to accelerate the progress toward health.—*Med. Brief.*

§§§§§§§§§§§§§§§§

**Lumbago.**—The following is said to give almost instant relief to the pain of lumbago: Collodion, tincture of iodine and liquid ammonia, equal parts. Apply freely with a camel's hair brush.—*Nursing World.*

§§§§§§§§§§§§§§§§

**A Paste that will Adhere to Anything.**—Professor ALEX. WINCHELL is credited with the invention of a cement that will stick to anything. Take two ounces of clear gum arabic, one and one-half ounces of fine starch, and one-half ounce of white sugar. Pulverize the gum arabic, dissolve it in as much water as the laundress would use for the quantity of starch indi-

cated. Dissolve the starch and sugar in the gum solution. Then cook the mixture in a vessel suspended in boiling water until the starch becomes clear. The cement should be as thick as tar, and kept so. It can be kept from spoiling by dropping in a lump of gum camphor, or a little oil of cloves or sassafras. This cement is very strong indeed, and will stick perfectly to glazed surfaces, and is good to repair broken rocks, minerals, or fossils. The addition of a small amount of sulphate of aluminum will increase the effectiveness of the paste, besides helping to prevent decomposition.—*Jour. of Med. and Science.*

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**Present-Day Requirement in the Management of Pregnant Women.**—Dr. Ayers, in the *International Medical Magazine*, says that the obstetrician who poses as an expert, and does not employ early diagnosis and prevention, is unanimously regarded as incompetent.

Hemorrhage from placenta previa and eclampsia are the first dangers for consideration when one is engaged by a pregnant woman. We will not catch many cases of placenta previa by early examinations, or before they declare themselves by a blind show. Many able minds have been busily engaged endeavoring to locate the placenta with but poor results.

By the vagina we may sometimes feel the placenta when it is lying over the internal os. Patients with placenta previa should either be at all times (as in a hospital) within the *immediate* reach of a physician, or undergo induced labor.

In the prevention of eclampsia the latest views recognize that the disease is one of possibly special toxin development, but certainly the retention of poisons that should be escaping from the body through the eliminatives. Hence the practice of testing the urine for the reduction in the amount of urea excreted.

It is assumed, with very general approval, that while urea may not be the eclamptic generator, its lessened elimination bears

much the same relation to eclampsia that falling of the barometer does to an approaching storm.

The older tests for albumin, casts, and reduction in quantity, have lost none of their weight of importance as fore-signs of eclampsia. The most prominent adjuvant in treatment both for a threatened attack and one that supervenes is hot saline solution, or artificial blood-serum. The usual solution is a sterilized 6-10% solution of salt in hot water, which can be given most easily by injection into the colon through an eighteen-inch tube, and limited in quantity only by the ability of the patient to retain it.

This solution is now extensively used in cases of severe hemorrhage, and is probably the most valuable article in the nature of a remedy taken up by obstetricians in this generation.

Ante-partum examinations are of great assistance in the efforts we are all making to reduce the evils of mal-positions and dystocia. It is a perfectly conservative statement that fully one-half the improvement in the results from these difficulties is obtained where the obstetrician employs careful and skillful examinations before labor.

Diet has received more attention of late years than formerly.

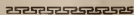
The numerically most important topic in obstetrics—sepsis—has only recently seen two important changes of view: First, in the matter of prevention; and second, in treatment. It is now accepted that the normal condition of the vaginal area is one of asepsis, and that the secretions are themselves germicidal.

But the introitus and vulvar surfaces are not aseptic and are not germicidal, hence they should be carefully cleansed before any examinations are made. The best method of making digital examinations is to cleanse both vulva and one's own fingers, then hold the lips of the labia minora apart while introducing the fingers of the other hand.

Some vaginæ are in a septic condition and should be cleansed.

In treatment of puerperal sepsis we seem to be rather worse off than we thought we were a year or two ago. Anti-streptococcal serum is practically discarded as useless, and no other article

can be claimed as of specific value. Blood flushing with saline solution, local surgical cleansing and the old friends of the pharmacopeia are the most that can be mentioned.



**Recent Operations in Hernia.**—During the recent visit of Dr. Roswell Park of Buffalo, to New York, (where Dr. Gaylord and he read papers at the Academy of Medicine descriptive of the experiments that are being conducted at the State Hospital for Cancer in Buffalo), he visited the clinic of Dr. A. M. Phelps in the Post-Graduate Hospital, and demonstrated his operation for hernia, in the presence of a large class of matriculates and a number of surgeons. The operation is a modification of several other operations. The sac is twisted and drawn up underneath and through the abdominal muscles external to the internal ring; the canal is closed as under the Bassini operation, except that a shoe-lace stitch of fine silk instead of catgut is used, the needle being threaded into each end of the suture. Afterwards Dr. Phelps explained and illustrated his original operation, which consists in closing off the sac with a continued suture of fine silver wire and fortifying the entire inguinal canal with loops of silver wire matted together, placed over the transversalis fascia, and underneath all the muscles. Then the deep layers of muscles are stitched with fine silver wire over the wire matting. The spermatic is brought through all of the muscular layers, and the aponeuroses of the external oblique are stitched together with fine silver wire in continuous suture down to the spine of the pubis. This procedure perfectly obliterates the inguinal canal, the cord lying underneath the skin. The aponeuroses are cut out so as to relieve the pressure upon the cord; the wire becomes encysted, and prevents the stretching of scar tissue. Dr. Phelps stated that in a series of over 180 cases, forty-six of which were relapsed, that had been treated under his direction in the City Hospital in this method, none

had relapsed. At the close of the demonstrations, an adjournment for luncheon was made to Dr. Phelps' house, where a large number of city surgeons and physicians had the pleasure of meeting Dr. Park.

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**Lumbar Injection of Cocaine.**—Recently several major operations have been performed under the partial anesthesia obtained by the injection of a solution of cocaine beneath the lumbar arachnoid. Lumbar puncture performed for diagnostic or therapeutic purposes is absolutely harmless, now anesthesia of the pelvis and lower extremities is produced by a somewhat similar technique. The patient is placed on his side, the legs being flexed on the thighs and the thighs on the pelvis in order to separate the laminae of the lumbar vertebrae. The space between the last lumbar vertebra and the sacrum is the preferred region but that between the fourth and fifth lumbar answers well. A small trocar or stiff needle about 10 cm. long is used. The instrument, field of operation, and hands of the operator are thoroughly cleansed; then the needle is boldly directed toward the median line, and the solution is slowly injected. In the adult it generally requires 1 cg. of cocaine in solution in one or more centigrams of water to produce anesthesia. If the operation is prolonged, the injection may be repeated. Anesthesia is produced in from five to ten minutes. While headache, nausea, and vomiting which are of short duration sometimes occur, no cardiac or respiratory symptoms have as yet been noted.—*Pediatrics.*



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BOOK REVIEWS.

**A Text-Book of Embryology.**—For students of Medicine. By John Clement Heisler, M. D., Professor of Anatomy in the Medico-Chirurgical College, Philadelphia. With 190 illustrations, 26 of them in colors. Philadelphia: W. B. Saunders, 925 Walnut street. 1899.

Until recently the subject of embryology in our medical colleges has been very much neglected. The study of embryonic life has been left to those engaged in scientific research and the general practitioner has entered upon his life work with little or no knowledge of prenatal changes. The author of this work has recognized the importance of some more definite instruction on the subject of embryology and has given the profession and students of medicine a valuable text book embodying the essential facts concerning embryonic development.

The book is divided into eighteen chapters, chapter I. taking up the male and female sexual elements; maturation; ovulation; menstruation and fertilisation.

In chapter II. he deals with the segmentation of the ovum and formation of the blastodermic vesicle. In chapter III. is considered the germ layers and the primitive streak or the stage of the gastrula. Chapter IV. treats of the beginning differentiation of the embryo; the neural canal; the chorda dorsalis and the mesoblastic somites. Chapter V. describes the formation of the body wall of the intestinal canal, and of the fetal membranes. Chapter VI. treats of the decidua, the placenta and the umbilical cord. Chapter VII. deals with the development of the external form of the body. In the succeeding chapters the author treats of the development of the connective tissue of the body, and the lymphatic system; face and mouth cavity, vascular system,

digestive system, respiratory system, genito-urinary system, nervous system, skin and appendages, sense organs, muscular system, and development of the skeleton and limbs.

The book is well calculated to fulfil its mission and the author merits great commendation for his zeal and ability. The illustrations and typography are very satisfactory.

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**A Pocket Medical Dictionary.**—Including complete tables of clinical eponymic terms, of the arteries, muscles, nerves, bacteria, bacilli, micrococci, spirilla, and thermometric scales, and a dose-list of drugs and their preparations, in both English and metric systems of weights and measures. By George M. Gould, A. M., M. D., editor of *The Philadelphia Medical Journal*; President in 1893-1894, American Academy of Medicine. Fourth edition, revised and enlarged. Publisher, P. Blackiston's Son & Co., 1012 Walnut street, Philadelphia. Price, half morocco, \$1.00 net. 30,000 words.

There is no book of its size in the English language which contains so much actual information as this Pocket Medical Dictionary by GOULD. It is a wonder and a prodigy in the line of dictionaries. Students are particularly fond of this little book and every medical man in the land who attempts to keep correct in his nomenclature and pronunciation of medical terms should possess and *use* one of these remarkable little works. Considering its value and price it is the cheapest book published.

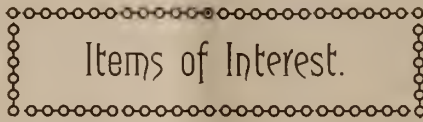
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**Thorington. Refraction and How to Refract.**—Including Sections on Optics, Retinoscopy, the Fitting of Spectacles and Eye-Glasses, etc., by James Thorington, A. M., M. D., Adjunct Professor of Ophthalmology in the Philadelphia Polyclinic and College for Graduates in Medicine; Assistant Surgeon at Wills' Eye Hospital; Associate Member of the American Ophthalmological Society; Fellow of the College of Physicians of Philadelphia; Member of the American Medical Association; Ophthalmologist to the Elwyn and the Vine-land Training Schools for Feeble-minded Children; Resident

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Physician and Surgeon Panama Railroad Co. at Colon (Aspinwall), Isthmus of Panama, 1882-1889, etc. Two Hundred Illustrations, Thirteen of which are colored. Octavo. 301 Pp. \$1.50 net, cloth. P. Blakiston's Son & Co., 1012 Walnut street. Philadelphia, Pa.

This work fills very satisfactorily all demands for a suitable treatise on errors of refraction and their correction. The author has given us a clear exposition of a very intricate subject and those who have occasion to consult such a work will appreciate his comprehensive style. Necessarily any subject so broad and extensive as the above must have countless details, many of which can only be acquired by personal reference, but Dr. Thorington has presented his subject so thoroughly and clearly that the beginner in the study of optics and refraction will find his book a most excellent means of obtaining a working knowledge of the essential facts. The illustrations well elucidate the text. In every way it is a very acceptable presentation of the whole study of refraction and the latest and most trustworthy methods of correction.



Items of Interest.

**Resignation of Dr. Charles McBurney.**—Dr. Charles McBurney (*Boston Medical and Surgical Journal*), has resigned his position as attending surgeon to the Roosevelt Hospital, and the announcement is received with great regret and considerable surprise by the profession. Dr. McBurney has been identified with Roosevelt during its entire existence, and it was on account of the high esteem felt for him that the Sims Operating Pavilion, one of the most completely equipped establishments of the kind in the world, and which was erected and fitted up under his personal supervision, was added to the hospital.—*Columbus Med. Jour.*

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**Treatment of La Grippe.**—Dr. H. D. Fulton of Pittsburg, Pa., (*N. Y. Medical Journal*, December 30, 1899), details his experience with heroin which he has employed in a large number of cases, comprising simple bronchitis, bronchitis associated with measles, the bronchitis of la grippe, chronic acute pneumonia, and phthisis. Some of the remedy was obtained in December, 1898, while the epidemic of la grippe was at its worst, and the effects of the agent as a cough-relieving remedy in this disease were prompt and definite; the degree of comfort afforded the patient was in marked contrast to that usually derived from the ordinary remedies. In those cases in which the patient is harassed by almost incessant cough, or by severe paroxysms occurring in the night, so greatly interfering with the rest and comfort of the subject and leading to an exhausted condition on the following day, its good effects were especially noticeable. In la grippe the range of its usefulness is limited apparently to the allaying of cough and it does not otherwise influence the

course or duration of the disease. The remedy was exhibited in this affection, in simple and in complicated cases, with the one uniform result of securing relief from the distressing symptom of cough by lessening the troublesome bronchical irritation which usually exists. The administration of heroin in phthisis at any stage was followed by the most satisfactory results in the way of securing freedom from cough and thereby promoting rest at night.

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**Vermont's First Automobilst.**—The Locomobile company of America have appointed Dr. J. H. Linsley of this city their agent for Vermont and Eastern New York. Dr. Linsley is the first man in the State to own a locomobile. The company have factories at Bridgeport, Conn., Newton and Westboro, Mass., and are manufacturing the machine at the rate of ten per day.—*Burlington Free Press.*

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**The Winter Sick-Room.**—Tightly closed doors and windows render thorough ventilation impossible during inclement weather, hence the use of a proper disinfectant and deodorizer is specially indicated. "For all purposes of disinfection, deodorization, and isolation 'Platt's Chlorides' is cleanly, reliable and convenient."—*Prof. Marcus P. Hatfield, M. D.*

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Dr. Keeley, the originator of the famous "Keeley Cure," is dead. The end came at Los Angeles, Cal.

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### Who May With the Shrewd Hours Strive ?

"Who may with the shrewd hours strive ?

Too thrifty dealers they,

That with the one hand blandly give

With the other take away.

“ And glitters there some falling flake,  
 Some dust of gold, between  
 That hands that give and hands that take  
 Slipped noiseless and unscen.

“ Ah, comedy of bargainings!  
 Whose gain of years we found  
 A little silt of golden things  
 Forgotten on the ground.”

—*A. Colton in Ainslee's Magazine.*

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**The Proper Treatment of Headaches.**—J. Stewart Norwell, M. B., C. M., B. Sc., House Surgeon in Royal Infirmary, Edinburgh, Scotland, in an original article written especially for *Medical Reprints*, London, Eng., reports a number of cases of headache successfully treated, and terminates his article in the following language :

“ One could multiply similar cases, but these will suffice to illustrate the effects of ‘ Five-Grain Antikamnia Tablets ’ in the treatment of various headaches, and to warrant the following conclusions I have reached with regard to its use, viz :

- (a) They are a specific for almost every kind of headache.
- (b) They act with wonderful rapidity.
- (c) The dosage is convenient.
- (d) The dangerous after-effects so commonly attendant on the use of other coal-tar analgesics are entirely absent.
- (e) They can therefore be safely put into the hands of patients for use without personal supervision.
- (f) They can be very easily taken, being practically tasteless.”

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*M. A. Auerbach, M. D., New York.*—Mr. W. D., aged 23, residing with his parents on Madison street, a few blocks from my office, called me in some weeks ago for treatment. I

Every Physician Should  
Know About

# MERCUROL

(A New Chemical Compound of Nuclein with Mercury.)

Mercuriol is particularly destructive to pyogenic organisms. It exerts a selective antagonistic action upon the Gonococcus, whether found in the urethral crypts or in the conjunctival sac. In urethritis and vaginitis of specific origin, as an antiseptic dressing in abscesses, to control suppurative conditions, and in fact wherever pus-forming bacteria exist, there Mercuriol is indicated. It is neither caustic, corrosive, nor irritating.

## MERCUROL.

In ounce vials, per oz., \$1.75  
In half-ounce vials, per oz., 1.80  
In quarter-ounce vials,  
per oz., 1.85

*Literature  
furnished on  
application.*

## MERCUROL

yields brilliant results in  
Gonorrhoea, Cystitis (use  $\frac{1}{2}\%$  to  $3\%$  Sol.).  
Ocular Therapeutics (use  $3\%$  to  $5\%$  Sol.).  
Otitis Media, (use  $5\%$  to  $10\%$  Sol.).  
Ulcers and Burns (use  $5\%$  Ointment).

**Parke, Davis & Company,**

Home Offices and Laboratories, Detroit, Mich.

Branches in New York, Kansas City, Baltimore, New Orleans, and Montreal,  
Quebec. Branch Laboratories: London, Eng., and Walkerville, Ont.

found the young man in bed and in very bad condition. He was not only suffering from a severe injury received whilst following his vocation, but also with a severe cough with copious "coffee-ground" expectoration, which, upon microscopical examination, proved to be tubercular. It is now about two weeks since I started him on "Maltine with Creosote" and to my astonishment found upon my last examination that his cough and expectoration had both ceased. I find, upon palpation and phenendoscopic auscultation, great improvement in his right lung as well as the apex of the left one. I can't speak enough in favor of "Maltine with Creosote," and shall use it upon all my pulmonary patients hereafter.

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**Make a Note of This.**—It is a matter of common observation that many cases of bronchitis will persist in spite of the continued, varied and judicious use of expectorants. "The cough," says one prominent physician, "hangs on, harasses the patient with its frequency and severity, and is exceedingly liable to recur every winter—to become a regular 'winter cough'—with its sequelæ of emphysema, asthma and, ultimately, dilatation of the right heart."

Dr. Milner Fothergill of London insisted that cough of this character is due to lack of tone, not only in the general system but in the blood vessels of the bronchioles. This authority demonstrated that the only successful method of treating this form of cough is by means of appropriate systemic and vascular tonic medication. It is particularly in this class of cases that Gray's Glycerine Tonic Comp. has gained a most enviable reputation. This remedy, which is a most palatable and agreeable one, not only has a selective tonic and anti phlogistic action upon the respiratory mucous membrane, but it removes the ever-present element of systemic depression. The beneficial effects of Gray's Glycerine Tonic Comp. even in rebellious cases, are invariable and most pronounced.



# The Vermont Medical Monthly

*A Journal of Review, Reform and Progress in the  
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*Official Organ of the Vermont State Medical Society and Thurber Medical Association.*

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## Late Researches Concerning Alcohol as a Medicine and Beverage.

*By T. D. Crothers, M. D. Supt. Walnut Lodge Hospital, Editor Journal of Inebriety, Etc., Etc.\**

The story of alcohol and its influence on the race is not yet written. Appearing at the very dawn of history it has followed down the line of all civilization to the present.

In shadowy outlines, its influence is seen along the retrograde movements of the race march, and always associated with its degenerations. How far alcohol has helped on the struggle from the lower to the higher or how far it has aided in the process of elimination and survivals, is unknown.

The intimate association of alcohol with all stages of civilization, has been considered evidence of some element essential to the physical or spiritual growth of the race. Its action on the heart, increasing the flow of blood to the brain, and extending from exhilaration to delirium, was considered evidence of some force, that brought strength and vigor to the organism. Wine in literature has been idealized as a spiritual element, and invested with a glamour that is quickly dispelled in the light of modern research.

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\*Read before the "Thurber Medical Association," Milford, Mass., April 5, 1900.

There are three theories concerning alcohol to-day which are defended with great spirit and earnestness. The first affirms that alcohol is a true stimulant and tonic, a waste conservator and a concentrated food. That in medicine it brings a certain force which no other drug possesses. As a beverage it has certain properties which enhance and develop the highest functions of nerve and cell life.

The second theory denies these statements and asserts that alcohol in any form is destructive, that it has no value in any condition or state of life. As a beverage it is amongst the most dangerous and uncertain substances known. Also, that its effects on all animal life are injurious in the highest degree.

The third theory assumes that alcohol has some chemical properties and powers to perpetuate and sustain life, when used at the right time and in the right quantities and quality; that as a medicine it is indispensable in fevers and various organic affections; as a beverage it is the abuse that is to be condemned; its moderate use, first ascertaining the form of spirits best adapted to the man, is healthful and conduces to longevity.

Statistics, experience, history, laboratory researches, and statements of eminent men, in all the departments of human activity are grouped to prove and sustain each one of these theories.

#### CLINICALLY.

Within a very recent time the destructive influence of alcohol on the body has been recognized. All the newer text books and systems of practice point out the dangers from alcohol and its influence as a contributory cause in many diseases of the various organs of the body as well as of the brain and nervous system. The modern clinician inquires if there is a history of alcoholism or the moderate use of spirits in all cases, and this fact is important in the knowledge and treatment of the case. Next to the complication of syphilis, alcohol has a most important influence in the causation. In many obscure neuroses a his-

tory of the use of alcohol is even more significant than syphilis as a factor of degeneration and disease.

The various palsies and mental derangements, also the disturbances of nutrition and circulation, and obscure organic affections, are clearer and better understood when you can eliminate all alcoholic causation. When pneumonia appears, the prognosis is very different if you can eliminate alcohol taking. In all surgical treatment the former use of alcohol complicates the results, and in fevers it plays a very important role. While alcohol is still used as a medicine in many instances, its influence in the causes of diseases—as active, predisposing and contributory—is becoming more and more prominent. Recent laboratory and clinical researches show that alcohol, used continuously, is a cell and tissue poison of a peculiar, corroding nature. It is not only a toxin but produces toxins which are both chemical and psychical poisons. These facts are confirmed in many ways and open up a new field of chemie, physiologic, pathologic, and psychologic research, which invites every medical man to enter and examine for himself.

#### PATHOLOGICALLY.

We are all familiar with the changes of thought and conduct of persons who are using spirits. From the flushed face and flashing eye following the first glass of spirits on to the delirium and stupor of intoxication, there is a continuous signaling of distress. The brain and nervous system are disturbed, changed; and finally become exhausted.

Pathology is a study of the changes and injuries from alcohol manifest in these symptoms and signals. For a long time it has been known that the brain and nervous system of persons who used spirits were changed, shrunken, and disorganized. Other organs, such as the liver, kidneys and heart, were either diminished or enlarged in size, and so seriously damaged in structure as to very imperfectly perform their work. In many

cases these injuries are so marked that there can be no doubt of the drinking history of the person, although no other facts are known.

The physiologic chemists have attempted to determine the influence of alcohol on the body by elaborate experiments. Different observers equally competent have reached widely different theories. Each one has expressed great confidence in the accuracy of his report. When these claims have been examined and the errors eliminated, many new facts have appeared but no authoritative discoveries have been found, and the confusion and doubt remain. The difficulties are very formidable and the methods of research are difficult and open to many errors which cannot be eliminated.

Prof. Atwater's recent experiments, which have been so widely noticed, are examples of failures to reach authoritative facts which will not bear the test of accurate examination. His claims of the certain oxidation of alcohol in small doses, and of its food and protective value, are not sustained by his own and other researches. On the contrary they are finally contradicted by other equally noted authorities. They cannot be taken as even approximately true because of their limited scope and the numerous uneliminated sources of errors which have not been considered.

The chemico-physiologic effects of alcohol on the body are still a disputed field of study, and will be for a long time to come. Not until the chemistry of nutrition and the composite sources and production of heat and energy are better known can there be any very authoritative conclusions made concerning the action of alcohol in this field.

The recent advances of psychology which enable us to measure the sensory and mental activities of the body have turned attention to the possibility of studying the effects of alcohol on these lines with better results.

It is assumed that if alcohol is a stimulant tonic or paralyzant or a food in any way, even in small doses, its effects can be seen by external measurements.

In reality the heart, the temperature, the muscular activity, the senses, mental vigor, and general power of the body will accurately reflect the chemie and physiologic influences of alcohol on the body. Researches along this line have been made by many observers in this country and Germany during the past five years. A general summary will be of interest. The results have been singularly uniform and have opened a new field with new facts which give clearer meaning and explanation to the problem. A normal, temperate person is examined every day at a certain time to find what the average normal condition of his senses is. His sight, hearing, touch, taste, smell, also his muscular power, are measured. Then the person is given two ounces of ethylic spirits, and an hour after is examined again. This is repeated every day, only giving less as the susceptibility to spirits increases. The result is that in each instance his range of vision diminishes. If he could distinguish a letter an inch long twenty feet away, after the use of spirits it must be brought up to twelve or fifteen feet to be seen. His ability to distinguish colors is obscured or lost altogether. Red lines fade away or can only be noted close by. Forms and shapes of objects run into each other at a certain distance. This palsy of sight is brought out clearly in the testimony of drinking persons as to observed events. Thus, one man testified to an assault and the appearance of blood. In reality he saw two men who had been bathing; one was helping the other put on a red shirt. In another case a woman ironing at a window was supposed to be killing her husband. These statements were not made by intoxicated persons, but by men who had used spirits and were supposed to be normal and sensible in every way.

The changed expressions of the eye, often a prolonged staring, are significant of defective vision. The watery changing eye is also prominent. Persons engaged in work requiring precision of vision find a single glass of spirits seriously interferes with their work. A noted astronomer told me he gave up

all use of wine simply because it blurred his senses, and work done after using wine or spirits contained more errors.

Painters and photographers find from experience that all forms of spirits, even in moderation, disturb their color sense. Several very curious cases of color and sight defects have been noted which were followed by results more or less serious.

Every year a number of persons are killed accidentally by optical defects of drinking men who mistake them. Hunters in the north woods refuse to permit men to drink or carry spirits while hunting. The optical mistakes of users of spirits are dangerous.

The hearing is likewise diminished. Where a watch should be heard thirty inches from the ear clearly, after spirits are taken this distance is shortened eight or ten inches. Sounds of a certain pitch cannot be distinguished, and below a certain key are confused.

This defect of hearing is illustrated in the loud, changed voice of persons under the influence of spirits. They are deaf to their own voice, hence speak in a higher key. Some tones are recognized with morbid acuteness, and several questions have come into court concerning the capacity of drinking men to distinguish sounds correctly. Hallucinations of hearing are very common in drinking persons. The derangement of hearing, like that of sight, extends over a wide area, and includes many variable conditions, but by the usual tests are distinctly measurable.

The sense of touch is equally obscured. The power to distinguish heat and cold, rough and smooth surfaces; the point of a pin as one or two substances is all changed. In heat and cold both exaggerated and diminished sensibility are noted. The sensations of surfaces are often diminished at least one-third from normal. The sensations of heat are increased for a short time, then reduced, and react to cold sensations. This is seen in a more pronounced degree in the experience of men exposed in a cold climate, where spirits taken give a sense of increased warmth at first, followed by extreme coldness. The physiologic explana-

tion is the increased flow of blood to the surface and more rapid refrigeration.

The diminished muscular sense is significant. The actual measurement of muscular power before and after the use of spirits brings out the same facts of diminution of force, although the consciousness of this is wanting.

In taste the tests are made with bitters and acids. It is found that normally so many minims or drops to the ounce can be detected, but after spirits are used the quantity must be increased one-third to a half before it is recognized. This defect is noticed in the practice of tea experts and buyers who cannot determine the quality after the use of any form of spirits.

The same is noted in the abnormalities of spirit drinkers in matters of taste. At no time in these examinations did the senses become more acute, but always diminished from the first use of spirits.

The same test in the smell was made with odorous substances. The power to distinguish odor in health did not diminish so quickly as that of taste, but it remained longer. There were wide variations, and many veritable hallucinations. At first this diminution could not be measured and compared, as that of the other senses, but in the second and third experiments it became more and more prominent.

In all cases there was a marked change and slowness of recognition of odorous particles.

Thus in all the five senses a marked paralysis or slowing up and diminished acuteness followed the use of small doses of alcohol.

Farther experiments of the power of the muscles were made. Thus the normal capacity of lifting and pulling or pushing was found to be so many units of measurement. Twenty minutes after the use of spirits it was slightly increased, but sixty minutes later it was measurably diminished.

Thus the capacity to raise a weight twenty inches in health was lowered to fifteen inches after the use of spirits. The power to

pull five hundred pounds was diminished to four hundred or four hundred and fifty pounds forty minutes after spirits were taken.

This muscular paralysis is seen in the heavy steps, rude jostling, shutting doors with violence, shaking hands with unusual force, apparently acting in reckless disregard of others. The power of muscular discrimination is blunted and the drinker is unable to judge the force exercised.

In all this the delusion of ability to exert more force than ever is always present. This is illustrated often in the power of muscular endurance. Experience shows that no feat can be performed on the supposed strength of spirits. Muscular power and endurance is always seriously diminished by alcohol.

The action of spirits on the heart in these experiments yielded equally startling results. The number of beats was increased, usually running up eight or ten a minute, but always dropping down below the normal level. If at 80 in health, the alcoholic impulse would send it up to 90 in the first hour, but the next hour it would drop to 70, usually going below the health level as far as it went above.

This was in accord with other observations that the increased heart's action from spirits reacted, falling below the normal level after a time.

The temperature of the body showed slight fluctuations, always dropping down a fourth or a half a degree, sometimes even more than this, but never rising.

In cases of poisoning from spirits the lowered temperature of the body is often a marked symptom.

These experiments and measurements have been extended to the operations and functions of the brain, and are going on in several laboratories in this country and Europe.

One of the simple tests is on the memory. From cards and short sentences it is found that memory will fail in twenty or thirty per cent. of all experiments. After the use of spirits this percentage of failures increases to forty and fifty, and even a higher rate.



The ordinary inebriate on admission to my hospital usually shows 60, 70 or 80 per cent. failures. After two or three months this percentage will fall to half or less. This of course only indicates the improvement of this faculty; but the large percentage of failures of memory observed in any one who uses spirits can be tested in many ways, showing the same palsy noted in the experiments on the senses.

The rapidity of thought and time reactions is another test, showing the mental activities. By the aid of a battery and a clock work marking parts of a second, the time can be measured from the moment the eye perceives an object to its registration on a dial by the pressure of a button. This in hundredths or tenths of a second shows the time of the passage of thought. This in almost endless varieties can be used to show the quickness of sense and thought impression, and to state them in figures. Thus the time in health for the registration of sense impressions is three-tenths of a second. After the use of two ounces of spirits eight-tenths or a second or more is required.

If the time to express a thought thrown upon a canvas and registered by pressing a button be seven-tenths of a second, after using spirits it will be increased to double the time. Contrary to the common impression the rapidity of thought and the time to express it is slowed up always after the use of alcohol. This can be measured with accuracy and precision.

The experiments are carried on to more complete mental operations, one of which is to swing a ring suspended by a cord on a level with the head and have the person experimented on thrust a cane through the ring as it passes him. This requires clear sight, judgment of distance, and time most favorable to make the thrust, with control of muscles to act from the sense impression. The number of failures in so many efforts indicates the normal condition; the rapid increase in the number of failures shows the influence of alcohol on these mental operations.

Another experiment is to have the person run rapidly by the ring and try to thrust the cane in as he runs. This is a more

complex act, and the disability from alcohol is prominent and can be measured.

Another experiment is to blindfold a person and ask him to cross from one side to the other of a room on a given line and finally place his hand on a certain picture on the wall. This requires memory of the line and the direction and reasoning as to distance passed, and consciousness of the present position. The effort would be marked by a line on the floor. After the use of spirits the confused uncertain movement and changed direction would show the failure due to alcohol on the brain.

Another experiment, drawing a chalk mark on a black board between certain complex points, with the eyes closed, both before and after using spirits, brings out the same facts.

These experiments can be varied to include a great variety of mental operations, and to indicate the personal equation or natural ability and capacity of the man, also the changes which follow the use of alcohol, which are usually distinct and clear.

Along this line we are able to gather facts concerning the physical action of alcohol of equal accuracy to the revelations of the microscope on the dead tissue.

These are only the outlines of a new field that is scarcely yet entered upon. So far these experiments show, without exception, that the action of alcohol is that of a depressant anaesthetic or paralyzant.

The first few moments in some cases after the spirits are used is a period of irritation and increased activity of the heart, with a more rapid flow of blood to the brain. This is followed by what appears to be in some cases greater sensorial acuteness and increased activity.

This is only of short duration, often doubtful and always uncertain, followed by depression which begins when the spirits reach the general circulation. A minute and a half after the ingestion of spirits its effects have been traceable chemically, and physically in two or three minutes, by instruments of precision.

The palsy and slowing up of all the mental operations is constant in all experiments, only varying in time and degree; in some cases very prominent, and in others less so. This is confirmed by observations of inebriates who after using spirits pass through the state of excitement to one of depression and stupor. This is also illustrated on the operating table where the ethers of alcohol, such as sulphuric ether and chloroform are given, with their short periods of excitement followed by profound depression. It is the same physiologic and pathologic action, only varying in degree.

The normal man after taking two ounces of spirits shows diminished sensorial activities and lowered brain power, with appreciably lessened force, is at the beginning of the line at the other end of which is stupor and profound intoxication. The effect of spirits in all cases is that of depression and narcotism. The supposed stimulation is irritation, not increased strength and vigor. The relief from pain, discomfort, and fatigue which follows its use is narcotism. The sensory centres are lowered in activity and partly paralyzed, and do not register the danger, pain and fatigue symptoms.

There is another range of facts in this field of psychopathology which has only recently been noted. The new physiology points out that brain activity comes from the workings of clusters and groups of nerve cells, the dependence and connection of which must be exact, and, while complex, are changeable.

The highest normal state of health is a continuous association and disassociation of cell energy, with retraction and expansion of the dendrites. This movement is uniform and may be stated as the accumulation and liberation of nerve energy. The disturbance of this stability of nerve force is ill health, and the beginning of organic change, exhaustion and functional disturbance. Alcohol by its unaccountable affinity for nerve cell and tissue, checks, disturbs and breaks up this normal stability of the highest nerve function, namely, the uniform flow of the dynamic forces of the brain.

A study of many persons who use spirits shows palsy of the highest development of the brain, namely, the character and morals of the person. That faculty which is called consciousness, which determines the quality of acts and duty to others, is the first to show injury. The inebriate is always defective in this. The poison of alcohol seems to concentrate most permanently on the so-called moral faculties. These being the last formed in the growth of the body are the first to suffer from this poison. The palsy of sensory centres, with enfeeblement of co-ordination and ability to reason, gives some explanation for this change.

From this study of cases appear also brain fatigue and brain insensibility. The diminished sensory activities, with perversion of energy, which can be measured by instruments of precision, and the microscopical defects of cells and cell fibres, give conclusive evidence. Examples are numerous, such as the observations of inebriates who manifest extreme brain fatigue, exhaustion and instability, with a defective and palsied consciousness of right and wrong, duty and responsibility. No one can doubt that alcohol was in most cases the active cause, and, at all events, a large contributing agent.

Science has made it possible to go back from these chronic stages and trace the formative causes and influences up to the beginning, showing a progressive march of dissolution following a uniform line of cause and effect.

There is no chance or accident or so-called vice, in the delirious or palsied inebriate. It is literally the degeneration of cell groups and cell systems, and all their marvellous dendrites. It is the organic changes of function and structure that are manifest in the defective and changed conduct and thought of one who uses spirits.

In the chronic inebriate these facts will pass unquestioned, but in the moderate and occasional user of spirits they are unrecognized and doubted by all except a few scientific men.

On dogs, after the use of alcohol in small quantities the cell fibers and dendrites show changes. The cell walls and contents are altered, and the dendrites retracted. In men who have used spirits to excess, these defects appear only more prominently, together with a confusing mass of changes of tissue and fibrinous deposits in other organs. In man experiments show changes, particularly a uniform depression, palsy, and lowered activity of the senses, and functional disturbances; also grave alterations of the higher brain.

The conclusion is sustained by these and other facts, that alcohol is a paralyzant poison to all cell activity.

Beyond this a new field opens of pathologic chemistry. The inebriate is suffering from fatigue and starvation. The derangement and explosive liberation of nerve energy is followed by fatigue and the chemie changes of nutrition, the deficient oxidation of the blood, with defective assimilation and absorption of food, diminish both the supply and the proper digestion of nutrients.

The effete or waste matter accumulates and becomes the soil for the growth of many forms of germ disease. Acute inflammation of the lungs, kidneys and stomach, fibrinous plugs in arteries and veins, and many degenerations which end fatally are literally poison products, the result of chemie injury from alcohol.

Auto-intoxications describe many of these diseases, or rather special forms of dissolution, which have been termed by French authors as battles with germs and vital forces.

Physiologic chemistry has shown that alcohols are very complex bodies, differing widely in their effects upon the body, depending on the substance they are made from, the process of making, and changes from time and surroundings. Thus, alcohols from potatoes, from beet roots, from woods and other substances, differ in their intoxicating effects.

In a series of laboratory experiments on dogs by Heunetze and Audige of France, it was shown that ethylic spirits from

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grapes was the least intoxicating, and potato spirits the most so; that methylic spirits from potatoes, beet roots, molasses and other substances were noted for their intense depression of temperature and all functional activity; also for their tendency to produce convulsive phenomena. Other classes of alcohols, such as propylic and amylic, have a special tendency to produce congestions and hemorrhages. They also show that certain alcohols isolated from others, or combined, were paralyzing to nerve cells and all vital tissue. Others were chemic corrodors, producing disorganizations, congestions and breaking down organized tissue. Others, particularly from fatty bodies, such as oils and glycerine, were convulsive and explosive in their toxic action, and others were intensely narcotic. They proved that these alcohols might be formed naturally by chemic processes or by combination of different substances. It was suggested that in the process of research the phenomena of intoxication would indicate the form or kind of alcohol used.

The conclusion is that the spirits used as beverages are the most uncertain, dangerous compounds possible, and were it not for the common adulteration by water and harmless coloring matters, the injuries from such drinks would be immensely increased.

A second conclusion seems to be supported by all the facts of the latest investigations, namely, that alcohol as a beverage is an exceedingly dangerous one, and that the terms stimulant and tonic given to its various combinations are not sustained by critical inquiry.

On the contrary, the negative evidence is overwhelmingly against these terms. Its use in medicine as a solvent is seriously questioned by many pharmacists, who claim better results from other agents. The facts up to the present time show that alcohol is of the class of narcotics and anæsthetics, of which sulphuric ether and chloroform are the refined products. The physiologic action of both is the same, only varying in degree.

The suspension of sensation and the diminution of all the higher activities follow the use of alcohol in all cases, only it is probably very transient and not observed. From the temporary excitement and anaesthesia of alcoholic ethers, back to the effects of small doses of ethylic alcohol the symptoms are identical. No one can predict what more exact observations will reveal; but the evidence is unmistakable that alcohols are anaesthetics and narcotics. The ethers of alcohol have already revolutionized medical science and practically marked a great advance in the march of civilization. Sulphuric ether, chloroform, chloral, paraldehyde and other anaesthetic compounds are only the beginning. In the coming century others equally valuable will be found. At present the defence of crude unknown alcohols, as beverages, in the drinks of the present time, is a strange delusion. Its use as a stimulant and tonic in medicine is without support in the facts of modern research.

A few pioneers have crossed over into this realm of the action of alcohol on the brain and body. They have clearly outlined a progressive march of dissolution and disease which follows from the use of alcohol. They are mapping out the wide stretches of exciting and contributing causes and conditions of life and living, and tracing out the means of prevention and restoration. The continuous use of alcohol is a disease, which goes down along a uniform line of beginning, progress, development, and decline.

The same exact reign of law which evolves the simplex into the complex, and the lower into the higher, the weak into the strong, goes on in a descending scale.

The user of alcohol is on the road to dissolution, functional, organic, physical and mental. There may be halts and retracing of steps, but the movement is ever onward.

The damaged cells and cell clusters never fully recover. Their chemie and nutrient stability has become impaired and, while the remaining cells carry on the burden of life, the vigor

and longevity are lowered. From henceforth they are in the army of the "unfit" who are "crowded out and driven out."

Psycho-pathologic and new microscopic researches are constantly narrowing and dispelling theories of the use of alcohol, both as a beverage and medicine. They are also widening and enlarging the bounds of exact knowledge, indicating that the ethers of alcohol, with their anaesthetic action, are fields of inquiry which promise the greatest triumphs of medical science.

The problem of alcohol, in all its varied aspects can not be settled by the revelations of the microscope or the experiments of the physiologic chemist, or from the gathering of statistics and their teachings, or the so-called medical experience of the past, or the confusing theories of moralists and reformers. All these fail, and give only faint intimations of the great dark continent of laws and forces whose results we measure by the terrible mortality, losses and injuries which follow from the use of alcohol.

A number of persons have begun, and are carrying on researches privately. I have for over twenty years been studying heredity and the physical causes of the drink craze in my private hospital.

Another study has been pursued for years on the insanity of the drink craze, and another is confined to the effects of nutrition on the brain and nervous system.

In Europe a number of special studies are being made on spirits and their actions on certain parts of the body. Also on the physiologic influences which are present in all cases. Very few of these persons have ventured dogmatic conclusions or published any very authoritative facts. This is of great significance, indicating the rapidly growing interest in this tremendous alcohol problem. The time has clearly come for medical men to take up this subject, and to lift it out of the realm of theory.

Accurate clinical observations at home will open up and reveal many of the facts which are now practically a sealed book.



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## An Appreciation of Pryor's Method of Removing the Fibroid Uterus by the Abdomen, with Report of Ten Successive Successful Cases.\*

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*By A. Laphorn Smith, B. A., M. D., M. R. C. S. England.  
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Professor of Clinical Gynecology in Bishop's University;  
Gynecologist to the Montreal Dispensary; Consulting  
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Surgeon to the Western Hospital, Montreal, Can.*

Twenty years ago he was strongly opposed to the operative treatment of fibroids on account of the high mortality then prevailing among the best operators. Ten years ago he became a strong advocate of Apostoli's method of treatment by electricity by which he has cured the hemorrhage permanently in sixty-three out of a hundred and two cases in ten years. Eight years ago Price lowered the mortality enough to induce him to operate in certain cases with the *serre noend*. Baer farther reduced the mortality and he adopted his method and operated oftener. Three years ago Pryor perfected an ideal method which made almost no mortality and which he (Laphorn Smith) has adopted and to which he gave the preference over all other treatment in every case of fibroid suffering enough to consult him. He claimed that he had acted consistently throughout, being guided by the one test question, "What is the mortality?" In his last ten successive cases, seven last and three this year, all had recovered. Therefore the operation is now almost devoid of danger while it was absolutely effective. Pryor's method is by far the best and to it was due, he believes, his absence of mortality

\* Read before the American Gynecological Society, at Washington, May 1, 1900.

in these ten cases. The great advantage of Pryor's method is that we begin on the easy side and after securely tying the ovarian, round ligament, and uterine arteries and separating the bladder, we cut across the cervix and roll the tumor out, thus obtaining plenty of room to tie the arteries from below upwards. Another great advantage of this method is that there is much less danger of injuring the ureters. This accident is most likely to happen on the most difficult side where the tumor fills all the space between the uterus and the wall of the pelvis. But it is precisely on this side that the tumor is dragged away from the ureter while it is being rolled out and by the time that it becomes necessary to cut anything on that side, the ureter is at least two inches away and quite out of danger. But Doyen's method has this advantage on both sides because he pulls the tumor off the bladder and ureters and from the first he is getting further and further away from the bladder and ureters. But Doyen's method has the great objection of opening the vagina and thereby increasing time of anaesthesia, loss of blood, the risk of infection besides the aesthetic one of shortening the vagina. The author lays even greater stress than Pryor does upon the importance of feeling for each individual artery and tying it before cutting it and then putting a second ligature on it as the first one may loosen after the tension of the tumor has been removed. He also strongly advises chromicised catgut prepared by the operator himself, or else red cross cumol catgut prepared by Johnson of New Brunswick, N. J., which he has found reliable. Besides the six principal arteries there are two small arteries which require tying on each side of the cervix. There is no need of disinfecting the stump beyond wiping away the little plug of mucus; but the cervix should be hollowed out so as to make an anterior and posterior flap which are securely brought together before sewing up the peritoneum. The omentum if long enough should be brought down to meet this line of suture, thereby preventing the intestines from sticking to it or the abdominal incision. The author is opposed to leaving the ovaries and tubes

although he admits that in young women by so doing it diminished the discomforts of the premature menopause. But in the majority of cases the appendages are diseased and we run the risk of the whole success of the operation being marred by leaving the organs which sooner and later will cause more symptoms than did the fibroid itself. His experience of leaving in ovaries or parts of ovaries have been most unfortunate, having received no thanks for his conscientious endeavors but a great deal of blame for having failed to cure the pain which in the patient's estimation was more important than the tumor.

He was also opposed to myomectomy; the operation was quite as dangerous as hysterectomy; there was very seldom any reason, for most of the women who have fibroids being either unmarried or at an age too advanced to raise children to advantage or having passed the child bearing age. After submitting to such a serious operation the patient has a right to be guaranteed against a second or a third one for the same disease. So many women have been disappointed by these incomplete or so called conservative operations that their friends who really could be cured by an operation hesitate to undergo it. He would make an exception of course in case of there being apparently only a single polypus no matter how large or a single pediculated superitoneal tumor.

He held the opinion that all fibroid uteri should be removed as soon as discovered because the woman with a fibroid is liable not only to the hemorrhage which may be great but to the reflex disturbances of digestion and circulation. Besides every day it grows its removal is becoming more dangerous and the chances of its becoming malignant are greater.

He was opposed to a preliminary curetting because it was unnecessary and second, because when done it was seldom done effectually; having examined fibroid uteri immediately after removal which had been curetted just before, he had found only about a twentieth part of the uterine mucosa removed.

He was strongly opposed to morcellement which is not to be compared with Pryor's method. It is more dangerous, much more difficult and keeps the patient a much longer time under the anæsthetic. The operation is carried on in the dark and the ureters are frequently wounded with complications such as adhesions of the vermiform appendix and tears of the intestine which are easily dealt with by the abdomen and the patient in the Trendelenburg posture are almost impossible to manage when working from the vagina. Moreover nearly all women with fibroids are nulliparous and the vagina is consequently narrow; they are nearly all elderly and the passage is consequently inextensible. No more suitable class of patients could therefore be chosen for this most difficult vaginal work. The author strongly advises the closure of the abdomen with through and through silk worm gut sutures left for three or better still four weeks. If not tied too tightly and if dressed with boracic in abundance the one dressing or at most two will suffice from the beginning of the case. Besides they can be passed very quickly and thus save ten minutes in the duration of the anæsthesia.

AUTHOR'S ABSTRACT.

Montreal April 24, 1900.

### Sessions of the Army Medical School Discontinued.

It is understood that the great need of medical men in the Phillipines will prevent the re-establishment of sessions of the Army Medical School at the Army Medical Museum during the coming winter. The course of this school was calculated to supplement the training given by the medical colleges of the country and was of the greatest value in giving systematic instruction to young medical officers in various subjects, particularly military medicine, surgery and hygiene, and in organization and army regulations, which they otherwise learned only through long experience. It is much to be regretted that the needs of the service will not permit a resumption of the sessions of the school at the present time.—*Boston Medical and Surgical Journal*.

## “Useful--Fully Used.”

*By Giffard Knox, M. D., Westfield, N. J.*

My old preceptor, Dr. Almon N. Allen of Pittsfield, Mass.,—leading practitioner of Western Massachusetts and Eastern New York State, forty years ago—used to say :

“Useful medicines should be fully used.”

If it is in order to create aphorisms in this year of grace, there is a good one. The trouble with us is that useful remedies are not always fully used. Another aphorism is, “Good as far as they go, but they do not go far enough.” Why? As George Francis Train says, “For the in-do-mit-a-ble reason that they are held in while they are being whipped and spurred.”

For instance—and two illustrations will be enough—Clutterbuck’s elaterium and Sander’s eucalyptol.

(I distinguish both by name for the reason that there is—properly speaking—but one elaterium and one eucalyptol.)

Now, elaterium is useful for dropsy. Used for dropsy. Used well. But why stop there? It should be used fully. As a cerebral revulsive it is not surpassed. It is fully the equal of ergot. Combined with ergot for cerebral congestion, it is, it seems to me, a practical specific. Useful,—and not used fully.

Then there is eucalyptol. Much used, much vaunted for catarrhal affections of the broncho-pulmonary and gastro-intestinal mucous membranes. Very useful indeed, and the adaptations are made all along the line. So used, and so useful. But go further.

Do you realize that for strengthening the heart it is of the utmost value?

What do I mean by that? If you want to drive me to profanity, ask if I mean a “cardiac tonic”? Not at all,—that is, not as we commonly employ the term. It would sound better to say “cardiac alterative.” That is, it puts the heart in order.

Strengthens it in its very tissues. Makes it capable of doing its level best. And then—sees to it that it attains that level, and accomplishes that best.

The question will, of course, arise as to whether it will not induce a tetanic state of the heart-muscle? It will not do anything of the sort, and will not have any action of allied character. It is dependable. Useful? Then why not fully used?

The materia medica has possibilities undreamed of. Eucalyptol might be utilized in various other ways. The trouble is that we do not get acquainted with our best friends—in the materia medica.

No paradox about that. We can meet any day with practitioners who use Londonderry lithia water for “that uric acid diathesis,” and who never realize that with it they can remedially accomplish several other things quite as well, if not better. Lady Webster’s dinner pill we all know to be delightfully post prandial, but we fail to appreciate it for “wind on the baby’s stomach,”—as a carminative. It is just the same about Sander’s eucalyptol. Many fail to make proper use of it because they are not disposed to get acquainted with it. It stands us in hand (that is a Down East expression that you Hoosiers may not understand!) to fully use this—and many another—useful medicine. We have not departed very far from the panaceatic days of the fathers and gran’thers, when we set a drug to doing a single thing, and leave undone many another thing that it can accomplish as well, if not much better. Is this the proper spirit?

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## **EDITORIAL.**

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### **The Doctor and Politics.**

It seems to be a pretty general opinion that the doctor should keep aloof from all political matters. To the great majority, medical men are on the outer edge of everything concerning human living and every-day life, except disease.

All matters pertaining to health and its maintenance comprise the province of the physician. Beyond the confines of the human body and its deviations from normal he cannot go without bringing down about him storms of disapproval and criticism.

Now this ought not to be so. Are we less capable than ordinary men? Have we not the essential capacity to grasp the questions of the day? Are we not as open to conviction and as

able to defend our views as other men? Certainly we ought to be, and if any class on earth should possess the necessary attributes to take a leading part in solving the economic questions of the community, it is the medical class. Every medical man irrespective of his ability as a physician or surgeon, from the discipline of his training and work, is far above the average man in intelligence and mentality. The light in which he sees humanity gives him a knowledge of human beings possessed by no other class. He *knows* the people with whom he comes in contact and because they realize that he knows them, they unconsciously hold him in respect. This is only natural, for the people who have the confidence in a physician which leads them to entrust their personal case in his care, are bound to have confidence in his ideas generally. Hence if the physician sees fit and is a broad, honest man with a reputation for these characteristics, he has it in his power to mould public opinion to no little extent.

But the profession itself is to blame for the little influence held in public matters. We all have felt that even to declare our politics would hurt us in our practice in certain quarters, and for us to engage in political controversies was a sign of little practice and a confession of weakness and depravity. As a consequence, medical men have had less influence in shaping public questions than any other class. In matters of legislation we have had no voice and it is only recently that the people through enlightenment and the efforts of a few courageous physicians have come to realize that certain medical questions bear an important relation to the State. In plain every day language we have shunned our duty and neglected our opportunity. Assiduously and for selfish motives we have kept ourselves "on the fence" and the ultimate result has been detrimental to our professional interests and manhood. We have decried the open battle of politics but have kept up a guerrilla warfare among ourselves. Therefore, because of the ridicule and contempt to which we have exposed ourselves



through lack of political decision and courage, we have not the influence, personal and as a class, which we ought to have by right of mental fitness and numbers. The blame rests nowhere but on ourselves.

It is not necessary for us to go into ward politics to develop influence. We do not need to become politicians in the common acceptance of the term in order to show our position. But when a public question arises we can express our opinion openly and candidly. We can give the matter thought enough to form a conclusion on the merits of the question and defend our opinions whenever the necessity arises.

Men will know where we stand and respect us accordingly. A few may taboo us because of our differing from them in political matters, but the intelligent class will measure our worth both as men and physicians, by the force of character which we demonstrate in standing by our honest convictions.

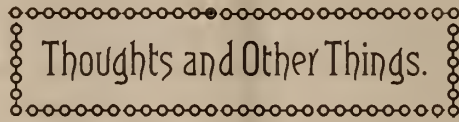
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## Urticaria.

Several varieties of this disease are mentioned by David Walsh in Gaillard's Medical Journal for April.

He states that the treatment may tax all the resources of the physician, and in all cases we should search diligently for the cause. Disorders of digestion, certain articles of diet, certain drugs, the underclothing, cold and other things may be at the bottom of the attack. So the treatment may vary from salines to curreting the uterus. Atropine subcutaneously in 1-100 grain doses, cautiously increased is worth a trial. Locally warm alkaline baths are useful. In general, antiseptic, astringent and evaporant lotions and baths are preferable to ointments.

—*Charlotte Med. Jour.*



## Thoughts and Other Things.

**Nagging.**—A young woman recently murdered her paralytic aunt because she said “she nagged the life out of me, quarreling, quarreling from morning to night. For years every mouthful of food she ate I fed her. I had to undress and put her to bed, and all I received was abuse. It drove me crazy. Goaded to desperation, and not realizing what I did, I killed her.” The nagging spirit which we so often see in households does more harm in destroying domestic comfort and happiness than any other evil. The husband nagging the wife, the wife the husband, and both the children, shuts out sunshine and turns what should be a happy home into a hell.—*Interstate Med. Jour.*



**The Practice of Medicine.**—How few young men engaged in the study of medicine realize or anticipate what the practice of their profession will bring to them. The whole energy of the average medical student is directed toward gaining his coveted degree. And with this one goal in view he worships at the fount of medical knowledge, totally oblivious to the burdens, obligations, disappointments and dangers which the doctor of medicine is obliged to encounter.

It can be asserted with a great deal of certainty that the great majority of the large number of young men who are taking up medicine to-day little know what lies before them. Most of them have a superficial and erroneous idea of the possibilities offered in the practice of medicine and so choose the career of the physician as the easiest and surest road to success. This accounts for the well-known fact that the percentage of substantial successes is smaller in the practice of medicine than any other profession man can engage in.

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The bulk of medical graduates enter upon their chosen calling woefully handicapped. Not necessarily in knowledge, because modern medical laws entail a certain standard of knowledge before they can begin their work, but they anticipate an easy time for the rest of their life and before they know where they are at, they meet a proposition far beyond their enthusiasm, courage or natural ability. If they are intelligent they find that the practice of medicine entails work not alone in the direction of taking in the shekels, but along the line of self-development and the acquirement of personal knowledge. To work thus requires a love for the science of medicine which few men ever possess. Then again they find that the utmost tact and diplomacy are requisites of the greatest importance and since the disposition of the average young man is incompatible with these factors of medical success, another avenue of failure spreads before them.

And so on, countless other truths about the practice of medicine might be quoted which are never anticipated until met, and all of which narrow and obstruct the real and only road to medical success. But to enumerate them is not necessary. We all find them out soon enough, and in every community are a number of medical graduates who have had the good sense on finding out the real demands on the medical practitioner, to forsake a calling for which they were not fitted and go in to others offering wider and surer opportunities for success. And it is almost needless to further add that every community has a still larger number of medical graduates who lack the sense which ought to tell them that they are unfitted for the calling they attempt to pursue. They are content to plod on, subsisting from day to day and performing their work mechanically and—that is all. The same plodding work in almost any other calling would give them far greater returns economically and their lives would be cast in far pleasanter channels.

Eliminate these two classes of medical graduates and you have left a small class of men who can rightfully be termed successful practitioners of medicine. They are men of tact and

broad judgment. They love the science and practice of medicine not as a means of livelihood, but for the opportunities it gives them to pit the best that is in them against obstacles, to fight for the weak and oppressed, and above all to search through Nature's store-house for the wonderful truths hidden away from the sight of most mortals. And these men know how sweet it is to be seekers of Nature's truths. They know the charm of seeing things in God's handiwork which the mass of humanity has no conception of. To such as these the practice of medicine is their life, a symphony of good deeds, sound knowledge, the advance of science and a thorough appreciation of the universal brotherhood of mankind. As for the others—those who are content to only exist—they live in vain. They leave the world no better than they found it and their passing brings no pang of regret. Young men who enter the medical colleges of our land should consider the class of medical men to which they will belong by virtue of their natural ability, their personal desires and their capacity for work. A little careful thought thus early will save many a useless and wasted life.



## MEDICAL ABSTRACTS.

**The Deterioration of Brandy.**—It appears that the decline in the popularity of brandy is not without good reason. At the congress at Blackpool, Sir Charles Cameron, who, with Professor Smith, has made a complete study of the subject, has declared that no modern brandy contains the pure alcohol and other products which were the cause of its recommendation by an older generation of medical men. The reason is curious. Since the appearance of phylloxera in France the production of wine has fallen from about twelve to one million hectolitres. Yet the same amount of cognac is placed upon the market. In Spain alone, where the old-fashioned methods prevail, is the quality of the brandy maintained. It will be interesting to observe if the publication of Sir Charles Cameron's researches has any appreciable effect on the Spanish wine trade.—*London Globe.*

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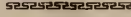
**Puerperal Convulsions.**—Subcutaneous or rectal injections of normal salt solution will save life. A hot salt solution thrown into the transverse colon had the most instantaneous effect on a convulsed patient I ever saw.

She had been in convulsions for four hours, and after using the hot salt water (one-half gallon), her kidneys acted, she began to sweat profusely, relaxation was complete, the strain taken off the nerve centers, and the lady was restored to her family and to-day is a happy wife and mother.—DR. JNO. F. WATSON, in *Med. Jour.*

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**Cure for Opium Habit.**—The opium habit prevails among Europeans in the East to an extent which is appreciated only by those who are brought into contact with its victims. In view of this fact, the announcement by McLeod, of Shanghai, that it is possible to cure the habit by the administration of so-

dium bromide, is indeed welcome news. He gives the drug in two doses of two drachms, in solution, every two hours for the first two days, and one drachm on the third day. Two ounces in all will probably suffice in most cases.—*Med. Times*



**Intra-aural Application of Chloroform in Trigeminal Neuralgia.**—By S. C. BOSE. (*Indian Med. Rec.* XVIII, No. 1, p. 13.)

The author describes the method of application as follows:

“Taking two small pledgets of cotton wool, which I soaked with chloroform and then wrapped up separately in more cotton wool, I placed them just inside of the external auditory meatus. In about 30 seconds the patient complained of a burning sensation, and as this increased the headache decreased, and in another 30 seconds disappeared for good.”

With the aid of his assistants, the author succeeded in curing over 500 cases of trigeminal neuralgia by this method. He gives the detailed histories of 18 cases.

In conclusion, the author states that his own experience of the effects of chloroform teaches him:

1. That it rarely fails to give even temporary relief, and only twice aggravated the pain.
2. That it is only a palliative in neuralgias due to fever or dental caries, and in some cases of inflammatory origin, but it is a curative in very many cases of inflammatory, reflex and inexplicable origin and in cases due to anemia, insomnia, and exposure to the sun or to cold.
3. It removes all manner of uncomfortable sensations from the trigeminal area, and is probably the best remedy for neuralgias in neurotic persons who cannot bear internal medication.
4. As one application usually suffices to cure pain that has lasted from a few hours to a few weeks in over 50 per cent. of head and face aches, it ought, I think, to be the first remedy to be tried in all such cases.

### Mercuriol in the Treatment of Gonorrhœa.

—At a meeting of the Genito-Urinary Section of the New York Academy of Medicine, held on the 21st of March, Dr. Ferd. C. Valentine reported a case of acute gonorrhœa treated by mercuriol irrigations. The patient was an American, aged 32, married, the secretary of a corporation; and was unusually anxious to get well with as little loss of time as possible. He had had several previous gonorrhœas, resulting in stricture. On January 21 last while inebriated he had coitus extra domum. Three days afterwards he found a free yellowish discharge, with the usual pain on urination. He at once put himself under treatment, and for ten days was irrigated regularly with mercuriol, for a part of the time twice a day. Discharge was reduced from a clear yellow to a slight pinhead drop by the first irrigation of mercuriol, 5 per cent. and the urine became clear. Microscopic examination of a specimen of the discharge, which was taken on the first day, showed numerous gonococci characteristically grouped in pus cells. Two days later, after the fifth irrigation, the gonococci were found to have disappeared. A burning sensation was experienced after the irrigations, but the strength of the solution being reduced, the pain gradually became less, and ultimately ceased. While he did not present the case as absolute proof of applicability of mercuriol as a gonococcide, he thought the results obtained were sufficiently satisfactory to warrant further tests. The preparation, he added, was a new one prepared by Dr. Karl Schwickerath of Detroit.

Dr. Ramon Guiteras said mercuriol was being used at the New York Post-Graduate Hospital. The treatment was less drastic than that described by the reader of the paper, the custom at the institution referred to being to commence with small dosages and gradually increase their strength, especially when new preparations were being experimented with. In the case of mercuriol they had commenced with as mild a solution as one-half per cent. and finding favorable though rather slow results, they had gradually increased it, until now a solution of 2 per

cent. was given to all patients who presented themselves at a clinic devoted exclusively to this mode of treatment, of which Dr. Otis K. Newell has special charge. He (Dr. Guiteras) was not sanguine about the discovery of a germicide which would cure gonorrhoea in the brief time their unprofessional brethren with their remedies claimed to be able to do, but on the other hand he did not wish to be regarded as a pessimist, and if mercuriol proved to be as much of an improvement on protargol and argonin as they had been on permanganate and nitrate of silver, it proved at all events that they were progressing along the correct lines.

Further reports of experiments in progress with mercuriol are to be given at future meetings.

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**Ophthalmia Neonatorum.**—If there is the least suspicion of gonorrhoea in the parents, or if there is present at the time of delivery any profuse discharge from the vagina of the mother, it would be well to drop a few drops of a 2 per cent solution of nitrate of silver into the eyes, according to Crede's method. Prof. Crede advised this plan in all cases, but such a radical procedure seems cruel and uncalled for in private practice, at least where there is no special indication for such extreme precautions. Such a plan would probably be appropriate and admissible among the poorer classes in large cities, or in maternity hospitals, where the liability to disease of this nature predominates, but to make it a universal rule would (with all respect to this eminent teacher) be unnecessary, to say the least, in private practice among the better classes; moreover it would cause inflammation in many eyes which would otherwise have been healthy. The physician must not ignore the fact, however, that it is always possible for parents, no matter how high their station in life may be, to be victims of venereal disease, and he must be on the alert to detect it, and then adopt proper measures to prevent it being communicated in child-bearing. These cases that occur among the well-to-do are the ones that usually catch the physician off his guard, as it is the unexpected that so frequently happens.—Day in *Pediatrics*.



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## Treatment of Acute Croupous Pneumonia.

BY J. M. FRENCH, M. D., MILFORD, MASS.

The origin of this paper was a circular sent to the thirty-seven members of the Thurber Medical Association, asking them for answers to twelve questions in regard to their methods of dealing with the various conditions met with in cases of acute croupous pneumonia. The object of the paper is to present a brief summary of the thirty different answers received.

1. Do you believe it possible to abort, jugulate, or break up pneumonia in its early stages? If so, what means do you use for this purpose, and with what success?

The answers to this question have been classified as follows: Negative, 19; affirmative, 9; doubtful, 2. Of the negative answers, twelve are without qualification. One does not believe it can be aborted, but thinks it possible that the course of the disease may be favorably modified, and perhaps shortened, by blood-letting in properly selected cases. Another thinks that possibly prompt and vigorous treatment may lessen some of the severe conditions. Three assign as their reason for a negative reply that pneumonia is a self-limited disease.

(A collective investigation report, read at a meeting of the Thurber Medical Association, Milford, Mass., December 7, 1899.) Appearing in Merck's Archives for January.

Of the two replies classed as doubtful, one says: "There are many cases which do not develop beyond the first stage, but I question if drug treatment is to be credited entirely for early termination."

The views of affirmative voters are represented by the following replies: "Occasionally it has seemed to me that the trouble was arrested in the congestive stage, before consolidation had taken place. Local applications of heat, small half-hourly doses of aconite, and a small opiate at night have been my usual means." "I believe pneumonia can be aborted in a very few cases, while the lung tissue is yet in the congestive stage. For this purpose I use morphine, phenacetin, and the bromides, with local applications when there are pleuritic pains." "Notwithstanding contrary opinions in text-books, I must say that I believe that I have broken up pneumonia by pilocarpine, sweats, and active purgation." "Yes. Aconite or dosimetric trinity, with cathartics and counter-irritants. If taken early, it can often be done."

2. What is your practice with reference to local applications, such as blisters, mustard plasters, poultices, liniments, and the cotton jacket?

The answers show that local applications of some kind, and at some stage of the disease, are used by all. Counter-irritation in some form, in the congestive stage of the disease and in pleuritic complications, is employed by twenty-two. Of these, twelve use mustard plasters in the first stage, while the remainder depend chiefly on various stimulating and anodyne liniments and other similar applications. Three mention the use of blisters in the later stages, or in cases of delayed resolution. Sixteen use poultices more or less, usually of flaxseed; some as a routine measure, others only when they regard them as specially indicated, or when competent nurses are at hand to attend to their proper application and renewal. Two report that they never use poultices. The pneumonia jacket, made usually of cotton, but in a few cases of wool, is largely in favor, being used by twenty-

six, mostly in the second and third stages, but sometimes in all stages, and in four instances to the exclusion of all other local applications.

3. What rules do you make with regard to diet?

The majority favor a light and liquid diet. Several mention that they feed liberally, while others caution against overfeeding. A few give solid and semi-solid food in mild cases. Among special articles of diet, milk is easily the favorite, being mentioned by more than is any other article. Malted milk, milk and eggs, eggs alone, peptonized milk, meat broths, gruels, and beef juice follow in about that order. One or two mention toast, raw oysters, coffee, junket, rare beef, beef tea (only one mentions beef tea, the favorite of our fathers), egg-nog and water.

In regard to the amount of food given and the intervals of administration, only a few give definite rules. One says he gives 1 or 2 quarts of milk in twenty-four hours. Several specify "little and often." One, more definite than the others, says: "At intervals of every three hours, milk, sometimes peptonized, is given, about 8 fl. oz. each time. The white of an egg is sometimes added to each glass of milk. If milk disagrees, or disturbs digestion, then gruel or, more reluctantly, broth is given."

4. What means do you rely upon to sustain the heart?

The almost universal favorite for this purpose is strychnine, which is mentioned by all but two. Several give this from the first, and use other remedies when indicated, or as the case advances. Three mention no other drug for this purpose. As to doses, only one specifies definitely—1-30 to 1-20 grn. every two or three hours.

The remedy next in favor is digitalis or digitalin—fifteen use digitalis, presumably the tincture, while five favor the glucoside, digitalin. One admits that he has seen no good results from its use. Some begin its use with the stage of consolidation, others when signs of a failing heart appear. Eleven use whiskey, brandy, or some form of alcohol, and eight rely upon glonoin or nitroglycerin. Those who specify the conditions generally use

these remedies at the crisis and in emergencies. Three use aromatic spirits of ammonia, one ammonium carbonate, two the Da Costa tablet of digitalis, strophanthus, and strychnine, and one each mentions cocaine, quinine, and chloroform. One relies upon food and strychnine.

5. What remedies do you chiefly use to reduce high temperature?

Thirteen use aconite, aconitine, or veratrum, either alone or guarded by strychnine and digitalin. Sixteen mention various coal-tar antipyretics, as phenacetin, acetanilid, and antipyrine, in the order named. Several emphasize the need of care in their use, and some guard with heart tonics. Five are opposed to the use of the coal-tar antipyretics. Ten mention quinine as one of the drugs upon which they rely. This is favored by more than any other single drug. Fourteen rely to a greater or less extent upon cold sponging, ice bags, or some form of cold applications. Of these, eleven favor cold sponging. One does not meddle with the temperature, and two do not meddle with it unless it runs high—one says to  $103.5^{\circ}$ , the other  $104.5^{\circ}$ .

6. What is your practice with reference to expectorants and cough remedies?

Expectorants as a class are not favorites with the members of the association. Five never use them; twelve do so but seldom, and then only as a matter of form, or to please the patient, but do not themselves place much dependence in them. Two use them sometimes, but have no rule. Of the whole number, only three speak favorably of their use.

Of the drugs which are mentioned as being sometimes of service in quieting cough or favoring expectoration, five use codeine, three morphine, and one Dover's powder, a total of nine for opiates. Five use ammonium hydrochlorate, and four ammonium carbonate. One sometimes uses small doses of whiskey. One depends upon codeine to allay cough, and potassium bichromate to clear the mucous surfaces; and one uses emetin with codeine, which combination he claims quiets and relaxes,

but does not disturb digestion. Of the agents used, the opiates come first, and the ammonium salts next.

7. Do you ever bleed in pneumonia? If so, when and with what results?

Twenty-two have never bled, but eight of these are favorable to doing so in sthenic cases. Six have bled in one or more cases, and the results generally have been favorable. One has bled twice with excellent results, but generally obtains the same results from cathartics.

8. What is your practice with reference to opiates?

Five use opiates but seldom, two when necessary, one very cautiously, two as little as possible, one believes in their judicious use, and two use only codeine, while the remaining seventeen use them when needed to relieve pain and cough, produce rest and sleep, and promote the comfort of the patient. Of the eighteen who specify some particular opiate, one names simply opium, one Tully's powder, four codeine, five morphine, and seven Dover's powder. The general tendency is to a sparing but judicious use of opiates; not as a routine practice, but when specially indicated.

9. When and to what extent do you use alcoholics?

Six use alcohol in some form as a routine measure in all or nearly all cases. One of these says: "I push alcohol from the first." Another, "I always use whiskey every two hours from invasion to crisis, in tablespoonful doses." A third uses whiskey in  $\frac{1}{2}$ -fl. oz. doses every one, two, or three hours. Twelve do not use it in all cases, nor as a routine measure, but do use it in certain stages, as at and following the crisis, or when indicated for certain symptoms, as heart-failure or a flagging pulse. Some of the answers in this class are as follows: "I rely upon alcoholics to support the heart when this organ shows signs of weakening. The dose is governed by the effect produced. I have seen remarkable results practically from their use." "To tide a patient over a critical point, use them heroically." "Only in threatened failure of the heart." "Freely, if indicated late in the

disease." "In regular mild cases, none. In old drinkers, use freely. In feeble, elderly patients, kola or coca wine, small frequent doses, carefully watched. If it increases cyanosis, stop."

Eleven use alcoholics but seldom. Some of the answers in this class are these: "Use alcoholics but rarely and rely upon them less." "Never as a routine measure. Never as a stimulant. Only in a small proportion of cases for any purpose. When used, it is usually either to relieve cough and restlessness, or in hopeless cases to favor euthanasia." "Never, if possible to satisfy the family without." "Only when ordered by consultant, and then against my own judgment. No good results." One answers by the single word, "Never." Two mention that they use alcoholics less than formerly.

10. Do you ever use the cold bath, or local applications of ice to the chest?

Fifteen answer "No"; six say "Yes"; four use the cold bath or cold sponging; five have used local applications of ice in some cases.

Following are some of the individual answers: "Yes; with good results in vigorous patients." "Have used cold sponging judiciously with good results." "No; the only way ice can influence pneumonia is by reducing the temperature. I do not believe its application to the chest will influence the disease per se." "I have used a pack of snow in a pillow-case to the affected side in one case in its incipency. The process went on just the same, nor could I see that the patient was better or worse, except that there was immediate relief from pain." "Yes; I use an ice poultice if there is much blood." "Yes; but often meet with opposition from the friends of the patient." "In sthenic cases, the ice-bag will often relieve pain, if allowed by the friends of patient." "Never do use, and do not rationally believe in such management." "No, because public opinion is, I think, against the use of ice, and I doubt if there is a patient in this locality that would submit to it."

11. What other special methods do you use?

12. What peculiarities or strong points in your treatment?

The answers to these two questions may perhaps best be considered together.

Several prefer the alkaloidal treatment. Four use oxygen by inhalation when the respiration is embarrassed. One of these, however, frankly admits that he has met with poor success in its use. A number emphasize keeping the bowels open with calomel, in small doses, and salines. One relieves dyspnea and pleurisy at the crisis by the inhalation of chloroform. One insists on an abundant supply of fresh air, and keeps his patients flat on their backs in bed until strength is regained, especially in the aged. Another says: "Never give up until pulse and respiration stop. Don't be forever disturbing the chest to satisfy your curiosity rather than be of benefit to the patient. Keep good, cool air in the room." Another favors "a trained nurse, absolute rest for the patient, regular diet, and hypodermic medication as much as possible."

In considering this paper, it must be borne in mind that it is not a complete treatise on the treatment of pneumonia, but only a comparison of the methods used by different persons to meet certain common indications. While in the means used to meet some of the indications there is an essential agreement, in others there is considerable diversity, and even disagreement. This is, however, cause for congratulation rather than otherwise, since every physician understands that in disagreement only is there safety: and that, should the time ever come when doctors all agree, then there will be an end of all progress in medicine.

#### DISCUSSION.

Dr. Geo. M. Garland, of Boston, in opening the discussion, emphasized the importance of treating the patient rather than the disease. He named as the important factors to be considered in treating cases of pneumonia (1) the stomach, (2) the heart, (3) the fever, and (4) the lungs.

In those cases characterized at the outset by a coated tongue, an overloaded alimentary canal, an inactive liver, and sluggish secretions, he would ignore the pneumonia at first, and begin by relieving the patient. He said: "First get him cleared out, before trying to medicate him. Don't worry about feeding him even, for the first day or two. A little starvation at this period will do him no harm; but when the time comes that he can eat and digest, then feed him. If he can digest good nourishing food like beefsteak, there is no reason why he should not have it."

In some cases, the first symptoms are those of shock to the heart, and these require early attention. In other cases, the cardiac symptoms come on later. He does not bleed in pneumonia, nor believe in it. Heart strength is the keystone of the arch. All the beneficial effects of bleeding, without its injurious results, may be obtained by the use of such agents as aconite and nitroglycerin, as advocated by several of the members. Neither does he favor the use of digitalis in the early stages of pneumonia; in fact, is opposed to it, as while it strengthens the impulse of the heart, it throws a greater amount of work upon it by increasing the arterial pressure. In cases of burdened heart, nitroglycerin is better, as it dilates the capillaries, and bleeds the heart into the great reservoirs of the body. In all cases where there is a full and bounding pulse, he uses nitroglycerin, giving it in doses of one one-hundredth grn. every hour, or when these doses cause headache, one two-hundredth or one three-hundredth grn. at more frequent intervals. He does not give either alcoholics or strychnine in the early stages, but during and immediately following the crisis.

As to the fever, the speaker never saw a pneumonia patient die of fever, and advised, "Don't worry about the fever. Never use antipyretics in pneumonia. Use cold sponging if it adds to the comfort of the patient, otherwise not." With reference to the lungs, the two chief symptoms, he stated, are cough and pain. In croupous pneumonia there is not much expectoration, the exudation being mostly absorbed. He does not give expect-



orants as such in pneumonia. To quiet the cough, when this is troublesome, he uses tablets of morphine and tartar emetic, of each one one-hundredth grn. For pain, hot fomentations are sometimes useful, especially in those cases where it is necessary to keep everybody busy; but no poultices. Sometimes a bandage around the chest to restrain its movements will give relief. The pneumonia patient must have plenty of pure air, but it should be warm and not cold. Cold air is irritating and injurious. As an internal remedy for the relief of pain, he relies upon opiates, which, more than this, will tone up the heart. In fact, he knows of no better heart tonic than morphine and nitroglycerin.

In closing, Dr. Garland pleaded for simplicity in treatment; for but a few drugs, used only for definite indications, and only expectant treatment in mild cases where there is not much disturbance.

Dr. Z. B. Adams of Framingham very strongly advocated bleeding in the early stages of sthenic pneumonia, narrating several cases from his own experience in which this practice had unquestionably saved life. He would not advocate it as a routine measure, or indeed as a frequent practice, but in its place he believed it to be invaluable.

## Haematherapy.

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*By Edmond J. Melville, M. D., C. M., Bakersfield, Vt.*

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*President's Address, Read Before the Annual Meeting of the Franklin County Medical Society, May 10th, 1900.*

GENTLEMEN:—I have prepared a short paper for to-day, on the subject of Haematherapy, or the supplying of auxiliary blood. This result may be accomplished in four different ways—1st. By subcutaneous injection. 2nd. By establishing direct connection with a vein, and throwing blood immediately into the circulation. 3d. By absorption into the sides of the “prima via,” upper and lower. 4th. By topical application to a denuded portion of the external or internal surface of the body, where the blood supply is deficient, either in quantity or quality, to properly nourish the part, or to build up a portion of the tissues broken down by disease or injury. When there is a solution of continuity in any mucous membrane, bone, muscle, or elsewhere; let us watch Nature’s method of repair. Immediately after the accident occurs she sends to the scene of the disaster an extra supply of blood, an even greater amount than can be used, causing an outpouring and unloading of it, in and around the break. These are her bricks and mortar, and soon by methods familiar to us all repair is obtained. Not in every case, however. How many of you are familiar with the wound that does not heal, with the sinus that will not close, the fistula that despite our best medical treatment still discharges, or the old ulcer, whose open mouth cries out against the inefficiency of our most potent antiseptic remedies! These are the cases that make us or break us on the rack of public opinion. No doubt a radical operation may cure a goodly percentage of such cases, but too well we country doctors know how difficult it is to gain the con-

sent of such patients to an operation. Why do these fever sores, ulcers, etc., remain unhealed? Nature has hurried her forces of repair so often to the site of the lesion that the blood carriers are paralyzed from over-distention, and a state of chronic congestion ensues. Again, fearing a spread of the ulcerative process, she has thrown a solid wall of cicatrical tissue around the break, and spontaneous healing is now out of the question. Here it is, that haemotherapy comes to the rescue and changes seeming defeat into victory. The question naturally arises; How are we to procure this auxiliary blood, and how after getting it are we going to use it? The *arterial* blood may be drawn from a healthy bullock, the fibrin removed, and the blood then sterilized, or it may be purchased from any druggist in the form of Bovinine, which is already sterilized, and elaborated for immediate use. The method of using the above I will endeavor to make clear, by a report of a few cases, that occurred in my own practice.

CASE I—On October 11th, 1895, George P—— of Bakersfield, was accidentally shot. The charge of No. 6 shot entered the upper third of the thigh, at its inner and anterior surface, and after leaving wads, clothing and stray shot in its wake, the remainder emerged at the upper and outer portion of the gluteal fold, after traversing the thickness of the thigh, to the inside of the femur. In spite of the fact that infection took place, the wound healed kindly, and at the end of two months there was but a small sinus remaining, the diameter of which was equal to that of a goose quill, and the length about seven inches. To heal the above I used consecutively every remedy laid down in the text books but in vain. I advised operation but could not gain my patient's consent to it. This state of affairs continued through the summer of 1896, and during all those months I tried remedy after remedy upon my patient without any lasting effect. For some reason unknown to me at present, I began the use of supplied blood, in the following manner: After cleansing the sinus carefully and washing out with peroxide of hydrogen, I filled the

canal with Bovinine, by means of a small medicine dropper and dressed with plain gauze and a bandage. This procedure was repeated daily, and in addition Mr. P—— filled the sinus every night with Bovinine. At the end of three weeks the parts were firmly healed, and not a drop of pus has exuded from them since.

CASE II.—On April 4th, 1898, Ben M——, sawyer, Belvidere, Vt., aged 38, while examining a set screw, in a saw mill, had the whole dorsal surface of his right hand removed. The skin, extensor tendons, and interosseous muscles, were torn off, only a few shreds of tissue remaining to show that they ever existed. The 3rd, 4th and 5th, metacarpal bones were missing, except portions one-eighth inch long, which remained attached to the phalanges. The deep and superficial palmer fascia was badly lacerated, the flexor tendons somewhat torn, and two large holes punched through into the palm of the hand. The mangled hand was filled with black grease from the set screw, sawdust from the mill floor, and several spent quids of chewing tobacco, which were applied to the wound to check the hemorrhage. To make matters worse, overzealous friends had compelled him to drink half a pint of alcohol and a pint of rye whiskey to ease the pain. As he had never tasted liquor before, the effect was rather startling. The man was fighting drunk, and was keeping the crowd away with a broken chair. I was in a lumber camp, many miles away from another doctor, and if I was in a reminiscent mood I might tell you how I first had to capture my patient, etherize him, render that hand aseptic, and transplant three strips of skin from the arm to supply the lost tissue on the back of the hand. I then put on an antiseptic dressing, and splinted the arm to the chest. In twelve hours I returned and dressed hand and arm in the following way: After rendering the parts aseptic, I applied warm Bovinine pure, dressed with a one per cent solution of formalin upon moist gauze, covered with oiled silk, and fastened securely with a bandage. This dressing was repeated, twice daily, till May 16th, when the tissues were en-

tirely healed. There was a slight suppuration at times, for which I used peroxide of hydrogen. The adhesions and consequent stiffness yielded to massage, with hot vaseline. The man went to work in June, and can use that hand to-day with almost as much dexterity as ever. Could this result be obtained without the auxiliary blood supply?

CASE III.—On August 10th, 1899, was treating John F.— for articular rheumatism by means of superheated air, in a Betz hot air apparatus. The temperature was running to nearly 300° F., when he shifted his position, and, in some way, disarranged the Turkish towelling from his foot. The result was a deep blister about as large as a silver dollar over the os calcis. I went away on my vacation shortly afterwards, and did not see the gentleman again for six weeks. Imagine my surprise when I found the blister was still unhealed, in spite of the fact that it had been treated with slippery elm poultices during the interval. It had now become an indolent ulcer, and prevented Mr. F. from walking about. Visions of a suit for malpractice haunted me, but I used my old stand by, peroxide and Bovinine, and healed it without a scar in three weeks. I have had the honor to be *physician in extremis* to the Bakersfield poor house for the past eight years, and during that time have treated many cases of old ulcers over the tibial region. Some had existed for 30 years, while others were of recent occurrence. They had ranged in size from the one as small as a silver dollar to those that involved almost the whole region from knee to ankle. They are usually caused by dirt and disease, combined with periodical starvation. For the past four or five years I have never seen an ulcer large or small, deep or shallow, that would not yield to Bovinine. Some of course require a preliminary curetting, and from a few I have had to remove portions of dead tibial bone, but in nine cases out of ten old ulcers will be healed rapidly if treated by rest, cleanliness, a generous diet, and the intelligent use of Bovinine. Where the patients are poor or unable from any cause to have close medical attention, I give them a supply of plain gauze, in-

struct them as regards cleanliness, etc., and have them apply a fresh piece of gauze every day, and cover the surface of the ulcer several times a day with Bovinine.

The injection of bovine blood, or Bovinine, either subcutaneously or directly into a vein, I will merely mention to dismiss, as I have not as yet had any experience with Haematherapy, applied by either of these methods.

The fourth way in which we can use an auxiliary blood supply is no doubt familiar to you all. Namely, by direct absorption into the system through the mucous membrane of the alimentary canal. It may be administered either by the stomach or by the rectum, in the latter case diluted half with salt water. Haematherapy, as applied in the above mentioned way, is useful in a varied number of disorders, but for fear of wearying you I will mention but two diseases in which I have had brilliant results with this form of treatment. In the early stages of tuberculosis I have seen marked, steady and permanent improvement from the use of gradually increasing doses of Bovinine in milk, by the stomach, combined with complete rest in bed and forced feeding. I have had two cases of ulcer of the stomach where the hemorrhage was severe and collapse imminent, yield quickly to high rectal injections of ounce doses of Bovinine and salt water every three hours. I placed both these patients upon glauber salts to procure an alkalinity of the blood and to overcome constipation, and when the stomach was able to bear nourishment, I gave teaspoonful doses of pure Bovinine to begin, and gradually increased the dose to an ounce four times daily. This treatment, combined with a proper diet and rest in bed, brought about a complete cure in both cases.

In conclusion, gentlemen, I might say that I am very much averse to recommending a proprietary preparation, for fear of being classed with these physicians who immediately rush into print, lauding to the skies each "cure-all" that is put upon the market. On the other hand, I do not believe that a physician violates the code of ethics when he comes out squarely for a

reputable preparation that has stood him in good stead, as it would be unjust and cowardly for him to use it secretly. Some of you may ask: If blood is what is needed in these cases, why not use it directly? Why depend on a proprietary article? In answer to these questions I would say, that I have not the necessary knowledge, time, or chemical appliances required to elaborate the arterial blood of the ox; no more than I have the knowledge, etc., to make my morphine from the poppy. Therefore, in the cases where Haematherapy is indicated, I have always used, and shall continue to use, Bovinine.

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**Uric Acid and Headaches.**—A physician who has been experimenting to discover, if possible, a relation between headaches and the retention of uric acid, found experimentally, that he could produce a headache in himself by adopting a diet of meat and cheese—foods which are highly nitrogenous and which in their burning up, produce a great deal of uric acid. He found in himself an excessive excretion of uric acid during a headache, which perhaps means that a headache is a sign of nature's effort to relieve the system of a poison that would do worse than produce headaches were it permitted to remain. Such a headachy condition is comparable to the fevers which the human system often establishes for the purpose of ridding itself of disturbing impurities, and can best be overcome by the timely administration of Laxative Antikamnia and Quinine Tablets.

## The Use of the Peroxoles:

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*By H. Edwin Lewis, M. D., Burlington, Vt.*

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The value of camphor and menthol combined with some antiseptic like carbolic acid has long been recognized by countless medical men. The efficacy of such combinations has been proven time and time again. Therefore when my attention was drawn to combinations of camphor and menthol with that giant of pus-destroyers, peroxide of hydrogen, under the terms camphoroxol and menthoxol, I was impressed with the possibilities of such combinations. A thorough and rather extensive use of these two preparations has met my highest expectations and I have found them to be of marked value in all conditions requiring local antiseptic treatment.

Camphor and menthol are powerful stimulants of granulation and tissue growth and their local anesthetic action is well known. Their odor is agreeable and fragrant. Combine them with peroxide of hydrogen with its remarkable antiseptic and deodorant properties and the resulting preparation has a field of usefulness unequalled by almost any other antiseptic solution.

Camphoroxol and menthoxol each representing definite combinations of camphor and peroxide of hydrogen in one case and menthol and peroxide of hydrogen in the other, are clear, colorless liquids with the characteristic odor of camphor and menthol respectively. The peroxide of hydrogen thus combined is remarkably stable and particularly active in the presence of pus or pathogenic material.

I have used these antiseptic compounds in a wide range of cases and have been thoroughly satisfied with their action in every instance.

Following are brief notes concerning cases in which the peroxoles were used to marked advantage:



CASE I—Tuberculosis of the bladder. Female, age 23, consisted of suitable general treatment and daily washing of the bladder with a ten per cent solution of menthoxol. Following each washing of the bladder two or three drams of five per cent iodoform emulsion were left in the bladder. Under this treatment the patient gained very materially in weight and general condition. The vesical tenesmus and painful micturition were relieved after two or three washings and the patient was able to retain urine three or four hours without a particle of discomfort. Local tenderness over the bladder was much relieved. After three months treatment patient returned to her home much improved in every way. Treatment on the same line was advised to her family physician, and recent word from her tells me that she is still gaining.

CASE II—Varicose ulcer. Male, age 56. The ulcer which was on the lower third of the leg had bothered patient for nearly eight months. It was about two inches in diameter and surrounded by a patch of eczema which caused fearful suffering from the intolerable itching and burning. Treatment consisted of washing limb twice daily with ten per cent solution of menthoxol and camphoroxol, touching the ulcerated surface every other day with a fluid composed of equal parts of camphor-menthol and carbolic acid, and binding the limb snugly after each washing. The pain and itching was quickly relieved and in a little over three weeks the leg was entirely healed.

CASE III AND IV—Varicose ulcers. Males, age 52 and 67 respectively. Not so large nor so severe as ulceration in Case II, but still quite painful and disagreeable. Treatment of same character healed leg of Case III in just two weeks and Case IV in three weeks and two days.

CASE V—Erysipelas of right knee. Male, age 54. The characteristic burning and smarting relieved entirely by frequent bathing with menthoxol diluted with water one to five. Recovery uneventful.

CASE VI—Eczema of leg. Female, age 25. In this case a large eczematous patch nearly covered the knee joint which had bothered patient several years. Owing to extensive crusting and contraction walking was impossible without great pain and a limping gait. Treatment consisted of washing crusts off daily with a menthoxol solution 10 to 20 per cent in strength and applying an ointment containing ichthyol.

Syrup of hydriodic acid was administered internally, a teaspoonful diluted before meals. Patient's limb began to improve immediately and the itching and pain were rapidly relieved. In about four weeks the limb was well healed and the skin where the eczematous patch had been, appeared very healthy. A slight redness alone remained to show the former site of the disease. The patient could walk without the slightest pain or limp and felt perfectly well.

Treatment was continued for some time longer and the last time I saw her four months after beginning treatment she had gained fourteen pounds in weight and said she was all right.

Numerous other cases might be cited where menthoxol and camphoroxol have been used satisfactorily, but the above are sufficient to demonstrate that they are valuable aids in the treatment and cleansing of local diseased conditions.

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**The Acute Stage of Endometritis.**—In the May issue of the International Journal of Surgery, Prof. Ralph Waldo in speaking of the use of the Curette in Acute Condition of Endometritis says, "That its use is not only not indicated, but in many instances would do positive harm during the acute stage of endometritis."

The congested and inflamed endometrium should be treated by local application which will exert a soothing yet stimulating and healing effect. Micajah's Medicated Uterine Wafers are especially indicated in endometritis and diseases of the uterus and its appendages. As a remedy for the treatment of diseases of women they have stood the test of time and are recommended and used by many leading men of the medical profession.

## The Thurber Medical Association.

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At the April meeting held on the 5th of the month, Dr. F. D. Crothers, superintendent of the Walnut Lodge Hospital, Hartford, Conn., read a paper on "Late Researches Concerning Alcohol as a Beverage and Medicine," which was published in the April issue of the MONTHLY. It was listened to by an audience of physicians and invited guests, and was considered to be one of the most valuable paper ever read before the Association.

The May meeting was held on the evening of May 3, with a supper at Hotel William, followed by these papers: "The Mortality from Consumption Among American-born Irish," by Dr. W. W. Browne of Blackstone; "Some of the Uses of Calcium Sulphide," by Dr. Wm. L. Johnson of Uxbridge.

At the request of the Milford Board of Trade the following committee was appointed to co-operate with the committee of that body, in the matter of establishing a hospital in Milford: Herbert McIntosh of Medway, J. M. French of Milford, Wm. L. Johnson of Uxbridge, R. C. Fish of Hopedale and N. C. B. Haviland of Holliston.

The hour at which this meeting was held was a departure from established customs. The experiment was voted a success, however, the social element being unusually marked and the session an enjoyable one.

J. M. FRENCH, Secretary.

# *The Vermont Medical Monthly.*

*A Journal of Review, Reform and Progress in the  
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H. EDWIN LEWIS, M. D., EDITOR.

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## EDITORIALS.

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### A Foul Conspiracy.

We have learned from a reliable source that there is a conspiracy on foot to elect at the forthcoming meeting of the American Medical Association only such officers to the section of Materia Medica and Therapeutics as are openly favorable to foreign drugs and pharmaceutical preparations.

We cannot denounce such an attempt in strong enough language. In the United States such underhanded methods are not common, and all of us who exercise the privilege of choosing drugs, food or clothing of whatever manufacture we personally deem fit, cannot submit to such methods of competition. We rec-

ognize the value of many pharmaceutical preparations and chemical products of foreign manufacture, but we also have the warmest feelings of admiration for the latter day progress of American pharmacy. And it is needless to say that we are heartily opposed to any steps which tend to give goods of foreign importation any further advantage over home products than their *actual* worth and value dictate.

Too many of us have been prone to eagerly accept foreign drugs and preparations to the exclusion of our own and frequently superior pharmaceutical products. This is not only an error of judgment and an injury to our own professional work, but a very great injustice to an important home industry.

• It is our duty to foster American efforts in every possible way and where the choice of a drug rests alone on its foreign or American manufacture, our decision ought to be prompt and unrestricted.

If there is actual superiority in the value of a drug or a pharmaceutical preparation—that is a different matter. But we claim the right to decide on the question of superiority ourselves without the presence of undue influence such as is evidently aimed at in the above conspiracy. We are Americans and American success is dear to us. Therefore we cry out against any attempt to discourage the honest competition of American products with the rest of the world. Merit alone must decide the victory of one drug over another.



MEDICAL ABSTRACTS.

**Whooping Cough.**—Equal quantities of the bromides of soda, ammonium and potassium were used in sixty test institution cases. The results considered from all standpoints were better than with any of the means thus far referred to. The severity and duration of the paroxysms were especially influenced. The number of seizures was practically unchanged. From twelve to sixteen grains in twenty-four hours were given to a child one year of age. When given in syrup of raspberry on a full stomach or with plenty of water there is very little disturbance attending its use. For a child two years of age sixteen to twenty-four grains may be given daily.—*Archives of Pediatrics.*

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**Epistaxis.**—Frederick Cobb (*Boston Med. and Surg. Jour.*) says the causes of bleeding at the nose may be local or general. The local causes are more apt to be ulcerations of the blood vessels, resulting from scabs and crusts on the septum. These may be caused by irritation, as in deflected septum, by foreign bodies, by new growth, and especially by operations for sarcoma. The general causes are plethora and anemia, the hemorrhagic diathesis, acute febrile diseases, vicarious menstruation, and diseases of the kidneys, syphilis, and alcohol. The occurrence of severe bleeding should lead to the examination of the kidneys as the cause.

Regarding the treatment, the author continues: "Cauterization of the bleeding point on the septum with chromic acid, or galvanocautery, after cocaineization. Suprarenal capsule to be tried, its only disadvantage being the possible renewal of the hemorrhage from the reaction of the blood vessels. Plugging, when resorted to, should be done by strips of gauze introduced

along the floor of the nose by means of long forceps, the Eustachian prominence not to be occluded. Paeking should be left in twenty-four to forty-eight hours, and withdrawn with the utmost care.—*Chicago Clinic.*



**A Chinese Foundling Asylum.**—One of the greatest of Chinese wickednesses, and one which missionaries are constantly deploring, is child-murder. The photograph here reproduced shows a number of foundlings left at the door of that magnificent Italian institution, commonly called the "Girls' Orphanage," at Hankow. The institution now consists of five blocks of main buildings two stories high. The number of inmates is seldom less than a thousand, and up to the present time 94,650 taels (£12,000) have been spent on grounds and buildings. The expenses amount to about 200,000 francs per annum, and this is contributed mainly by France and Italy. Females of all ages are admitted to the orphanage, from a baby to an old woman; though the institute prefers to have them when they are young. The inmates come in many different ways, and for many different reasons. The babies are received much in the same way as in all foundling hospitals. Baskets filled with hay are placed on the veranda at the front door of the orphanage, and the mothers who bring the children deposit them in the baskets. There is always a Chinese watchwoman on the lookout for these waifs of humanity, and as soon as they are noticed they are taken in and attended to. Notwithstanding all the attention bestowed upon them, the mortality amongst the foundlings is very high, and if ninety out of a hundred live it is considered very good. Even after babyhood is past the foundlings require constant care and attention, and have to be treated with cod-liver oil and maltine until they are five or six years old. And this, of course, means that had they been left to the tender care of their Chinese mothers not one of them would have lived. It is a well-known fact that the percentage of female Chinese children

who die is enormous. Girl-babies are not a desideratum in a Chinese household, so that when too many come along they are got rid of. Parents who are not devoid of all natural feelings bring their children to the orphanage and leave them there. On several occasions babies only one day old have been left in the baskets; and it is no great wonder that such frail morsels of humanity succumb to the effects of such unnatural treatment. There are no fewer than 500 nurses in the institution. All kinds of curious precautions are taken to prevent the babies from getting mixed up, each child having a special collar fastened round its neck.—*The Wide World*, London, May, 1900.

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**Sympathetic Ophthalmia.**—Gifford (*Ann. of Opth.*, January) reports in detail the histories of three of the six cases of sympathetic ophthalmia which he has had the opportunity to observe in progress. He calls attention to three important points in the result of his observations:

1. The entire absence of the premonitory symptoms mentioned in text-books as warning of danger, viz., photophobia, ciliary injection and asthenopia.
2. The importance of making daily tests of vision in all cases, especially in those under the care of the general practitioner, as he found that failure of vision was the first symptom which would have attracted the attention of the non-expert.
3. The value of the salicylate of sodium in large doses after the disease has broken out.

The author lays stress on the necessity of administering large doses of the drug, and states that in one case, the patient being a boy weighing but 130 pounds, he gave 180 grains in twenty-four hours before the disease was checked. The patient was kept in bed, and the salicylate was taken in 15-grain doses in a teaspoonful of brandy.

He also suggests that in the application of heat in these cases the poultice should be made use of, changed frequently, rather than by the usual manner of applying moderate sized



pieces of cloth or cotton wet with hot water and changed every half minute.

Gifford believes that sympathetic ophthalmia is an infectious disease, caused by germs which are yet undetermined. The inflammation may reach the sound eye by any one of the following paths: Through the optic nerve trunks, via the chiasma (Alt or Mackenzie); through the intervaginal and subdural spaces (Leber and Deutschman), or along the vessels penetrating the eye, and passing through the orbit to the cranial cavity (Gifford), or through the general circulation (Berlin).—*Chicago Clinic.*

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**Hyoscine Hydrobromate In Chorea.**—Hyoscine hydrobromate has been tried by A. C. Rendle of Madras, India, (*Brit. Med. Jour.*, No. 2013, 1899), on a bad case of chorea in a youth of 16 years. He was thin and anemic; the temperature was slightly raised; the tongue was dry and coated with a brownish fur; the pulse was weak and the respirations irregular; there were constant involuntary movements. Albumin was present in his urine. Potassium bromide, chloral hydrate, and increasing doses of arsenic gave no relief. He was very restless at night, and morphine eased him slightly. Hyoscine hydrobromate in doses of one two-hundredth of a grain was injected hypodermically twice a day. On the day following the first injection there was marked improvement in the choreal movements. The dose was increased to one one-hundredth of a grain and given three times a day. In a week the movements had almost entirely ceased. The hydrobromate was then discontinued and the arsenic treatment resumed. The patient made an excellent recovery. Chorea is an extremely fatal disease in India.—*Alienist and Neurologist.*



Publisher's Department.

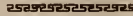
*E. Lambert Yourex, M. D., Baltimore :*

I wish to speak of "Maltine cum Creosote," having taken it myself for indigestion which attacked me some time ago and seemingly became persistent in spite of treatment.

I was somewhat "run down" as to general health, and I believe the attack was much due to this circumstance. Digestion was slow and imperfect, especially of the starches. The stomach seemed to be in an atonic condition.

Knowing creosote to be indicated in such atonic condition and remembering I had a sample of "Maltine cum Creosote," I decided to take it, which I did in small doses of a drachm after meals. It began to do good work immediately and after taking the bottle I find myself almost cured.

I am, therefore, pleased to state I have found a new indication for a combination which I consider one of the most valuable of the Maltine preparations.



**Spring Coughs.**—Dr. George Brown, Eye, Ear, Nose and Throat Specialist of Atlanta, Ga., one of the most widely known specialists and most skillful operators in the South, in a timely article in *Moody's Magazine of Medicine*, said: "Nothing is more annoying to a patient than a perpetual tickling cough. Whether the immediate cause be marked or mild, if allowed to continue the results are almost sure to be more or less serious. The paroxysms initiate untoward reflex impressions, augment the local disturbances, and by interfering with the patient's rest depress the *vis vitæ*, making the sufferer readily susceptible to the inroads of other attacks.

As practitioners are aware, tickling coughs are particularly numerous and stubborn during the spring and fall. It is well

therefore at such times to prescribe that which will be sure to relieve without unpleasant after-effects. In nine cases out of ten antikamnia and codeine tablets will be found almost a specific. The well-known analgesic properties of antikamnia act excellently and synergetically with the physiological effects of codeine which has a marked salutary selective influence on the pneumogastric nerve, making this combination one of the most valuable in medicine."

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**A Case of Sinus.**—G. W. BODEY, M. D., Kettlersville, Ohio, September 17, 1899.—I used Ecthol on a case of sinus extending from the inner and middle of the right thigh upward and outward nine and one-quarter inches in length. It had been operated upon in that locality twice, also once on the canal from the psoas abscess, its starting point. The sinus was lined with a tough pyogenic membrane, so that by inserting the index finger its full length occasioned no pain. The young man, twenty-two years old, would submit to no further operation. I inserted perforated rubber tube, one-half inch in diameter, nine inches, burned or destroyed the membrana with chloride of zinc solution, after which I used Ecthol, filled the cavity completely full three times a day, by which the pus ceased to flow from the very beginning. I continued its use until I could not insert even a catheter. I applied a rubber bandage for five weeks, dismissed him then as cured; the period extended eight months. I used five bottles of Ecthol. I dismissed the case in May last, and will wait to see further results, then I will try to write an article on that case and on two others on whom I used the medicine. My faith in Ecthol is unlimited, and can only say the case above described, from a city of twenty-eight physicians, has increased my practice in that locality.—*Medical Brief.*



BOOK REVIEWS.

**The Nervous System and its Constituent Neurones:** By Lewellys F. Barker, M. B., Tor., Associate Professor of Anatomy in the Johns Hopkins University and Assistant Resident Pathologist to the John Hopkins Hospital. Pp. 1122, illustrations 676. D. Appleton & Co., New York, 1899.

Dr. Barker's articles on the above subject in the New York Medical Journal were unanimously considered of the highest scientific value. Countless medical men read them and preserved the articles as valuable additions to a very important subject. Naturally then the republication of these articles in book form with a large addition of new matter, was cordially welcomed by all engaged in medicine. Dr. Barker has placed himself deep in the gratitude of all who study neurology. This book is a most valuable presentation and compilation of the facts preliminary to the neurone theory, and with the author's personal contribution makes a work of high scientific rank.

The discussion of the nervous system and its elements is eminently logical and the order of consideration is well arranged. Each topic is taken up thoroughly and brought into harmony with the whole. The illustrations are exceedingly numerous, and of far more than usual value to the text. The book as a whole is one which few can afford to be without. All who lay claim to progressive tendencies will find it particularly essential as offering the latest information and theories in neurology.

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No. 6

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## Insomnia.

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*By George Carroll Smith, M. D., Boston, Mass.\**

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Natural sleep is accompanied with several well-known conditions. Unconsciousness, reduction in the number and force of heart pulsations, reduced arterial tension. By observation of the fontanelles in children, and through glass openings in adult brains, a reduction in vascularity of the brain and resultant shrinkage is perceived, varying in degree in light or deep sleep. Hence it is safe to say that the vascularity of the brain varies with its functional activity as is true of the stomach or a voluntary muscle.

Respiration is reduced four per minute. There is a fall of one-fourth to one-half a degree in temperature, and less heat radiation; secretion, excretion and digestion are less active. This is true during the night in people who work nights, sleeping days. The spinal neurons are also functionless in sound sleep, shown by the absence of the plantar and cremasteric and tendon reflexes. The maximum intensity of sleep is reached after one hour, and

\*Read before the Thurber Medical Association, Milford, Mass., June 7, 1900.

after continuing a few hours begins to fluctuate till it ceases. To sleep *well* then requires a cessation of cerebral and spinal functions. When partial activity of the special senses or conduction of sensory impressions through one or more afferent peripheral nerves sets up cogitation or ideation, sleep is more or less disturbed. The cerebral neurons are during waking hours receiving all sorts of stimuli through the nerves of general and special sensibility, from them ideas are formed and compared, and deductions drawn, and the act of memory recalling and comparing old with the new ideas has been called cogitation. Now it is this process which often causes insomnia even when the extra cerebral stimuli play no important role.

Duval and Lepine recently set forth a theory that the protoplasmic processes of the neurons undergo ameboid movement, contracting during sleep so as to become isolated from each and expanding on awakening so that previous relations are renewed.

Ramon y Cajal has modified this theory to the extent of assuming that the contact and separation of the neurons is due to a corresponding contraction and expansion of the neuroglia cells. Whether this theory be true or not it has been pretty generally adopted as a working hypothesis, therefore in sound sleep all neurons which functionate in thought processes are disconnected from each other. A dreamy sleep would result from some neurons failing to contract, making limited cerebration possible. Painful peristalsis may arouse certain neurons which cause dreaming without waking the patients.

Oppenheim calls attention to a patient who is perfectly well while awake, but is awakened from sleep by girdle pains; another by occipital neuralgia; another, who after an attack of influenza was apparently all right by day, but during sleep pulse and respiration ceased.

Mitchell has also observed cardiac and pulmonary failure during sleep. I have seen one case of this type in con-

sultation recently. A woman of 45 who began by awakening with a feeling of suffocation, which soon created a fear, and she finally would not go to bed for fear of dying in an attack. This person was a decided neurasthenic, and by giving her a rosy picture of her case and tonic treatment she soon recovered.

When the mind is constantly working upon one subject when awake it is easy to conceive that some neurons excessively functioning might fall to contract and remain expanded and determine the character of the dream, or even at times cause insomnia. In the same way it is easy to understand how the most varied and mixed dreams might ensue upon the expansion of a limited number of neurons. When all the neurons necessary for volitional movements, and many of those which have to do with intellection, expand and still not enough to awaken the patient, the condition of somnambulism exists. Then the patient is still not conscious enough to recognize his identity. The somnambulist is certainly nearer awake than asleep. In some stages of hypnotism neurons are still active as the reflexes are exaggerated, the cerebral neurons withdrawing their influence over them. The hypnotized subject is able voluntarily at the suggestion of the operator to contract certain neurons to present certain phenomena of sleep, while he sustains others necessary to innervate the arm or leg, which at the suggestion is extended in an awkward and more constrained position than he could do when awake. At the suggestion of the operator he acts upon his neurons so as to misinterpret certain strong stimuli, and fails to appreciate others. Sleep is a recuperative process and the proper function of all organic processes of the body depends upon it. In adult life variation in the number of hours of sleep required exists. When this requirement is abbreviated insomnia results. The quality of sleep is equally important with the quantity. Some patients who sleep soundly six, or even five, hours do

not suffer with insomnia ; while others are unrefreshed with eight or nine hours of light, dreamy sleep.

#### CLASSIFICATION.

Brown well suggests a division of patients suffering with insomnia into two classes. Functional and Symptomatic. Under the former he puts all cases not arising from somatic or mental diseases, and to this class I wish to direct special attention, as the symptomatic insomnia has to do with about all the organic diseases of the body, and is usually best treated by directing attention to the underlying constitutional affection. To one only of this group will I refer, and that is the insomnia of the uraemic so often met in the old patients with chronic interstitial nephritis. As to the specific kind of toxæmia in these cases we know very little. One fact we may feel sure of, namely, that urea plays no role in many of these cases.

Maniacal excitement and active delirium often occur coincidentally with a free flow of urine of normal specific gravity and normal amount of urea, though the rule of low specific gravity with polyuria usually obtains. Whether the xanthine bodies or watery constituents of the urine in the blood are responsible for this derangement I do not know, but I think to control the patient and relieve the insomnia, no drug in our possession is equal to opium, and I have never seen any bad results from it, notwithstanding the strong prejudice against it by many of our best authors.

The neurotic patients easily suffer from insomnia, perhaps largely because their ambition forces them to overwork ; while the lymphatic temperament takes life easier.

Among the exciting causes of functional insomnia are occupation ; brain workers oftener suffer than body workers because of the long continued mental application allowing themselves less time for sleep than they require ;



and again the constant use of the brain favors the cerebral direction of the blood current, while the patient whose occupation leads him to active exercise in the open air has at night the cerebral anæmia which favors sleep. When, however to the favorable factor of physical open air activity there comes anxiety as an exciting cause; it may be fear of losing position, salary, or worryment on account of the family illness, we have another important etiological factor. The person most favored by occupation through anxiety becomes the more liable to develop insomnia, and we should always remember that some of the patients following healthy occupation may be great brain workers.

Among the exciting causes stimulants play quite a role, especially tea and coffee drinking, also smoking. A prominent nerve specialist, whom I know very agreeably, has done the most of his hard work and writing between midnight and 4 P. M. with the use of black coffee and cigars, allowing himself only four hours for sleep. Thus far he has not suffered from the habit. He is not of the neurotic temperament. An attack is often induced by grief, but sometimes no cause can be found. If the affection lasts long neurasthenia ensues.

A. H. Smith and Hughlings Jackson, have laid stress upon sensory shocks, anæsthesia, paræsthesia. Many patients when going to sleep feel a peculiar sensation in the top of the head, as if some one had hit them a blow, or there is the sudden sound of a pistol shot, or a flash of light; others awaken feeling numb in a limb, side or tongue. Although these symptoms may occur in the functional form they are much more common in nicotine poisoning, neurasthenia, hysteria, anæmia, gout, diabetes, insufficiency of the kidneys and arterio sclerosis.

#### SYMPTOMS.

The symptoms in functional insomnia can be grouped under two classes. Patients either fall asleep readily and

awaken after one, two or three hours and can not go to sleep again, or they find it difficult to get to sleep in the early part of the night. In the latter class the function of contraction of the neurons and diminishing cerebral circulation is lessened, if not lost, and activity of the brain continues; on this account cerebral influence is not entirely withdrawn from the voluntary muscles, and they are not wholly relaxed, and in turn a slight sensory stimuli is received from the peripheral nerves. The subjects of the day are continued in the mind far into the night, and if some cerebral neurons invite relaxation and sleep, others continue active and a restless dreamy sleep follows. In this condition patients over-estimate their loss of sleep.

The most common cause of this form of insomnia is excessive mental activity continued into the night, and worryment. These sufferers usually feel exhausted and blue, even melancholic in the morning, but the varied duties of the day rest their irritated and disturbed neurons so that by night they are feeling much better. After this condition continues for a short time gastro intestinal disturbances develop, anorexia, nausea, constipation or diarrhoea, flatulency, reflex vertigo and tinnitus with headache, and we may have a complete neurasthenic. At the same time we must remember that our digestive troubles may precede and be one of the primary causes of the insomnia, therefore neither can be ignored in the treatment of the affection.

In the class that goes to sleep readily and awakens after one to four hours and can not sleep again, the change in the neurons necessary to cause sleep occurs naturally but for some inexplicable reason is not permanent. These patients may begin waking at 5, 4, 3, 2 or even earlier till sleep is reduced to a minimum. Here we are often unable to find an exciting cause, but the apprehension aroused by a few nights of such sleep is quite enough to abridge the period of sleep a little each succeeding night till soon the

anxiety and worryment becomes so great as to prevent sleep. Effort to postpone the hour of waking by retiring later is useless. This form is oftener met in the summer season, perhaps on account of cold weather favoring sleep, and the earlier morning light in summer furnishing afferent impressions. Savage says this form of insomnia often leads to melancholia while the former terminates in acute mania.

Baillarger calls the *praedormitium*, or the period when one is vascillating between wakefulness and sleep the most important because of the many hallucinations especially of sight and sound which spring into existence at this time. These impressions remaining for years perhaps exciting suspicions, anxiety, apprehensions and finally ending at times in insanity. This of course is of especial interest to the alienist, but the mild cases are often seen by the general practitioner and neurologist, and the fears thus generated may be an obstinate factor to deal with.

#### TREATMENT.

If we are true to the above stated hypothesis of the condition of the cerebral and spinal neurons, and the circulation in the same during sleep, we must in our treatment of functional insomnia favor this condition. Patients who find it difficult to go to sleep should be studied with regard to their occupation, and the vicious habit of over mental work with too little recreation should be changed. A complete cessation of brain work, and change to the city or country, hunting and fishing, or breaks of an hour or two in the day for recreation and sight seeing, with a carefully regulated diet may suffice. Light reading for an hour before bed time, the nurse reading aloud is better, or music as successfully employed in Munich will often succeed in relaxing the neurons and tranquillizing the nervous system. A long walk in the open air before retiring, physical exhaustion in other words. A late evening meal

succeeds in some cases. Any reflex sensory stimuli like flatulency, an overloaded rectum, boils, neuralgia and skin affections of course must be relieved. In selecting out of door exercise for our cases, special attention should be given to the pleasure which such recreation will yield. The sufferer should be provided with a single bed, with proper covering, in a well ventilated, darkened room, and among the little practical aids to invite sleep, such as counting, I have found deep breathing exercises immediately after retiring, to work the best. Massage at bed time is excellent, also hot foot and sitz baths, with cold applications to the head. Warm baths and the cold pack often work admirably, but they are depressing and should not be given very often. Suggestions and especially auto-suggestions are often successful, as well as galvanism, which probably acts through suggestion. In extreme cases hypnotic suggestion as practised by Gilles de la Tourette has succeeded where all other means have failed.

#### MEDICINAL AGENTS.

Potass. Bromide by allaying reflex irritability readily induces sleep, and frequently succeeds better when given in small doses three times a day, than in a larger dose at bed-time. When there is already much depression and melancholia present it should not be given. In women at the menopause Indian Hemp in large doses works admirably. Dava discovered this happy effect of the drug a few years ago. Of the other drugs chloral is by far the best, as it produces all the natural phenomena of sleep; it reduces the strength of the systole, dilates the peripheral blood vessels, lowers arterial tension, reduces temperature, muscular contraction, and causes cerebral anaemia. It acts very promptly, hence is especially indicated in this class, where the difficulty is in going to sleep. It need be given only every other night, as the patient usually sleeps

well the second night after it is given. I wish to call especial attention to the necessity of giving this drug a long time in extreme cases, in opposition to the teaching of our day, which must be dogmatic to a certain extent.

For the insomnia of delirium tremens we can use the bromide and chloral with hydro-bromat of hyoscine or chloralamid in twenty to forty gr. doses. Chloralamid can be used when there is pain and excessive irritability of the brain; when the heart is weak and respiration feeble; best in elixir. For that form accompanied with melancholia opium is almost a specific. In the second class if a patient sleeps five, or four or even three hours it is best not to use drugs, rather give nourishment when he awakes, and allow him to read a little, and trust to building up. If we have to resort to the use of medicine we should not give it at the time of awakening, as it never succeeds, but a large dose should be given before retiring, and sulphonal is perhaps the best, as its action lasts longer, thereby prolonging sleep. If we wish for prompt action as well, we should dissolve it in boiling water and give hot, when it will act in fifteen or twenty minutes.

“THE WESTMINSTER,”

Copley Square, Boston.

## Mortality of Consumption Among American-Born Irish.

*By W. W. Browne, M. D., Brockton, Mass.*

Practicing as I do, in a community composed largely of the Irish race, my attention has been drawn to the excessive mortality from consumption among the American-born portion of them.

Wishing to ascertain the facts in the matter I gathered a few statistics which are astonishing in their revelation. I find that in the town of Blackstone there were twenty deaths from phthisis last year; of this number fifteen were of Irish parentage born in this country. This is 75 per cent. as the American-Irish population is about one-half, or 3,500.

Statistics from this state give much the same results. The number of deaths registered from consumption in Massachusetts in 1898 was 5,288 in a population of approximately 2,600,000. Of this number of deaths from this disease 2,350 were Irish-Americans or a trifle over 75 per cent. according to population, they numbering about 700,000.

The mortality from tuberculosis among the Irish born, living in this state, is not remarkably great, although it is somewhat higher than that of other foreign residents, excepting the Swedes. Nor are the people of Ireland particularly prone to the disease. The death rate, however, is considerably higher than that of the Irish residing here. These figures do not, in my opinion, tell the whole story.

The majority of the Irish people in America are insured in the industrial insurance companies, and often in making out the death report, fearing lest the relatives will have trouble in obtaining the insurance money, other causes are assigned, than consumption, the cause of death.

Read before the Thurbur Medical Association, May 5, 1900.

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In stuying these figures the question naturally arises, What are the causes which render these people especially susceptible to tuberculosis?

One of the predisposing causes, which is probably the most common, is that belonging, as they do largely, to the working class, and being engaged in manufacturing rather than agricultural pursuits, the young are put in the mills at a tender age, while lack of fresh air and long hours contribute in no small degree by diminishing the power of resistance, to the development of the tubercle bacillus. Their living in overcrowded and ill-ventillated tenement houses is another cause.

A fondness for and over-indulgence in alcoholic drinks, as well as their pleasure-loving propensities, which will induce them to dance all night and then work all next day, are factors in promoting the disease.

Then, too, they are as a rule, careless in their habits, often going insufficiently clothed, exposing themselves to inclement weather, in this way contracting colds and coughs, which they frequently neglect, thus paving the way for lung troubles.

Another reason is their fatal belief that consumption is an incurable malady, consequently they do not bring their mental or moral faculties to their aid in combating it.

These contributory causes which I have mentioned, apply, in a degree, to people of other nationalities. There would appear, therefore, to be some special constitutional tendency of the Irish-American people, which I cannot explain, to this disease. Such, in fact, I believe to be the case.

## Muscular Rheumatism: Its Etiology and Diagnostic Relationship with Appendicitis.

*By Eugene C. Underwood, M. D., Louisville, Ky.*

Surgeon B. & O. S. W. Railway, K. & I. B., etc.

Though various theories have been advanced concerning the nature of the lesions underlying the manifestations of muscular rheumatism, none of them have yet succeeded in obtaining universal assent. There are even some authorities who believe that no structural lesion exists, but that the pain, which is so prominent a symptom, is merely the expression of some functional disturbance due primarily to cold, dampness, etc.

It is fast becoming the opinion, however, of those who have made a special study of the subject, that a lesion does exist, and that the pathological condition is analogous to certain other forms of rheumatic inflammations—such, for instance, as occur in septi-cæmia and syphilis. In other words it is believed that there is a distinct interstitial myositis, due to the presence in the connective tissues, between the muscular fibres, of some foreign or extraneous substance—in most cases merely a cellular infiltration, not affecting the muscle fibres themselves, but mechanically pushing them apart.

This infiltration may consist of various substances, e. g., of leucocytes (and eventually proliferation of connective tissue cells), or of toxins from various bacteria, or, lastly, of uric acid salts. Attempts have been made to isolate a *specific* micro-organism as the etiologic factor in the case, but, unfortunately, different investigators discover different bacilli; and then, too, as is well known, myositis is often a sequel to such widely different infectious diseases as scarlet fever, gonorrhœa, etc. The point to be considered, therefore, would seem to be that an infiltration does exist, no matter from what particular bacterium or cause.



Though the lesions may, in certain cases, as just described, consist of organized material, it is, probably, in the majority of cases, inorganic in nature, composed of salts precipitated from the blood into the interstitial tissues, to be from time to time re-absorbed, thus giving rise to disturbances intermittent in character. The question may arise, however, as to the cause of this deposition, as well as to the etiological connection existing between it and dampness and cold, the latter being, as is well known, the principal exciting factor in rheumatism.

The following clinical facts are important and must have some bearing on the subject under consideration. It is well understood that rheumatism is often the result of chilling the entire surface of the body by exposure to cold and dampness. It is also well known that decreased alkalinity of the blood plasma favors the deposition of uric acid salts in the connective tissues of the body. The significance of these two statements will at once be seen. As a result of exposure to cold, the normal acid secretion of the skin is suppressed, and as the acid which was formerly eliminated is thus retained in the circulation, the alkalescence of the blood is necessarily diminished. Reduced alkalinity of the blood plasma may also follow the ingestion of foods containing a high percentage of acid, or the absorption of the products of acid fermentation in the gastro-intestinal tract. This latter would explain why rheumatism is aggravated, and oftentimes ushered in through indulgences in certain kinds of food. Subalkalinity of the blood, too, means diminished oxidation and, consequently, retarded nutrition, both of which are favorable to the formation of uric acid in the body, as well as to the growth of pathogenic micro-organisms.

If it be true, then, that an infiltration of the interstitial tissue between the muscle fibers actually exists, it would seem probable that some swelling should be discovered by carefully palpating the muscle affected. And such indeed is the case. Opoltzer, Ewer and Lacquer have repeatedly called attention to the fact that minute circumscribed patches of swelling could at times be

felt in rheumatic muscles ; while such expert masseurs as Meltzer Helleday and Schreiber have also directed attention to these conditions. It is evident that a delicate touch is required, as well as wide experience in this particular work. It must, however, be borne in mind that the infiltration is not necessarily located in the spot to which the patient refers his pain, but frequently at some portion of the nerve trunk of which this is the terminal distribution.

These infiltrations may, of course, affect any striated muscle of the body, and are often found in the abdominal muscles, giving rise to symptoms, simulating cholecystitis, intestinal colic, appendicitis, etc.,—particularly the latter, if occurring in the internal obliquus on the right side. It is often an extremely difficult matter, observes Professor Adler (Cf. *New York Medical Record*, March 1900), “to distinguish between an incipient appendicitis and a rheumatic affection of the deep muscles and fasciæ—especially when located in the region of the right iliac fossa.” “The occurrence of this class of cases,” continues he, “is by no means generally appreciated, and indeed the very possibility of rheumatic myositis in the abdominal muscles is not taken into account by the majority of practitioners.” In conclusion he says : “Not a few cases have been diagnosed as appendicitis, and not a few perfectly normal appendices have been removed, when the actual lesion was merely abdominal rheumatic myositis.” That appendicitis has only in recent years become so popular a complaint, would seem to give additional force to the foregoing statement.

Among many similar cases which have occurred under the observation of the writer, we cite the following to illustrate some of the points above referred to.

In October, 1899, a consultation with a brother practitioner was held, to consider the advisability of an operation for appendicitis in the case of a woman, aged 45, who had complained for a week or more of circumscribed pain over the appendix, which was gradually getting worse. The other symptoms in the case

were not well marked. She had a slight fever, however, (temperature 101), and complained of sleeplessness, constipation and loss of appetite. The subjective pain was localized in the right iliac fossa directly over the appendix, though pressure there would cause it to radiate upward and forward nearly as high as the epigastrium. The patient was extremely nervous, having become imbued with the idea that she had finally become a victim of the dread malady she had so long feared. Her treatment had consisted of cold applications to the abdominal wall, rest in bed, diet, and opium internally to relieve the pain.

Examination failed to reveal any enlargement of the liver, and percussion there was not painful. Analysis of the urine however revealed biliary elements and uric acid crystals in abundance. Questioning, too, elicited the fact that the patient had previously suffered from two attacks of "stiff neck," as well as a lame shoulder. Feeling certain that the diagnosis of appendicitis was a mistake, the treatment was now entirely changed, the patient being put at once upon the anti uric acid treatment for rheumatism. Thialion was administered in teaspoonful doses, every two hours, the first day, until a free bilious passage from the bowels was affected. Thereafter, a teaspoonful was given in a glass of hot water every morning upon rising, and an anti-nitrogenous diet ordered.

The improvement was marked from the outset. The patient's appetite was restored, she became less nervous and slept better at night. The pain, too, gradually abated and at the end of a fortnight had disappeared almost entirely, the woman having resumed her accustomed household duties and abandoning the idea of appendicitis altogether.

Other cases have been seen by the writer wherein the symptoms at first pointed strongly toward appendicitis, the patients themselves fearing that disease. But every case of this kind has been speedily relieved by appropriate anti uric acid treatment of the character above described. Accounts of similar cases, in the practice of other physicians, might probably be multiplied al-

most indefinitely. In the words of Professor Adler, "Examples might be adduced in which myositis of the abdominal recti simulated peritonitis or intestinal colic, or when myositis of the quadratus and obliqui was diagnosed as renal colic, but perhaps this will suffice to show that rheumatism of the abdominal muscles must be taken into consideration as among the possibilities in all cases of painful abdominal affections in which the diagnosis is at all doubtful."

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### **Thurber Medical Association.**

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A regular meeting was held June 7, at Hotel Willian, with a supper for members and their ladies at half-past six. This was followed by the reading of a paper on "Insomnia" by George Carroll Smith of Boston. As this is a subject in which both doctors and their wives are usually interested it seemed an especially appropriate one for "ladies' night," and was enjoyed by all alike. The remarks which were read in "between the lines" by the essayist, and the discussion which followed, were of equal practical value with the paper itself, which appears in this number of the MONTHLY.

No meetings will be held during July and August.

J. M. FRENCH, Secretary.

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## Clinical Notes on the Treatment of Venereal Lesions.

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*By Dr. Louis Lewis, Philadelphia, Pa.*

It is not so long ago that iodoform occupied the most prominent place in the local treatment of venereal troubles, and even at the present time it is in extensive use in this class of cases. These comprise chiefly, however, patients resorting to our dispensaries and hospitals, for in private practice its use is gradually vanishing. The reason for this is not hard to see. The disagreeable odor of the drug renders it a most offensive agent both to the physician and to the patient and his surroundings. In many instances, also, it has been found to exert a marked irritant effect, while not infrequently toxic effects have been reported from its application. Recognizing these disadvantages, the profession has gradually renounced its allegiance to iodoform in favor of some of the newer preparations which have been brought forward. Among these, europhen is deserving of especial notice, since it approximates closely in action to iodoform without manifesting its injurious and unpleasant effects.

Some years ago I recorded my success with this drug in the treatment of various skin diseases and diseases of a specific character in the *Medical Times and Register*, under the title of "New Remedies in Dermatological Practice." I have used the preparation almost daily ever since, and can honestly repeat my praise. It is an insoluble antiseptic, and possesses really remarkable healing properties. It has five times the covering capacity of iodoform, and therefore but a small amount is required to cover extensive surfaces. Its antiseptic power is much more marked than that of iodoform, and it is also devoid of the irri-

tating and toxic effects of the latter, as well as of its offensive odor.

My experience with europhen has been chiefly confined to its use in venereal and cutaneous affections, although it has been regarded by many authorities as a perfect substitute for idoform in all conditions in which this drug is employed. As an application to chancroids, chancres and condylomata europhen has proved very serviceable in my practice, and in diseases of the skin characterized by dry or squamous eruptions it is also a most useful remedy. I will here take a few cases at random from my note book that will serve to demonstrate the sphere of usefulness of this unique preparation.

G. H. had been treated for three months for herpes preputialis without satisfaction, the trouble always recurring. Europhen was applied as a dusting powder night and morning with complete success in ten weeks. No reappearance within three months.

L. G., female, had been troubled with persistent pruritus vulvae in spite of all treatment for many months. There was a history of diabetes. She was cured in two weeks by the application of europhen powder under lint moistened with glycerin, night and morning.

B. B. Hunterian chancre healed in seven days by continuous applications of europhen powder under lint moistened with glycerin.

J. B. Balanitis with profuse discharge cured in four days by europhen powder.

L. L. Chancroid healed in six days; developed again two weeks later; then healed again, and did not return. Europhen powder was applied night and morning.

A. B. Pruritis scroti and pruritus of the anus due to diabetes mellitus. Relieved by europhen powder temporarily.

J. J. Venereal warts, rebellious to treatment hitherto, were removed entirely in two weeks by friction with europhen powder and bismuth subnitrate, equal parts, night and morning.

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B. B. Sympathetic buboes from gonorrhœa were cured in seven days by europhen ointment and the internal administration of sulphide calcium, one-fourth grain, four times daily.

R. J. J. Chancroids, healed in two weeks by europhen powder applied night and morning.

J. L. Fissures of corona glandis. The urine contained sugar and albumen. The fissures were permanently healed by europhen powder, though the condition of the urine remained unchanged.

E. M. Pruritus vulvæ, very obstinate, was relieved at once by the application of europhen powder. The patient had been through the whole gamut of ideal remedies without any substantial relief, and had manifested suicidal tendencies.

The above cases have confirmed my previous favorable opinion of europhen, and I see no reason to alter my conviction that it is a very useful preparation, clean, comparatively odorless, and extremely active as an antiseptic and cicatrisant.

# *The Vermont Medical Monthly.*

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## **EDITORIALS.**

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### **University of Vt., Medical Department.**

A great deal of interest is felt by the alumni of the Medical Department of the University of Vermont in the forthcoming meeting of the University Trustees who have the reorganization of the Department in charge. For some time past rumors have been current to the effect that all or nearly all of the old faculty were to be dropped. Ridiculous stories concerning the incompetency of individual members of the faculty have been circulated and though every bit of the so called information thus far promulgated has come from unofficial sources, it has served to create great uncertainty and much conjecture as to the ultimate outcome.



The real interest which all alumni of the Medical Department have a right to feel in the welfare and future of the institution from which they graduated causes many of them to believe that as many as possible of the old faculty should be retained. These men have grown with the college, have become a part of it, as it were. Their individual characteristics and abilities have contributed to the high standing of the department, and that their labors have been fruitful in building up an institution of which Vermont has been proud, no one can deny. To fill their places after years of faithful work with new men who must necessarily lack the sentiment and sincerity which only comes from long association and experience in certain lines of work will be unjust and certainly react to the detriment of the Department.

Dr. Phelps and Dr. Witthaus have resigned and their resignations have been accepted. Both these men, famous in their respective specialties, have been of marked service to the College, but in their personal growth and progress, they have grown away from the institution. Their metropolitan duties have been naturally first and foremost and it is not strange that their duties in Burlington should have been somewhat secondary. The severing of their connection with the College therefore may have its good results after all. While individually their places may never be filled, many men of equal value to the institution and the student body can easily be obtained.

In regard to the other five men of the faculty it is very different. There is a local connection between their success and the success of the Medical Department which cannot be overestimated. Each man knows that the more successful the institution with which he is connected the higher he will stand in the community, and he also knows that the failure of that institution will certainly mean loss of prestige to himself.

In considering the individual members of the faculty the name of Dr. Grinnell easily suggests itself first. He of all connected with the college has served it longest and his labors

have unquestionably gone the farthest to place the Department in the front rank of medical institutions. His identity has been felt in every upward movement of the college, and his relations with the students, largely executive for many years, have never given cause for complaint. His work as a teacher of medicine has been appreciated by the students to a unit, and the lectures of no member of the faculty have been more largely attended or more closely followed. The estimation in which he has been held by the men who have gone out into practice under his teaching is well demonstrated by the frequency with which they have turned to him for advice and counsel. And their confidence has been well placed, for they have found him, not infallible perhaps, but always helpful, with scientific, up to date suggestions, criticising where his extensive experience warranted, or commending where his judgment approved. It is this man whom almost without exception the alumni love and respect, that the majority of those alumni desire to see continue as Professor of the Theory and Practice of Medicine. His retirement would give rise to widespread regret and prove a serious calamity to the institution, particularly at this time.

In Dr. King the college has had another substantial prop. His personality has made itself felt on every graduating class and many a young physician looks back with grateful eyes to Dr. King's obstetrical teaching. We have no fear of contradiction when we make the statement that Dr. A. F. A. King is one of the foremost teachers of obstetrics, not only in America, but in the whole world. From the moment he enters the amphitheatre to the very last word of his lecture the students are with him. He makes his subject not only interesting but by throwing into it the earnestness of his own personality, gives the various details an emphasis and importance that always helps the student. Such a man is bound to uplift an institution of learning and Dr. King has had his influence in building up the University of Vermont Medical Department. His withdrawal from the chair of obstetrics would certainly cripple the institution.

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Dr. H. C. Tinkham, Professor of Anatomy, though one of the youngest members of the faculty, has been closely identified for several years with the success of the college. He is an ideal lecturer, full of enthusiasm for his subject and exceptionally capable as a teacher. Countless men who have heard the leading anatomists of America, declare that Dr. Tinkham has no equal as a lecturer on anatomy. His association as Adjunct Professor with the famous Dr. Towles was a chance of a life-time, and it is needless to say that Dr. Tinkham was one who could and did make the most of his opportunities. He has won an enviable reputation as a surgeon and done much to advance the reputation of the college. He has been a great favorite with the students, and the alumni appreciate his work. No professor of anatomy could hope to fill his place for many years, and to place a new man in the exacting chair of anatomy at this particular crisis, would certainly handicap the Department.

In regard to Dr. Jackson and Dr. Jenne, Professor of Physiology and Professor of Materia Medica and Therapeutics, respectively, the same words of commendation can be spoken. In expressing these sentiments the writer of this editorial knows that he is voicing the sentiments of a great many alumni. It is unfortunate that the institution has no well established alumni association, for since the graduates of any educational institution are assuredly its most loyal friends and its best agents, they ought always to be so organized as to prove of real help at such a time as this.

Many alumni would have expressed themselves as above long before this if they had had the opportunity and still others would but for the fear of antagonizing some faction and thus endanger their chances of being appointed to some of the minor positions. The Editor of this journal, however, is seeking nothing and therefore does not hesitate to express the sentiments he feels. The Medical College is passing through a grave crisis, and as an alumnus of an institution whose success or failure will materially affect every graduate, the Editor feels that it is his right to

candidly express his opinion from his point of view. He only expects it to be taken for what it is worth, and since he knows full well that there may be many factors present concerning which he knows nothing, he has not over-estimated this opinion.

In conclusion there has been one objection raised to the re-appointment of all the remaining members of the faculty which ought to be considered. That is the question of future harmony in the faculty. We believe that the above mentioned physicians and gentlemen are big enough to forget personal likes and dislikes in the more important demands of a good, useful institution, which in its hour of need calls for their best and united efforts.



## The Treatment of Disease.

There should be no medication except for definite indications. At the best, medicine is a choice of evils. As health is more desirable than sickness, so prevention is better than cure, and hygiene is preferable to therapeutics. This much.

But the creed of therapeutic nihilism is medical treason, and the expectant method of treatment is a confession of ignorance. Men go to a physician to be cured of their diseases or relieved of their suffering. He is a poor doctor who cannot grant them the one boon or the other.

The proper administration of drugs not only relieves unpleasant symptoms, but exerts a favorable influence upon the course and termination of cases of disease. If the truth be otherwise, then the science of medicine is a humbug, and physicians are frauds and impostors.

The proper administration of drugs—but how to secure it is the question. It is not to be acquired by memorizing doses, or committing therapeutic classifications. It is not to be found in lists of favorite prescriptions. It is not to be compassed by a study of the newest new remedies—not even when these are importations from the laboratories of the German chemists, or pro-

ducts of the latest bacteriological research. It comes only from the union of study and experience, the coupling of theory and practice. It is not the same with different men—for the best drug for a physician to use in any given case, is often that one which he best understands, and so can use most intelligently.

A few drugs, thoroughly understood, and with whose effect he is perfectly familiar, will serve him better than a large number with which he has only a speaking acquaintance, or of which he only knows that they are said to be good for this, that or the other condition or symptom. The most successful therapeutists are not those who deal in the greatest number of medicines. Rather, the reverse is more nearly true.

Single remedies and simple combinations will furnish a more satisfactory treatment for diseased conditions than can be found in complex combinations, shot-gun prescriptions, secret preparations and proprietary remedies. Only by the use of the single remedy is it possible to determine with any degree of accuracy the action of a drug. Combinations need to be made with the greatest care, and their effects can only be determined by long continued study and observation.

Accuracy in therapeutics is to be secured by the use of alkaloids, active principles, and definite chemical compounds, whose effects are simple, uniform, and positive, rather than by that of crude drugs and their galenic preparations, which are unreliable as to strength and of uncertain activity. Many and perhaps most of these are really compound substances, with their constituent elements existing in varying proportions in different specimens, and hence their action cannot be determined beforehand.

The general acceptance of these principles would do much toward placing the practice of the healing art upon a truly scientific basis.

J. M. FRENCH.


 MEDICAL ABSTRACTS.

**Salt vs. Strychnine.**—An observant friend, an “old-timer” of this city, tells me that he has frequently seen the lives of dogs saved from strychnine poisoning by the use of large doses of common salt—this after the dog was in spasms. He first saw some boys recovering a dog that had been treated to a dose of strychnine by the police. The method used was to fill the dog’s mouth with a big handful of salt and wash it down with water from an old tin can. The dog soon straightened out and was shortly all right. Is it a chemical antidote, or does it cause elimination of the poison by creating an active exosmosis? Who knows! Who has made the same observation? Does it apply to the human family?—*Alkaloidal Clinic.*

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**Disease in the Sigmoid Flexure.**—J. M. Mathews, M. D., (*Transactions American Proctologic Society*, 1899), says that the sigmoid flexure, because of its anatomical construction, its location and office, is peculiarly subject to a diseased condition, and recommends local treatment. This is done by first washing out the bowel with hot boric solution, through a Wales bougie, each morning for a week. He then uses some astringent antiseptic wash and recommends the following: A tablespoon of pinus canadensis, a dram of campho-phenique to a pint of tepid water, thrown into the flexure once a day for six or eight days and allowed to remain until the patient is forced to evacuate it. After the termination of the second week an oil preparation is the most serviceable and he recommends sweet almond oil one pint, iodoform one dram, subnitrate of bismuth one-half ounce. One ounce of this mixture in a teacupful of warm water is to be deposited in the flexure nightly for one

week, through a Wales bougie. He claims that this line of treatment, if carefully followed out, will cure most of the patients.—*Chicago Clinic.*



**A Merited Rebuke.**—There is, it is to be feared, a large class of men in the profession who thoroughly deserve the following scathing rebuke which the editor of the Philadelphia Journal administers to the omnipresent vender of suggestive and obscene "stories:" We have no wish to exaggerate the facts either as to the importance or as to the amount of smut masquerading as wit in some of the lecture-rooms, journals, and in the conversation of some physicians, but we think all bright clean men will agree that there is altogether too much of it. We are confident that medical students are fully as free from the vice as any other class of young men, and in their behalf as well as on the score of professional decency such a purity should be guarded rather than broken down. But is there a practitioner that does not look back with shame and disgust to the nauseous 'story-telling' of some shameless 'professor' of his college days? A room full of young chaps will perhaps laugh and applaud—and then go away—at least the best of them—to loathe the teacher who thoughtlessly debases his office and corrupts his audience. We have known some of the highest officers of a great medical organization who, wherever they went, left behind the pollution of obscenity and nastiness. We have known a professor of the history of medicine who peppered his lectures with stories erotic and 'tommyrotic' that showed how pitiable was his reading of history, and his conception of duty. If wit happens occasionally and accidentally to be touched with this diabolism, men of the world will not wince, and may even laugh the more heartily, but he is an ass and a knave who from choice and habit delight in pornographic reek."

A little cheerful wit is often a pleasant and useful medicine for doctor as well as patient, but when it is flavored with filth it

becomes a nauseating dose indeed. Certainly no class of men should avoid such coarseness or obscenity more than physicians, whose constant association in the home life of the community demands the language and manners of gentlemen. Nor has indecent language, at any time, a place in the vocabulary of a cultured physician. Closely allied to outright indecency is a class of literature with which a few medical journals are filling their pages and which certainly cater more to the pruriency than to the necessities of their readers, while masquerading in the garb of science. Those multiplied discussions of erotomania and sexual anomalies and disquisitions on the nature of lust may be of occasional interest to the alienist, but to the average man are of no more value than the inscriptions on the Rosetta stone. He reads them for the same reason, and probably with the same sensations, that another less "scientific" man absorbs with eager avidity his "Sapho" or crowds to see the latest degenerate drama. In order to be honest with ourselves we need to get down to first principles.—*Medical Standard*.

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**Vaginal Douching.**—In Gould's Year Book of Medicine and Surgery for 1900, Byron Robinson, M. D., of Chicago, Ill., in advocating the use of vaginal douching says that when properly used it is capable of doing a vast amount of good, but much depends upon the amount of the fluid, the degree of heat, etc. He advises a fountain syringe with a four foot lead and holding at least four gallons and at a temperature of 103 degrees Fahrenheit and increased until as hot as can be borne. Begin with three quarts and increase one pint a day until four gallons are taken. He also advises that some astringent preparation be used to check waste of secretions. For this purpose Micajah's Medicated Uterine Wafers are especially useful. They are astringent in action, thus contracting the vessels and tissues, and check waste of secretions. They prevent reaction after douching and stimulate the mucous membranes. They are antiseptic and should always be used in connection with the vaginal douche for the above reasons.



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## Notes on Apomorphine.

*By J. M. French, M. D., Milford, Mass.*

Apomorphine is an artificial alkaloid, obtained by heating in a closed tube one part of morphine and twenty parts of hydrochloric acid.

Freshly prepared apomorphine is of a light gray color. Upon exposure to the air, however, it turns dark, from oxidation. So, also, a freshly prepared solution of apomorphine is perfectly clear; but after exposure, it gradually turns light green, green, dark green, and finally greenish black and black in color. Much has been written concerning the changes in nature which are indicated by these changes in color. It has been claimed by some that its depressing qualities are thereby greatly increased, and its use rendered unsafe. Others claim that its properties are not affected in any appreciable degree by the oxidation, and with these last my own experience agrees. I have used it hypodermically in full doses in a large number of cases, using solutions which were as black as ink, without perceiving any different results from those which were produced by the fresh and clear solution. This change in color

may be prevented by the addition to the solution of a few drops of dilute hydrochloric acid. (Murrell.)

In dissolving apomorphine in a four per cent solution of boracic acid for the purpose of rendering the solution antiseptic, I have found that there was produced a jelly-like mixture too thick to be used in a hypodermic syringe. Dr. Charles J. Douglass in Merck's Archives for June, 1900, reports that under similar circumstances he found that the drug was rendered entirely inert, having neither hypnotic or emetic properties after being dissolved in a saturated solution of boracic acid.

Its chief uses are as an expectorant and as an emetic. It is also of value in many cases as a powerful antispasmodic and relaxant of the entire muscular system, while in full doses it is secondarily anodyne and hypnotic.

As an expectorant, it should be given in small doses frequently repeated, until relief is obtained, then less frequently as may be needed to keep up the effect. I have found the so-called alkaloidal or dosimetric granules to be a very convenient form of administration. Of these, the standard granule contains 1-67 grain, and one or two may be given to an adult every ten to thirty minutes, or less frequently as needed. Its effect is to increase the secretions of the mucous membranes throughout the entire respiratory tract. In laryngitis, capillary bronchitis, and spasmodic croup, it is of especial value. It is best given in solution, one granule to a teaspoonful of water. Children bear a somewhat larger dose in proportion. By the use of the small dose frequently repeated, if the effect is watched, there can be no danger of overdosing. When given as an expectorant, it may with advantage be combined with emetin, the active principle of ipecac, and sometimes with codeine.

In using apomorphine as an emetic, it should always be given hypodermically. Indeed, Bartholow states that "the dose to procure emesis, in giving apomorphine by the stomach,

must approach the toxic to bring about the result with certainty." The same author continues, that "from 1-20 to 1-8 of a grain, by the hypodermatic method, is a safe and efficient dose as an emetic, acting in a relatively short time, from fifteen to thirty minutes, and then coming on with marked suddenness."

My own experience with the use of the drug has led me to regard the ordinary range of dosage for an adult as from one-fifteenth to one-tenth of a grain. The time required for this dose to produce copious emesis I have found to be often less than two minutes, and seldom longer than ten. The accompanying nausea is extreme, but of short duration, and is sometimes succeeded by great prostration. Vomiting is usually followed by sound sleep, lasting for an hour or more. In persons with a weak heart it should be used with care, on account of its depressing effect.

"This remedy does not produce emesis as does sulphate of zinc or sulphate of copper, by irritating the mucous membrane of the stomach, but by its action upon the spinal nerve-centers." (Shaller.)

The principal use of apomorphine as an emetic is in cases of poisoning, in which it is of especial value on account of its mode of action as stated above. Even when the irritability of the mucous membranes of the stomach has been destroyed by the action of the poison, it is still possible to produce emesis provided the spinal nerve centres have not been too far benumbed. Its use in the various forms of opium poisoning has usually been not only sanctioned but very strongly advised. This has been upon the theory that the very slight chemical change from morphine to apomorphine was accompanied by a complete change in its physiological and therapeutic properties. As stated by Murrell, "This slight change in the chemical composition has worked a marvelous change in pharmacological action. Morphine allays pain and induces sleep; whilst apomorphine has none of these properties but is

the most powerful emetic and expectorant known. So great is the change in the original alkaloid that in cases of morphine poisoning we give apomorphine as an antidote."

Experience, however, does not fully bear out this theory. The fact which I have often noted, that emesis from apomorphine is usually followed by sound sleep, would seem to indicate that something of the morphine nature still remains in the drug. Further testimony to this end is furnished by Dr. F. J. Iuen, in an article on opium poisoning, in the *Alkaloidal Clinic* for June, 1900, in which he states it as his belief that if there is any drug in the whole pharmacopoeia contra-indicated in opium poisoning, that drug is apomorphine. It frequently happens when the patient is thoroughly narcotized, that emesis cannot be produced. In these cases, when apomorphine is administered, there is added to the original narcosis the effect of a powerful depressant and relaxant. The patient becomes absolutely limp, and without reaction to anything, save possibly a strong faradic current. Several cases are related in which fatal results were produced in this manner.

From the evidence presented, it would seem that while the results may be perfectly satisfactory when the remedy is given sufficiently early to insure emesis, they may be very unsatisfactory when delayed until the opiate has already produced its benumbing effect upon the nerve centres. The conclusion would seem to be, that while the primary effect of the drug is that of a prompt and powerful emetic, its secondary effects are closely allied to those of the morphine from which it is derived. A recent writer, Dr. Charles J. Douglass, already quoted, goes further even than this, and presents proof that apomorphine, when injected subcutaneously in doses of about one-thirtieth of a grain, acts as a prompt and well nigh infallible hypnotic, without accompanying nausea or vomiting. Both in mild insomnia and in furious delirium he has found it to produce sound sleep in from five to twenty-five minutes. On waking, the patient feels none of the unpleasant symptoms that

usually follow sleep induced by drugs, but is rested and refreshed. There is no danger of the formation of a drug habit, as if the dose is increased it becomes a vigorous emetic.

These facts go to prove that the slight chemical change produced in the original alkaloid, while it has wrought a great change in its properties, has not entirely changed them; but that something of the original nature of morphine remains in the resulting alkaloid, apomorphine.

Another purpose for which the hypodermic injection of apomorphine is of value, is as an auxiliary remedy in the treatment of alcoholism by the Keeley and other allied methods. Here it is used, first, to unload the stomach of an acutely intoxicated person, and thus aid in sobering him off; and secondly, in the case of hard drinkers, who fail to yield to the usual treatment, and by continuing to drink large quantities of some form of alcohol, neutralize the effect of the usual remedies. In such cases, it is customary to give the patient at the time of the usual injection, one of apomorphine instead, gr. one-fifteenth to one-eighth, having immediately preceded it by a drink of whisky or other form of alcohol. Intense nausea and complete emptying of the stomach speedily occur, with the result that a distaste for alcoholic drinks, and an inability to retain them upon the stomach, are speedily brought about. This drug has no part in the permanent cure of alcoholism, however, except as it serves to break off the habit of drink for the time being, and thus allow the real cure to go on through the use of the proper remedies.

## Alkaloidal Therapeutics\*.

By *Dr. F. C. Gay, Windsor.*

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*Mr. President and Gentlemen :*

I present this incomplete essay on Alkaloidal Therapeutics, not on account of any superior knowledge of the subject, on my part, or of any very wide experience in the application of its principles ; but firstly, because I never could say no to a reasonable request, and secondly, because what little I have read of the theory and my limited experience in the practice have touched a soft spot in my professional nature and so aroused my interest that I wish to bring the matter up for discussion.

I would like you all to turn the search lights of your minds full upon the subject and show up whatever there is in it worthy of our attention.

Probably many of you are more familiar with this mode of treatment than I am. It may be known to you under the name I have given ; as dosimetric medication or active principle therapy ; but the English of it is the treatment of disease with the alkaloids, or active principles of drugs in small and frequently repeated doses.

This is generally *called* a new method of treatment and for that reason looked upon with suspicion by the more conservative of our professional brothers. But it is not new except in comparison with the antique. The use of the alkaloids dates back to the separation of quinin from cinchona ; morphin and codein from opium, and strychnin from nux vomica. These remedies have stood the test of time. Is there a practicing

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\*Read before the 86th annual meeting of the Vermont State Medical Society.

physician in the civilized world who doesn't use them ; and who would be willing to give them up and go back to the use of the parent drugs? Atropin has been in use many years and is gradually superceding belladonna, and digitalin, a later production from digitalis, is one as worthy of universal employment as any of the preceding.

The idea of making this a universal or exclusive system of therapeutics was first promulgated by the noted Belgian physician, Prof. Adolph Burreave of the University of Ghent in 1848, about fifty years ago. Why should we look askance upon a method of treatment which has a good record of half a century?

The result of Burreave's teaching was the organization of a new school of medical practice which was taken up by many physicians of France, Spain, Portugal and other countries.

The alkaloids in their popular form of granules were first introduced into this country by the agents of a French pharmaceutical house. Soon after this Drs. Waugh and Abbott of Chicago took up the study and practice of these therapeutic principles and commenced to diffuse their truths among their colleagues, mostly through the agency of their popular little journal, *The Alkaloidal Clinic*. They have put so much Yankee energy into the work that the method has made rapid strides into professional favor until, I think, there is hardly a live town in the United States that doesn't support one or more physicians making quick cures and small profits by the use of the active principles of the standard drugs.

The American physicians have not followed the lead of the Europeans in organizing a new system of practice, but have taken up the alkaloidal medication as an addition to, and improvement upon, the regular system. I think this is as it should be, as it is simply a refinement and concentration of the older method of medication, and certainly a great improvement upon it.

The fundamental principle of Burrgreave's theories is derived from his comprehension of the importance of the vaso motor nerves in acute disease. In the state of chill there is a spasmodic contraction of the cutaneous capillaries: in congestion a vaso moto paresis.

To relax spasm he advises the use of glonoin, or hyosciamine; to restore tonicity, strychnin or digitalin, or both in some cases; to subdue fever aconitine or veratrine; and these agents aid the others by equalizing the circulation.

Another of Burrgreave's statements which is of great importance, if true, and we can all test the truth of it for ourselves, is that the alkaloids when given in the alkalometric manner never antagonize each other. So if a complicated case requires two remedies having distinct or opposite effects, we may give them both together or alternately and get the full benefit of each.

As disease of any part of the body is an indication of deficiency in the vitality of the affected tissue, the powerful influence of the general vital incitant arsenic, or of such vitalizers of particular tissues as sanguinarine for the respiratory tract, cantharadin for the bladder, phosphorus for the nerve tissues, and so on, are taken advantage of by the followers of this method. The results from these agents are prompt and certain.

We all know by experience the uncertainty of the tinctures and extracts and the great variation in strength between different makes: the deterioration from age and exposure to varied temperatures and through other agencies; how much depends on the climate and location in which the plants are grown; and how we sometimes get toxic effects when we are expecting the physiological or curative. Why is this? Isn't it because of the varying quantity of the active principle in the given drug. For an example, let us consider that much used and much abused remedy, digitalis, which contains five active principles: digitin, which is inert and therefore an



offence to the system without any compensating object in its administration; digitoxin, which is a heart depressant and antagonizes the others; digitalin, digitonin and digitalein, all possessing the heart tonic, diuretic and vaso motor constrictor properties of the crude drug in different degrees.

The advocates of the alkalometric method by separating the inert and depressing principles, obtain in the union of the remaining three the most powerful heart tonic known. It is claimed that this may be taken continuously for years without danger of cumulative effect or of wearing out the susceptibility of the heart, and that it actually improves the nutrition of that organ instead of promoting degeneration of its muscular substance, which we have been taught would be the ultimate result of a long continued administration of digitalis. I will briefly report one case to illustrate this. The patient had apparently reached the latter end of the last stage of cardiac dropsy. The legs were ruptured and discharging serum profusely, and the pressure on the stomach was such that a spoonful of the most simple liquid nourishment could not be retained. I had given digitalis in tincture and infusion, singly and combined with the potash salts, and in short had been through the whole list of diuretics and heart tonics, but the dropsy had kept right on coming for over six months. Then I did what I should have done before, gave 1-60 gr. of digitalin every half hour with a continuation of glonoin and strychnin which she had been taking for some time, thus reducing the treatment to a pure alkaloidal basis. In twenty-four hours a slight improvement was noticed, and there was a daily improvement until in about three weeks' time the general anasarca was conquered and has not returned in four months, during which time digitalin has been continued in doses of 1-30 gr. every two hours.

Another patient, who has fatty degeneration of the heart and was having the characteristic apoplectic seizures every week or two, has been taking 1-30 gr. of digitalin every two

hours for six months without having one of such attacks during that time. It would require a separate treatise to bring out all the good points of this one remedy.

Opium is another good example of a drug containing many active principles, good, bad and indifferent. The crude drug would hardly be considered a good scientific up-to-date cough remedy, but what fine results we get from codein and the more recently discovered alkaloid heroin, without locking up the secretions or suspending the action of the bowels. Morphin is too firmly established as a reliever of pain to need any introduction here.

Physostigma, jaborandi and hyoscyamus are further examples of drugs that contain each two or more active principles which curiously antagonize each other. Specimens of the crude drugs that are thought to be inert may simply contain the antagonistic principles in proportions so adjusted as to balance each other. If one predominates it depends upon chance as to which one and how much, and while we are endeavoring to find out by experiment we may lose a case or a patient.

It would take too much of your time and overtax your patience to take up the alkaloids in detail and discuss their virtues. I did have in mind quite a little dissertation on aconitine; but when I received the program of this meeting and found that Dr. Stoddard was down for a paper on that subject I thought it best to omit it from mine. He has probably brought out all the points I had thought of and many more besides. It certainly is worthy of a paper by itself. As an agent for reducing fever congestion and inflammation I don't think its equal has ever been discovered; acute pleuritis, bronchitis, pneumonia in the congestive stage, and peritonitis are absolutely nipped in the bud by the influence of this remedy.

I think it is evident that the old crude drugs are being slowly but surely supplanted by their active principles in the form of alkaloids, glucosides or resinoids. It would be hard to

find in these modern days a disciple of Galen who would give a large dose of laudanum to relieve an acute pain ; of cinchona to break up a chill ; instill belladonna into an eye to dilate the pupil, or inject the extract of coca for a local anesthetic. It having been proven beyond a reasonable doubt, as the lawyers say, that the alkaloids of *these* drugs are preferable in every way to the crude forms, why not make a clean sweep of the pharmacopœa and bring into general use the active principles of all the drugs from which they can be extracted in pure and efficient form ? If this method is right we want the full benefit of it in the interest of our patients and ourselves.

These remedies give us certainty of dosage ; precision of effect ; are rapidly dissolved and absorbed by the stomach without irritation of that delicate but badly abused organ. They are neat, clean, handy to carry about and dispense ; and are agreeable to take, which is a quality to be seriously considered from the patient's point of view.

We hear a great deal of late about the standardization of drugs. The standardization of a drug is simply a process of *making* it contain a definite proportion of the active principle for which we use the drug.

Now when the chemist has an alkaloid in its pure form ready to add to the tincture which he may find deficient in that particular principle, why isn't it better and more scientific for for us to take that alkaloid and use it for the effect we want and let the tincture or extract alone and thus avoid large and nauseating doses and the dangers from deterioration and the possible antagonism of other alkaloids.

Of course, for obvious reasons, the druggists don't help to boom such a change of therapeutics ; and our regular school of practice is surrounded by a "Chinese wall" of conservatism, which it needs, perhaps, to keep its members from being carried away by divers and strange doctrines ; so a method like this which *appears* to be new has met with much opposition. The most general objection to it, that I have observed, is that

these little doesmetric granules *look* too much like homeopathy. Well, if a patient accuses you of practising homeopathy on him just let him chew up one of those granules and that will settle the question for him. He will know that they are not sugar pills.

There is another way by which such a suspicion may be avoided. One or two of our leading tablet manufacturers are making what they call dispensary tablets of the active principles of such strength that one tablet dissolved in a given quantity of water will make a solution each teaspoonful of which represents a small dose of a potent remedy. A half grain tablet of digitalin dissolved in a 4 oz. bottle of water gives us a 64th gr. to a teaspoonful. Twenty-five such tablets may be carried in a dram vial and tone up all the weak hearts we would be likely to find in a day's drive. An eighth grain tablet of aconitine dissolved in thirty teaspoonfuls of water gives us a 240th gr. to a teaspoonful, and digitalin, veratrin or strychnin, or all three if needed may be added to the same solution and we have a most powerful weapon for combating fever conditions. I have carried some half dozen of the alkaloids in this form during the past six months and have realized more positive and gratifying results from them than I formerly experienced from a bagful of tinctures, powders and extracts. These small doses are safe and they can be repeated every fifteen, thirty or sixty minutes, according to the urgency of the case, until we get the physiological effect, and the dose may then be gauged and intervals lengthened to maintain that effect as long as necessary. There is no unpleasant after effect and no reaction.

Another good feature of this method is that it does away largely with prescription writing, thereby avoiding the dangers of substitution and the loss of profit to us resulting from the patients' patronizing the druggist instead of the doctor. The refilling and passing around of prescriptions robs us of a great deal of what might be good office practice.

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Dispensing of the alkaloids is a pleasure, or at least, is no hardship, and doesn't require a trunkful of bottles or a drug store connected with the office.

I hope and trust that this movement may go on until we have alkaloidal substitutes for the greater number of the tinctures and extracts of the whole *Materia Medica*, and become willing to use them on all possible occasions. When that good time comes I think it will be said that the practice of medicine has passed beyond the dark ages of experimentation and has become a true science.

The spirit of progress is abroad in the land and innovations are rife in all departments of science.

The medical profession is not behind in the procession, but it seems to me that here is a means of advancement that is being blindly neglected.

## Puerile Indigestion.\*

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*By F. C. Morgan, M. D., Felchville.*

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*Mr. President and Gentlemen:*

Because this subject involves all the local lesions of the prima via and its appendages, from the teeth to the anus, details are debarred from this treatise. There is a class of patients which we all see, each member manifesting a similar train of symptoms to other members, and some type of indigestion is the diagnosis. Probably there are more patients in this class of business than in any other during the warmer months of the year. When we find a child salivating, vomiting frequently, caries of the teeth, having occasional colic, diarrhœa, constipation, tympanites, or any other phenomena connected with the digestive tract, there is evidently some disturbance of normal function, and an early correction of the abnormality will almost invariably result favorably. The causes connected with these lesions are great in number. Perhaps never identical in any two cases. Ignorance and carelessness on the part of nurse or mother can be set down as a primary causes. About four facts govern the whole matter: Quality of food, quantity of food, frequency of administration, method of preparation. It seems to be something of a modern fad for mothers to avoid nursing their babies from the breast. This "improvement" in civilization, for a healthy woman, with an abundance of good milk, is a practical farce. If the mother has in her affection, the best welfare of her child, she will do for it whatever is demanded in this direction. From the lower orders of mammalia women can learn a useful lesson in feed-

\*Read before the 86th Annual Meeting of the Vermont State Medical Society.

ing the young, and would that they had no other means. In other words, that it be obligatory. You may say that many women have no milk for the child, that it is an inherited tendency not to have any lacteal secretion. I will ask you—“How many women are there that cannot have a flow of milk with proper management during pregnancy and after parturition?” Occasionally there is an exception, such as abnormal breast, sunken or fissured nipples, but I believe them few. The breast glands sometimes secrete colostrum for weeks and months after parturition, and this is quite sure to produce some diarrhœa or indigestion in the child.

There is no doubt but that the diet of the mother affects the child through the milk, and it may become unwholesome and injurious, but proper regulation of this matter will soon show its effect. I have seen, as you all have, serious forms of vomiting, acid secretion, diarrhœa, follow the use of too rich diet or vegetable and fruits. It is not essential that all mothers abstain from these things, especially vegetables properly cooked, and fruits, for in many instances they will have no particular effect in the child. Matters arising that create in the nurse violent anger, grief or fear, or almost any sort of emotion, may result in a severe form of indigestion in the child, and the care necessary to be exercised over the temperament and environments of the nurse is imminent. During dentition children will be, in the majority of cases, salivating freely and worrisome, and before long some disturbance of the digestive tract will follow. But why? Most women, unless thoughtful of the regularity of nursing, will put the child to the breast to stop it from crying, even if it is every fifteen or thirty minutes, and this will upset any stomach. It is improper feeding more than teething, while they attribute the causes all to the teeth. A normal dentition in a healthy, strong child, receiving regular proper food, ought not to be accompanied by much, if any, variation in the regular physiological processes. Probably the most perplexing matter that confronts the average

physician, in the treatment of infantile diseases, is the nursing bottle. In many places we find a rubber tube two or three feet long, connecting the bottle and rubber nipple, so that the mother can lay the bottle in a chair beside the cradle, and go about her work, and the "child has something to keep it quiet." When she gets around to attend to it, it has vomited sour curdy cows' milk over its front, and then nursed again and vomited, and the whole program has been repeated many times. This may go on for a long time without any bad results, but it is certainly a rugged child that will endure it and not get sick. With a slight degree of carelessness in cleaning one of these tubes, it will soon contain germs enough to infect all the children in the state. If they are not used children certainly will not be infected thereby. Besides these items referred to, there are general cleanliness, sunshine and fresh air. Wherever these features predominate, bacteria are few. A child inhaling an atmosphere over a sour bib is swallowing poison.

Many of these matters are thoughtless neglect, but we all know about them. A good nurse knows enough about the antiseptic part of the world to keep the patient clean, but mothers do not always, and we must tell them. Many mothers are so fearful of something happening to the baby that they will confine them in a close room, and scarcely let them sniff a breath of open air. On this point they need instructing. Flannel bands are often removed in warm weather, but this is a great mistake.

#### SYMPTOMATOLOGY.

We all appreciate the signs of indigestion in general. Fever present or absent, coated or clear mouth, dry or moist tongue, vomiting or not, constipation or diarrhoea, worrisome or stupid, muscle spasms in sleep or convulsions, tympanites or colic, discharges, yellow, green, gray or watery. I have seen a few cases where there was no coating of the tongue, no diar-



rhœa or constipation, no fever, and the only symptom present of any disturbance was jerky limbs in the sleep. A thorough cathartic brought several foul green discharges. These cases may be properly divided into two classes, viz.: Those that have occasional attacks, and those that have the habitual variety. The occasional indigestion is marked by a sudden attack and quick recovery after vomiting, and possibly an acute diarrhœa has been the order of things, and nature has relieved itself of the offending material. On the other hand cases that have continued attacks are suffering from the persistent use of the wrong diet, and this will last until the diet is changed, and this may be sufficient without the aid of any medicine. The symptoms which would lead us to consider the differential diagnosis must not be forgotten. Stupor, fever, vomiting, headache, chills and quick pulse in those cases of habitual indigestion may indicate scarlatina, or mild diphtheria or meningitis, so after a careful examination it is sometimes impossible to make a diagnosis for a few hours. *One* important act must not be forgotten in examining any child that cannot talk or express its feelings, and this is examination of the pharynx. Failure to view the throat may sometimes result very seriously to patient and attendant. Having decided that we have some form of indigestion to deal with, what is to be done in the way of management and treatment? Management may be a portion of the treatment, but it is of so much importance that special reference to it is obvious. If we can see the patient when we ought to (in the early part of its sickness), or while it is sthenic, the first attention should be paid to the clothing, hygiene and diet. If the child is not clean, have it bathed thoroughly with alcohol and water, and a well-fitting flannel band sufficient to cover the abdomen applied, and clean clothing. Second, what is the patient swallowing for nourishment? In the case of breast-feeding, ascertain whether the mother's diet is right, whether she is strong and has good digestion, whether her

temperament is right, if she is pregnant or not, if sexual intercourse is frequent or not, if she sleeps well or not, and in fact all there is to the mother's condition that will in any way render her milk unwholesome. Examine her milk, and if it is thin and blue there is something wrong. The most disturbance I ever found with mother's milk, was in case of pregnancy during lactation. This means distress to the one nursing, and the next one probably as well. A little "previous" advice will be fitting on this question. If we have a healthy, strong woman nursing the patient, whose milk is right, well and good, but if not, take caution lest you treat the wrong patient principally. If the milk is bad suspend breast-feeding and treat the mother till her health is repaired, extracting the milk regularly for a time, and feed the child artificially, till she can again supply good milk for it. If this cannot be done artificial feeding must be permanent. The mother may be lacking the predominant mineral constituent of the milk, viz: phosphate of calcium. This, with the exception of chloride of sodium, the chief mineral ingredient of the gastric juice. If this is the case administer it, together with whatever digestive ferments and tonics her case may demand. I have found in these cases maltine with pepsin and pancreation valuable, lactophosphate of calcium, iron, quinine and strychnia, bovine, liquid peptonoids and lactopeptine. By all means produce good tone in the maternal digestive system. Regulate the diet and bowels and have her take liquids, possibly milk watered, or not, to aid the lacteal secretion, provided it is scant. In women who appear pale and anæmic, the whole derangement may depend upon disordered digestion and slow absorption. Such cases need digestive ferments and not iron. Too much iron has been given to pale people, when indigestion was the primary cause of lack of hæmoglobin. Prof. King recommends fomentations of the leaves of the castor oil plant, preferably the white variety, applied to the breast for a direct galactagogue.

The summary of breast-feeding may include the correction of indigestion, asthenia, and lacteal secretion of the mother, anatomical conditions being normal. How about the food of the infant, provided it be artificial? I have arrived at the decision that raw cows' milk is unfit for a baby, especially if weak or suffering from any stomach or bowel trouble; first, because it is unlike mother's milk, and second, because no two cows give the same grade of milk, especially as regards butter-fat. It is many times a matter of considerable experiment, to settle the question of artificial feeding. I have used about all the proprietary food products, and no single product will fit all cases of weak stomach. I am favorably impressed with Lactated and Mellin's foods, although in serious indigestion I usually prescribe malted milk, especially if the stomach is very weak and vomiting is frequent. In the matter of constant diet, peptonizing tubes and sterilization of cow's milk with the admixture of sugar of milk and cream in proportion, such as will fit the case in hand, may be the best procedure, and in another case some of the foods referred to may be preferable. By all means make it impressive upon the nurse to feed regularly and an especial quantity—these to be governed by age and conditions. If the stomach and alimentary canal contain offending material fermenting, and full of poisonous microbes, clear it out freely. First small or medium doses of calomel each hour, followed with castor oil, and if the fever be high it is well to wash out the rectum thoroughly first. If the cathartic fails to operate and constipation is attending, salts in small doses may be necessarily added, but be sure to clear the intestine freely. It is my practice to administer after the cathartic small doses of sulphocarbonate of zinc or soda, depending upon diarrhoea or constipation, and repeat the castor oil every six or eight hours till the discharges are yellow and they have no odor. Antipyretics are seldom demanded in acute cases, for resolution is quite sure to follow thorough intestinal disinfection. If need be the calomel process may be repeated in 24

or 36 hours according to conditions, provided the first doses have failed to produce the desired effect. 1-10 to 1-6 gr. for several hours, or in some cases where discharges are watery and the patient depleted, it may be desirable to give the calomel and oil with a few drops of paregoric all at once.

After free catharsis the patient may be very feeble and the rectal application of the normal salt solution is very gratifying. Hypodermics of aromatic spirits of ammonia or alcohol may be desirable, but these are not the common demands, Support patient well, and by the careful judicious feeding prompt resolution may be expected, unless the patient has been sick for some time with the habitual variety of indigestion, and absorption of poison has taken place so as to interfere with the meninges or the ventricles of the brain. These symptoms mean something serious, and I would say that nearly all the child patients I have lost, have died from this complication. These conditions make the prognosis very grave, and whenever they ensue, it may be safely said, in most cases, that you could have been practically sure of recovery had you seen the patient at the proper time. Some of the old tried and true remedies have not been superseded by modern invention. I refer to ipecac and opium. The resolving effects of Dover's powder with a little extra ipecac, upon the mucous membrane is well understood, and needs no comments. There are so many varieties of conditions controlling this class of patients that no fixed rule can be made to follow. Some may demand acids and some alkalies, some will demand excitants and some astringents, so the course to pursue is necessarily to be decided upon by the attendant. In cases where watery discharges are persistent I would give you a combination that I use with pleasant results: Bismuth Subnit, Camphorated Tr. Opii, Spts. Myristicæ, Mucilag. Acaciæ, Aquæ Menthæ Piperitæ Q. S., proportioning the ingredients to age and condition and omit paregoric if no colic or uneasiness. Mustard or some other counter

irritant may be applied to abdomen. Children are easily dosed too much for indigestion, and the whole secret of success lies in establishing a satisfactory diet and regulation of the bowels. At convalescence I frequently give Lactophosphate of Calcium  $\frac{1}{4}$  to 1 teaspoonful doses according to age, and continue digestive ferments, lactopeptin or pepsin and pancreatin till the stomach is strong. Milk of magnesia may be added to the food if the patient be constipated. It is natural that the young should recover from disease, and if people can be spurred to the importance of early attention to their children, their mortality would be wonderfully changed. I have a friend who has a family of children, and he says he employs the doctor to keep them well, for when any unusual condition is noticed, he is sent for at once. He pays his physician about \$100 annually, and delights himself that this is the best investment he makes. When we can make people understand that fatal results sometimes occur from what seems a trivial affair in the beginning, then we will hear from them in due time; when we have exercised over the populace our influence in this direction, and restored one of their children to health we have done one great act of philanthropy. After the first dentition the circumstances of digestive lesions will vary somewhat and so along to the second period of change in the economy, but the principles of management are practically identical. Reference has been made chiefly to infantile cases, which are first and foremost. Without the baby there is no adult, and when we have one and have it cared for properly, and fed regularly with precision and cleanliness, with bright eyes and pink round cheeks, the very rose-bud of humanity, its face pours out a glory to the world unexcelled by endless day.

## The Treatment of Catarrhal Conjunctivitis.

*By Milton P. Creel, M. D., Central City, Ky.*

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Either as it appears as a simple catarrhal inflammation of the conjunctiva, affecting one individual, or when it is encountered in an epidemic, there is no doubt but that catarrhal conjunctivitis is an affection of great importance. This affection is essentially simple, but if allowed to go along without correct treatment it may terminate in entire loss of vision. However, if the affection be given proper and timely attention it yields with great readiness to treatment.

Either as simple catarrhal conjunctivitis seen in a single individual, or when the affection manifests itself in the epidemic form, the treatment is essentially the same. Of course, individual peculiarities in each case make certain indications fitting and even imperative. One thing which a large experience with the disease has taught me is, that prompt and systematic treatment must be instituted in every case. Often patients with strumous diathesis will have chronic conjunctivitis, and persons whose health is poor will also have protracted forms of the affection, with the loss or great impairment of sight, when if proper and timely treatment had been instituted a cure could have been effected within a very short time. In the treatment of catarrhal conjunctivitis there have been many mischievous measures brought to bear.

All and everything which produces irritation will render all the elements in the case worse. We must never employ strong solutions. A lotion composed of 10 grains of sulphate of zinc to an ounce of distilled water will aggravate any case. All lotions must of necessity be mild and soothing.

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As a curative means I have come now to rely on what I term the antiseptic treatment. This has been productive of better results in my hands than the old-time remedies.

In carrying out this treatment I first have the nurse to bathe the eyes thoroughly with this antiseptic mixture.

R Hydrozone, gr. j.  
Aqua, q. s. ad oz. iv.

This mixture is used three or four times daily, as the case may appear to demand. Just as often as this mixture has been copiously applied and the eyelids have been dried, I apply, by means of an ordinary glass medicine dropper, two drops of Marchand's Eye Balsam.

This remedy reaches every part of the conjunctiva by the movements of the lids, and it is not irritating; the patient generally makes rapid progress to recovery.

By this treatment I have found my patients to recover in from thirty-six hours to three days. In fact my success has been such that I now rely upon this treatment entirely in this affection.

Four months ago an epidemic of catarrhal conjunctivitis broke out in a boarding school. I was called and ordered these remedies used on every case that presented itself. The nuns told me that all the cases got well speedily.

Mr. Samuel S., age 39. This patient had been suffering, as he put it, with "sore eyes" for three days. It was a simple case of catarrhal conjunctivitis, but gave him great discomfort. On the treatment described above he entirely recovered in two days.

Mrs. Laura S., aged 22. This patient thought she had something in her eye, but examination revealed catarrhal conjunctivitis. On this treatment she made a speedy recovery.

These are only two of the several hundred cases treated on the antiseptic principles.—*Medical Summary.*

## Shall the Specialist Divide the Fee with the General Practitioner?\*

*By Emory Lanphear, M. D., Ph. D., St. Louis, Mo., formerly Professor of Surgery in the Kansas City Medical College and the St. Louis College of Physicians and Surgeons; Gynecologist to St. Joseph's Sanatorium.*

When an attorney in a county-seat has a client in danger of the penitentiary and hence in need of the very best of counsel it is customary for him to seek some eminent lawyer of a great city and request his aid. In so doing does he approach the distinguished gentleman and say: "I have a client accused of—, who is able to pay \$3,000 for his acquittal; will you take the case with me for this sum—leaving me the gratification of having done my professional duty?" By no means! He plainly states: "My patron has \$3,000 for his defense; are you willing to take \$2,000 of this to join me in securing justice for him?"

Arrangements of this kind are made daily in every large city. Does anyone ever suggest that the country attorney has been doing a dishonorable act in thus securing his brother practitioner to do the major part of the work for the \$2,000, he retaining \$1,000 for his services? Would a doctor, sued for \$100,000 regard such a transaction as disgraceful, unethical, objectionable, if thereby he were saved this sum?

But let the question be one of saving life instead of securing liberty or preventing financial loss—and how different it is!

If a country doctor have a patient with recurrent appendicitis (upon whom he *might* operate with success, but fears

\*Extract from paper read before the Missouri State Medical Society, May 1900.



possible failure) with a prospective fee of \$600, must he—in order to be “ethical”—write to some city surgeon to come to his help, take all of the \$600 and leave him merely the satisfaction of a duty well performed, or possibly pay for a few visits at starvation rates?” “Upon what meat doth this our Cæsar feed that he hath grown so great?”

Why should not the country doctor plainly say to the city specialist: “I have a patient with appendicitis who is able to pay \$600. Will you operate for \$400 and leave me \$200 for preparation, after-treatment, etc.?” What would be wrong about this? Let Drs. Robt. T. Morris of New York, and Burnside Foster of St. Paul, who so vigorously maintain that division of the fee is unethical under any and all circumstances, point out what injustice would thereby be done to (a) the patient, (b) the attending physician and (c) the eminent surgeon. Why should we not learn a few things from the methods of our most noted lawyers, men who are above suspicion as to unethical conduct? Have we not hitherto been too unmindful of the financial interests of ourselves and our professional brothers?

I maintain that the payment of a “commission” for all business simply “referred” to a specialist, or for mere consultations, is probably unethical—certainly demoralizing in tendency; but that division of the fee is perfectly honorable and right when the specialist and the general practitioner jointly share the work and the responsibility.

# *The Vermont Medical Monthly.*

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## EDITORIAL.

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### The New Faculty.

It is with considerable satisfaction that we note the appointment of the following medical faculty for the University of Vermont:

Dr. A. P. Grinnell, Prof. of Theory and Practice of Medicine.

Dr. A. F. A. King, Prof. of Obstetrics.

Dr. H. C. Tinkham, Prof. of Anatomy.

Dr. J. H. Jackson, Prof. of Physiology.

Dr. J. N. Jenne, Prof. of Materia Medica.

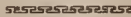
Dr. J. B. Wheeler, Prof. of Surgery.

Mr. H. L. White, Prof. pro tem of Chemistry.

With the exception of the chairs of surgery and chemistry, the former incumbents have been reappointed. The new professors are Prof. Wheeler and Prof. White. Both these gentlemen come to their respective chairs amply qualified to meet all demands.

We feel that the advantages which will accrue from reappointing the old professors will soon manifest themselves and the future of the Medical College will demonstrate the wisdom of this course.

Then here's to the U. V. M. Medical Department, May it enter upon a new and continued career of usefulness, to the honor of those who guide its course, and the glory and pride of those who leave its wing for the broad field of medical practice.



## The Need of Medical Endowments.

Just now as the Medical Department is entering upon its rejuvenated career we cannot refrain from expressing the hope that immediate steps will be taken for procuring funds to constitute a proper endowment for the Medical college. No institution of learning can achieve the highest ethical or scientific success when obliged to depend for existence solely on the income from its students. Sooner or later such an institution will find itself embarrassed by being forced to choose the lesser of two evils, either the maintenance of a course of study limited from lack of finances, or the adoption of certain methods to attract large numbers of students. This latter alternative invariably takes the form of easy requirements for entrance or graduation. It is effective up to a certain point for there is a large class of young men who desire a college degree but wish to obtain it in the easiest possible way. Sooner or later, however, reaction will set in and the very means which at first attracted students will repel them. Many men will enter a medical college which

demands the least entrance requirement. They will take their course but if it is of a high character, they are never equal to it from the fact of their poor preparatory education, and so graduation must be comparatively easy for them to pass. Hence they are thrown on to an innocent public unfit and illy prepared for their professional work. Each year has witnessed this very thing in countless medical colleges all over our country. But within the past few years medical registration laws, imperfect as many of them have been, have acted as a stop-cock on the escape of inferior medical practitioners. Henceforth the medical college is less a factor in supplying good doctors, for in most states there is an important difference between graduation and registration. The medical graduate whose Alma Mater has not given sufficient knowledge or credentials to meet the legal requirements of the State he wishes to practice in, is in a sorry plight. Such a college will not last long, and now-a-days medical college existence has veritably become the problem of the survival of the fittest.

From the foregoing we believe that survival of any educational institution depends on adequate funds. We trust that the friends and alumni of the University of Vermont Medical Department will come forward and show their appreciation of what has been accomplished in the past and a realization of the needs of the future by making tangible endowments to the Medical College.



## MEDICAL ABSTRACTS.

**The Operative Treatment of Complete Prolapse of the Uterus in Elderly Women.**—Abstract of paper read before the Canada Medical Association by A. Laphorn Smith, B. A., M. D., M. R. C. S. Eng., Surgeon in Chief of the Samaritan Hospital for Women, Montreal. The author comes to the following conclusions :

1st. That a woman suffering from precidentia or prolapse of the uterus out of the body, though not in much pain, is yet very miserable.

2nd. She is in some danger owing to the cervix becoming ulcerated and the ulceration frequently becoming cancerous.

3d. It is a mistake to think that she is too old to undergo an operation because she is forty-five or fifty or even seventy-five years of age.

4th. Elderly women support these operations remarkably well; they only require from twenty to thirty minutes for their performance; and even if we knew that the patients were only going to live one year afterwards it would be well worth while operating for the sake of the comfort it affords them.

5th. The operation of vaginal hysterectomy is especially easy and safe in these cases, having not more than one per cent of mortality and probably not even that.

6th. Ventrofixation gives good results when the uterus is short, but fails when it is long. In some cases the vagina and bladder pull down and elongate the cervix after the fundus has been firmly attached to the abdominal wall.

7th. In either case whether hysterectomy or ventrofixation be employed it should always be followed by an anterior and posterior colporrhaphy.

8th. These patients should remain in bed for six weeks after their operation, in order to give time for the new tissue to become strong.

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**Anemia Complicating Gastric Disorders.**—Dr. S. Klein, (*Therapeutische Monatshefte*, October, 1899,) has employed ferro-somatose with much success in this class of cases. He states that his first trials with the preparation were in a case of stomach trouble in a much emaciated woman suffering with nervous dyspepsia, in two cases of hyperacidity, and in one case of gastro-succorhea. By these patients it was extremely well tolerated without the least disturbance. The general condition improved materially, although this could not be ascribed to the ferro-somatose exclusively, but also to other appropriate treatment and dietetic regulations. In a case of ulcer of the stomach, which was attended with vomiting and frequent deficiency of hydrochloric acid, ferro-somatose failed to produce any pains, although this might have been anticipated from the use of iron. For this reason it was possible to employ the preparation even during the first week of treatment in gastric ulcer accompanied by hemorrhages. In several cases of intestinal catarrh the author used ferro-somatose with equally good results; of course, in connection with other remedies. Here also it acted as an excellent adjuvant to the diet.

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**“Reputation Makers.**—A prominent and conservative St. Louis physician closes a recent letter as follows: “Did any one ever tell you that your preparations are reputation-makers to those physicians who prescribe them? It’s an old story. Well, it’s a good one any way.”

He referred to the Maltine preparations.

**A Professional Opinion.**—In a recent letter to Micajah & Co., Warren, Pa., Dr. G. E. Gilpin, Berkeley Springs, W. Va., says concerning their preparation: "After years of constant use of Micajah's Medicated Uterine Wafers, I feel constrained to add my testimony as to the very great value of the remedy in prolapsus uteri, congestion of the organ, vaginal discharges and kindred troubles. My experience in their use has been very extensive and I have long felt that I owed to you an expression of my appreciation of their merits."

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Publisher's Department.

**Effervescent Salts.**—Dr. J. T. Hickerson of Saline, Mo., writes us as follows: "I have used a number of effervescent salts, but Abbott's Saline Laxative is the best of all."

Abbott's Saline Laxative is a chemically pure magnesium sulphate. It is advertised only to physicians. Professional endorsements from many sources evidence the fact that it is an ideal laxative or cathartic. For the general practitioner its all-around usefulness cannot be over-estimated, and for the specialist there is nothing like it. A sample will be sent on request by the Abbott Alkaloidal Co., Chicago.

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**A Mark of Progress.**—One fact of enormous importance that has been developed by the widespread discussion concerning the proper treatment of infantile diarrhoea is, that it is positively harmful to administer food until the very acute inflammatory condition of the gastro-intestinal tract has subsided. In these cases the mucous membrane is swollen,

congested, covered with thick, tenacious mucous and the fermenting products of food decomposition. In such instances food acts as a foreign body and therefore aggravates the existing conditions. The first rational step in treatment is to check intestinal fermentation, allay congestion and favor the healing of the ulcerated intestinal mucous membrane. Gray's Glycerine Tonic Comp. accomplishes these objects in a surprisingly short time because its ingredients have a selective specific action upon the seat of inflammation. Administered early in ordinary forms of catarrhal enteritis it will frequently prevent the progressive development of the more severe and intractable forms of the disease.

This remedy paves the way for the successful administration of intestinal astringents : it removes the foreign materials covering the mucous membrane so that astringents have an opportunity of coming immediately in contact with the diseased surface. After the acute period of the disease has subsided, Gray's Glycerine Tonic Comp. can be confidently relied upon to repair the waste of tissue and energy occasioned by the the disease.—*The Purdue Frederick Co., 15 Murray St., New York.*



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## Eclampsia.

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*By F. L. Brigham, M. D. Pittsfield.*

In introducing my paper on eclampsia I have formed my opinion largely from the gleanings from other writers upon this subject, whose experience and ideas I shall to some extent reproduce. Eclampsia is a symptomatic disorder characterized by convulsive or epileptiform seizures that suddenly come on prior to, during, or after labor, which is fortunately in most cases easily controlled. Its estimated frequency is about the proportion of one in five hundred pregnancies and the death rate nearly one in seven hundred confinements as stated by the board of health of New York City, taken from a nine years' record. In my own practice eclampsia has occurred about one in one hundred and death rate rather uncertain for the reason that the only case I have lost was my first, the record extending over a period of probably twelve years. My treatment in my subsequent cases has been different. In the majority of cases the most important premonitory symptoms announcing the impending outbreak are headache, often limited to one side, loss of memory, vertigo, gloomy forebodings, flashes of light before the eyes, contracted pupils, amblyopia, sometimes amaurosis,

ringing in the ears, dyspepsia, nausea, vomiting, dyspnoea, oedema of the face, of the labia majora, and of the extremities, and finally and of most importance, presence of albumen and casts in the urine. The attacks resemble epilepsy, the cry only lacking. When they occur during labor the first convulsion often is preceded by a short calm in which the patient ceases to complain, closes her eyes and seems to have sunk into a peaceful slumber. This deceitful truce which should always excite the keenest attention of the physician, is followed in a few minutes by convulsive movements of the orbicularis muscle giving to the patient a smiling aspect. Suddenly the eyelids open, the eyes become fixed and the pupils contract, then in a few seconds the eyelids open and shut rapidly, the eyes move from side to side or roll upward, while the pupils dilate and lose their sensitiveness to light, very rapidly the convulsive twitchings extend to the other muscles of the face, the mouth opens and is drawn to one side, the head is moved from shoulder to shoulder sometimes with lightning like alternations. As a consequence of the resulting disturbances in the circulation and respiration, the carotids pulsate with great distinctness, the superficial veins of the neck swell, the conjunctiva becomes injected, and the face is cyanosed, the heart's action becomes intermittent and the breathing irregular and stertorous. In favorable cases, after the expulsion of the ovum the attacks cease or diminish in frequency and intensity, the pulse and the respiration become quiet and the coma passes gradually into gentle slumber. On awakening, the patient complains of headache and of impaired memory and has no recollection of the perils through which she has passed. Professor J. C. Edgar, M. D., of Cornell University Medical College, New York City, says that the real cause of the eclampsia in the human female is still an unknown quantity, as far as we are aware no new light has been thrown upon the pathology and etiology of the condition. That the pre-eclamptic condition and the subsequent eclamptic seizure are

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due to uremia, hydraemia, ammoniæmia, reflex irritation, microbic influences or toxæmia, modern research does not permit us to state. Most modern observers are agreed however that it is caused by the influence upon the system of some toxic material, biliary, urinary, foetal, or all three. But what that material is has not up to the present time been determined. It appears probable however that the condition has not one but many causes. Dr. W. H. Morse asking for more light, in the Medical Summary May 1899, says, that he finds germs in both the urine and the blood that he does not recognize as occurring in pregnant women free from eclampsia. Further modern research and study would seem to prove that the toxæmia of pregnancy has certain well marked symptoms and signs to guide us to a diagnosis of this condition and that in the majority if not in all instances, this state extends over a period of days if not weeks or months, that the condition is always accompanied by some failure of the eliminative organs to do their duty seems quite certain notably on the part of the kidneys. If this assumption is correct then of the two treatments of eclamptic the preventive and the curative the former is by far the most important, especially so when we come to find that in the majority if not in all instances the eclamptic seizure is a preventable accident. Dr. Edward P. Davis of Philadelphia has been strengthened in his belief by his own observations that eclampsia is largely preventable. He also says that when urea fell to 1.5 per cent stimulation of the excreting processes resulted in distinctly favorable results, in all cases in which toxic symptoms were previously present. This does not prove that urea causes convulsions, for rabbits that have previously been injected with urea do not have convulsions or show toxic symptoms. Bouchard found that bile had nine times the toxic power of urea, he also proved that normal healthy urine injected into a rabbit produced toxic symptoms in the animal. His experiments further show that in renal insufficiency the poison retained in the patient's blood greatly

contributed to the eclamptic condition, this being true the elimination of this poison retained in the blood we would expect would prevent an eclamptic seizure. We are all familiar with the fact that when the foetus dies in utero and is delivered as in the case of a living child the eclamptic condition usually ceases. Our enlightenment in regard to the cause of puerperal eclampsia, little as it is, gives us a working theory if not a key to the successful preventive treatment. Our early recognition of the pre-eclamptic state is essential to successful treatment. Something besides an examination once in one, two or three months for the presence of albumen is necessary since the absence of albumen in the urine is found in from nine to sixteen per cent of cases and these are quite as fatal if not more so than eclampsia where albumen is found in the urine. We must do something more than look to renal insufficiency as it indicates a marked diminution in the quantity of urine and the specific gravity of the same and the amount of urea excreted. When we watch our cases of pregnancy not only for physical signs of pronounced renal inadequacy as an index of an approaching eclampsia or the overcharging of blood with toxic material as high arterial tension, headache, gastric disturbances, physical and mental lassitude and failure of bowels, liver, skin and lungs, to properly perform their work and to treat the same understandingly then and only then have we performed our duty to our patients. So much for preventive treatment. The curative I will speak of by giving cases and my mode of treatment. Mrs. M. W., age 26, primipara. I was called late in the evening about 11 p. m., patient complained of headache, said she was six or seven months pregnant and she had not passed very much urine for several days until the day before when she passed more and was all right, as she expressed it was passing an abundance. Her bowels being constipated having not moved for several days, I ordered salines and gave triple bromides, when I left her I hoped to find her better but such was not to be my pleasure for I was called in

about two hours to find her in convulsions. Gave her chloroform and sent for counsel who arrived in an hour or two but in spite of our treatment my patient died after having convulsions with only short intervals of rest for fourteen hours.

Mrs. I. F., age 28. Primipara. I was called in the morning but was away so did not see her until about 3 o'clock p. m. Found her in convulsions. Her friends told me that she had been having spasms since morning, having had eight convulsions. Used chloroform to control spasms, but they continued for six hours when she became able to swallow, then I gave her one half drachm of veratrum viride with one-half grain sulphate morphine by the mouth. I repeated the veratrum viride without the morphine in one hour, when the convulsion ceased and I delivered her of child that lived but a few minutes. The mother made a good recovery.

Mrs. A. E., age 19. Multipara. I was called in the afternoon at three o'clock; found that the patient had been having convulsions all day, having had eight before my arrival and two after, the first one came on while I was removing my overcoat. I immediately gave inhalations of chloroform to relieve spasms then gave veratrum viride twenty drops, sulphate morphine one-half grain, hypodermically, as she could not swallow. She had one more convulsion after, but not as severe, and I delivered her of a three pound baby that lived fifteen days. The mother made a good recovery.

Mrs. A. N., age 19. Primipara. I was called in the evening about eight o'clock; found that she had had two convulsions. I gave her twenty drops veratrum viride and one-half grain morphine sulphate hypodermically. She did not have any more convulsions and as she was resting quietly I did not disturb her for twenty-four hours when she gave birth to an eight pound boy, both mother and child doing well. The mother made a rapid recovery.

Now I will not weary you with more cases for these have proved to my mind that veratrum viride is the remedy par

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excellence in these conditions. I do not, however, believe that it is always necessary to use morphine and with some persons you can not, for reason of their idiosyncrasy to the drug. I have omitted it where I was sure that such idiosyncrasy had previously existed and had good results. Some authors say morphine is antagonistic to veratrum viride in its effects. Be that as it may, I had good results when combined and had very favorable results when the morphine was omitted. I am well aware that my experience is not enough to prove anything positive, but it is enough to inspire in me confidence in the treatment until some bad results arise to check my further use of the drug, then it may become necessary to look for a different remedy. In speaking of the above named remedy I have not given my reasons for doing so. It is this, to reduce arterial tension and to soften the rigid os, thereby removing causes producing the malady. In earlier days writers taught and practitioners relied largely on the use of the lancet to accomplish these results. I believe that veratrum viride is the remedy that will successfully supplant the use of the lancet in the treatment of puerperal eclampsia.

## Operative Treatment of the Nose and Throat and Its Importance.

*By C. A. Cramton, M. D., St. Johnsbury.*

*Mr. President and Gentlemen :*

I have chosen to speak for a short time upon the importance of operative procedures upon the nose and throat, mainly for the reason that I think the general practitioner, as a rule, less often treats any pathological condition of the nose and throat from an operative standpoint than any other portion of the body.

Although the family physician is daily called upon to diagnose and treat acute and chronic disease of these parts, it is, in my opinion, comparatively seldom that he deems operative procedure necessary, or associates disease in various portions of the body with the nose or throat. To the anxious parents' inquiries, the busy practitioner answers "catarrh, pharyngitis, laryngitis, etc.," prescribes a gargle, advises the use of an atomizer, and departs. Many times, doubtless, the foregoing diagnosis and treatment are correct, and yet how often would a thorough examination reveal the presence of polypi, hypertrophy of turbinated bones, enlarged tonsils, etc., any one of which may be making the life of the patient wretched?

I propose in this paper, not to discuss the various modes of operation to any extent, but simply to bring to your attention the reasons *why* operative treatment is so often indicated, and to point out a few of the serious results which may follow its neglect.

All operative procedure upon the nose and throat, except perhaps for malignant diseases, may be said to be for the relief of obstruction and neuroses. Therefore in considering the im-

portance of the removal of any abnormal growth producing these, viz., obstructions and neuroses, I can perhaps do no better than call your attention to the many dire effects they may produce upon the system at large.

I have collected from various sources the following list of troubles, some of which may be due to the direct effect of obstruction, others to reflex manifestations. These troubles, like the blessings of Providence, are almost too numerous to mention, yet their existence demonstrates how carefully a physician should search for remote causes of disease, and their enumeration may be of use for reference. They comprise the following :

*Of the nose*, hyperesthesia, spasmodic sneezing, epistaxis, perversion of the olfactory sense.

*Of the eye*, glaucoma, asthenopia, phlyctenular ophthalmia, conjunctivitis, keratitis, and lachrymal abscess.

*Of the ear*, pain, tinnitus, otitis media, deafness, and mastoid disease.

*Of the pharynx*, neuralgia, paresthesia, sensation of foreign body, dysphagia, tonsillitis, pharyngitis, etc.

*Of the larynx*, cough, aphasia and spasmodic laryngitis.

*Of the bronchi*, asthma and bronchitis.

*Of the skin*, urticaria, herpes, oedema, etc.

*Of the alimentary tract*, gastro-intestinal disorders.

*Of the heart*, palpitation and cardialgia.

*Of the muscles*, convulsive movements, choreiform in character, spasmodic and convulsive movements.

Lastly and most important of all, those of the *brain and nervous system*, viz., neuralgia of the trigeminus, epileptiform seizures, migraine, hemicrania, loss of memory and great mental inactivity, neurasthenia, melancholia, etc.

I shall speak concerning only a few of these.

All of us have often noticed the vacant-looking child with adenoids and enlarged tonsils, and have seen demonstrated time and again the change from a dull and apparently unintel-



ligent being to a bright and vivacious one, soon after the removal of the adenoids and tonsils. And yet *why* should any obstruction of the nose and throat affect the brain? Opinions vary. Many authors of note, among them Meyer, Gage, Seiler and Bresgen have, by experiment, close study, and even by autopsies, proven beyond a doubt that pathological conditions of the nose and throat oftentimes cause great damage to the brain. Krauss, with whom I think some may differ, considers that as the cribriform plate of the ethmoid is not impervious to oxygen, osmosis takes place, producing direct aeration of the brain, and thinks that this lack of ventilation, when there is any obstruction, is the cause of the mental disturbance. Seiler and Bresgen, upon the other hand, consider it due to the obstruction of the blood and lymph vessels in the brain and nose. Jiem discovered that the sewing up of one nostril in young animals, produced a malformation of the head upon the side of the occluded nostril. Dann states that continuous nasal obstruction in early childhood delays development of the orbital plate of the ethmoid, producing maldevelopment of the orbit.

It is demonstrated beyond a doubt that nasal and throat obstructions are a most serious menace to the mind and health of young and old. I firmly believe that many general practitioners are far too negligent in urging operations upon children with hypertrophied tonsils and adenoids.

In the Central London Ear and Throat Hospital of which Lennox Brown is the chief, every child that enters its portals with enlarged tonsils or adenoids is doomed for operation. The child is placed in a chair which has a high back, with straps drawn across the legs, body, arms and forehead; gas is administered; a gag is placed in the mouth, and then both tonsils are quickly removed with a Mackenzie tonsillotome; next the adenoids are entirely cleaned out by a thorough curdette with Gottenstein's curettes. The operation is not over three minutes in duration; the hemorrhage is generally slight,

and although they have occasionally had an alarming case, they have never had a fatal one.

In Paris Bromide of Ethyl is largely used for an anesthetic; but at Guggenheim's clinic at the Hospital Lariboisiere, children of all ages are held by assistants while the operator put on a gag and removes both tonsils and adenoids with a Matthieu's tonsillotome and Gottenstein's currettes without even a local anesthetic. Victims-to-be watch this brutal method, awed by the display of force, skill and blood.

Why tonsillotomy and adenoid removal is so sadly neglected outside of large cities I do not know. When we consider the effects upon the child's health, brain and appearance, that any obstruction of the air passages produces, it seems nothing less than criminal to allow any case to escape proper treatment.

I cannot too strongly urge every physician to examine all children that are reported as "snoring at night," as "getting deaf," as "having a discharge from the ear," and as "having the past year been dull in school," and when the enlarged tonsils and adenoids are found, to *remove* them.

During the past year I had brought to me a boy ten years of age who had always had an impediment of speech, he being unable to sound any of the consonants correctly, although great effort had been made to teach him. I found adenoids, removed them, and his speech improved rapidly until he was cured.

Another case, a young man eighteen years of age, deaf five years, heard watch tick (right ear) three inches from ear. Found adenoids: operated, used Politzer bag three weeks. He was then able to hear watch tick twenty-four inches away. Previous treatment by ear specialist had failed to improve hearing. And I could give a long list of marvelous changes that have taken place in pale, anaemic, vacant-looking, mouth-breathing children, after the simple operation described. If a physician is slow to discover, or negligent to operate upon ade-

noids, how much more so must we expect him to be upon every other pathological condition that might exist. Would we expect him often to attribute a case of asthma or reflex cough to a hypertrophy of the inferior turbinates or polypi and operate on same? Yet of the neuroses, asthma, hay fever, and nasal cough are among the most distressing which may follow an abnormal condition of the nasal tissues, and of these only will I speak.

Asthmatic paroxysms are often seen in children with adenoids or any nasal obstruction or even with rhinitis or any pathological condition of the nasal spaces. Any condition which produces irritation of the terminal filaments of the trigeminal, the olfactory, and the sympathetic distribution in the nasal mucous membrane, may cause reflex vasomotor changes in the nose and parts controlled by these nerves and ganglionic connections, especially the respiratory tract, because of its close connection with the nasal spaces. Cases of asthma caused purely by nasal obstruction, yet often not recognized as such, are far from uncommon. I have had several of such cases, two of which I wish to mention.

One of special note, a young man who had been always more or less subject to asthmatic paroxysms, last spring was having two and three attacks weekly. Upon examination, found hypertrophy of inferior turbinate, right side, and severe rhinitis. After cauterization of turbinate until hypertrophy was practically cured, and daily antiseptic treatment, he did not have an attack for five months.

The second, Miss W., age twenty-four years, has had asthma and a cough for three years, has averaged a paroxysm every week. Upon examination two months ago, found some hypertrophy of inferior turbinates and an acute catarrhal condition of nose and throat. Patient did not wish any operative treatment. Under antiseptic treatment thoroughly applied at office by Sass spray outfit and nebulizer, patient has now en-

tirely ceased to have paroxysms and cough has practically disappeared

There are few physicians that are not called upon many times each year to treat hay fever. I wish to urge the importance of a thorough nasal examination in each case—search for any morbid lesion such as polypi, deflection of septum, hypertrophic rhinitis, or naso-pharyngeal catarrh, which would tend to produce congestion of the nasal mucous membrane. When polipi are found, remove them; a deflected septum, according to its condition, treat or operate upon. When hypertrophic rhinitis is present, cauterize with the galvano-cautery. Under this line of treatment, many so-called chronic sufferers will be cured or relieved.

Now that I have endeavored to point out a few of the reasons why any morbid condition of the nose and throat, which produces any *obstruction* or *neurosis*, ought to be early recognized and removed, I wish also to say that I think that the general practitioner who lives at a distance from any specialist, ought to be as well equipped to do the minor work upon the nose and throat as upon any other portion of the body. He ought to consider the outfit for such work of as much importance as his obstetric, and I believe the time will come when it will be so considered. If he would add to his general line of surgical instruments a good head mirror, a laryngoscopic set, nasal speculum, mirrors, tongue depressor, Matthieu's tonsillotome, a gag, a few Gottenstein's curettes, and, if possible, a galvano cautery outfit, he would be able, at a small expense, to treat all ordinary conditions as found in general practice.

Surgical treatment of the nose and throat ought always to be done under thorough antiseptic precautions, as septic symptoms are prone to develop when improper care is taken in cleansing the parts and sterilizing the instruments. I employ for cleansing Dobell's solution, followed by a twenty-five per cent solution of peroxide of hydrogen. After the operation,

use spray of Carbo-Menthol, which I consider excellent as an oleaginous spray.

Anesthetics must necessarily be used in all operative work—in children under twelve years, I prefer chloroform; in older children and adults for nearly all nose and throat work, local anesthesia is all that is necessary, and I prefer Cocaine Hydrochlorate or Eucaine in twenty to thirty per cent. solution. I have never seen any toxic effect from solution of this strength.

I believe the chief reason why the practitioner dislikes nose and throat work is because of the necessary hemorrhages—not that the loss of blood as a rule is great, but the fact the part being operated upon is more or less hidden by the flow of blood, hinders the work and makes both patient and surgeon feel that the hemorrhage is much greater than it really is.

Dangerous hemorrhage from operations upon the nose and following the removal of tonsils and adenoids is uncommon. Lefferts summarizes as follows in regard to it:

First—A fatal hemorrhage from tonsillotomy is rare.

Second—A dangerous hemorrhage may occasionally occur.

Third—A serious one, serious as regards both possible, immediate and remote results is not unusual.

Fourth—A moderate one, requiring direct pressure and strong astringents to check it, is commonly met with.

The possible sources of dangerous hemorrhage may be an anomalous ascending pharyngeal artery; a large artery in the anterior pillar; the venous plexus at the lower border of the tonsil, or one or several large patulous tonsillar arteries.

A large majority of the cases of serious hemorrhage is secondary and in adults.

The Surgeon General's office gives a record for twenty-five years of only thirty-one cases of serious hemorrhage.

Serious hemorrhage from the nose is rare, as it is usually controlled by plugging, hæmostatic clamps, pressure, galvano-cautery, or astringents.

In conclusion, I wish to summarize by saying:

First—Examine every patient for nose and throat lesion, and if such is found and is producing *obstruction* or *neuroses operate*. Use, as far as possible, in hypertrophies the galvano-cautery outfit—it is aseptic, bloodless and effective.

Second operate upon all cases of hypertrophied tonsils and adenoids in children, using either a tonsillatome or galvano-cautery snare and Gottenstein's currettes.

Third—Remove all polypi, preferably with galvano-cautery snare. Always clip an elongated uvula—it can do no harm and oftentimes works a miracle.

Fourth—Always remove benign neoplasms such as papillomata, adenomata and fibromata. Angiomata and osteomata must at times be excepted.

Fifth—Operative treatment of malignant disease of the nose and throat, carcinomata and sarcomata, must depend largely upon the size and location of same and condition of patient. Sarcomata are by far the more common and as a rule are not hemorrhagic in character, though they may possess angiomatous features which would render operative procedures dangerous.

Sixth—In hay fever and asthma always examine the nose and throat. If any enlargements are found, remove them; any rhinitis, treat it.

Seventh—Urge upon the young and old the importance of caring for the nose and throat. I trust the day will come when everyone will consult their physician in regard to the condition of these parts of the body as they now consult the dentist, and that they will take the same care of these delicate mucous membranes that they now take of the body and teeth. When that time comes there will be far less call for operative treatment of the nose and throat.

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## Why Do I Use Alkaloids in My Specialty?

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*By Hugh Blake Williams, M. D., 100 State Street, Chicago.*

Some propositions are so self-evident that proving their truth is difficult. This applies to the reasons for using alkaloids instead of the preparations of crude drugs, as local applications in the treatment of eye diseases. The primary object is to secure the maximum drug-effect with the minimum of irritation.

The first essential of a preparation for application to the conjunctiva is that it should be mechanically smooth and un-irritating. All applications to the conjunctiva produce forcible spasmodic closure of the lids, and if hard particles are contained in the solution they lacerate the corneal epithelium and sometimes the conjunctiva. The resulting inflammation often is greater than the curative effect of the drug.

Alkaloids, making a perfect solution in distilled water, supply the qualities demanded. Aqueous and alcoholic extracts, if not good culture grounds for bacteria, are far from sterile, and sterility is a quality of importance in medicines to be applied to inflamed eyes. Alkaloidal solutions have another advantage, in the ease with which they are rendered sterile. The alcohol contained in tinctures renders them too irritating for eye use, even if the drug held in solution is sufficiently well dissolved to render the preparation mechanically smooth and harmless. Fluid extracts are too thick, sticky, present difficulties in the way of absorption. The alkaloids enable the physician to secure the fullest therapeutic effect with the least dose, and that dose can be administered well diluted, in a bland, mechanically un-irritating solution. The rapidity with which alkaloidal solutions are absorbed, permits frequent repetition

of the application, and continuous effect of the drug is better secured. Exactness of dose is better obtained as the alkaloids are of known strength and do not vary as so frequently occurs with other preparations.

When an alkaloid is administered but one effect is produced, while crude drugs containing several active principles, may give an effect quite opposite of that desired, since crude drugs are chemically irritating when applied to the eye, while their alkaloids are free from that defect.

To sum up, the advantages the alkaloids possess are simplicity, ease of preparation and administration, freedom from chemical and mechanical irritants, maximum effect with the minimum dose, exactness of dose, the solutions are easily sterilized, and the rapidity and certainty of action.



# *The Vermont Medical Monthly.*

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## EDITORIAL.

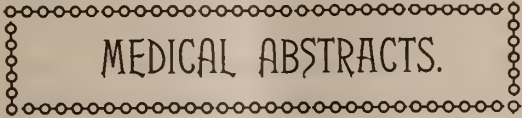
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### Resignation of Dr. Grinnell.

We learn with regret that Dr. A. P. Grinnell who has recently been reappointed Professor of the Theory and Practice of Medicine in the University of Vermont Medical Department, has resigned his professorship. We understand that the doctor's withdrawal from the faculty was from personal reasons and the outcome of the recent medical college controversy. He has served the Medical College long and faithfully and his retirement will occasion widespread regret. Considerable difficulty will be met in finding a successor to Dr.

Grinnell, but we sincerely believe that the University of Vermont is too grand an institution and too capable of future usefulness to suffer more than temporary embarrassment from the many vicissitudes through which it has been obliged to pass during the last few months.

It is natural for the alumni of the institution to take sides and entertain personal likes and dislikes, but all should remember that in the hour of crisis for our beloved Alma Mater everything should be forgotten, but the paramount need of standing loyally by the institution which gave us our medical training and credentials.



## MEDICAL ABSTRACTS.

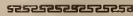
**Puerperal Infection.**—H. W. Longyear (*Canada Medical Record*, July, 1900,) states that the early diagnosis and treatment of pseudo-membrane by topical applications is of great importance.

The intrauterine douche frequently applied is of the most value in the forms of infection unattended by the formation of a pseudo-membrane. The vaginal use of peroxide of hydrogen is helpful in all forms of infection. Frequent packing of the vagina previously dried with iodoform gauze is especially useful in cases with pseudo-membrane. In the general treatment he gives quinine twice daily, whiskey and strychnine to support the heart, nuclein and protonuclein in all cases, mercurial and saline cathartics at first in all cases, then as indicated. Serum therapy to be applied where the Klebs-Löffler bacillus or the streptococcus can be demonstrated by the bacteriologic examination. Streptococcus antitoxin serum to be used persistently to prevent pus formation and symptoms of systemic infection.—*Buffalo Med. Jour.*

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**The Opium Habit in the East.**—The extent to which the opium habit prevails amongst Europeans in the East is only properly appreciated by those specially brought into contact with the victims; they will be interested in the announcement made by Dr. Neil McLeod, of Shanghai, that it is possible to cure the habit by the administration of sodium bromide. He gives the drug "in two doses of two drachms, in solution, every two hours for the first two days, and one drachm on the third day," and adds that "three ounces of the drug in all will probably suffice in most cases." The treatment is quite safe and is well worth trying.—*Journal of Tropical Medicine.*

**The Treatment of Burns.**—G. S. Armstrong thus summarizes the appropriate treatment for burns, he having in the past two years treated one hundred and seventy-six cases, chiefly of the second degree, one caused by boiling oil, and all the others by flying metal. Water or solutions containing water are bad; vaseline acts badly; the application of cotton lint, gauze, or any dressing with a rough surface is inexcusable. (1) Cut away with particular care every portion of every bleb, even the smallest. See that no margin is left under which burrowing may take place. (2) Apply castor oil ninety-five per cent and balsam of Peru five per cent or lanolin. (3) Cover this with gutta-percha or oiled silk, perforated or not. (4) The molecular death and separation of tissues will cause an accumulation under the gutta-percha, which must be removed each day by gentle mopping with absorbent cotton. This is easily done without disturbing the granulations or causing bleeding. (5) A small portion of cases improve more readily during the later stages under dry boric acid.—*Medical Sentinel*, July, 1900.



**Danger of the Nasal Douche.**—Lichtwitz (*British Medical Journal*) advises that the nasal douche should be used only in cases where there is increased secretion or crust formation; in fact, where something has to be removed. The dangers in the use of nasal douches are as follows: First, disturbance in the sense of smell due to the action of chemicals on the nasal mucous membrane; second, headache; third, sup-puration of the middle ear.—*Maryland Medical Journal*.



**Earache in Children**—In accordance with Halstead's views (*Medical News*) earache in children is rather an important disorder. The special glandular development of the Eustachian tube favors its involvement in inflammations, and they are more common than is generally expected. His conclusions are: 1. Earache in children is generally caused by

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acute inflammation of the middle ear, suppurative or catarrhal. 2. Infants and young children may have suppuration in the middle ear without giving satisfactory evidence of pain, or without rupture of the drum-membrane. 3. In the absence of other known cause of pain, from which a child is evidently suffering, the first cause to be thought of should be acute otitis media, and this calls for an examination of the drum-membrane. 4. It has been shown by examination of the middle ear during life and post-mortem, that purulent otitis media is nearly always present in acute infectious diseases of the gastro-intestinal and respiratory tracts in young children, especially in gastro-enteritis and broncho-pneumonia, to which diseases it probably stands in a causative relation. 5. The cause of death in many acute and chronic infectious diseases, in meningitis, and in the exanthemata is the result of unrecognized and untreated abscess of the middle ear. 6. Repeated earaches in children are ordinarily but a sign of acute exacerbations of a chronic otitis media resulting from adenoids. 7. In adult life, so-called catarrhal or progressive deafness is often but a final stage of the otitis media which had its beginning in early childhood when it was due to adenoids and practically curable.—*Jour. A. M. A.*

Publisher's Department.

Dr. F. W. Freeman, of Saginaw, Mich., in speaking of his experience with "Maltine with Creosote," says he finds it in every way the most satisfactory and palatable preparation of Creosote he has ever tried. One case particularly, a patient who had been unable to take Creosote in any form, could bear "Maltine with Creosote" without any trouble whatever. It was perfectly assimilated, and was not followed by eructations of gas, seeming to prevent the fermentation of food.

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H. N. LANCASTER, D. D. S.,

Masonic Temple, Chicago, Ill.

Writes :

"As an antacid, as a palliative in acute Gingivitis and general inflammatory conditions of the soft oral tissues, as an antiseptic disinfectant and prophylactic, I have found Glyco-Thymoline (Kress) to be equal to and even exceed what you have claimed for it, and further for use as a base of prescriptions in exceptional cases where special combinations are indicated it is particularly adapted.

Glyco-Thymoline (Kress) has enabled me to effectually conceal from my patients the fact that I am addicted to the habit of cigar smoking."

May 22d, 1899.

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**An American Remedy in Ireland.**—The Antikamnia Chemical Company have forwarded to us from their London House, No. 46 Holborn Viaduct, samples of their five-

grain antikamnia tablets, and also of antikamnia and codeine tablets. The former are so well known that it seems hardly necessary to do more than refer to them as an unequalled analgesic. The antikamnia and codeine tablets contain four and three-fourths grains of antikamnia and a quarter of a grain of codeine. This is a valuable combination, the synergetic effects being all that could be desired.—Extract from *Dublin Medical Journal*, March, 1900.

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**Gynaecology in Nervous Disorders.**—Many nervous troubles in women have their origin in affections of the genital organs, and hence in order to effect a permanent cure the condition of the latter must be carefully inquired into and corrected. Neurasthenia, epilepsy, various types of neuralgia, and even insanity, may be caused, or, at any rate, markedly aggravated by reflex irritation from uterine or ovarian diseases. While in some instances cures have been reported from surgical measures in these cases, failures have been far more frequently observed, and especially is this true of cases of insanity. It is certain that much more promising results can be secured from topical medication of the affected genito-urinary tract in the earlier stages of the case when it first comes under the care of the general practitioner. A prompt resort to local treatment is much more likely to effect a cure than subsequent recourse to mutilating operations. A plan of topical medication that is particularly adapted for these patients, consists in the use of Micajah's Medicated Uterine Wafers. Their application is most simple, convenient, and cleanly that they are well tolerated even by the most sensitive patients. Under their use the congestion and inflammation of the affected parts gradually subsides, the irritation is allayed, and the mucous membranes regain their normal tonicity. Conformably with the disappearance of the genital disease the nervous symptoms vanish, and if this local treatment is com-

bined with the use of nervous tonics, hygienic regulations, proper diet, etc., a complete restoration of health can usually be expected.

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**Hay Fever.**—It is surprising how many people are made absolutely miserable throughout the late summer months by this peculiar and distressing malady.

Relief without the necessity of a change of climate can be given in a great many cases if the right course is pursued.

Those who are interested should write the Globe Manufacturing Co. of Battle Creek, Mich., for full particulars regarding their nebulizers, one of which is shown in accompanying cut; also their system of treatment for **HAY FEVER** and all diseases of the nose, throat, bronchial tubes and lungs.



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## **Cannabis Indica.\***

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*A Study of its Physiologic Action, Toxic Effects and Therapeutic  
Indications by Dr. H. Edwin Lewis, Burlington, Vt.,  
Attending Surgeon Fanny Allen Hospital;  
Attending Physician Home for  
Friendless Women.*

Recent multiplication of new remedies has relegated many old ones to the background of modern therapeutics. One of the older drugs which has been almost forsaken because of the foregoing, yet one which has every right to a place in the armamentarium of the general practitioner, is cannabis indica or indian hemp. Considerable experience with this drug in hospital and private practice has thoroughly convinced the writer of its efficacy in many abnormal conditions and diseases. Therefore the object of this article will be to report the results of certain experiments to determine its physiologic action, and record personal observations on its clinical use.

In the first place, cannabis indica is composed of a resin which has been called cannabin, and a volatile oil. To each

\*Prize Paper in the literary contest of Merck's Archives and published in the July issue.

of these the physiologic action of indian hemp has been attributed, but while it is highly probable that both possess certain properties in common and contribute to the action of the composite drug, the resin is pretty surely the part which *at least contains* the active principle.

The action of indian hemp, like other drugs, varies considerably, such variation depending, of course, on the amount of the dose and the idiosyncrasy of the person taking it. In small doses it is stimulating in its effects, slightly increasing the action of the heart and producing a mild sensation of exhilaration. Fatigue of the muscular system is relieved, and its administration increases the capacity for work.

On the nervous system it is first stimulating, but this effect is soon succeeded by sedation and slight drowsiness. Nervousness is allayed and a peaceful feeling of mental repose is experienced. On the respiration it has very little if any effect:

Pain is relieved by its secondary depressing influence on the nervous system, both the conducting and receiving apparatus being thus affected. Larger doses produce cutaneous anesthesia by still greater degrees of nerve depression, and the soporific effect of *cannabis indica* is unquestionably due to a like influence on the higher nerve centres, argued by contraction of the cerebral vessels.

On involuntary muscular tissue it has a marked action, a selective action on the uterine muscle being particularly evident. While it is probably true, as most writers maintain, that indian hemp has not the power of inaugurating muscular contraction, it certainly does have the power of increasing contractions once begun, and I know that the feeblest contractile effort of the uterine muscle is enough for the drug to exert its most potent influence.

As an aphrodisiac *cannabis indica* has been overestimated, though it undoubtedly does have some value in certain forms of impotence which will be spoken of later.

In large doses the effect of indian hemp is very startling and characteristic. After taking the drug a mild form of intoxication usually comes on within a short time, although occasionally the first symptom may be delayed to even two or more hours. A feeling of joyful anticipation of some unknown yet great pleasure is experienced, and there seems to be an end of all trouble and care. Without taking cognizance of the fact, past events and details grow very unimportant and the most pressing obligations are forgotten. The mind seems wholly taken up with the thoughts of the passing moment. Very frequently a great inexplicable sense of relief is felt, the sensation many times being identical with that experienced by one who suddenly awakes from a horrible dream to the feeling of gratitude which is always felt at its unreality.

The senses are rendered unusually acute, particularly that of hearing. The simplest and most insignificant sounds are greatly magnified, but they do not cause annoyance, nor is the resulting effect unpleasant. Occasionally all sounds give the impression of coming from a distance. Music gives more pleasure, though the power of discriminating quality is not increased, even the mere playing of the scales on a piano holding the pleased and enraptured attention of the person under the influence of the indian hemp. Little details of a pleasing nature become delightful surprises, and the whole attitude is that of one laboring to suppress some great joy. Apprehension is entirely absent.

There is perfect possession of the reasoning faculty and no sign of muscular incoordination. The person evinces no incongruity of manner or speech, nor is there any symptom to arouse the suspicion of mental aberration.

In a short time, varying with the amount ingested and the individual, the primary stage of exhilaration is succeeded by that of delusions. This stage, which is very amusing to the partaker of the drug, is characterized by the most startling and oftentimes ludicrous illusions and delusions. The mental-

ity at first is as acute as in the exhilaration stage, but there seems to be marked perversion of the perceptive faculty. Everything is distorted and the proper relations of space are out of all proportion. Short distances become infinitely far, and surrounding objects are magnified to enormous dimensions. Great amusement is felt in this stage at the incongruous appearance of things generally, but while remarking the ludicrous character of his delusions, the patient may still seem to be perfectly aware of the fact that they are only freaks of the imagination. Another peculiar feature of the delusional stage is that the conception of time is completely lost. Minutes lengthen out into hours, and any small exertion like crossing a street or going up a flight of stairs seems to take ages to consummate. No excitement is shown, and there is perfect muscular control, the only noticeable symptom being the inordinate risibility, which is attributed by the patient to the ridiculous character of his delusions. Immediately following this stage and almost a part of it, so sudden is the onset, is the stage of hallucinations. One seems instantly torn from his body and cast out into space. From afar he sees and hears his physical self and observes the various details of material, dress and manner. To the individual under the influence of *cannabis indica* it is the thinking part of his being, the ego, that is *ex corpore* and doing the observing. Yet in talking to those around him his answers are perfectly rational and coherent. Occasionally his manner may be abstracted and apprehensive, but all unknown to those who are conversing with him, he is undergoing a most wonderful experience. He hears the remarks addressed to his physical body and seems to hear the physical remnant of what was himself making all the replies. From aside he sees himself get up and go to the table, partake of food possibly, and all the time that part of him which is in the background, watching the proceedings, is unconscious of all physical sensations,

This hallucination of dualism is the strangest and at once the most impressing of all the mental phenomena accompanying the physiological effects of indian hemp. It is very constant, and it is rare for one under the toxic influence of the drug to fail to experience this particular sense of being separated or detached from himself. I have often thought that Robert Louis Stevenson's famous story, "Dr. Jekyll and Mr. Hyde," might possibly have owed its origin to some familiarity of the author with the peculiar dualism produced by the drug or some of its oriental preparations.

Another characteristic of this stage is the great anxiety felt, a very frequent cause of apprehension being the peculiar sense of double personality. One is torn with fears of never being able to return to or re-enter his body again, and the thought that after all perhaps he is dead fills him with terrible despair. The most dreadful apprehension for what may yet happen adds its influence to his depression, and an almost uncontrollable desire to cry out and cast off the fearful spell of surrounding gloom seizes him.

The stage which now succeeds is usually that of drowsiness, rapidly passing into a profound sleep or even stupor. In exceptional cases a stage of delirium immediately follows the hallucinations, its occurrence depending largely on the person's temperament and disposition. If an individual is ordinarily very excitable, possessed of an irritable nature and given to bursts of ungovernable temper, he is pretty sure to pass through the stage of delirium. In it all one's baser nature is rampant, the instincts seem to be criminal, and there is marked moral perversity. Self-control is absent, there is a tendency to destructive violence, and the person becomes exceedingly dangerous, for there is no limitation to his brutal tendencies. Fortunately, sleep or unconsciousness soon ends the delirium. In a great many cases, in fact the majority, the stage of delirium is wholly absent and the hallucinations are immediately followed by the stage of somnolence. This condition, which

may be so profound as to be cataleptic, usually lasts from eight to twelve hours.

I have been unable to observe the effects of large doses of *cannabis indica* in quite a few instances, and though division of the resulting phases of the mental condition is quite arbitrary, the various stages and their order of succession are fairly constant. I have been much impressed with the comparative similarity existing between the various stages and phenomena of the hypnotic state and those induced by toxic doses of indian hemp. The greatest point of similarity, however, lies in the fact that while one is under the influence of *cannabis indica* there is very strong susceptibility to external suggestion. For illustration, the sight of someone eating invariably suggests great hunger, and to see one drinking induces unusual and sudden thirst. In all but the stage of delirium the subject is exceedingly tractable and controllable, the readiness with which advice and suggestions are followed, if not quite, at least approaching very near to perfect submission. The will is not destroyed, but there is a passivity of the volition which permits the directing of one's acts to the same more or less complete extent of hypnotized subjects.

For instance, one of my cases, Mr. D., was told to arise, cross the room and rap on the wall three times. He immediately did so, and on his return to the chair which he had been occupying, when asked why he did it, answered "Because you told me to."

"Was it not a foolish thing to do?"

"I don't know. I never thought what I was doing."

A few minutes later, I casually remarked that he could take his shoe off if it hurt him. He immediately stooped over, unlaced his shoe and removed it.

"Does your foot pain you?" I asked.

"Why, no; I don't know as it does," he answered.

"Why did you remove your shoe, then?"

"I don't know. My foot felt kind of queer, and I just thought I would take the shoe off."

Mr. A. C. was another case. He was not so open to suggestion as Mr. D., but he was very tractable. The most whimsical remarks met with no surprise or remonstrance, and he seemed to tacitly agree with everything said to him. During his somnolent stage, after trying and failing to arouse him, I told him a highly improbable story, and though he was apparently perfectly unconscious, after awaking he repeated the whole story with remarkable accuracy. He claimed that he had dreamed it.

I found that the usual tendency was for everything transpiring under the influence of hemp to be forgotten on awaking. I was able, however, to leave a very vivid remembrance of every delusion and hallucination by impressively telling the subject that he *must* remember everything the next day. His agreement to do so invariably resulted in his remembering every detail.

My conclusions are based on experiments on seven subjects, six males and one female. With two exceptions they were all students, and all were possessed of good intellects and sound bodies. The two first cases recollected nothing definitely when they recovered from the drug because I failed to suggest that they should remember what had transpired. To the third case I suggested that he should remember as an experiment, not having the slightest confidence that there would be any such result, but to my surprise he retained a most vivid recollection of all that he had experienced. After that the routine suggestion was sufficient to preserve fairly strong mental pictures of all that occurred while under the influence of the drug. Many interesting experiments along the line of suggestion were performed, but these do not properly belong to this article. I proved conclusively, however, that the person under the effects of *canuabis indica* is remarkably open to sug-

gestion and that there exists a marked similarity to the hypnotic state.

In every instance I used the solid extract, varying the quantity in different cases from eight to twenty grains. From my observations I am inclined to doubt the power of *cannabis indica* to produce a fatal result when administered *per os*. It is my impression that there is a limit to the absorption of the drug, for with one or two minor exceptions the full effects were as completely obtained in my cases with ten grains as with twenty. Unquestionably, then, only a portion of the drug is acted upon by the internal secretions and the remainder is probably passed off by the intestinal tract unchanged. The urinary secretion is occasionally increased, but there is no change in its character, nor is there any indication to prove that the kidneys take part in the elimination of the drug.

In a series of experiments on animals death resulted in only one instance. In several rabbits I had injected ten minims of the fluid extract. Within a few minutes all seemed to be stricken with a great and unusual fear, and they could not be induced to move around at all in the pen in which they were kept. In less than half an hour they were all rendered unconscious, convulsions soon attacked two of them, and in about an hour the largest rabbit had a very severe convulsion and died suddenly. The heart-beat was felt several times after breathing stopped. The rest all recovered in about eight hours, though they were stupid and acted strangely for several days. Examination of the dead rabbit showed that death had resulted from paralysis of respiration. Aside from a comparatively anemic condition of the brain, no cerebral or other changes were noticeable macroscopically. Unfortunately I had no means at hand for making a microscopic examination of the brain, and, had I done so, I very probably would have been unable to determine any actual changes. But I thoroughly believe that *cannabis indica* has some special and direct action on the cerebral cells or neuronic elements whereby the result-



ing mental phenomena so characteristic of the drug are produced. I also feel certain that one with the requisite amount of skill and apparatus could find changes, possibly nutritional in character, which would be very apparent.

In regard to the counteraction of the poisonous effects of indian hemp, I am obliged to say that I have not as yet found any drug that acts entirely satisfactorily. Hyoscin hydrobromate administered hypodermically during the stage of hallucinations or that of delirium is the best and nearest thing to an antidote I have used thus far. During the somnolent stage, when the respiration and heart become embarrassed, as they sometimes do, hypodermic injections of strychnine and nitroglycerin are effective, as also is a rectal enema of strong coffee and brandy (two ounces of each).

The uses of *cannabis indica* are manifold, but with a few exceptions its efficiency is limited to those diseases directly traceable to nervous derangement. Pain not due to distinct pathologic lesions forms the chief indication for its administration, and relief is usually obtained promptly. In migraine, hemicrania, the various neuralgias and the headaches due to eye-strain, *cannabis indica* may be used with marked success. For the pain of multiple neuritis and locomotor ataxia it is one of the best of anodynes, and to relieve the chest pains of phthisis it is often very serviceable. As a hypnotic I do not think that *cannabis indica* has a very great field of usefulness, and, though I have used it successfully to combat the sleeplessness of neurasthenic patients, I know that there are other better and surer sleep-producing drugs.

To relieve the various neuroses accompanying pregnancy and the climacteric, I have found it one of the most efficient and satisfactory drugs, while to allay the particularly violent nerve storms of the artificial menopause, it is without an equal.

In certain malarial conditions accompanied with severe headache and nervous symptoms, *cannabis indica* is a very valuable adjuvant to quinine, successfully counteracting the early

tendency of the latter drug to increase nerve irritation. Dysmenorrhœa, not due to anatomical or inflammatory causes, is, in my opinion, one of the principal indications for indian hemp. No other drug acts so promptly and with fewer after effects.

From my own personal observation, I am convinced that *cannabis indica* does exert a powerful influence on muscular contraction, particularly of the uterus. It may not, as Bartholow says, have the power of initiating uterine contraction, but I have demonstrated time and time again to my own satisfaction that the presence of the merest contractile effort is enough to permit its fullest effects. It is therefore of some service in uterine hemorrhage, but since its action is much slower than that of ergot, it is not as useful in those sudden hemorrhages great enough to require immediate check. I have noticed, however, that ergot is considerably quicker and more prolonged in its action when combined with *cannabis indica*.

The drug is very useful in profuse menstruation, decreasing the flow nicely without completely arresting it, as ergot very frequently and improperly does.

To *cannabis indica* great aphrodisiac properties have been ascribed, and consequently it has held high reputation in the treatment of impotence. In my hands this particular usefulness of the drug has been shown to be over-estimated. Impotence, more or less complete, which is due to urethral hyperesthesia is certainly benefited by the sedative or analgesic action of indian hemp. Since inability of the male to successfully copulate is quite frequently due to this one cause, it is perhaps not strange that the drug should have won such high favor in the treatment of impotent conditions generally. Another form of impotence, that which is dependent on a lack of muscular tone in the vascular supply of the penis, may be sometimes benefited by *cannabis indica*. But the benefit obtained is transitory, and in order to effect more permanent relief it should be combined with ergot. Each drug seems to

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enhance the virtue of the other, and I have found their combination very serviceable in this form of functional impotence.

In several cases of diabetes mellitus I have observed evident improvement from the use of indian hemp, its continued administration producing marked amelioration of all symptoms of the disease without checking the secretions or causing constipation. To relieve the intolerable itching and burning of all neuroses of the skin it is also very useful.

The preparation I invariably use is the assayed solid extract. The dose is one quarter to one grain. I use a quarter-grain tablet triturate and repeat the dose every one, two or three hours, as indications warrant.

## Progress of Gynecology.

By *A. Laphorn Smith, B. A., M. D., M. R. C. S., Eng.*

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*Appendicitis as a complication of pelvic disease.* A number of papers have recently been read on this subject, among the most important being one by Dr. McLaren, of St. Paul, at the meeting of the American Gynecological Society at Washington in May. It has been pointed out that dysmenorrhœa, which is a common disease in young girls, is frequently due to disease of the tubes ; secondly, that disease of the tubes is often due to infection from the vermiform appendix ; and thirdly, that disease of the vermiform appendix or appendicitis is always due to infection by the colon bacillus, and that the colon bacillus increases in numbers in proportion to the length of time the bowels remain unmoved. My own experience in over a hundred operations for pus tubes quite bear out this theory ; for in about fifteen cases the vermiform appendix was adherent to the right tube and in one case to the left tube, and in nearly all there was severe dysmenorrhœa. Although gonorrhœa was the principal cause of the pus tubes, yet in some of the cases there was no possibility of this being the case as they were young girls of irre-

proachable character. Many of these cases occurred in the practice of *confrères* who called me in consultation; in some of them appendicitis had been diagnosed and in others salpingitis, but at the operation both conditions were found to be present, so that there was no mistake in the diagnosis. The lesson to be learned is that the first thing to do in treating dysmenorrhœa and inflammation of the right side of the pelvis is to have the bowels thoroughly moved. No reliance must be placed on enemas for this purpose as they only empty the rectum. Ten grains of calomel followed in five hours by a saline should be given. Several cases have recently been reported where all arrangements had been made for removing the appendix, but as soon as the calomel and saline had moved the bowels the patient rapidly got well. However, when a patient has had more than one attack, however slight, she should have the appendix removed soon after recovering from the second attack, while in severe attacks incision and drainage should be done within twenty-four hours.

Several cases have been reported in the journals where immediate recovery followed this method without breaking up the wall of adhesions which nature almost always throws up to save the general peritoneal cavity from infection. Many other cases are recorded where these adhesions were broken up in the endeavor to be very thorough in the effort to remove the remains of the appendix, and in all of them the patient died.

*Vaginal hysterectomy for procidentia.* Although it is not very certain for how many thousands of years the womb has been falling out of the body, it is probable that it was the first gynecological disease to receive treatment. Of course until within the last ten or twenty years the relief obtained by pessaries was only partial, because, as a rule, the perineum was torn, and the outlet of the vagina at the vulva was as large as any other part of it, so that it was difficult to keep any

support in. Large ring pessaries, and stem and cup pessaries held in by a perineal bandage were the most effective, but were very inconvenient, while sometimes quite dangerous owing to the cutting of the pessary through the vagina into the peritoneal cavity. The present methods are much more satisfactory, and have the merit of effecting a complete cure. We have two operations to choose from, according to the degree of prolapse and the size of the uterus. If the uterus is small and not far enough out of the body to have become ulcerated, the safest operation is to make a small incision in the abdomen, and catching the fundus with bullet forceps draw it up to the opening and scarify the whole anterior surface of the fundus, and then sew it to the abdominal wall with buried chromicized catgut. Then to close up the vaginal outlet by a large posterior colporrhaphy. If, however, the uterus is very long (sometimes it is seven or eight inches deep), and especially if it is ulcerated, it is better to perform vaginal hysterectomy, and after bringing the stumps of the broad ligaments together to sew up the roof of the vagina and then to close up the perineum. The objection is often raised that the woman is too old to undergo such operations, but I have found by experience in many cases that there is no foundation for the objection. The two last cases of this kind I operated at the Western Hospital, a week ago and two weeks ago respectively, on women sixty-five and seventy-five years of age. In the first one I had already done ventrofixation three months ago followed by colporrhaphy at the same sitting; but the uterus was so long that when the fundus was attached high up on the abdominal wall, half way to the umbilicus, the cervical end with the vagina was at the vulva. In this case I removed the lower four inches of the uterus, and sewed the vagina to the cervical canal remaining. The result seems to be good. In the second case, age seventy-five, there was a large malignant-looking ulcer on the cervix, due to the cervix sticking to the cloth-

ing when she sat down, and I therefore removed the whole uterus, which was about five inches long, and closed the perineum. Although the arteries were very hard and there was an arcus senilis, she bore the operations remarkably well; she was only on the table half an hour for the two operations, and did not lose more than three ounces of blood, most of which was during the perineorrhaphy. She is quite convalescent with a pulse of eighty. The result promises to be very satisfactory.



## Food Theory of Medicine.

Walter E. Merrill, M. D., U. S. Marine Hospital Service, says: "Among the advanced members of our profession, I believe the drug tissue-feeding theory no longer obtains. And rightly so, for it has not been proved that medicine is ever, *in itself*, a food. The large number of malarial cases emanating from the tropics are cured in the Marine Hospital service, not by tissue-feeding, but by ridding the system of the intruder and directing the vital forces along the lines of repair. This I find to be best done by the frequent and judicious administration of laxative antiskatol and quinine tablets."

## Why I Use Pepto-Mangan "Gude."

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*An Experimental Demonstration.\* By Wm. Krauss, Ph. G., M. D., Memphis. Director of the Microscopic Laboratories, Memphis Medical College; Pathologist and Visiting Physician to St. Joseph's Hospital, etc., etc.*

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Some five years ago I wrote a paper for the *Memphis Medical Monthly*, giving a résumé of the evolution of the iron compounds, and appended a report of cases giving blood counts, etc. The manufacturers of the preparation I preferred saw fit to reproduce the case reports in their pamphlets, but said nothing about the reasons that induced me to prefer their product.

At a recent joint meeting of physicians and pharmacists, I was criticised for opposing the use of ready made compounds, while still advocating the use of Pepto-Mangan "Gude," which is a proprietary preparation. I hesitated considerably about bringing the matter up again, because I dislike to build up a reputation as an endorser, *and have never in any other instance written an article endorsing a proprietary preparation.*

I hope, however, to show you this evening that there is no pharmacopœial preparation that meets the requirements of an ideal iron compound, and, until this is found, I intend to continue to use what has never disappointed me, and is not based upon mere faith. The work of Bunge is too well known to be now quoted, and I will only make a few experiments before you this evening and show the reasons for the faith that is in me. There may be other proprietary compounds, and doubt-

\*Read before the Memphis Medical Society.



less there are, that will come up to the same requirements, but I see no advantage in swapping the devil for the witch.

It is not necessary to repeat all the tests with all the official iron preparations, because they are divisible into groups, all the salts of one group behaving very much alike toward the gastric and intestinal juices.

An ingenious theory recently put forward regarding the action of the mineral salts of iron is, that they decompose the substances in the intestinal tract which precipitate the *food iron* so that it may be absorbed. This is the only rational explanation of the fact that we do occasionally get results from them. On the other hand, it is far more rational to use an iron compound that can be, and is absorbed, for then we are reckoning with known quantities, instead of blundering along, giving more iron at a dose than is contained in the entire body, and incidentally deranging the digestive functions by precipitating the gastric, pancreatic and intestinal juices, and producing constipation by reason of the very astringent nature of some of the iron salts.

Beginning with the organic double salts, of which the scale salts are representatives, we notice upon the addition of this gastric juice, that a precipitate is formed; the double salt is decomposed and ferric salt remains, which is insoluble, both in gastric and intestinal juice.

The tincture of ferric chlorid will precipitate some of the gastric constituents, though most of the iron will remain in solution in the hydrochloric acid; the iron still in solution will not be absorbed, because its non-diffusibility is taken advantage of in the manufacture of *dialised iron*, the acid passing through the animal membrane; when the iron finally reaches the intestine, the alkalin carbonates promptly precipitate it. Ferrous sulfate behaves similarly. In both instances, as you see, the very insoluble ferric oxid is finally formed. If you have ever tried to remove iron stains from your water pitcher, you have some idea how insoluble it is.

The insoluble compounds, like reduced iron, or Vallet's mass, only serve to render inert the arsenic with which they are usually prescribed ; if dissolved at all in the stomach, they are re-precipitated in the intestine.

Taking now Gude's preparation, we find it soluble, not only in all these reagents, but also in a mixture of them. Potassium ferrocyanid readily gives the iron reaction, excess of ammonia will separate it, redissolving the manganese, which is then recognized by the color of its sulfid ; the alkaline copper solution gives the reaction for pepton, showing that it is what the label says. It mixes with arsenious acid, forming a perfect solution, thus giving us a most useful hematopoietic agent. The soluble alkaloids are perfectly soluble in it, as is also mercuric chlorid. Being a pepton, it is readily diffusible by osmosis.

The only disturbing agent in the intestinal tract is hydrogen sulfid ; this will precipitate it, but presumably, much of the iron must have been absorbed before it encounters this gas ; if not, appropriate agents should be used for its elimination.

Therapeutically, it does not nauseate, constipate, discolor the teeth, precipitate the digestive agents, nor become inert from contact with them. As to the clinical results, I need not add anything to the many reports already on record.

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## The Use of Hydrozone and Glycozone in Gastric and Intestinal Disturbances.\*

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I have, for a long time, been rather enthusiastic over the value of Hydrozone and Glycozone in treating diseases, and can attribute much valuable assistance and extraordinary results from their use in the last few years. The medical profession, in fact, has never gained such remarkable results from the employment of any production as it has from the use of these preparations, and my recent effects have almost, in a measure, surpassed them all. I will give a brief report of one remarkable case. I could mention several others, but a physician's time is valuable, and often he has not the moment to spend in perusing a legion of cases, so I select this one, it being the severest of all, to demonstrate the potency of Hydrozone and Glycozone:

I was called to treat a young man, suffering from a severe gastro-enteritis. I found him in a most serious condition, having been delirious for three days. His temperature was sub-normal, 97.6, pulse 60, respiration 16. He was greatly emaciated, atonic, had inappetence, a severe agonizing pain in the stomach and intestines, at times so severe that he would sit on the edge of the bed and groan, oftentimes, yell. These attacks were always of a similar nature and occurred regularly.

\*Reprint from Medical Mirror for December 1899.

He was unable to take either solid or liquid food, even in small quantities without causing a return of the pain, a teaspoonful of milk being sufficient to produce it. His condition was pitiable. His cheeks were hollow, eyes congested, skin pale and sallow and his whole appearance showed the presence of intense pain.

I was called at the end of the third week of his illness. The former physician had employed opiates in large doses with most worthless results, also many other drugs with not a sign of improvement, he growing seriously worse. I determined that Hydrozone and Glycozone were the remedies indicated, and were the only ones that would be of value here, therefore, I give him, at once, one-half glass of a mixture of one-half ounce of Hydrozone with a little honey to one quart of water. He was somewhat disturbed for a while after the portion, but was soon relieved. The distress, I presume, was due to the advanced stage of the inflammation. I continued to administer this for some time, with only a slight improvement, but after several doses had been taken, the relief was very decided. After his nourishment, I gave one teaspoonful of Glycozone in a wine glass of water. After a few doses of this, he was much easier and, at midnight, fell asleep and slept all night not awakening until morning, the first sleep that he had had in five days. I had previously discarded all other remedies, of which there was a large number, as one after another was given with no benefit. All of the acute symptoms disappeared in a few days, at which time, he felt very much better, and he continued to improve without having a recurrence of any of his old severe symptoms. Before this, I had increased both the nature and the quantity of his food, which he relished greatly. I continued the Hydrozone and Glycozone for a month after, to entirely reduce the inflamed condition of the mucous membrane of the gastro-intestinal tract. These two remedies have afforded me most excellent issues many times in the treatment of gastric and intestinal disorders.

All gastric and intestinal disturbances are caused by the lining of the stomach becoming inflamed, and in order to allay this inflammation, it must first be treated with antiseptics, then with medicaments that both heal and stimulate the mucous membrane that has become diseased. The most common cause for this state of inflammation is a greatly diminished quantity of gastric juices necessary for digestion, consequently, the food partaken of, instead of being assimilated, ferments, in other words, the peptic glands whose function it is to secrete the gastric juice, do not perform their function properly. These must be restored to their normal state at once, which is accomplished by remedies that exert a stimulating effect upon them, and at the same time, are non-toxic, else the trouble will only be aggravated. Hydrozone and Glycozone are the two remedies par excellence for these two purposes, and the success that I have obtained from the employment of them, during the past few years, will lead me to always use them in these disorders.

Hydrozone causes destruction to microbes, has no deleterious action upon animal cells, possesses no toxic qualities, exerts no corrosive effect upon healthy mucous membranes when used in diseases caused by germs, is a pus destroyer and a stimulant to granulating tissues. Hydrozone is destructive itself to the skin or mucous membrane that has become diseased, and leaves the subcutaneous tissues in a perfectly healthy state.

Glycozone while not so rapid in its action as Hydrozone is, nevertheless, just as sure a stimulant, and in all gastric and intestinal disorders, exerts a potent and uninjurious effect upon the diseased mucous membrane of the stomach, healing it to a nicety. It is an effective oxidizing agent, has an agreeable, sweet and, at the same time, slightly acid taste resembling lemonade. Its use produces no deleterious action on the heart, liver or kidneys,

The beneficial results which Hydrozone and Glycozone have afforded me, in the treatment of this class of disorders

have caused me to discard all the other methods of treatment, by drugs that exert the ephemeral influence but do not jugulate the offending condition. What is needed in these diseases is an antiseptic that will destroy all pathogenic germs, and at the same time stimulate the walls of the stomach. Hydrozone kills the bacteria, dissolves the mucous and prepares the stomach to better digest the food, in short it deterges the stomach, hence in it we have an efficient antiseptic; Glycozone removes the mucus from the walls of the stomach, stimulates and heals. I have discovered these two preparations to be ideal ones in treating this very common and distressing disorder.

St. Louis, Mo.

# *The Vermont Medical Monthly.*

*A Journal of Review, Reform and Progress in the  
Medical Sciences.*

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## EDITORIAL.

### Deaths from Lightning,

The following editorial from the *Chicago Alumni* is interesting :

“Statistics collected with much accuracy and care, by the Weather Bureau at Washington, acquaint us with the rather startling information that during the year 1899, there were killed by lightning in the United States, five hundred and sixty-two persons, and that eight hundred and twenty others were more or less severely injured. The mortality from this source is much larger than the average person would suppose. There is a popular belief that persons are seldom, or never, struck by lightning in the open. Yet of the deaths enumerated above,

45 per cent. occurred away from shelter; 34 per cent. were killed in houses, while beneath trees only 11 per cent. Thus is another myth of our childhood days destroyed. The most dangerous locality in a thunderstorm is in the vicinity of a wire fence. Quite a number of deaths occurred in persons who subjected themselves to this danger, and in persons who were in the act of removing clothes from wire clotheslines. The safest place in the house is in the center of the room. Open doorways and open windows should be avoided, as well as the neighborhood of chimneys. It is well to avoid the shelter of trees, and the proximity of live stock. On many of the persons killed the lightning left no mark. In some cases there were burns, either upon the body or clothing, or both. In some instances, the clothing was burned while the person escaped serious injury. The vagaries and eccentricities thus displayed by the lightning stroke are hard to account for."





## MEDICAL ABSTRACTS.

**Golden Rules of Obstetric Practice.**—When abortion is inevitable, plug the vagina with strips of gauze or some clean, soft material, and wait six or eight hours. You will often find the ovum in the vagina on removing the gauze. If not, plug again and wait.

If any part of the ovum or decidua remains in the uterus, clean it out at once with the finger or curette, not hesitating to give an anesthetic if any difficulty is met with.

If there is a rise in pulse rate and temperature, and the vaginal secretion is foul, give an anesthetic, dilate the cervix, empty the uterus, scrape it clean, no matter what stage the process of abortion has reached.

In other words, use artificial dilatation, followed by emptying and cleaning out the uterus in threatened, incomplete and complete abortion alike, whenever the uterine cavity becomes the source of septic intoxication.—*Dr. Fothergill in Med. Brief.*

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**Treatment of Simple Appendicitis.**—D'Arcy Power (*British Medical Journal*) writes as follows regarding this subject :

Medical treatment may be adopted so long as the patient seems fairly well, his pulse is regular, firm, and not too rapid ; if his respiration is full and painless, his belly is but little distended ; and if the stools are normal or there is only slight constipation. It is better not to use opium in any form, because it hides the tenderness and masks the facial changes, which are the only safe indications of the course which the disease is running. As a routine treatment of a straightforward and simple case of appendicitis I have seen the best results follow the method to which Mr. Maylard has recently drawn renewed attention. It consists in the immediate administration of a copious enema of warm soap and water, followed by teaspoon-

ful doses of magnesium sulphate in two wineglassfuls of warm water given hourly, the dose being repeated six or eight times until the bowels begin to act. A hot boric acid fomentation or an ice-bag is applied to the right iliac region, the choice being determined by the relief which the patient obtains, though the surgeon prefers the ice-bag. The patient must be kept in bed until the swelling and all the tenderness have left the right iliac region, and he must be fed upon food which is easily digested, that neither constipates nor forms massive stools.—*Med Brief.*

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**Chalazion.**—Two conditions in the lids of frequent occurrence should be differentiated, hordeolum and chalazion. The first requires but the simple incision to relieve or it may get well without treatment, but the second will not yield to such simple measures and it is a duty we owe our patients to differentiate them and not tell them that a chalazion is a sty and will soon be well, for in all probability it will not, and, while not a dangerous condition, there are excellent reasons why it should be promptly treated and not allowed to go on for weeks and months. The existence of a chalazion unrelieved is likely to cause a succession of them. Being a retention cyst, mechanical pressure is likely to occlude the next duct and so on till a number are involved, and, breaking down, one large sac is formed causing annoyance both from cosmetic effect and impaired mobility of the lid. There is likelihood, also, of its suppurating and finding an outlet through the skin, and the cicatrix may so divert the direction of one or more lashes that wild hairs may cause great annoyance and irritation.

The proper treatment is incision through the palpebral conjunctiva and a thorough curetting of the sac. This may be done by anyone, providing that there are at hand the necessary instruments, but if you have not a Princeps forceps and curette it will be useless to cut it, and you will save time and reputation by either getting these instruments or sending the patient to a specialist.—*Providence Med. Jour.*



Publisher's Department.

## Neurasthenia and Genital Disease.

Since the first accurate description of neurasthenia by Dr. Beard, this disease has been made the subject of numerous careful clinical studies, especially in America, where it seems most prevalent.

It has been found that this condition may be due to a variety of causes, and it becomes necessary, therefore, to determine the exact etiological factor in every case in order to adopt a successful line of treatment. In a very important group of cases in women, the chief exciting cause is disease of the generative organs, the neurasthenic symptoms being dependent upon reflex disturbance of the central nervous system due to the local irritation. The treatment of this class of patients must, of course, be particularly directed toward the removal of the local trouble, in connection with the employment of such hygienic regulations and internal remedies as will improve the state of the nervous system.

Among the topical measures for the removal of irritation, congestion and inflammation of the genital organs, Micajah's Medicated Uterine Wafers are especially adapted for this class of cases. These patients are apt to be made worse by severe operative procedures. On the other hand, as the wafers are easily applied, unirritating and cleanly, patients do not object to them, and their use is promptly followed by relief of the local symptoms, and, in many instances by a permanent cure, without the necessity of surgical intervention.

**Treatment of Cancerous Cachexia.**—Lawrence, (*The Medical Brief*, April, 1900,) gives as the best treatment for cancer and the cachexia attending it, teaspoonful doses of Ecthol four times daily in conjunction with alterative doses of iodide of arsenic. The latter should be administered in doses ranging from one-sixtieth to one-thirtieth of a grain three times a day and continued for a long period. Ecthol contains the active principle of thuja which is accorded specific value in cancer. The treatment outlined is aimed to cause absorption of the cancerous tissues.—*Medical News*.



**Traumatic Necrosis of Ribs.**—By T. J. Biggs, M. D., Stamford, Conn.—John S.——, Glenbrook, Conn.; age 34; necrosis of left sixth and seventh ribs; admitted to hospital February 24th. This condition was the result of an operation performed some three months previous for empyema. The lung and pleura had entirely healed, but the sixth and seventh ribs were necrosed for about one and a half inches in length, and extending half way through the shaft of the bone. I advised an immediate removal of the necrosed bone, but this the patient refused to allow. I therefore decided to try and rejuvenate the bone by means of supplied blood. The wound was deputed with the bovine and hydrozone reaction, followed by Thiersch irrigation, and bovine pure dressing applied. This treatment was repeated every two hours, up to March 10th, at which time the bone had assumed a healthy appearance and was healing rapidly. The bovine dressing, pure, was now employed every three hours, to March 19th, at which time the bones were covered with periosteum, and the wound entirely healed, leaving hardly the trace of a scar. Coincident with this external treatment, the patient had been given a tablespoonful of bovine in grape juice, every three hours. March 20th, he was discharged cured.

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## **Some Problems of the Alienist.\***

*By Edward French, M. D., Superintendent of Medfield,  
Mass., Insane Asylum.*

I am, of course, especially interested in the care of and the future provision for the insane. Massachusetts has an ever increasing burden, and the problem, if it was ever solved, at present requires a new solution, as circumstances have changed the aspect of the field which we glance over in this Commonwealth. Statistics abundantly prove that the number of insane is increasing in relation to the increase of our population. This statement is true if applied to all the residents within our border ; if we exclude residents of foreign and foreign descent, this would probably not be true ; I say probably not, because it is extremely difficult, in these days of American glorification and the rampant spirit of expansion, to decide who really is a native American. Many people, in giving their descent to the census takers, deny foreign birth, and, while it vitiates the statistics, it is a healthy symptom of the American spirit growing in our citizens of foreign descent.

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\*Response to a toast to "The Alienist", at the annual meeting of the Thurber Medical Association, October 4, 1900.

By the report of the State Board of Lunacy and Charity for 1898, there remained in the State Hospitals and Asylums for the Insane, Sept. 30, 1898, 7904, and in similar institutions, in 1869, there were 2337, an increase, in twenty-nine years, of 5567. To put it differently, there was one insane person in custody to every 623 citizens of our State in 1869; and in 1898, the proportion had increased to one insane person for every 316 citizens. In 1869, there were three State Hospitals for the care of the insane; the Northampton, Worcester, and Taunton institutions. The Tewksbury Almshouse, then as now, had quite a number of chronic insane paupers; the Ipswich Receptacle had about fifty, and there were, in the various almshouses and families, nearly 800 more. To-day, we have five insane hospitals and two asylums, as well as Tewksbury and the State Criminal Asylum at Bridgewater, and the provision of institutions for the insane is not yet adequate. As the Commonwealth has adopted the long talked of policy of taking care of all of the dependent insane, removing from the town almshouses all of the insane that are there at present, it needs at once another institution as large as Medfield. The statistics which illustrate my position that the number of insane is increasing in our Commonwealth, are given to emphasize the fact that the problem is one which needs serious consideration. No matter what way we take to provide for the dependent insane, something must be done. There is a permanent increase in our state institutions, of about 180 cases per year; a residuum of feeble, chronic, violent, or filthy patients; in fact, patients of some class which renders it either not expedient or dangerous to have them at large in the community.

These few remarks have been simply a preface to my real subject, which is to show, to the best of my ability, what at present is being done for the insane in our own state, and what it is possible to do both for the care and increasing the probability of cure, and for lessening the financial burden upon the tax payers. All of the gentlemen here assembled

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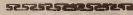
are, no doubt, aware of the public feeling toward insane hospitals in this state as well as I am myself. You have all met the objections of the family when you proposed or advised sending your patient to one of the State hospitals. There is a feeling that a stigma, a blot upon the family name results if one of its members is confined in such an institution; in fact, two-thirds of the people feel it a disgrace quite as much as if their unfortunate, sick fellow creature had been convicted of crime. It is not difficult to find out the basis for this conclusion on their part, and reasoning is often futile to overcome their prejudices. It is only when the patient has become a burden to the family or a danger to himself or the community that they no longer oppose the advice of the physician. There is also another and more logical idea prevalent in the community; it is that the patient has not so good a chance of recovery at an institution as he has at home. This is undoubtedly partly true; for no one believes that an insane person surrounded and associated with other insane persons has as much stimulus to recovery as he would have in association with sane, rational, and calmer minds. On the other hand, he meets with the proper treatment for the restoration of his disordered senses, provided his case is one of functional disturbance rather than one of organic or structural defect. For this reason, there has been a strong feeling among physicians engaged in this specialty, and only recently has it come to be advocated that an institution differing in character from our present State Hospitals would offer a greater chance for the recovery of the patient than the present arrangements. Dr. Peterson of New York has advocated this very strongly, and has enlisted the interest of the Commission of Lunacy in the State of New York to forward this project. His plan, as he outlines it, is as follows; and, while not new in either idea or detail, yet I give him the credit of it because he has made it as clear and concise as any of its advocates.

His plan is to establish, in cities of sufficient size, small hospitals on the same plan as our general hospitals in such places; these he calls psychopathic hospitals. His plan of management is to have cases of incipient insanity and those nervous diseases which result in insanity, such as neurasthenias and some of the hysterical forms, taken in and appropriately treated and observed. There are to be but few patients in a hospital, and no restraint employed, except possibly in emergencies. The patient will be a voluntary committal, and there will be no locked doors; he can come of his own volition, and leave when he so desires. He will receive appropriate treatment from a staff appointed precisely as it is at present for the small general hospitals. If he proves, upon observation, to be a case of probable curability, he will remain or be treated in his own family. Should he develop such symptoms as point to organic brain disease or some of the chronic forms of insanity, he will be transferred to one of our present insane hospitals. The advocates of this plan argue that its greatest benefit is to come in getting hold of the patients while there is yet a probability of cure, because the stigma of entering an asylum will not be joined to the psychopathic hospital, and the patient will be willing, at once, voluntarily to accept treatment. It will also lessen the burden at the State institutions; for, at present, we are showing but a low percentage of recoveries, which we claim is due largely to the fact that the patient is not taken to the State hospital until his disease is so far advanced as to offer small hope of recovery by treatment. Our hospitals then would have only the incurable and organic forms of mental disease, and their surroundings and care could be made much less expensive than they are at present.

There are some features in this plan which seem to me a little doubtful. I feel extremely uncertain about the willingness of patients to submit themselves to treatment even in a psychopathic hospital; they are a class of patients which does not recognize the need of treatment as patients do who suffer



from bodily affections. The mental machinery which ought to advise them for their best good is broken, or at least has slipped a cog, so that they lack the necessary reason and judgment to decide for themselves, and it is possible that it might come to the present state of affairs; that is, that it requires family or legal pressure to induce the patient to enter even an institution which employs such mild restraint and has such a pleasant outlook as does the psychopathic establishment. If it proves practical, I think it will be of great benefit to society, as it will return a larger proportion of its defective members, who will again become producers, and will lessen the number at our State hospitals.



**Ichthyol in the Treatment of Fissure of the Anus.**—Conitzer (*Munch. Med. Woch.; Centralbl. fur Gynak*) obtained most satisfactory results in the treatment of anal fissures with ichthyol. The fissure is first anesthetized with cocaine, and pure ichthyol is applied with a bit of cotton on a glass rod. For subsequent applications, which are made every other day, anesthesia is generally unnecessary. Cicatrization is usually very rapid, and stretching of the sphincter is not necessary. The bowels must be kept free.—*N. Y. Med. Jour.*

## Lights and Shadows of a Physician's Life.\*

*By W. W. Browne, M. D., Blackstone, Mass.*

*Mr. President, Members of the Thurber Medical Association,  
Ladies and Gentlemen :*

I hoped to read before you to-day an original as well as instructive paper, but, alas! that attribute, originality, has been denied me, and so I must content myself with writing on a subject familiar to all members of the medical profession, viz., Lights and Shadows of a Physician's Life.

The shadows come early in a physician's career. On receiving his degree of M. D. he is apt to look upon his labors as ended, and to suppose that henceforth there are laid up for him large fees, many patients, great honors and a life of luxury and ease. But he is soon undeceived; for disappointments await him, and he soon discovers that there is no reward, no excellence without labor, and that the early part of his professional life is quiet, with its monotony not too often broken by the intrusion of patients. Things do not appear quite as rosy to him now; the shadows are looming up. It is a dangerous period in his life, as at this time he lays his foundation in the community. He is passing through fire, as it were, to come out either dross or gold, to realize how real and earnest the play of life is.

The physician is brought in contact with the worst side of human nature, moral and physical; much of his time is spent in the sick room. He sees the sufferings of the afflicted; hears their moans and complaints; witnesses many repulsive sights, and has to contend with the weak, petulant and exacting patient.

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\*Annual Address before the Thurber Medical Association, Oct. 4, 1900.

Then, too, he encounters many sad and pathetic incidents. He meets face to face the man upon whose brow he sees the awful seal of death, and who yet knows it not. He stands by the bedside of the widow's only child, and sees too clearly in its wan and hollow cheeks that its short march is nearly ended, while the weary mother prays to Him for its precious life. In the palaces of the wealthy he feels the chill breath from the passing wings of the angel of death; and in the squalid quarters of the poor, where grim want seems to almost make death a blessing, he sees the dreaded shaft that never strikes its victim but once. Where pestilence walks at midday his duty calls him; and where the heroes of many battles dare not enter, he faces with cheerful courage the dangers of disease.

There is no calling, no profession where there is greater occasion for worry than in the medical profession. The work of a busy physician is arduous. It is not, however, so much over-work that wears down the lives of physicians, as painful thinking, the feeling of personal involvement, and perpetual meditation. Where life is at stake there is naturally much anxiety, and the physician feels the responsibility. Not only is he concerned for the patient, but for reasons of self-interest as well.

As Will Carlton has it in "The Country Doctor":

"Knowing if he won the battle  
They would praise their Maker's name.  
Knowing if he lost the battle  
Then the doctor was to blame."

The sick should be pardoned for their unreasonable petulance on the ground that illness renders them weak and irresponsible. But the family and friends will often make you feel uncomfortable. They will not always find fault with you openly, but by hints and innuendoes will intimate that you are not doing as well by the patient as you might. Strange that no improvement takes place. The medicines are probably too strong or too weak. It's queer, but Dr. A. had a very similar

case and the patient got well in a short time, etc. All of which is not calculated to contribute, in any great degree, to the doctor's happiness.

One of the hardest things a physician has to contend with in his practice and which sadly handicaps him in his work, is the oft times ignorant prejudices of the public. Their lack of knowledge of things medical is astonishing. Many regard the art with superstition; expect infallibility in the doctor, and miraculous results from the administration of drugs. They will frequently oppose you in your treatment, especially in new methods; fail to follow your instructions; neglect to give the medicines as directed, and some will almost seem to do their utmost to render things unpleasant; will harass you in every conceivable manner, so that attendance on the patient really becomes irksome.

There is a great deal of ingratitude manifested in this world, but nowhere is it better exemplified than in the base ingratitude often shown by the laity toward the medical fraternity. If your treatment prove successful in a serious case, how profuse are the thanks, how lavish the praises of patient and friends! They will become very fervent in sounding your praises; will tell you that your kindness will never be forgotten, that they never can repay you. But their ardor soon cools, and later when the bill is presented to them, it is often paid under protest or not paid at all, and you will frequently hear remarks of this kind: "Really doctor, isn't that bill pretty steep? I had no idea it would be so much. Why, Dr. So-an-so only charged Mr. S half as much for just such a case," etc., etc.

You may have attended faithfully a family for years, watched over them in sickness day and night, spent many sleepless hours by their bedside, shown them every attention. Your services were apparently appreciated. To you were confided the family secrets. Your advice was sought on non-professional as well as professional matters. You have congratu-

lated yourself that here was a family upon whom you could depend under all circumstances, no matter what happened. Have probably set your heart and faith upon the continuance of their patronage. But, alas! If you should fail them in any particular, though the cause be never so trifling, yet will they often turn from you in an instant, and all you may have done for them in the past will count for nothing. You will be supplanted by another, frequently abused, and they will try to injure you in every way.

Often, after a hard day's work, perhaps, the physician will prepare to spend a pleasant evening with his family—although he is ever expectant—is comfortably seated in an easy chair, absorbed in some interesting book, when jingle goes the door-bell. Someone wants him right away. It may be an all night case, perhaps a trip of several miles into the country. Then again he is aroused from his slumbers at all hours of the night, and has to leave his bed, no matter how tired or sleepy, or what the condition of the weather may be. There is nothing affects his health more unfavorably, except worry, than broken rest and irregular meals.

I have mentioned but a few of the things that help to form the shadows in the practitioner's life. There are, however, an hundred and one little annoyances to which he is subjected that cannot be expressed in words.

If the question were asked, "What are the lights in a physician's life?" many would answer there are none, except when someone pays them a bill.

It must be acknowledged it is pleasing to receive remuneration for services rendered. It is essential, for excellence is always costly, and the most single-minded man alive cannot do his best work without a corresponding pecuniary return. If he is harassed financially he will not be able to concentrate his attention upon his work, or to purchase new books, instruments, medical journals, drugs and other paraphernalia made necessary by advancing science. But any man has mistaken

his calling who regards it as a money-getter alone, as work to be grudgingly and half-heartedly done in order to procure the necessities of life.

If a man practice medicine because he loves the science and wants to do good ; if he takes a healthy and humane interest in fighting that evil which we call disease ; if his heart beats high and his soul expands when death releases its grip upon his patient ; if he is never tired of studying the ways and means to this end, then and not till then will the lights be seen through the shadows and his life made bright.

Unless he is a misanthrope the physician will derive much pleasure from his work. His profession enables him to cure many diseases, relieve pain and ailments, expel fears and administer consolation and comfort to the minds of the multitude. Sometimes he seems almost to hold the keys to the very gates of death, and to snatch from the brink of the grave the loved ones, whose loss would leave an empty chair, and the family bereaved and desolate.

To feel that he has been instrumental in restoring a child to its parents or a parent to the family makes one's heart glow and gives a sense of professional exaltation and pride that his efforts have not been in vain.

Although many families are capricious, fickle and ungrateful, there are others who appreciate your services, will adhere to you through thick and thin with steady confidence and will ever lend you their hearty co-operation in the interest of the patient. I would there were more such.

To attend our local medical society meetings, I deem one of my greatest pleasures, and how any man can disregard this privilege is beyond my conception. Attendance at these meetings would amply repay him for absence from his work. There physicians are brought into closer relation, they learn to understand one another better. The drudgery and monotony of every-day life is relieved. There, also, bitter feelings, estrangements, controversies, rivalries, dissensions and jealousies

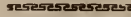
can be softened down and be made to disappear, and professional friendships formed and cemented. Medical subjects may be discussed with profit; views exchanged and new ideas developed. The public is influenced by organizations of this kind, and looks upon the membership of a physician in the local society as a guarantee of his good standing, and that he pursues legitimate practice.

The never failing light in a physician's life is his wife. I pity those poor benighted bachelor M. D.'s who grope on in darkness alone, without a good woman's inspiration or guidance. I am of the opinion that the physician has greater discernment, better judgment in his selection of a help-mate than have other men; or, rather he has greater opportunities of discovering the desirable qualities in women. He sees her in her home-life, in sickness and in health, as a ministering angel in the capacity of nurse, unadorned by the frivolities of fashion, without the conventionalities of society or formalities of speech. He is thus enabled to choose wisely and well. Though the shadows thrown across his path in life are many, yet will he ever find in his wife, a true and constant friend, who, by her sympathy, encouragement and wise counsel will help him fight his battles and win the victory.

There are many rocks in the channel through which the physician must pass. He must learn to discern and avoid them or they will wreck his frail craft and invite the cruel waves of disappointment to close over him forever. He should always lend his aid and counsel in the upholding of law and morality, and enter the sick chamber with a high purpose, clean hands and a pure heart.

Noble as is his calling and Godlike his mission he will often go unrewarded. He should still strive to do his duty without murmuring. Though he fail, he should struggle onward. It is something more than applause for which he should seek. It is something more than the clinking of gold in his coffers that he should covet. He should be noble and bear his

burdens bravely; enter upon his duties with a reverent fear adding dignity and glory to the pages of human history; deserving the blessing of God, the gratitude of suffering humanity, and a crown of glory in eternity. Let it be said of him as of the Physician of old, "He went about doing good." And though there are some shadows, some lights in his life, yet must he remember that all that pains is but for a moment, and all that pleases is but for a moment; that only is important which is eternal.



**Electricity in Sciatica.**—Dr. James Taylor (*Clin. Jour.*) reminds us of the well known, but too much ignored fact that electricity is very useful in sciatica; it is useful, first, in relieving the pain, which is often severe, and, in the second place, it is useful in stimulating muscles which have become wasted, and thus aiding their growth. In sciatica itself the best current to use is, he says, the constant current, and it is best used by getting the patient to lie prone with one of the flat conductors over the sciatica area, the other pole being stroked over the distribution of the nerve. He has known very great benefit, and, indeed, practically complete relief, afforded in sciatica from comparatively few applications of the battery.—*N. Y. Med. Jour.*



## A Good Rule to Follow in Abdominal Operations.

*By C. S. Scofield, M. D., Richford, Vt.*

Many cases have been reported where instruments, sponges, pads, etc., have been left in the abdomen after abdominal operations. I have a rule which I learned while at St. Bartholomew's Hospital, London, Eng., which, if carefully followed, I am sure will prevent all accidents of this kind.

Every operating theatre should be provided with a blackboard suitably lined on which the name and number of the instruments, sponges, pads, etc., to be used during the operation are written down. For instance, the operator calls off the instrument and number needed; the first assistant selects them and the second assistant writes them down on the board. When finished, the second assistant calls back the name and number of each article from the board, the first assistant or surgeon responding. After the operation, the same thing is gone through with again, similar to the calling off and calling back of goods in a large shipping office, so that no mistakes may be made. I would combine with this method of procedure that of having all instruments, sponges, etc., under lock and key or in some place not easily available, so that no over-zealous on-looker at some critical stage of the operation might seize an instrument or sponge and pass to the assistant (instead of leaving it to those having it in charge) thereby making a change in the original count.

This rule should be followed at all private operations, the surgeon locking all instruments not needed during the operation in his operating bag—those for use to be registered in his pocket memorandum.

## Thurber Medical Association.

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The forty-seventh annual meeting of the Thurber Medical Association was held at Hotel William, Milford, Mass., on Thursday afternoon, October 4, 1900.

The society has an active membership of 29 physicians, living in ten different towns. There are also two members on the retired list, and two honorary members. Three active members have died during the past year, while only two have been added to take their places. The work done by the society since the last annual meeting has never been excelled in any year of its history. A considerable number, not only of the papers written by the members, but of those which have been read at its meetings by some of the best known specialists in New England, have been published in the *Vermont Medical Monthly*—an arrangement which has certainly proved of advantage to the society, by securing better papers and larger audiences, as well as by sustaining the interest of those who are unable to attend the regular meetings.

The following officers were elected for the ensuing year :

President, N. C. B. Haviland of Holliston. Vice-President, Ralph C. Fish of Hopedale. Secretary, J. M. French of Milford. Treasurer, LeGrand Blake of Milford. Librarian, C. D. Albro of Milford. Orator for 1901, N. C. B. Haviland.

The prize for "the most meritorious paper read before the Association during the year by an active member," was, by vote of the members, awarded to J. M. French of Milford, for a paper on "The Treatment of Acute Croupous Pneumonia," which was in effect a collective investigation report, giving a summary of the methods used by thirty of the members of the Association. The prize, which consisted of a copy of Haig on Uric Acid as a Factor in the Causation of Disease, was presented by the acting president, Dr. Wm. L. Johnson.

The Annual Address was delivered by Dr. W. W. Browne of Blackstone, on "The Lights and Shadows of a Physician's Life." These were pictured in vivid and well-chosen words, and depicted experiences common to many of his hearers. Chief among the lights in a doctor's life, he placed his faithful wife--and as nearly all the physicians in his audience were married men, it may be assumed that a good degree of sunshine has fallen to their lot.

At the dinner there were present, as usual, not only the members but their ladies and friends, with a number of specially invited guests. Among these latter were the Rev. Nicholas Vander Pyl, of Holteston, who officiated as chaplain; Dr. Edward French of Medfield, Superintendent of the Medfield Insane Asylum; and the Hon. Samuel L. Powers of Newton, Republican nominee for Congress in the 11th Massachusetts district.

At the close of the dinner, Dr. J. Cushing Galtson, of Franklin, acting as anniversary chairman, proposed the following toasts and pithily introduced the speakers who were to respond.

"The Clergyman," - - Response by Rev. Nicholas Vander Pyl

"The Alienist," - - - - Response by Dr. Edward French

"The Lawyer," - - - - Response by Hon. S. L. Powers

"The Thurber Medical Association,"

- - - - - Response by Dr. Wm. L. Johnson

The Association is now nearing its fiftieth anniversary, and will make every effort to maintain the reputation of past years, and make itself as important a factor in the professional life of the physicians of its locality, in the new century as it has been in the old.

## Eighty-Seventh Annual Meeting Vermont State Medical Society.

The Eighty-seventh Annual Meeting of the Vermont State Medical Society, took place at Rutland, October 11th and 12th. A large number of physicians were present at the various sessions which were held in the Berwick House Hall. The papers read were unusually good and instructive, and much interest was shown in the whole program. A large number of book, drug and instrument firms exhibited their goods and their presence added considerably to the success of the meeting.

Following is the program :

### ORDER OF EXERCISES.

FIRST DAY, THURSDAY, OCTOBER ELEVENTH.

MORNING SESSION, 10 O'CLOCK.

1. Call to order by the president, M. R. Crain, Rutland.
2. Prayer.
3. Reading of Records by the Secretary.
4. Appointment of Committees :
  - 1 On Nominations.
  - 2 On Membership.
5. Reports of Officers and Delegates :
 

Treasurer.....	E. S. Allbee.
Secretary.....	D. C. Hawley.
Board of License Censors, Chairman, H. C. Tinkham.	
Necrology, Chairman, F. L. Osgood, (Townsend).	
Legislation, Chairman, Wm. N. Platt.	
Arrangements, Chairman, C. S. Caverly.	
Delegates to the Medical Department, University of Vermont, Dartmouth Medical College and to other Societies.	
6. Consideration of Reports of the various Officers and Delegates.
7. Obituary of Lyman Rogers, M. D., A. S. M. Chisholm, Bennington.

8. Obituary of E. F. Upham, M. D., Geo. Davenport, E. Randolph.
9. Obituary of C. M. Terrill, M. D., T. F. Gartland, White River Junction.
10. Obituary of E. H. Pettingill, M. D., E. S. Allbee, Bellows Falls.
11. Unfinished Business.
12. Adjournment.

## AFTERNOON SESSION, 2 O'CLOCK.

1. Call to order.
2. Report of Committee on Membership, and election of New Members.
3. Introduction of Delegates from other Medical Societies.
4. Vice-President's Annual Address. Treatment of the Eye by the General Practitioner. Geo. H. Gorham, Bellows Falls.  
Discussion, H. D. Holton, Brattleboro.
5. Hemianopia, A. S. M. Chisholm, Bennington.  
Discussion, M. C. Twitchell, Burlington.
6. Report of the recent Epidemic of Small-pox in Hardwick and vicinity.  
S. E. Darling, Hardwick.  
Discussion, C. S. Caverly, Rutland.
7. The Use and Abuse of Drugs in Vermont. A. P. Grinnell, Burlington.  
Discussion, C. W. Peck, Brandon.
8. Treatment of the Morphine Habit. W. J. Aldrich, St. Johnsbury.  
Discussion, J. Henry Jackson, Barre.
9. Transmission of the Insane Diathesis. W. N. Thompson, Brattleboro.  
Discussion, Wm. N. Platt, Shoreham.
10. Adjournment.

## EVENING SESSION, 8 O'CLOCK.

- President's Annual Address. Location of the Lesion in Paralysis. M. R. Crain, Rutland.  
Discussion, O. W. Sherwin, Woodstock.

## BANQUET.

The Annual banquet will be held at the Berwick House at the close of the evening session.

Anniversary Chairman, E. M. Pond, Rutland.

## SECOND DAY, FRIDAY, OCTOBER TWELFTH,

## MORNING SESSION, 9 O'CLOCK.

1. Call to order.
2. Report of Nominating Committee and election of Officers.
3. Report of Special Committee on reorganization of the Society.

4. The Diagnosis of extra uterine pregnancy with Illustrative Cases.  
Willis G. McDonald, Albany, N. Y.  
Discussion, L. M. Bingham, Burlington.
5. Puerperal Septicaemia. E. M. Pond, Rutland.  
Discussion, L. M. Green, Bethel.
6. Pneumonia. W. L. Heath, Richmond.  
Discussion, E. M. Brown, Sheldon.
7. Adjournment.

## AFTERNOON SESSION, 2 O'CLOCK.

1. Call to order.
2. Abdominal Palpation in Obstetrics, F. E. Clark, Burlington.  
Discussion, Deane Richmond, Windsor.
3. Some of the evils of Aseptic Surgery, J. Sutcliffe Hill, Bellows Falls.  
Discussion, W. F. Hazelton, Bellows Falls.
4. Vaginal Hysterectomy, with two case reports, C. W. Strobell, Rutland.  
Discussion, E. H. Ross, St. Johnsbury.
5. Rupture of the Uterus during Child-birth, L. H. Hemenway, Manchester.  
Discussion, H. H. Swift, Pittsford.
6. Voluntary papers or reports of cases.
7. Report of Executive Committee on program for next meeting.
8. Unfinished business.
9. Adjournment.

# *The Vermont Medical Monthly.*

*A Journal of Review, Reform and Progress in the  
Medical Sciences.*

H. EDWIN LEWIS, M. D., EDITOR.

## ASSOCIATE EDITORS,

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## EDITORIAL.

### Medullary Anesthesia.

The recent revival of spinal cord injection of cocaine solutions is creating considerable interest wherever surgery is practised. The method which was first suggested by Dr. J. Leonard Corning in an article published in 1885 in the *N. Y. Medical Journal* has lately been studied by Tuffier of Paris. His findings are in favor of employing the method as a means of anesthesia and his report embodies about one hundred and fifteen cases. Other recent investigators have written favorably of producing anesthesia in this way, but we fear that the testimony thus far adduced is not yet strong enough to warrant widespread use of the medullary injection as an elective method of anesthetizing surgical patients.

Indeed, there are several facts which will necessitate caution in endomeningeal injections. First, lumbar puncture itself is not entirely free from danger. Numerous cases have been reported of fatal respiratory paralysis, following puncture of the lumbar cord for purposes of diagnosis, and the possibility of neglect in asepsis brings us face to face with the by no means simple danger of septic meningitis. Second, the injection of cocaine into the cord is quite commonly followed by respiratory embarrassment, nausea, vomiting, excessive sweating, rapid pulse and severe headache which is extremely likely to persist for several hours. Control over the sphincters is lost for some time, and in some cases is not recovered for some days. Furthermore, the injection in a certain number of cases is not followed by the anesthesia desired, although the patient may suffer from all the disagreeable results of the method. The duration of the period of anesthesia may also be very variable, and early return of sensation during an operation might prove very embarrassing to the operator to say nothing of being highly disagreeable to the patient.

Third, shock, the dread of every operator, is much more liable to follow an operation of which the patient is conscious, however painless, than one of which nothing is known. The mental factor in the production of shock is well recognized, and we believe the fact of a patient having witnessed his own limb removed, or some other operation on himself, will not tend to hasten his recovery.

All in all, cocainization of the spinal cord does not seem to offer the brilliant prospects some of its advocates would have us believe. Ether or chloroform anesthesia properly produced is so free from unpleasant results that one should long hesitate before substituting for them a method so uncertain and fraught with danger as spinal cord anesthesia has proven itself to be. As an elective method when ether and chloroform are interdicted from heart or kidney lesions, the endomeningeal method may properly be considered and used. But its universal employment as a routine procedure we feel confident will not appeal to the discre-



tion of the medical practitioner who has his own and his patients' welfare at heart.



## The Highway of Life.

After all what a mass of little puppets the human family really are! Every one of us, high or low, wriggle out into the Highway of Life and are soon swallowed up in the Mighty Throng. Day in and day out we plod on, hustling, jostling, crowding our fellows, constantly striving to get a little better position where the Road is smoother or easier, or trying to fill some other fellow's place on ahead. A word here, a curse there, a kiss on clinging lips, a clasp of the hand—and on, on again. So many shoes and clothes each year, so much food and drink, but always in line with the hurrying Throng. To-day the sun may shine and the golden rays fill the Highway with warmth and glow, to-morrow Wintry shades may cast their chill and gloom,—but it is always on, on.

Here a man mounts above the shoulders of his fellows and catches our eye for a second. A moment's interest, a round of applause and our attention is drawn to some other less fortunate fellow being, this time groveling in the mire of the Highway. A kick as we pass crowds him down a little further, and in the onward rush he is left where he falls—a poor forsaken wretch.

Here a fellow who thinks he is strong throws his weight against the rushing crowd. A flood of vehement argument, a vain attempt to make us stop with him, believe with him,—a moment's delay and he is thrust aside or borne along with the living stream.

Now a comrade at our side falters and sinks down. Roughly, rudely, the human current throws him out to one side, the gap fills in and like a wounded bird he is left at the Roadside to die—forgotten like the rest. And with never ending strife the race goes on.

But soon, ah soon, we too shall falter. Such a short race and with dimming eyes and limbs that tremble we too shall lose our place and sink down at the Roadside. A chilliness will enfold us, the mists will settle low. Through the gathering shades we will catch a last glimpse of the rushing, battling Throng, the same old struggling, pushing Crowd—filling the Highway and speeding along, relentless as ever, always the same. And we—we shall be out of it forever. Will we find rest? Weary and footsore we shall need it sorely.

Then for the course we have run, the lives we have lived, the loves we have cherished, the battles we have fought, the defeats we have met, the hopes we have hugged to our breasts, the failures we have made, may the Maker of men and of the Highway grant us the boon we never know on earth—rest and peace.

If the Giver of All Good Gifts thus rewards us, we shall learn the One Great Truth we seek through life—man does not run in vain.



## NOTES AND ITEMS.

### The State Laboratory.

If the State Laboratory bill is obliged to be tossed about much longer on the turbulent sea of legislation at Montpelier, the measure may require a prolonged stay at some dry dock for repairs, before it will meet the expectations of its friends.

\* \* \* \* \*

But seriously, the measure is one deserving much more rapid consideration and passage than it has received. The excellent, yes grand, work that the State Laboratory has done during its comparatively short existence ought to bespeak for it the hearty, zealous support of everyone who holds dear the general health of the commonwealth, and thus more or less directly the health of himself and his family. One serious epidemic of disease through-

out the state would cost Vermont thrice over the yearly amount needed for maintaining the Laboratory, to say nothing of that other cost which cannot be reckoned in dollars,—blighted homes and broken hearts. We know that every physician who is alive to modern methods of preventing and differentiating disease, will stand by the Laboratory. Anything which helps the hardworking, painstaking physician to do better and more accurate work certainly merits the support of those who look to the physician for medical knowledge and advice. The Laboratory does all this. Its success and maintenance, therefore, is a blessing to the people and the people are supreme. Long live the people.

The Laboratory will help them to do this.

Invitations have been issued to the wedding of Miss Hortense Virginia Paquet, daughter of Mr. and Mrs. Frank Paquet, and Dr. Everay Paul Lunderville, which will take place at St. Mary's church, St. Albans, Tuesday morning at 8 o'clock, November, 27. Dr. Lunderville is a graduate of the U. V. M. Med. Dept. '96, and has a lucrative practice in St. Albans.

Dr. J. H. Linsley has gone to New York City, for treatment for his eyes.

A former Vermont Physician and a graduate of the U. V. M. Med. Dept., who is winning remarkable success in New York City, is Dr. E. S. Peck of 53 W. 50th St. The doctor is a successful specialist in diseases of the eye, ear, nose and throat and is Professor of Diseases of the Eye, at the New York Post Graduate Medical School and Hospital, holding clinics twice a week. He is also Senior Ophthalmic Surgeon to the City Hospital, Visiting Ophthalmic Surgeon to St. Elizabeth Hospital and Ophthalmologist to the Montefiore Home.

Dr. Peck is a brother of Gen. T. S. Peck, one of Vermont's favorite sons.



## MEDICAL ABSTRACTS.

**Medullary Narcosis in Obstetrics.**—The intraspinal injection of cocaine to relieve the pains of labor, first recommended by Tuffler, has been put to the test by Kries in the clinic of Prof. Bumm, of Basle (*Ctbl. f. Gyn.* July 14, 1900).

A history is given of six cases in which the anesthesia was successful, although the nervous excitement of the patients was not apparently influenced. Perhaps one-half of all who submit to this exhibition of cocaine suffer from unpleasant collateral or subsequent effects, especially headache, vertigo and nausea, with or without emesis.

Kreis exhibited the drug in the manner recommended by Bier and Tuffler, injecting one centigram of cocaine within the membranous sac which invest the cord; the point selected for injection was the space between the 4th and 5th lumbar vertebrae. From 5 to 10 minutes were required for the production of anesthesia, which extended up as high as the costal arch.

The motility or expulsive force of the uterus was not impaired by the action of the drug. Palpation showed that the pains occurred in normal force and frequency. The sensibility to pain, on the other hand, was completely abolished, the only sensation being one of tension. The patients made no attempts to seize objects for the purpose of bearing down.

The third stage of labor appeared to be in no wise influenced by the anesthesia. The usual after-pains were present because the effects of the cocaine pass off by the time these sensations are due.

The effect produced upon the mind of the obstetrician is most novel—painless labor with full retention of consciousness..

With regard to the future scope of this anesthesia, it will never become universally employed, because, as already stated, the frame of mind of the nervous, excitable, puerpara, based on fear and anticipation rather than pain, is not to be reached in this way. For this class chloroform is probably indicated. Another class of cases in which cocaine would be contraindicated is represented by patients who depend much during labor on reflex bearing-down and abdominal effort. In this class, the cocaine, by arresting this accessory expulsive force through abrogation of the pain which excites it, appears to be a meddling resource.

A theoretical danger which, of course, applies to surgery as well as obstetrics, is the possible introduction of germs within the vertebral canal. The strictest asepsis must prevail.

Kreis concludes by expressing his belief that the most promising field for the new anesthesia is in forceps and version cases as substitute for chloroformation.—*Obstetrics.*

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**The Coal Miner's Doctor.**—An unpleasant insight into the business methods of the coal-mining corporations of eastern Pennsylvania is given by a correspondent of the *Philadelphia Medical Journal*. If the companies treat their employes in other ways as they do in the manner of medical care, it is small wonder that they are striking for improved conditions. The case is cited of one of the companies, and the rest follow the same plan, which employs a chief physician and two assistants, the first getting \$2,400 a year and the latter each receiving \$600. For this service a certain proportion (75 cents a month for the married and 50 cents for the single) is withheld from every miner's wages, the gross amount in the case noted being about \$14,400 a year. This leaves a balance of profit for the company from its doctors of about \$10,800 a year.—*Cleveland Jour. of Med.*



PUBLISHER'S DEPARTMENT.

**Remove the Curse.**—"In sorrow (pain) thou shalt bring forth children." Gen. III, 16.

Such was the curse pronounced upon women at the fall of our first parents, and with rare exceptions it has been universally fulfilled.

It is the function and purpose of medication to relieve human suffering, and the alleviation of parturient pains has long been reckoned among the chief purposes of the obstetrician.

Among the many agents employed to obtund the pains of child-birth none have found more cordial welcome at the hands of the discriminating physician than Pheno-bromate, the latest and best result of syntbetic chemistry among the coal-tar derivatives.

Whatever excellencies may be claimed for this preparation as an antipyretic, and these claims are high, it is pre-eminently as analgesic that Pheno-bromate has established its extreme usefulness. In chronic cephalalgia, with its nauseating gastric disturbances, neuralgia, rheumatism, sciatica, dysmenorrhœa, gastralgia, menorrhagia, and especially in the alleviation of post parturient pains this comparatively new remedy has taken foremost rank among the prescriptive medicines of the day. In cases where the administration of chloroform, ether or cocaine has been regarded as inadvisable and dangerous, Pheno-bromate has been employed with great advantage and with perfect safety.

With such remedial agents as these, with such a veritable panacea to human suffering, it would appear that much of the primal curse against woman is in a fair way to be removed.

Then, all thanks to a wise and discriminating chemistry.

Push the good work and remove the curse.

**Preparation for Surgical Operation.**—In the *International Journal of Surgery* for August, Dr. Charles W. Oviatt, Surgeon to St. Mary's Hospital, Oshkosh, Wis., has an article upon the preparation of a patient for surgical operation. Referring to the importance of rendering the alimentary tract clear and clean against the operation the doctor writes :

“Daily warm salt baths should be given, followed by friction with a coarse towel for the purpose of getting the skin into the best possible condition for elimination. The bowels should be thoroughly cleared out. This is satisfactorily accomplished by fractional doses of calomel each day, followed by a saline cathartic. In my hospital work I have for several years been in the habit of using for this purpose Abbott's Saline Laxative. It is an effervescent preparation of c. p. magnesium sulphate, and affords an ideal method of administering this remedy. Nothing has ever taken the place of magnesium sulphate for thoroughly cleaning out the bowel, but the disagreeable taste and nauseating effect make it highly objectionable to delicate stomachs. This is entirely overcome by the preparation above mentioned, forming as it does a refrigerant and not unpleasant drink. By its use, following the small doses of calomel, the intestinal tract is thoroughly cleared out, this minimizing the possible complication of intestinal toxemia following the operation, the danger of which is now well understood. In the after-treatment, especially in abdominal cases, Abbott's Saline Laxative is equally efficacious, as it stimulates peristalsis without griping.”

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**The Effect of Codeine.**—The *Medical Record* (March 3, 1900) quotes the following from an article by Dr. G. J. Lochboehler in the *Journal A. M. A.* (Dec. 2, 1899): In epidemic bronchitis codeine is a valuable remedy for the relief of the harrassing pain of the cough, and when combined with

one of the coal-tar antipyretics the analgesic effects become more pronounced. It is a favorite drug in the cough of phthisis and chronic bronchitis, and its sedative influence is highly satisfactory, clinical data having shown it to be the best succedaneum for opium. Another advantage of codeine over morphine derivatives and one of special value in bronchial affections, is that the patients not only cough less but also expectorate more easily than after taking any of the morphine derivatives. The cough-dispelling power of codeine is such as to make it indispensable in phthisical patients, and a point of great importance in these cases is that it does not impair the appetite or digestion, never produces nausea, and can therefore be used uninterruptedly for months. For the many bronchial and laryngeal neuroses, the exhibition of codeine in combination with anti-kamnia (antikamnia and codeine tablets) meets with well merited sanction.

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**Substitution. Cause and Effect.**—In unsuccessful preparation, or one which has not gained popularity with the physician, is never substituted. It is only those articles which have, through their merit, won the esteem and confidence of the medical profession and have demonstrated their therapeutic value, suffer from this evil. Take for instance, Micajah's Medicated Uterine Wafers, which have stood the test of time and have proven their worth to the doctor as a remedy of exceptional value in the treatment of diseases of women. This preparation was the first local application presented to the profession in the form of a wafer; and should be given the credit for this original and novel form. Solely through merit it has become immensely popular, and, as a consequence, it is most extensively substituted. Therefore, we wish to call our readers' attention to the necessity of carefully specifying "Micajah's Medicated Uterine Wafers" on their prescriptions and insisting upon the same being dispensed, and to the danger of a substitute being foisted upon their patients. Do not be led astray by similar sounding names. To insure results and protect your patient, care should be taken to prescribe the original preparation.




 BOOK REVIEWS.

**The Medical Annual and Practitioners' Index.** A work of Reference for medical Practitioners. New York and Chicago: E. B. TREAT & COMPANY. 1900.

Through an inadvertence, notice and review of this valuable book has been delayed until this late day. We regret this very much, but hasten to call the attention of our readers to its exceeding worth. The profession have grown to look upon this publication as an old and tried friend and its eighteenth annual appearance is as noteworthy as its predecessors. The volume with its magnificent review of the literature of the past year and a number of notable and original articles by well known English and American authors makes it take high rank as a quick reference work on the recent literature and progress of medicine and surgery. Its price is reasonable and it ought to be found in the possession of every medical man who professes to be modern and up to date. Medical writers find it a great help.

\* \* \* \* \*

**Diseases of the Nose and Throat.**—By J. Price-Brown, M. B., L. R. C. P. E., Member of the College of Physicians and Surgeons of Ontario; Laryngologist to the Toronto Western Hospital; Laryngologist to the Protestant Orphans' Home; Fellow of the American Laryngological, Rhinological, and Otological Society; Member of the British Medical Association, the Pan-American Medical Congress, the Canadian Medical Association, the Ontario Medical Association, etc., etc. Illustrated with 159 Engravings, including 6 Full-Page Color-plates and 9 Color-cuts in the text, many of them original. 6½ by 9¼ inches. Pages xvi-470. Extra cloth \$5.50, net. THE F. A. DAVIS CO., PUBLISHERS, 1914-16 CHERRY ST., PHILADELPHIA.

Of the many works on diseases of the nose and throat which have appeared of late this work compares very favorably. The book has many excellent features and the terse, expressive style of the author makes it an exceedingly readable book.

Each section is given due consideration and the writer is to be congratulated on his freedom from hobbies and crankisms. The book is original and complete. It is not composed of a mass of facts culled from various authors. Instead the writer's experience and judgment is evident throughout the text, and the stamp of individuality and independence which he has given his book gives it a charm too frequently absent in this age of book-making.

The anatomy of the various parts are briefly but thoroughly given, the diagnosis and symptomatology are carefully considered, and treatment of the various pathologic conditions is given due space and consideration. The illustrations are good and well chosen. In every way it is an acceptable contribution to its subject, and the book has lost nothing at the hands of the publishers.

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**Coplin Manual of Pathology including Bacteriology, the Technic of Postmortems and Methods of Pathologic Research.**—By W. M. Late Coplin, M. D., Profesfor of Pathology and Bacteriology, Jefferson Medical College, Philadelphia; Pathologist to Jefferson Medical College Hospital and to the Philadelphia (Blockley) Hospital; Bacteriologist to the Pennsylvania State Board of Health. Third edition revised and enlarged. 330 illustrations and 7 Colored Plates. Octavo 846 Pages. \$3.50 net. P. BLAKISTON'S SON & CO., PHILADELPHIA, PA.

The rapid exhaustion of the first and second editions of this work within a few months of its initial appearance, speaks indeed highly of the estimate placed on it by the profession at large. This, the third edition has been enlarged and revised, in keeping with the rapid progress which pathology is constantly making. The author, himself a progressive worker in the field of pathology, is well equipped to provide the profession with a modern text-book on his subject. A careful study of the book impresses one with its complete exposition of the various divisions of the text. Nothing is given undue importance, nor is anything slighted. The text is unusually readable, a characteristic few text-books on pathology can boast of. This particular edition contains 846 pages and 330 illustrations. It is ample in scope, contains nothing useless or superfluous and is well calculated to give a beginner or a practitioner thorough, comprehensive instruction on deviations from physiologic conditions. It is beautifully printed and bound. We commend it highly as a most excellent treatise on a highly important subject.

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## THE OPERATIVE TREATMENT OF UTERINE FIBROIDS.\*

*By F. A. L. Lockhart, M. B., Montreal, Quebec, Lecturer in  
Gynecology, University of McGill; Gynecologist to the  
Montreal Hospital and Protestant Hospital for  
the Insane, Verdun.*

The whole subject of operative treatment of fibroid tumors of the uterus is so vast that it cannot be fully considered at such a meeting as this, where the time is necessarily limited, yet I hope that an interesting discussion may be provoked by the following remarks :

### WHEN TO OPERATE.

The first point to be taken up is when to operate. This should not be until after medical treatment has been tried thoroughly and has failed. If, instead of decreasing, the growth is becoming larger, some operative method of treatment ought to be tried without delay, especially if the patient be near or past the menopause, as malignant degeneration is very liable

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\*Read before the Vermont State Medical Society, at the 86th Annual Meeting.

to take place at that period. Again, where the tumor is impacted in the pelvis and the uterus contains a growing ovum, the only way in which room can be obtained for delivery *per vias naturales* is by removal of the growth, which can occasionally be done without interfering with the progress of gestation if the tumor is pedunculated.

Excessive hemorrhage also calls for prompt operative interference, as do also degenerations of the tumor, such as carcinoma or suppuration, and pressure or neurotic symptoms. Under the latter head are included those cases where the tumor is not giving rise to any local disturbance, but the very fact of its existence has such an effect upon the patient's mental condition that her health is actually suffering. A gynecologist with anything like a large practice, and many a general practitioner also, must see numbers of such cases, where no amount of assurance of the innocent and harmless character of the growth in her particular case will quiet the patient's mind.

When a uterine fibroid is lying perfectly quiescent, giving the patient no trouble and possibly discovered quite accidentally, it is my opinion (and I am sure that all of my hearers will agree with me) that it should be left severely alone. Such a patient, however, should be kept under observation, so as to be ready to interfere should the tumor take on any activity. One should also, in such a case, be chary, especially where the tumor is either interstitial or sub-mucous, of advising marriage for two reasons, viz., the increased risks of maternity and the likelihood of the tumor to take on active growth, owing to the increased blood supply brought to the tumor as a result of the pelvic congestion induced by the marital relations. Within the last two years, I have operated upon two patients in whom the tumors had been either unnoticed or quiescent until after marriage, the following case being the most marked :

J. H., unmarried, aged 28, consulted me in 1894 on account of dysmenorrhea and slightly excessive menstrual flow. The patient was a highly strung girl with a decidedly neurotic family

history. She had always had more or less dysmenorrhea and menorrhagia but both were becoming worse. She was anaesthetised and the pelvis examined most satisfactorily as the abdominal walls were thin and well relaxed. The uterus was found to be decidedly antiflexed but not at all enlarged and the appendages were normal. In 1897, the young lady having married in June of that year, she consulted me again for pelvic pain, when, on making a pelvic examination, the uterus was found to contain a tumor as large as a fair sized cocoon. On removal in my private hospital several months later, this was seen to be an interstitial myofibroma.

The second case came under my notice in the Montreal General Hospital but was very similar to the above except that the growth had not been so rapid.

#### KIND OF OPERATION.

The nature of the operation to be performed will entirely depend upon the indications for interference and the site of the tumor.

The operations are as follows:

1. Curetting.
2. Ligature of the uterine arteries per vaginam (Gottschalk-Martin operation).
3. Oophorectomy (Tait's operation).
4. Myomectomy, by enucleation or otherwise.
5. Hysterectomy.
  - a. Total
 

}	1. Abdominal.
	2. Vaginal.
	3. Abdomino-vaginal.
  - b. Supravaginal.

#### DETAILS.

1. Curetting in cases of fibroma-uteri is not in any sense a curative operation, but it is a most useful measure nevertheless, when one wishes to make a diagnosis of the condition of the endometrium or where the patient has been greatly debili-

tated by profuse and repeated hemorrhages. Here curetting and packing the uterine cavity will often enable one to tide a patient over until she has had sufficient time to gather strength to undergo a more radical and serious operation.

2. Ligature of the Uterine Arteries per vaginam is a comparatively new operation for the cure of fibroid disease of the uterus and is one which is not very widely practiced. This operation was first suggested by Dr. W. B. Dorsett, of St. Louis, in 1890, but never had been performed by him. Gottschalk of Berlin, in 1892, reported having twice ligated both uterine arteries through the vagina for the cure of fibroid of the uterus, with good results. Franklin H. Martin of Chicago, claims to have devised an entirely different operation in that he includes portions of the broad ligament, the uterine nerves and in some cases the branches of the uterine arteries as well as the ovarian vessels in his ligature. It seems to me that the same object might be accomplished in a simpler manner by tying the uterine arteries before they give off any branches. Martin, however, has reported quite a number of cases in which he has carried out this procedure with beneficial results and therefore deserves recognition as the first man on this continent to report a series of cases treated by this method.

The object of the operation is, of course, to diminish the supply of pabulum to the growth and so to starve it out, as it were. It would seem at first sight as if there would be some danger of cutting off too much of the blood supply of the uterus and so causing gangrene where the uterine and ovarian arteries on both sides are ligated, but no such case has yet been reported which shows the danger to be more theoretical than real, the collateral circulation apparently being sufficient to nourish the organs.

Martin considers that the cases most suitable for this form of treatment are those of small interstitial fibroid, especially when they first make themselves manifest towards the menopause. Another class of cases where this operation is indi-

cated is where the patient has become too exsanguinated from repeated hemorrhages to undergo a serious operation and where the hemorrhage may be stopped to give the patient a chance to recuperate.

The contra-indications are (1) when the tumor is either sub-mucous or sub-serous; (2) where the tumor has risen out of the pelvis to such an extent that the bases of the broad ligament cannot readily be reached and (3) where the patient is near the menopause and has a large tumor, which has suddenly taken on activity, the tendency of such tumor to become malignant being much greater than where it is of small size.

3. Oophorectomy, or Tait's operation, was formerly largely practiced for the cure or relief of fibroids of the uterus, the chief contra-indication being the fact of the tumor being so large as to cause the appendages to be flattened out upon its surface in such a way as to render their removal extremely dangerous.

In the present advanced stage of pelvic surgery we are enabled to perform the more radical operations of hysterectomy with such a low rate of mortality that they have almost entirely supplemented the less heroic and equally less efficacious operation. This latter is now chiefly limited to (1) those cases where the patient will not submit to removal of the uterus; (2) where for any reason it is found impossible to proceed with the removal of the uterus after the abdomen has been opened, and (3) where celerity in operation is essential on account of the patient's condition. One other class of cases might call for this operation, viz: where the only trouble to which the tumor is giving rise is pressure, and its efficacy under such a condition was well illustrated in a patient who came under my care some four or five years ago. At that time she was complaining of retention of urine (requiring to have the catheter past every few hours for some days), as well as a certain amount of dull pelvic pain. She was admitted under me to the Montreal General Hospital in this condition and found to have an inter-

stitial fibroid of the uterus filling the whole pelvis. On opening the abdomen, the tumor was found to be so firmly wedged into the pelvis that its removal was deemed inadvisable, so both sets of appendages were removed. The result was almost better than one could expect, as within three weeks the patient could pass her urine unaided and she has continued in good health up to the present, the tumor, although but slightly diminished in size, giving rise to no symptoms whatever.

This operation acts not only by bringing about a premature menopause but it also reduces the blood supply of the uterus on account of both of the ovarian arteries being tied off, but, as stated elsewhere, it is not the operation one would select by preference except in a very limited number of cases. Although occasionally it is followed by a good result, yet in a large percentage of those cases where the ovaries are removed for the purpose of stopping hemorrhage it fails and the patient has to undergo the discomforts and risks of a second operation.

4. Myomectomy may be either a simple operation, as where one has to deal with a pedunculated growth, or else be extremely complicated, as in cases where a number of fibroid nodules require to be enucleated from the substance of the uterus.

In my opinion it is a proceeding, the applicability of which is limited to those cases of fibroid where the line of demarcation between the tumor and uterus is very decided, or else to those cases where one or more small nodules are projecting to some extent beneath the peritoneal covering of the uterus whose presence has been discovered during an abdominal section for some other affection. Under the latter condition, these nodules should always be removed unless the patient is beyond the menopause, as their removal adds very little to the risk of an abdominal section and they are always liable to take on active growth. Some operators go the length of saying that one can thus remove any number of small tumors, suturing up



the cavities with catgut. Among the strongest advocates of this method of treatment is Howard Kelly, of Baltimore, who says that "myomectomy should always be preferred to hysteromyomectomy in a young woman, provided there are no complications," whereas Penrose of Philadelphia takes exactly the opposite view, viz., that hysterectomy is preferable to myomectomy as a rule. Kelly cites the case of a patient, from whose uterus 30 distinct nodules were removed and he claims that this patient not only had a good recovery but that she also possessed a healthy and useful uterus. It hardly seems possible that a uterus in which so many cavities were made and then sewn up could be termed a "good" healthy organ. A quantity of scar tissue would be formed which would certainly be unfavorable to gestation, and, when we remember how frequently carcinoma develops in connection with such tissue, it would appear, a priori, that a structure which had been so maltreated would be extremely liable to develop serious trouble, especially were pregnancy to follow. Martin, of Greifswold, is another advocate of this procedure but even in his hands the mortality from hemorrhage and sepsis is very great. Previous to incising the tissue over the tumor, he passes a temporary elastic ligature around the lower part of the uterus, thus checking the hemorrhage which would otherwise occur during the process of enucleation.

Where the tumor is sub-mucous and the cervical canal can be readily dilated sufficiently the myomectomy may be done by morcellement which is too old and well known an operation to deserve more than mention at such a meeting as this.

Since January 1st, 1897, twenty-seven cases of fibrous disease of the uterus have been operated upon by me with one death which occurred on the eighth day from pulmonary embolism, and of these twenty-seven operations myomectomy has been done five times, being followed by perfectly smooth convalescence in each instance. The largest individual tumor removed weighed two and one-half pounds and the largest

number of nodules extirpated from any one uterus was five, so it is seen that no very serious cases received this method of treatment. In all five cases, the tumors either possessed well defined pedicles or else were projecting distinctly beneath the peritoneum.

5. We now come to the most radical operation of all:—Hysterectomy. Although the most radical, this is the method of treatment of uterine fibroids employed by most of the operators upon the continent of Europe and on this side of the Atlantic for the following reasons; if the patient recovers from the operation there can be no return of the disease, and second in the hands of a skilled operator it is less dangerous than myomectomy by enucleation or morcellement.

Noble, of Philadelphia, says of hysterectomy, that “when it is done early before the patient’s general health has been broken down, and before complications such as degenerations of the tumor or disease of the appendages have taken place, I am thoroughly convinced that hysterectomy for what may be called a healthy fibroid tumor of the uterus, when done by an expert, is as safe, if not more so, than ovariectomy.” He advocates supra-vaginal amputation of the body.

He is supported by the writer of the article upon hysterectomy for fibroids in the “American Text-book of Gynecology,” who states that the mortality following all cases of removal of the uterus for fibroid, including the most complicated cases, should not be more than eight per cent, while one should not lose more than three per cent of uncomplicated cases, and my own experience tallies with both of these statements. It is a disputed point as to whether or not removal of the cervix adds to or detracts from the gravity of the operation, but personally I prefer to remove it. For one thing, when it is taken away and the ends of the vaginal walls approximated, there is no communication between the raw surface and the exterior by which any germ might enter. You will probably say that while no germs can enter, this suturing across the top of the vagina pre-

vents any drainage of the raw space left beneath the peritoneum. This is doubtless true and therefore where I am at all doubtful of my technic or where pus in the pelvis has complicated the case, it has been my practice to pack the cavity with gauze, the ends of which project into the vagina so as to provide drainage and allow of its removal, and then to unite the two flaps of peritoneum by a running suture, thus making the seat of operation entirely extra-peritoneal.

Another plea for its removal is the weight of the cervix, which tends to invaginate the vagina. It is held by many that the cervix is the key-stone of the arch of the vagina and that, therefore, its removal favors shortening of the passage. In my humble opinion, to talk about the keystone of an arch, the uprights of which are composed of soft yielding structures, is nonsense and the fallacy of the statement that removal of the cervix renders shortening of the vagina more liable to occur has been seen not only in my own practice but also in that of others. Knowsley Thornton of London, has found, upon examining his patients at different periods after hysterectomy, that not nearly so much shortening followed complete as partial hysterectomy. Again in a work upon pelvic inflammations, W. R. Pryor of New York, presents a plate which shows the pelvic contents of a woman from whom the uterus had been removed several years previous to her death, and he remarks "notice how the bases of the broad ligaments hold up the vagina. There is no tendency to hernia, and the posterior cul-de-sac is just as deep as it ever was. This specimen is of value to us as showing the manner in which the vaginal continues to be supported even after removal of the uterus" In my own practice, out of eighteen cases of hysterectomy for fibroid which I have performed since January 1st, 1897, there has been but one death above referred to, and of these, fourteen were total hysterectomies, the cervix for various reasons being left in only four. On examining these cases subsequently, I can positively assert that there was no more shortening of the

vagina or prolapse of the vaginal walls where the cervix has been removed than where it had not been touched. In four of these cases of total hysterectomy, the cervix was separated from its vaginal attachments and uterine arteries were ligated through the vagina before opening the abdomen. Where the tumor and uterus are low in the pelvis so that the arteries can be readily reached, this proceeding is to be recommended as it greatly simplifies the intra-abdominal work, but the majority of tumors which call for operation will be found to be situated so high up in the pelvis that it will be very difficult indeed to reach the vessels from below.

The last argument in favor of the more radical operation is that while the cervix is present in the pelvis, the patient is always liable to disease of that organ, as for example, carcinoma and inflammation; and as the cervix is the seat of disease in the majority of cases of pelvic cancer in women, the removal of that part frees the patient of a serious danger.

Having now decided upon total hysterectomy, by which route is the uterus to be removed, the abdominal or the vaginal?

This question has provided ample subject for debate for several years back, but, in my opinion, the two routes should not be considered as rivals in any sense of the word, when the disease calling the operation is fibroid of the uterus. Where we have a small tumor which can readily be reached per vaginam and where the passage is roomy, there is no doubt but that the vaginal is the best route to pursue, as it takes no longer than the abdominal method, the patient makes a somewhat better recovery, there is no risk of hernia and there is no abdominal belt to be worn. If we operate per vaginam, the use of ligatures will be found to be more satisfactory than clamps in preventing hemorrhage, as they cause the patient no pain, do not necessitate disturbance of the patient for their removal and there is less danger of secondary hemorrhage than where clamps are employed. Pean, of Paris, recommends that all fibroids no bigger than the fetal head be removed per vaginam,

all others through the abdomen. In the latter case, however, he removes the supra-vaginal portion of the uterus through the abdomen and then takes away the cervix per vaginam, which seems to me to be a putting the cart before the horse method of operating, as one usually cures the uterus before removing it, so I fail to see why one should not finish the vaginal work at once instead of having to change the position of the patient twice.

All fibroids larger than those above mentioned, i. e., larger than a fetal head, should be removed by total abdominal hysterectomy and no one method will be applicable to every case.

The following method has been the most serviceable in the writer's hands :

After opening the abdomen, and extruding the tumors through the incision, the intestines above the tumor are covered by hot aseptic towels. The anterior layer of the broad ligament on one side is then incised from just below the extremity of the Fallopian tube to the outer end of the fold between the uterus and bladder and the vessels contained in this area of tissue are ligatured, each in two places, and divided, the ligatures running beneath the posterior layer of the broad ligament. The ligament is now divided and the other side is treated in the same way. The next step is to make the anterior flap of peritoneum by uniting the lower extremities of the other incisions by a line running across the anterior surface of the tumor a little above the uterovesical fold, this flap being dissected free. The finger now works its way down through the base of each broad ligament until the uterine artery is discovered. This is isolated as much as possible, is ligated in two places and divided after its fellow of the opposite side has been dealt with in a similar manner, the uterus is drawn forward and a posterior flap of peritoneum dissected down. The vagina is now entered between the bladder and uterus and, using the index finger in the vagina as a director, the roof is divided all around the cervix and as close to the latter as possible in order

to prevent shortening. The uterus being now free is removed and all bleeding points are ligated. The two walls of the vagina are then sewn together by a continuous catgut suture, after which a similar suture is used to close over the raw surface, beginning at the outer border of the left broad ligament. The vessels and their ligatures having retracted down between the layers of the broad ligament, the edges of this structure are brought together so as to make the ligatures lie entirely beneath the peritoneum, and the whole raw surface is closed over in this way from one side of the pelvis to the other; when passing over the extremity of the vagina, it is included in the running suture so that it receives additional support. The abdomen is then wiped dry and closed.

#### SUMMARY.

1. A uterine fibroid should not be interfered with unless it is giving rise to serious symptoms, be they mental or physical, notwithstanding the statement of one gynecologist (Gordon of Portland) that he removes all fibroids which he meets with in practice whether they are causing trouble or not.
2. Curetting is merely a palliative measure, as is also in many cases ligature of the uterine arteries.
3. Removal of the appendages ought to be merely a dernier resort as it practically never cures and does not always even relieve.
4. The operation of selection should be either total hysterectomy or myomectomy.
5. Myomectomy is to be chosen (a) where the tumor is submucous and pedunculated; (b) where it is subserous and either has a pedicle or its border is well defined; (c) where several small nodules lie immediately beneath the peritoneum.
6. Total hysterectomy is indicated (a) where the tumor is submucous and non-pedunculated and the cervix cannot be dilated sufficiently to allow of morcellement; (b) where the tumor is either interstitial, large and sub-serous without a pedicle, soft, fibro-cystic, or undergoing degeneration; (c) where the tumor is complicated by diseased adnexa.

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## THE ETHICS OF CONSULTATIONS.

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*Being a Paper read at the Monthly Meeting of the Thurber Medical Association, by Herbert McIntosh, M. D.,*

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The relations of attending physician and consultant are exceedingly delicate. These grow out of the circumstances which render the introduction of a consulting physician desirable. What are some of these circumstances?

(1) The patient or the family, or officious friends of the patient, may lack that confidence in the skill of the attending physician which contributes so much to the successful conduct of a case. Under these circumstances the corroboration of a consultant rehabilitates the attending physician, enables him to do his best for the patient, re-establishes confidence, and tends to bring the case to a happy conclusion.

(2) The attending physician may lack confidence in his diagnosis and desire the assistance of a consultant to supplement the defects of his own knowledge or observation.

(3) He may be entirely clear as to diagnosis, but may feel the need of counsel upon questions of prognosis and treatment.

(4) The family may profess entire confidence in the attending physician, and the latter may not doubt the entire correctness of his diagnosis and treatment. Yet, in order to forestall adverse criticisms in case of an unfortunate termination, he may request counsel.

Now what should be the attitude of the consultant toward the practitioner at whose request the former is brought into a case? It may be an attitude of supercilious superiority. It is quite safe to say that such an attitude would not ordinarily be taken by a consultant possessing genuine attainments and large experience. Such a one endeavors to reduce the disparity be-

tween his own equipment and that of the physician in whose aid he is called, or he seeks to soften the impression of his own superiority and generously derives from the attending physician every fact contributing to an intelligent understanding of the case. Large attainments usually carry with them tolerance, generosity, courtesy. But, unfortunately, all consultants are not of this type. Consultants are not always the superiors of those with whom they are brought in counsel. Nor should they be necessarily. The theory upon which consultations are of value is to use the homely adage, that "two heads are better than one," and a consultant of distinctly inferior ability or training might serve a useful purpose.

Occasionally, however, we have the spectacle of a poorly equipped physician summoned as a consultant who illustrates the couplet of Pope :

" Whatever nature has in worth denied,  
She gives in large recruits of needful pride."

Such a practitioner uniting considerable business talent to slight professional ability may have succeeded in displaying his small intellectual stock to such advantage as to have gathered a considerable clientage. He has not reached even that early milestone in the intellectual life at which one acquires a sense of humility as the vast perspective of knowledge looms up before one. He has not suspected the truth of the lines :

" A little learning is a dangerous thing ;  
Drink deep or taste not the Perian spring.  
There shallow draughts intoxicate the brain,  
And drinking deeply sobers us again."

The success which this union of the trade instinct with a small but portable stock of medical knowledge has secured, makes him a ridiculous object in the eyes of his professional brethren whose farther encroachment upon the field of professional learning has brought to them modesty and humility. This picture is all too frequently exhibited in this period, in which ambition has carried many an untrained youth into the



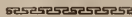
professional enclosure to display this strange combination of a large proportion of the trade instinct with a very small fraction of professional attainment. Of all kinds of quackery, whether financial, educational, sociological or medical, the last is certainly the most common. In matters of health the laity are most easily deceived, and the resultant effects upon those who indulge in such deception are even more lamentable than upon those who are deceived.

Now, what are the consequences when fortune brings one into association with such a one as a consultant? The position is simply unendurable. The trade instinct being uppermost, it is not a question of arriving at the truth, but of securing a further enhancement of professional reputation by assertiveness, by rapid diagnosis, by a refusal to entertain doubts, or by the assumption of superior knowledge and experience.

When the consideration of treatment is reached, the particular remedies, in the particular combinations that have been successfully employed by the consultant with great success, must of course be employed in the given case. Thus the very defects of training, and the narrowness of view springing from imperfect education result in damaging a case and discomfiting a practitioner whose broader view and more judicial temperament in the presence of a grave emergency have counseled prudence and moderation. But let us be thankful that the type of the courteous, broad-minded, well trained consultant has many illustrations. Such a one takes no satisfaction in suggesting a different diagnosis. He does not seek to exploit himself. He does not aim to diminish the authority or curtail the credit of the attending physician, and if, as a result of the consultation, a different conclusion should be reached, it is not to be held as being the pronouncement of the consultant but a joint and harmonious decision. When the question of treatment is reached, changes are not made simply to suit the caprice or gratify the pride of the consultant, or to justify his

introduction into the case. If the main lines of treatment are correct, details may be safely left to the attending physician.

In short the ethics of consultations is the same as the ethics of any other relation in life. They furnish to the unscrupulous, opportunities for self-aggrandizement, they furnish to the professional quack opportunities for self-exploration, they furnish to the untrained practitioner whose keen business instinct has brought a rapid financial harvest, opportunities for self-advertisement; but to the well-trained practitioner who bears "The grand old name of gentleman," they furnish simply the opportunity to employ his gifts in the service of humanity with a kindly recognition of the trials and irritations of his brother practitioner upon whom he must rely for a history of the case, whose keen perception must present its salient features, and who in his manifold difficulties deserves the support and encouragement which it is the peculiar function of a consultant to render.



**Fresh Butter in the Constipation of Nurslings.**—An editorial in *La Presse Medicale* of June 6, 1900, says that nurslings which are raised on cow's milk frequently suffer from constipation. Where there is no other gastrointestinal complication, fresh butter may prove of service. Nurslings of two and three months receive morning and evening from one-half to one teaspoonful of fresh butter. This amount may be increased to two or three teaspoonfuls administered once each two days to infants who are older. It is said that the butter is readily taken by infants, and a bowel movement generally follows four or five hours after its exhibition. Not only does the constipation disappear, but the secondary effect caused by the stagnation of fecal matter in the intestine are overcome. It is especially valuable in infants who have a tendency to rickets and anemia.—*Medicine.*

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## ASPIRIN IN ACUTE GOUT

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*By Dr. Herbert Lowell Rich of Boston, Mass.*

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The clinical notes which I have read so far on aspirin, the new salicylic preparation, have made no mention of its use in any disease save acute rheumatism. It is with great pleasure I report its employment in another affection, acute gout, and the satisfactory result obtained from its administration. I was led to try aspirin in this disease instead of employing the routine treatment—colchicum—by a statement of Professor Tyson in his article on gout in the "Practice of Medicine": "My experience", said he, "places the salicylate of sodium at the top, and while it is not so rapid in its effects in relieving the pains of an acute attack of gout as it is in rheumatism, it is nevertheless an invaluable remedy, excelling all others."

Last March I was called to see Mr. M. (49) a painter by trade, who was suffering from an acute attack of gout. The previous history showed that for two years in succession he had had a like attack. The first year he was unable to work for nearly six weeks; and the second, was away from the shop for three weeks and over. The pain during these attacks was intense and the salicylates had been used to relieve this. While they afforded relief it required three, or four days' use of the drug and in large doses. Gastric disturbance and tinnitus were marked, so marked the drug had to be discontinued.

The patient was seized about midnight of the 19th with severe pain in the metacarpo-phalangeal joint. So intense was the pain he was unable to sleep, and sat up the remainder of the night. For two days previous to the attack there had been a few premonitory symptoms, a scalding of the urine and a "prickling" sensation about the joint. On the morning of the 20th there was some fever (101 F.) The pain in the joint was very severe and the patient complained of frequent micturition

and scalding on passing urine. Inspection showed the joint swollen, hot and discolored, and extremely sensitive to the touch. The urine was acid, slightly decreased in amount, not highly colored, and of a specific gravity of 1020. I ordered the foot wrapped in cotton wool, and prescribed alkalies to render the urine bland and unirritating, and aspirin in 10 grain doses every three hours. The following day there was no fever, and on inquiry, I found that shortly after the second powder of aspirin (20 grains in all) had been taken the pain ceased entirely, and there was but slight discomfort on moving the joint. Aspirin (5 grains every four hours) was continued for the next twelve hours. The diet was regulated and lithia tablets, three or four times daily, were ordered. The day following (the third after the attack) while the joint was somewhat sensitive yet the patient was able to attend to his work as usual. The entire absence of gastric disturbance and tinnitus was marked, so much so that the patient when told he had been taking a salicylic preparation would not credit the statement, for during previous attacks the stomach had been upset completely by the use of the salicylates. While I recognized the fact that a single case furnishes insufficient data from which to judge accurately as to the therapeutic value of a new preparation, yet in this one aspirin acted so satisfactorily and quickly that I feel warranted in its further use in attacks of acute gout.

Aspirin in rheumatic affections has proved of real service in my experience. While its behavior is much like salicylic acid, or the sodium salt, yet its action is speedier and there is lacking the marked gastric disturbance so often produced by the former. Headache and tinnitus have been conspicuous by their absence. Three clinical studies on aspirin in rheumatic affections have appeared in American literature and are well worth one's careful perusal. The first is by Dr. F. C. Floeckinger (Medical News, November 16th, 1899) who states that in acute articular rheumatism aspirin is a reliable antipyretic and shortens the duration of the attack, the pains diminishing after

a few doses. He found the preparation to be notably free from any depressing action upon the heart, while tinnitus occurred in only one of 17 cases. The fact that the drug is not decomposed until it reaches the intestinal canal accounts for the absence of gastric disturbances during its use. Its freedom from irritating effects upon the stomach enables it to be employed during prolonged periods without aversion, or impairment of appetite. The second contribution is by Dr. G. C. H. Meier, of New York (*American Therapist*, December, 1899), who gives detailed histories of twelve cases, comprising chiefly acute articular rheumatism, in which aspirin was administered. He observed that its action differed in no wise from that of salicylate of sodium, and that it had the advantage of being entirely devoid of troublesome effects upon the stomach. He also noted the absence of depressing effects upon the heart and of gastric disturbances. In some instances convalescence was somewhat shorter when aspirin was employed than under the salicylate treatment. He attributes this to the fact that the patients preserved their appetite and therefore were able to dispose of a larger quantity of nourishing food. The third report is by Dr. A. F. Schellschmidt, of Louisville, Ky., (*New Albany Medical Herald*, February, 1900) who recently reported a number of cases of acute and chronic rheumatic affections treated with aspirin, with results confirmatory to those above cited.

In Germany numerous reports have appeared, among which I would call especial attention to those of Drs. Witthauer, Wohlgemuth, Lengyel, Rubemann and Ketly. These also tend to show that we have in aspirin a valuable derivative of salicylic acid which is equally efficient and practically devoid of its unpleasant action upon the digestive organs.

## THURBER MEDICAL ASSOCIATION.

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At the meeting, November 8, Drs. K. A. Campbell of Hopedale, and E. T. Keralla of Milford were admitted to membership.

The committee on necrology reported the following memorial and resolution :

Gardiner C. Pierce, a much honored and esteemed member of the Thurber Medical Society, was born in Foxboro in 1838, the son of Willard and Eleanor Ware Everett Pierce, and died suddenly at the Massachusetts General Hospital, May 18th, 1900, of septic pharyngitis, aged 62 years. He received his education in the public schools of his native town, Windham Academy and Dartmouth College. He commenced the study of medicine with Dr. Nelson B. Tanner of Abington in 1863; was two years at Harvard Medical College; one year at Bellevue, and took his degree at Harvard in 1866.

In the same year he located at Ashland, Mass., and practiced his profession there until his decease, a period of 34 years.

In 1867 he married Miss Phoebe A. Pope of Amherst, by whom he had one son, Dr. Chas. Willard Pierce, a graduate of Harvard, class of 1899.

Dr. Pierce enjoyed in a marked degree the confidence and esteem of his townsmen and did an extensive practice. His courtesy and punctilious etiquette to his medical brethren made him dear to all with whom he came in contact, and the remarks at the societies he attended and the many members at his funeral ceremony attested their respect and esteem. Dr. Pierce was a member of the Thurber, So. Framingham, and Middletown So. District Medical Societies, and had held office in each. He was on school committee 14 years, trustee of

Public Library, chairman of library committee, member of audit committee, etc., and also a member of Masonic North Star of Ashland. He published a number of interesting and valuable papers.

Thurber Medical Society loved and valued Dr. Pierce as a member, as a friend and desire to thus acknowledge her sorrow and her lasting memory of him.

*Resolved*, That this tribute to him be inscribed in the records of the society and a copy be forwarded to his family, confident with them that after a life spent in faithful, conscientious efforts to do good to his fellow man, the Master invited him to come up higher.

O. W. COLLINS,  
N. C. B. HAVILAND.

A committee was appointed to consider the best methods of collecting bills, with instructions to report at the next meeting.

Dr. J. C. Gallison then read a spicy and entertaining paper on Medical Advertising, which was discussed by nearly all present.

Dr. Herbert McIntosh next read a concise and comprehensive paper on "The Ethics of Consultations."

There was a large attendance.

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## EDITORIAL.

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### Temperance ?

Think of the absurdity—to put it politely—of ministers of the Gospel and temperance lecturers, who turn from their work of condemning the use of alcoholic beverages to write laudatory testimonials of patent medicines that have been found to contain 25 to 30 per cent of Alcohol! In these testimonials they assure their friends that the remedies “brace them up” for their daily work, and unknowingly they are advising their friends to consume the very poison that they spend their lives decrying. These statements are credited to Labor Commissioner Carroll D. Wright by the *Evening Wisconsin* and quoted in the *Philadelphia Medical Journal* for July 21. That alcohol as a beverage for daily use is certainly unnecessary, and that in the vast majority of instances its use in this way is det-



rimental to health, needs for its proof chiefly the better education of those who attempt to prove this; and the course of instruction prescribed should include a sharp lecture upon the chemical composition and physiologic effect of patent medicines. Speaking of these painfully inconsistent ones, Mr. Wright is quoted as saying: "They were drunk when they were recommending the stuff and talking against intemperance." That sounds pretty harsh, but who that knows the truth of the circumstances will say that it is not justified?

—*Cleveland Journal of Medicine*

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## Physiological Standardization.

What right has any firm, whose business is to furnish the physician with his principal weapons, to place upon the market pharmaceutical preparations of unknown medicinal value? Should we not expect, yes even demand, that the producer of fluid extracts make his products conform to some standard of excellence—that he shall indicate what effects his fluid extracts may be expected to have ere he sends them forth from his laboratory?

It has been shown that even drugs selected with care vary most extraordinarily in their percentage of active principles. Witness, for example, this statement by the editor of a leading pharmaceutical journal\* who knows whereof he speaks:

"Professor Puckner assayed nineteen samples of belladonna leaves procured, mind you, from dealers who were told that only the best was wanted, and that purchase would depend upon the results of assay. He found these nineteen samples to range in alkaloidal content from .01 to .51 per cent! The strongest sample fifty-one times as strong as the weakest."

The most careful treatment of such drugs, with the choicest menstrua, and by the most approved processes, will yield preparations that may be fair to look upon, but in medicinal value they

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\*Bulletin of Pharmacy, January, 1899.

will vary just as much as the crude drugs from which they are made. The compensatory remedy for this unfortunate condition is standardization—chemical standardization when practicable, and when that method is inadmissible, as it often is, physiological standardization. It has been found that certain important drugs cannot be assayed chemically, as their medicinal virtues reside in unstable bodies, and these are readily decomposed in the analytical processes. For this reason the strength of such powerful and useful drugs as digitalis, aconite, convallaria, strophanthus, ergot, cannabis Indica and many others cannot be determined satisfactorily by the analytical chemist. However, the problem which proved to be an insurmountable difficulty to the chemist, was solved by the pharmacologist with ease. He tests upon living animals all drugs that cannot be assayed chemically. Dogs, rabbits, fowls and guinea-pigs receive doses of the preparations under examination. Accurate observations of their physiologic effects are made, variations are noted and corrected, until the preparations correspond in medicinal strength with the adopted standard extracts.

Formerly the physician was obliged to make his own physiologic tests of ergot, digitalis and so on; not upon dogs and guinea-pigs, however, but upon his patients. The old way was to begin with small doses of powerful drugs and then push them until the desired effect was produced. The new way is a much better one: it is safer for the patient, more satisfactory to the physician, and is more scientific. Prompt results are assured, for the physician knows just how much fluid extract of ergot, aconite or cannabis indica he need include in his initial dose to secure a definite result.

The name of the greatest pharmaceutical manufacturing house in this country is so closely linked with the phrase, "drug standardization," that the mere mention of one suggests the other. Parke, Davis & Co. began years ago to manufacture a full line of standardized fluid extracts that are guaranteed to be of definite and uniform strength. More recently they devised and perfected

methods for standardizing physiologically those important drugs that are incapable of analysis by chemical processes. Parke, Davis & Co. have done a great deal for the medical profession and for humanity, and standardization, more especially physiological standardization, is one of their greatest achievements.



### The Earliest Signs of Tuberculosis.

Professor Bozzalo, of Turin, summarized the subject at the recent International Congress of Tuberculosis, under the following eleven important points :

1. Albuminuria, alternating with phosphaturia.
2. Pseudo-chlorosis, characterized by less reduction of hemoglobin and less marked vascular and cardiac disturbances than in true chlorosis.
3. Gastric disturbances, such as gastralgia, anorexia, nausea and vomiting.
4. Tachycardia in the absence of fever.
5. Diminution of blood pressure.
6. Unusual rise of temperature following bodily or mental exertion, as in women before onset of each menstrual period.
7. Undue tendency to sweat at night and after mental or bodily exertion.
8. Pain in neck and in supraorbital region.
9. Slight inequality of pupils, with a tendency to mydriasis.
10. Herpes zoster.
11. Enlargement of spleen.—*Denver Medical Times.*



## MEDICAL ABSTRACTS.

**Peroxide of Hydrogen in Hirsuties.**—Dr. L. Duncan Bulkeley (*Jour. A. M. A.*) says that the *bleaching* properties of peroxide have long been used for changing the color of the hair, and advantage may be taken of this in connection with the growth of superfluous hair on the face of women. In a very considerable number of cases he has employed it, where the hair was too fine to admit of removal by electrolysis, and yet where it was very perceptible and troublesome. Especially on the upper lips of girls, this condition is often the source of much distress. Here the slight downy moustache will be composed of innumerable fine hairs, perhaps with a few stronger ones at the ends, and it is quite impracticable in the early stages to practice electrolysis. Here the free and repeated use of the peroxide will produce a very material improvement in the appearance in a very short time. By blanching the hairs, a moustache which was very striking will hardly be noticeable at a short distance. But another advantage in the use of the peroxide in hirsuties is a certain retarding influence which it exerts on the growth of the hair. This he has noticed in a number of instances for the past two or three years, much to the delight of some patients. In applying the peroxide to such cases it is often well to begin by diluting it one-half with water, and increasing the strength gradually, for when a strong specimen is applied to the healthy skin it will sometimes cause a desquamation which is extremely unpleasant to the patient.—*Indian Lancet.*

**Corks.**—Corks that have been steeped in vaseline are an excellent substitute for glass stoppers. Acid in no way affects them, and chemical fumes do not cause decay in them;

neither do they become fixed by a blow or long disuse, which latter fact will be appreciated by those who often lose time and temper by a "beastly fast stopper." In short, they have all the utilities of the glass without its disadvantages.—*Practical Review.*

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**Bone Felons.**—For fifteen years I have never failed to abort a boil or bone felon when I saw it before suppuration set in. I accomplish this by covering the boil or finger, to the thickness of an eighth of an inch, with unguentum hydrargyrum nitratis (citric ointment.) This ointment must be held in position with some non-absorbent bandage, and should be put on fresh every eight hours until all the symptoms and signs of inflammation have disappeared.—*Med. Summary.*

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**A Wail of Disappointment.**—An eastern concern, which makes an imitation of Gude's "Pepto-Mangan," and, for years, has traded upon the reputation which this preparation has earned for itself, has recently sent broadcast to the medical profession of America a circular letter, in which, after bewailing the enormous returns brought by the "unethical methods" of other manufacturers, modestly refers to its own "ethical" virtues, and expresses the belief that, in spite of present non-appreciation of these virtues by the doctors, "the day will come when physicians will realize the importance of ceasing to be the *instigators and propagators* of the popularity of certain proprietaries" and will patronize "*ethical preparations*"—like *theirs*, for instance.

This, to say the least, is a very left handed compliment to the great body of the medical profession, who will not be slow to catch its drift, or fail to inquire wherein consists the ethicalness" of the methods of the concern who thus sharply takes them to task for preferring a genuine to a spurious article.

Druggists, as a rule, are not much interested in the quibbles of the doctors on questions of "ethics," but in this matter most of them will recognize in the circular referred to, a wail of disappointment and an effort to draw attention away from the methods adopted by its authors to supplant the preparation thus covertly assailed by them with their own imitation thereof.

The time has gone by when either doctor or druggist can be deceived by any such false play. Every member of both professions knows that "Gude's Pepto-Mangan" is a preparation of genuine value, manufactured on scientific principles, by reliable men, and introduced to physicians in an ethical manner, solely on its merits, and for these reasons physicians will continue to be "instigators and propagators" of its popularity, just as the druggists will continue to keep in stock an article for which there is a steady demand and a ready sale.—*National Druggist*.



**Croupous Enteritis.**—Sarah S—, age 40 years, Irish, admitted Nov. 26th. Diagnosis: Croupous Enteritis. The patient presented the following symptoms. Temperature, 101. Feeling of soreness and distress of the abdomen. This was followed shortly by pains of a colicky character, severe and oppressive, felt mostly around the umbilicus, and associated with great tenderness. These attacks would occur for about an hour, and after an interval of two hours occur again. Following these phenomena, in about 24 hours there was a decided looseness of the bowels with distressing pains and tenesmus. The stools contained mucus with blood and shreds of membrane, and some cylindrical casts of the bowel. Following this discharge the patient enjoyed great relief, although there persisted a feeling of rawness almost constantly. The patient had occasional attacks of hysteria and neuralgia, nervousness and hypochondriasis.

The patient was put to bed and an absolute bovine diet prescribed, a tablespoonful every two hours in peptonized milk. Her bowels were thoroughly moved with emulsion of castor oil.

Dec. 3rd the bovine was increased to a wine-glassful in peptonized milk every three hours.

Dec. 10th, the patient's temperature was normal, soreness and distention of the abdomen had subsided and for five days she had had no attacks of colic. For two days previous there had been no blood in the stools, no cylindrical cast of the bowel, and a lessened quantity of membrane shreds. From this time on the bovine was given a wineglassful every three hours, in peptonized milk alternating with wine of tar. Her convalescence was rapid and uninterrupted.

On Dec. 26th she was discharged, cured.

In this condition although the prognosis is favorable as to life, it is certainly one of the most difficult of all diseases to thoroughly eradicate. Therefore, I claim that this case is of great interest, as the cure was complete, rapid and uninterrupted, and was certainly entirely due to the blood treatment.—*By J. T. Biggs, M. D., Stamford, Conn.*

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**Hard on the Druggists.**—The *Strand Magazine* mentions a village in Austria, near the Adriatic, where the nudity cure is practiced. The debilitated, neurasthenics, the tired, can go there and in the costume of Adam expose their individuals to the air, the sun's rays or the rain. Thickets are carefully arranged so as to cut off all view of the patients; a hat and short trunks only are allowed; the sexes are separated. Baths, massage, gymnastics and games are indulged in, and a strict vegetable diet completes the treatment.—*Gazette des Hospitaux*, March, 1900.

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**Injury by Electricity.**—Workmen for electric companies, pedestrians in the streets of a city which is lighted by electricity or on which trolley cars are employed, roofers and firemen are liable to be injured by electricity. An alternating current is decidedly more dangerous than a continuous current of

equal strength. An artificial current is like lightning. It may produce instant death; it may produce unconsciousness, delirium, stertorous breathing, Cheney-Stokes' breathing, or clonic spasm. Its effects can be often recovered from. Not unusually the victim is apparently dead, but subsequently recovers. L'Aarsonval reports the case of a man who was apparently killed by the passage of 4500 volts. No attempt at resuscitation was made for half an hour, and yet he recovered when artificial respiration was employed. Donnellan reports a case of recovery after the passage of 1000 volts. Slight shocks may cause temporary numbness or even motor paralysis. An electric shock frequently causes burns or ecchymosis, and occasional wounds. Wounds caused by electricity bleed profusely and are apt to slough. An electric burn looks like a black crust. It is surrounded by pale skin and for twenty-four hours remains dry, when inflammatory oozing begins and the skin around it reddens. These burns are not as painful as are ordinary burns, but recovery requires a long time. When inflammation begins and suppuration occurs, tissue is extensively destroyed, tendons, bones, and joints may suffer, some portions become deeply excavated, and other portions show dry adherent masses of dead and dying tissue, and a burn which was at first small may be followed by a large area of moist gangrene; lack of tissue-resistance, due to trophic disturbance, is largely responsible for the progress of the sloughing.—*Med. Examiner.*

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**Apomorphine a Hypnotic.**—Dr. Chas. J. Douglas (Merck's Archives) declares apomorphine to be a "well-nigh infallible hypnotic." He advises about 1-30 of a grain, hypodermically. Some patients require a little less, some will bear more without being nauseated. He makes the following claims for it: 1. Safety. 2. Promptness—producing sleep in less than an hour, and frequently in ten minutes. 3. Certainty of action in most cases, even in the wildest delirium. 4. Refreshing and natural character of the sleep. 5. No danger of habit.—*Pa. Med. Journal.*





BOOK REVIEWS.

**Imperative Surgery.**—For the General Practitioner, the Specialist, and the Recent Graduate. By Howard Lilienthal, M. D., Attending Surgeon to Mount Sinai Hospital, New York City. With Numerous Original Illustrations from Photographs and Drawings. New York: The Macmillan Company, 1900. Pp. xvi-412. [Price, \$4.]

Few books can command the general approbation of the medical profession like this one. Every book has the betterment of the medical man as its first excuse but none issued for many a day will more fully justify its existence than this particular work. It truly fills a long felt want and will surely prove a blessing to those who are frequently called upon to do surgical operations, but do not call themselves surgeons in the present day acceptance of the term.

The book gives careful consideration to the emergencies and conditions liable to be met by the general practitioner and tells him what to do and how to do it in the simplest, cleanest and most scientific way. Useless and the more technical methods are avoided and only the necessary details gone into.

It is a book that should be in the hands of every young graduate and every country practitioner. It will be found a valuable aid and will always prove of the greatest help when it is needed the most.


  
 PUBLISHER'S DEPARTMENT.

**Cough Sedative, Anti-spasmodic, and Analgesic.**—In epidemic bronchitis and all the various allied laryngeal affections, codeine is a most valuable remedy for relief from the harassing cough and pain, and when combined with antikamnia the analgesic effects are harmlessly emphasized. This combination is best administered in antikamnia and codeine tablets. No more favorable combination could be had in the cough of phthisis and chronic bronchitis. This is abundantly attested by clinical data which shows the combination to be the best succedaneum for opium.

Another advantage of codeine over morphine, one of special value in bronchial catarrh, is that the patients not only cough less, but also expectorate more easily than after morphine. The cough-dispelling power of codeine is such as to make it indispensable in phthisical patients, and a point of great importance in these cases is that it does not impair the appetite or digestion, and can therefore be used uninterruptedly for months.

GEORGE BROWN, A. M., M. D.,  
 Specialist Eye, Ear, Nose, Throat and Lungs.  
 Atlanta, Ga.

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*Martin H. Smith Co., 68 Murray St., New York.*

DEAR SIRS:—Permit me to thank you deeply for the courtesy shown to me. The Ergoapiol (Smith) worked like a charm, and I am more than pleased with it. There was not the slightest pain accompanying the last menstrual period and the flow greatly diminished, without, also, any feeling of after weakness. You can imagine our gratitude to you when she has had to endure pains, heretofore, fully as severe as those during labor.

Again thanking you and assuring you we shall always laud Ergoapio (Smith), I remain,

Yours truly,

JOHN MEARS,

Med. Exam. Pacific Mut. Life Ins. Co.

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**An Infallible Galactopoietic.**—(Observations by Dr. H. L. Newell, Ex-President Rutland Co. Medical & Surgical Society; Member Attending Staff Rutland City Hospital; Member Consulting Staff Proctor Hospital, &c., &c.)

I have often wondered if physicians as a rule were fully aware of the inestimable value of Maltine with Coca Wine as a Galactopoietic. I have proved over and over again that this is a remedy par excellence for mothers with babies at the breast. I have given this preparation a large and widespread test and have never been disappointed. In several cases where mothers stated that they had been unable to nurse their babies at previous confinements, the use of Maltine with Coca Wine by the mothers at meal-time and bed-time resulted in an abundant supply of good rich milk and enabled them to nurse their babies as long as was necessary. The babies, as well as the mothers, were well-nourished, strong and robust. In fact, my patients and myself have been amazed at the prompt and permanent action of Maltine with Coca Wine, and words fail me when I attempt to express the satisfaction which I have derived from its use.

I have also used Maltine with Pepsin and Pancreatin with most happy and gratifying results. Its benefits have been most pronounced in debilitated and rhachitic children where there was malnutrition and improper assimilation of food.

Maltine with Cascara Sagrada is of great value as a tonic laxative and a regulator without debilitating.

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**Gonorrhoea.**—In the treatment of this affection it is considered essential by many authorities that during the acute stage

the medication should be internal, and that injections should not be resorted to until the acute inflammatory symptoms have subsided. The remedy selected for the local treatment of these cases should be one which will not injure the delicate and sensitive urethral mucous membrane, while sufficiently powerful to destroy the gonococci. It should exert an astringent effect in order to reduce the congestion and arrest the discharge. A remedy which will do all this without giving rise to subsequent cicatricial formation has long been a desideratum. For the purpose, Micajah's Medicated Uterine Wafers have proven of great service. One wafer dissolved in three ounces of water as an injection will give the most satisfactory results. For convenience bougies may be prepared by combining the wafers with cocoa butter and insert into the urethra, twice a day, and on retiring.



**The Treatment of La Grippe.**—In the treatment of this most common disease during the winter months' a drug which can aid the practitioner to the fullest extent is Phenobromate. It is an ideal analgesic, prompt in its action and so free from depressing effects, that one never has to consider this possibility in administering the drug. The more one uses Phenobromate, the more valuable and indispensable it becomes.

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## **Heredity and the Transmission of the In- sane Diathesis.\***

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*By W. N. Thompson, M. D., Brattleboro, Vt.*

The fact of the transmission from generation to generation of forms and features, and a tendency to the traits and habits characteristic of the family and race, is imprinted in some manner on every being high or low in the scale of life.

A portion of the Jewish system of legislature was based on a recognition of the law that children inherit the physical characteristics of the parents.

Writers of history and fiction alike speak of the Austrian lip and Bourbon nose,—it is said by Ribot that of all the features, the nose is the one that heredity preserves best. Among the Romans certain families were described by their features, as the Nasones, or Big-nosed; the Labiones, or Thick-lipped; the Capitones, or Big-headed; the Buccones, or Swollen-cheeked.

The transmission of peculiarities of nervous structure and tendency to disease is no less constant, though not always patent.

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\* Read at the 87th annual meeting of the Vermont Medical Society.

Heredity comprises a mass of complex phenomena dependent on certain laws of generation. These phenomena have been grouped into certain empirical laws proposed by Ribot. They are :

1. Direct heredity, which consists in the transmission of the characteristics of the parents to the offspring, and comprises the great majority of all cases. It may be safely said that the ideal law, the inheritance of tendencies from father and mother, equally, rarely, if ever, occurs. The procreated individual would then be, everywhere and always, the exact mean between the two parents ; on the other hand, the influence of either parent is never entirely excluded.

It is doubtful if so-called diagonal heredity, that is, the descent of the traits of the father to the daughter, and mother to son, be true in any great number of cases.

Children born of healthy parents usually inherit predominantly, the characteristics of the more vigorous parent. If one parent have some one of those maladies, mental or physical, a predisposition to which may be transmitted, some of the offspring, by reason of the introduction of strong counter tendencies, may escape, but is rare that all do so ; and if both the parents be afflicted, the children will rarely any of them be so fortunate.

In the second form, the child instead of resembling its immediate parents, resembles one of the grandparents, or some more remote ancestor:—this is reversional heredity or atavism. Plutarch mentions the case of a Greek woman who gave birth to a negro child ; when brought to trial, it transpired that she was descended in the fourth degree from a negro. The explanation of this form of heredity is, that the tendencies existed in intervening generations, but was overcome by some counter tendency. It is not uncommon to find among a flock of sheep or a litter of kittens or rabbits black offspring of white parents. The third form is really a sub-form of the preceding, and is seen in the resemblance of a nephew to an uncle or aunt.

Professor Parvin was accustomed to mention in his lectures the heredity of influence. It consists in the reproduction in the offspring of a second or subsequent union, of characteristics peculiar to the father of the first. Well-marked cases of this kind are uncommon in the human family, but it is not infrequently seen in animals. An English mare was covered by a quagga, and gave birth to a mule marked with spots; she was covered successively with three Arab stallions and produced three brown colts with bands like the quagga. Such cases are not of sufficiently frequent occurrence in the human family to give them any practical importance.

Subject to the same law, with those attributes that lie latent for one or more generations, are others that appear in succeeding generations and at a corresponding period.

Ribot instances one family where blindness was hereditary for three generations, and thirty-seven children and grandchildren became blind between their seventeenth and eighteenth years. In another instance a father and all of his sons became blind at twenty-one. Two brothers, their father and paternal grandfather, all became deaf at forty. The authentic cases of a tendency to suicide at about the same time of life in succeeding generations seem little less than fatalistic.

Dr. Gaul relates that the seven children of one man, all possessing a competency and apparent good health, suicided between thirty and forty.

Esquirol cites many cases of insanity that appeared at about the same time of life; one of these, a grandfather, father and son, all committed suicide; and another, that of a family, all of whom became insane at the age of forty.

Inquiry into the antecedents of criminals show that a great majority of them are not alone of their families given to infractions of the law.

Aristotle refers to a man who denied his responsibility for beating his father, "Because," said he, "my father beat his father, and he again beat his, and he also," pointing to his

child, "will beat me when he becomes a man, for it runs in our family."

The life of the individual organism is the recapitulation of its ancestral history, or as Dr. Holmes aptly says, "Each of us is only the footing up of a double column of figures that goes back to the first pair. Every unit tells, some of them are plus, and some minus. If the columns do not add up right, it is commonly because we cannot make out all the figures."

Exceptionally, qualities which, in the parents were negative or not at all apparent, may fortunately or unfortunately predominate in the offspring. This tendency to variation is not, as it would at first appear, incompatible with the laws of heredity, but is rather a necessary part of them. It is a matter of every day observation that the successive offspring of any two parents, under exactly the same environment, differ from each other and from the parents, and even where several are produced at the same birth, as of rabbits, kittens, and puppies—no two are ever found exactly alike. If we go back but three generations, and there are many instances of heredity from more remote ancestry, we have to deal with the representative of eight progenitors, each having, probably, unlike predominant characteristics, and each struggling for supremacy in the offspring. Here, in the rearrangement of those tendencies which characterized the father and mother, and their progenitors, and in the environment that stimulates one set of tendencies and allows another to lie dormant, is found the cause for those variations seen in the family and race; the fortunate child of vicious parents possessing the virtue of some more remote ancestor, or the offspring of some really talented person sinking back to mediocrity. The possibilities to be attained where crossing is carried on under favorable circumstances may often be seen in domestic animals. Lord Snmerville, speaking of the ability of breeders to produce desirable improvements in animals, says: "It would seem they had chalked upon the wall a form perfect in itself and then given it exist-



ence." History records a few instances of this class in the human family :—The father of Frederick the Great, who was noted for his love of colossal statures, would not allow his guards to marry women of stature inferior to their own, and the result was a generation of imposing men and women. Haller boasted of having belonged to one of these families. There is this important difference between animals produced by artificial selection and the qualities that are the slower growth of natural selection—as soon as there is any relaxation of vigilance on the part of the breeder, we, at once, see a beginning tendency to return to the form of the original stock, while those qualities fixed by natural selection change very slowly, even under considerable changes of environment. Following this rule we see congenital variations which have arisen apparently spontaneously tending to be repeated only in the immediate descendants, and with the introduction of new blood and counter tendencies they gradually disappear. A commonly quoted example is *sexti-digitism* ; Ribot mentions a family each member of which had a supernumerary finger and toe. The anomaly was general for two generations, but rapidly disappeared in the third and fourth, due, of course, to the prepotent tendency to the normal type. That the anomaly might have been preserved had the members possessing it intermarried is shown by a letter quoted by Huxley illustrating this point : “ Seth Wright, the proprietor of a farm near Boston, possessed a flock of fifteen ewes and a ram of the ordinary kind. In the year 1791, one of the ewes presented her owner with a male lamb differing, for no assignable reason, from its parents by a disproportionately long body and short bandy legs, whence it was unable to emulate its neighbors in foraging in neighboring fields. The neighbors bethought themselves to advise Wright to kill the old patriarch of his fold and install the new ram in his place, that the stay-at-home tendencies enforced by Nature upon the newly arrived ram might be propagated. The result justified their sagacious anticipations,

and it was found that when sufficient Ancon sheep were obtained to interbreed with one another the offspring were always pure Ancon.

Experiments in crossing breeds, varieties and species of animals, together with observations on the results of unions of races and marriages of consanguinity, show that there are certain limits on the one hand of similarity, and on the other, of dissimilarity, between which limits only can the union of two animals or individuals be fertile; and in proportion as these limits are approached, the offspring deteriorate in organization. If the two organisms united have the greater part of their development alike, their offspring will inherit their common characteristics in an intensified degree; and it follows that if these tendencies are beneficial, the offspring will be more highly developed than either parent, and the reverse is unfortunately true. "Manifest evil," says Darwin, "does not usually follow from pairing the nearest relatives for two, three or even four generations; but all breeders of animals testify, that when inbreeding is carried far enough, an identity of physiological characteristics is reached that is inimical to the perfect development of the offspring, or its development up to the normal standard of the race; and as the similarity of the parents increases, the offspring become more markedly inferior, until finally such a degree is reached that no offspring can be produced."

Among colonies of criminals, where offspring are the results of unions of consanguinity not tolerated in moral communities, degeneration in the mental and physical sphere go hand in hand. Idiocy is common, sterility occurs early, and the extinction of whole families occurs in from four to seven generations. If from the close similarity of characteristics, the specialization is in the direction of mental activity, history teaches conclusively that the ascending movement of the higher faculties will usually be arrested in about the third generation; rarely is it found in the fourth and scarcely an example can be

found in the fifth. Whitehead says: "The children of parents possessing great intellectual capabilities, are liable to inherit such capabilities in still greater proportion, but, along with this refinement, so to speak, of the cerebral faculties, is usually conjoined a degree of physical delicacy or disproportionate development which constantly endangers organic integrity; and the peril is further increased if education be urged in early life beyond a certain limit. The mind which seemed able of comprehending intuitively the most abstract problem is soon shaken and unbalanced, merging at length into degeneration and insanity." Progression in one part is attended with retrogression in another, and a general tendency to instability, eventually resulting in degeneration and extinction.

Genius, the highest expression of intellectual activity, is the normal product of two individuals possessing similar high intellectual attainments. It is at once the summum of Nature's energy and the starting point of retrogression.

The danger in marriages of consanguinity is due to the tendency to preponderance of like characteristics which obviously will be great on account of the limitations of the number of ancestors, each parent having two grand parents in common. If two brothers inherit strongly the characteristics of one parent, and in turn transmit to their offspring the same characteristics in a marked degree, the cousins will not only have close blood relationship, but will possess a decided similarity of physiological characteristics; and if they marry, their children will often be imperfect; but on the other hand, if one of the brothers had inherited the tendencies of one parent and the other brother of the other parent, their offspring, would, in all probability, have exhibited varying tendencies, and although as closely allied by blood as in the former case, their offspring would be as likely to be as well developed as in any case. That a certain minimum degree of dissimilarity must exist between parents, is but another way of stating the foregoing proposition. With further dissimilarity, the tend

ency is to greater stability of characteristics, and more vigor mentally and physically ; with still more dissimilarity, the offspring become infertile and exhibit the tendency to revert to some more remote type, and finally a degree of unlikeness is reached where no offspring can be produced. It is a matter of common observation in the human family and among animals as well, that the most favorable results follow the union of those characteristics which differ slightly, but have become fixed under different environment.

Hybrid races usually present attributes intermediate between the two parents, and in the first generation possess a remarkable vigor and stability, but if their children marry, we at once see beginning degeneration. Dr. Dickson cites the case of a colony of mulattoes as an example of what almost invariably occurs. "The pure mulattoes were tall, muscular, well-developed, complete types of physical perfection, many living to extreme old age. Proud of their parentage and light skin they took for wives, women who were also half white, Prosperity and pride held them aloft from the negroes ; their children intermarried and their race continued to the fourth generation, when the families became extinct. The offspring of the first cross were fairly robust, those of the second pale in complexion, inferior in vitality and intelligence, and consequently so in morality. In the third and fourth generation, nearly all the children were girls and notably sterile."

Going a step farther, in this direction there are seen certain results of the crossing of unlike races, or decidedly dissimilar characteristics that are rather interesting than instructive. When two organisms differ enough to be classed as separate species, the offspring of the union is rarely like either parent, and Darwin calls attention to the fact that characteristics which have long been lost may re-appear. He selected for experiment long-established pure breeds of fowl, in which there was not a trace of red, the original coloring ; yet in several of the mongrels this color appeared. In crossing pigeons

the offspring exhibited the coloring of the rock pigeon, from which they must have been separated several hundred generations. The crossing of certain races presents a peculiar prepotence uniformly in one direction. Children of the union of a white woman with a Hottentot have always the good nature and the gentle and kindly disposition of the mother; but the children of white men and Hottentot women have in them all the germs of unruly passion and vice. Livingston says that the children of Portuguese and Negroes are so notoriously bad that an inhabitant once said to him, "God made the white man and God made the black man, but the devil made the half-caste."

Many theories as to the transmission of habits, forms and features peculiar to a family or race have been advanced, and while they are biological problems that do not properly come within the scope of this paper, they are of more than passing interest. The problem has never been solved, and the different theories advanced have each in turn been disproved in the course of time, or succeeded by some modification. The evolutionary theory, or theory of preformation, or syngensis, was the first, generally accepted; it assumed that the germ cell contained, in a minute form, the whole of the fully developed animal, all the parts the adult will eventually possess exist preformed in the germ, and development consists only in the growth of these parts. Wolff supplanted this with the theory of epigenesis, which is diametrically opposite in its teachings, and assumes that no part of the germ cells are preformations of the fully developed animal. Darwin revived the evolutionary theory under the head of pangenesis; it teaches that certain particles of excessively minute size, called by him gemmules, are given off from all the cells of the body, these particles collect in the reproductive cells, and hence any change arising in the organism at any time of life, is represented in the reproductive cells. The followers of Darwin have based their assertions of the transmissibility of acquired character-

istics on this hypothesis. Changes in the species are attributed to spontaneous variation and natural selection.

At the present time the theory of Prof. Weissman that the germ plasm, the active principal of the germ cell, is transmitted from generation to generation unchanged, is receiving universal favor. Variations in the race and family are attributed by him, to crossings and changes in the species to natural selection, of which he says: "Undeniably, man is as completely subservient to the influence of natural selection as any other animal or plant. Man, like every other organism, is variable, is bound by the laws of heredity and wages a constant struggle for his existence; therefore, the qualities which aid in that struggle will be retained and improved, while those which are disadvantageous will be lost."

Contrary to the opinion formerly held, and in keeping with the theory that acquired characteristics do not effect the germ cell, Weissman and his followers maintain that they cannot be transmitted. He cut off the tails of mice through a thousand generations without in any instance influencing the growth of that appendage in any generation. Mutilations of various parts practised as custom or mode of punishment, are not transmitted, in proof of which may be cited the common examples of compression of the feet, as practised among the Chinese; the forehead, as among certain tribes of Indians, or boring the ears or nasal septum.

Degenerative tendencies of the organism and especially of the nervous system, such as those induced by lead, arsenic and alcohol, are not classed as acquired characteristics. While the degenerative tendencies of themselves are not transmitted, it is abundantly proven that the descendants of alcoholic parents are liable to various neuroses, covering a very wide range, the most common of which are paresis, locomotor ataxia, hysteria, chorea, epilepsy, and such an unstable, nervous organization that shocks, worry, want, or injury readily induce insanity.

Dr. Taguet relates the histories of several families which are in no way unusual, and in which, the parents having been drunkards, the children were either intemperate, or suffered from some form of nervous disease. In the first case, the father was a drunkard; the mother of sober habits, but the daughter and sister were drunkards. Of five children, the eldest resembles his father. He has three children, the eldest of whom gave birth to a hydrocephalic child. Her sister was of loose habits and her brother an epileptic, drunken imbecile.

The second brother has been twice in an asylum, suffering from acute mania.

The third brother died at twenty-seven of acute tubercular phthisis.

The elder daughter married a sober intelligent man, and had six children, of whom one became a drunkard and criminal.

The younger daughter deserted her husband, afterward leading a loose life.

In the second observation, the father died of cerebral softening, the result of habitual alcoholic excess; the mother of ascites. Their children appeared to escape all hereditary taint. The daughter married a healthy man, and had six children. The first is an idiot, and born blind. The second and third are of feeble intellect. The fourth was born blind, and is of feeble intellect; the fifth is healthy, and the sixth born blind.

In the third case, the grandfather was a drunkard and his wife died of specific cirrhosis. Their only son was odd in character, and died of alcoholism in an asylum. His son was timid and impressionable, and suffered from mania. He had three children, of whom the eldest lived only a few days; the second remains healthy, and the youngest was hydrocephalic and died of convulsions.

Where a neurosis is introduced into the family by the use of alcoholics, the usual advance of the nervous symptoms in successive generations has been thus summarized: In the first

generation, depravity and drunkenness ; in the second, drunkenness, mania, and general paralysis ; in the third, hyperchondriasis, paranoia, and melancholia ; and in the fourth, imbecility, or idiotism, resulting, probably, in the extinction of the race."

Many of the descendants of an alcoholic parent that have escaped nervous instability have inherited prepotently the characteristics of the healthy parent ; others go on to a physiological crisis and break down, while others exhibit their inheritance by migraine, slight neuroses, or premature senile changes.

To say that insanity, or in fact any of the neuroses or psychoses are inherited would be a verbal fiction. It is an unstable nervous organization that is inherited. A small percentage of the descendants of insanetparents are so unstable that they inevitably break down at some period of life, more often at adolescence or the stage of involution. No environment could possibly save these persons from their inevitable doom. Accidents or some circumstances of their environment determine the breakdown of the remainder ; of these there are two classes, those who have no discoverable hereditary tendency, and those who have inherited an unstable nervous system.

The statistics of insanity vary widely as to the number who have some hereditary tendency. A few authors place the number as low as ten per cent., while others go as high as seventy-five per cent. The former is too low beyond question, but it is not improbable that insanity or some of its equivalent psychoneuroses, such as decided eccentricity, chorea, hysteria, somnambulism, neurasthenia, migraine, epilepsy, or known organic diseases of the nervous system, exist in the antecedents of not less than sixty per cent.

Mercier calls special attention to the laws of similarity and dissimilarity, on account of which two persons of apparently perfectly stable nervous organisms produce offspring with unstable and abnormal nervous constitution.



The chances of heredity of the members of the family of an insane person depend upon the laws and examples already cited and upon the form of disease which exists.

It is said that children are more liable when insanity existed in the mother, as also are those born near the attack of insanity of either parent.

Isolated cases of insanity in a family are not the rule, but when such a case occurs as the result of some special stress, such as long-continued mental strain, shock, or acute physical disorder, or the strain incident upon childbearing, and especially if the disease take the form mania or melancholia, the children may all escape by reason of the prepotency of the healthy ancestors; on the other hand, the children of parents who suffered from suicidal insanity, the intermittent or periodical insanities, epilepsy or paranoia, are specially liable to inherit an organization easily upset by the accidents and hardships of life.

When the physician is consulted by a person who believes that he has some hereditary tendencies, it is his duty to give the patient the utmost assurance, if necessary, going to the point of dissimulation, "Since even the distant prospect of a dreaded evil may be, so to speak, fatal."

## Report of the Recent Epidemic of Small-Pox in Hardwick, Vt.\*

*By S. E. Darling, M. D., Hardwick.*

In compliance with a request from your secretary, I submit the following report of the recent epidemic of small-pox at Hardwick. I hope I am not expected to make any original contribution to the subject of small-pox, but rather to present the result of my personal experience. The epidemic through which Hardwick has just passed was introduced in the person of a lawyer who had just returned from Arizona, where small-pox was prevailing. He arrived in our place on May 25th, with the eruption well out on the face and went about our streets and places of business, including the printing office and drug stores, until the evening of May 27th, when he consulted me as to what the disease was he was suffering from. I diagnosed the disease small-pox and he was quarantined until the morning of May 30th, when there was a difference of opinion among the physicians as to the nature of the disease, the diagnosis of Varicella prevailing, and accordingly the patient was discharged from quarantine. During these few days, the village of Hardwick was in a state of great excitement, for a great many people had been more or less exposed to the disease; the schools were closed; business was nearly at a stand still; people were packing their trunks and hurrying to take the first train out of Hardwick; every livery team was engaged and it was estimated that two hundred and fifty people left town during the 28th and 29th of May, and is it to be wondered at when we stop to consider that this country has not been most cruelly and fearfully scourged by small pox. Wherever it has existed in times past, it has been the greatest scourge of mankind. For centuries prior to Jenner's discovery of vaccination

in 1798, small-pox had been regarded as the King of fatal diseases. Whole tribes of our Indian population have been swept out of existence by it. Europe, in the century preceding the discovery of vaccination, lost in deaths from small-pox fifty millions of her population. No other case appeared in our town until June 8th, when Mr. S., the editor of our paper, and Mr. K., a drug clerk, came down with it, fourteen days from the appearance of our first case. We had no further cases until June 26th. From this date to July 1st we had eight cases, all thought to have been contracted from the two cases first mentioned. From June 15th to June 25th, there were eleven cases; up to this time, but very few people thought we had small-pox in our midst, and our paper weekly informed the people that there was no small-pox in town. They soon began to be suspicious, however, as these patients were allowed to go where they pleased; those whose faces were covered with pustules became shocking objects to those who approached them, and the town's people asked that they be quarantined. Accordingly, on July 27th a modified quarantine was instituted, and on July 31st the State Board of Health, consisting of Drs. Holton and Hamilton, came and officially pronounced the disease small-pox. At this decision, a part of our community, led by a few ignorant of the lesions of small-pox, who, either for the sake of personal notoriety or because they possessed the spirit of contrariness, were anxious to over-turn this decision, consequently, money was raised and Dr. George Henry Fox of New York City, specialist on skin diseases, was sent for; he came to Hardwick August 3d, and, after seeing all the cases, pronounced the disease to be small-pox, fully substantiating the diagnosis of the State Board of Health. A suitable house was engaged for a small-pox hospital, about a mile from the village, all cases able to be moved were taken there, and from July 25th, there were no new cases until July 31st, from the latter date to August 16th, the date of the last case, there were twelve cases, making

thirty-four cases in all of varioloid and small-pox, thirty-three of the discrete and one of the confluent form. They all recovered and the last case was discharged from the hospital Sept. 24th. The history of the discrete form was as follows: The stage of invasion was ushered in with a chill, followed with a series of chills lasting in several instances twenty-four or thirty-six hours, the temperature quickly rose to 103 to 105 degrees, there was headache, severe lumbar and sacral pains accompanied with nausea and sometimes vomiting, the skin was bathed in profuse perspiration, which continued through this stage, there was great thirst, the tongue was coated with a heavy yellowish white fur and the breath was fetid, patient was restless and often unable to sleep. These symptoms continued until the fourth or fifth day, when the eruption came out and the fever declined to near normal. The eruption as a rule made its appearance first on the face and extended over the whole body, including the palms of the hands and the soles of the feet. In many cases, it first appeared as small red spots or macules, which rapidly became elevated and hard forming papules; in other cases, it appeared first as a papule. The superficial layer of the skin only being involved, the papule feels like a shot in the skin and not under the skin as has been described. Twenty-four hours after the first appearance of the eruption, a clear fluid made its appearance in the papules, which became vesicles. These varied in size, some attained the size of a small pea and became slightly umbilicated while others remained very small with no umbilication. When the eruption was well established, the distressing symptoms subsided, the appetite returned, the patient many times getting up, saying he felt well and expressed a desire to go about his work. From the sixth to the eighth day the vesicles became fully distended, their contents gradually changed, some became opaque, the lymph cloudy and did not become pustules but desiccated, unruptured the inspissated lymph forming small, brown, flat and slightly raised prominences un-

der the epidermis. Others became purulent, this stage occupied about two days and suppuration was established about the eighth or tenth day of the disease and the sixth of the eruption.

The pustule desiccated, ruptured or unruptured, as the case might be and fell off in a week or sometimes less, exposing a flat reddened healed surface of epidermis where usually a little desquamation followed leaving little or no pitting. In this stage there was little restlessness, the mind was clear, the appetite good, and the patient complained of little but the discomfort arising from the pustules which rendered the skin tender to touch and pressure. Secondary fever was only present in a few cases. The face was slightly swollen, especially the nose and eye-lids. One case was accompanied with keratitis. These were the symptoms of the discrete form while many cases were milder, some were more severe.

There was one case of the confluent form, Miss Madge M., taken sick July 31st, had the usual symptoms of the confluent form, was not able to be moved to the hospital until Sept. 4th, five weeks from the day she was taken, was then moved on a bed. She remained at the hospital twenty days, and is now making a good recovery, but the face is badly pock marked. During this epidemic we had several cases termed by various writers Variola Sine Variolis Small-pox without the eruption. The following case related by a writer on this subject is interesting as illustrating this form of the disease as well as the occurrence of variola in the fœtus. "During a severe epidemic of small-pox a mid-wife forty years of age in the eighth month of pregnancy fell sick with rigors followed with violent fever, headache, pain in the back, etc., apparently the initial stage of small-pox. On the fourth day, however, she was free from fever, and in spite of the most careful examination exhibited no trace of the expected eruption. Ten days after the commencement of the disease, feeling perfectly well, she gave birth to a child covered with small-pox eruption, evidently just appearing,

which developed still further and in three days terminated in death during the stage of suppuration."

Before leaving the subject of small-pox and in view of its prevalence in various parts of the country, we would call your attention to the importance of a correct diagnosis. Mistakes are sometimes made through a lack of sufficient acquaintance with its lesions, and at other times, owing to the mild type of the disease, extreme care should be taken to ascertain with certainty whether the disease is variola. If it is and is not recognized as such, the consequences to the community may prove disastrous and furthermore, if the cases are not isolated will, in course of a comparatively short period, develop into virulent confluent small-pox. The diseases which in the early stages are most apt to occasion difficulty in diagnosis are measles, varicella, scarlatina, febrile lichen and some of the skin diseases. For the first few days, during the initial stage, we can not be certain what febrile disease is approaching, since the symptoms of this stage are similar in many respects to those of other acute eruptive diseases, as chills, fever, headache and nausea with vomiting, but the intense lumbar pain which accompanies these symptoms in small-pox is rarely found in the other diseases.

In some cases of small-pox the pain in the back is not so pronounced and its absence does not exclude the possibility of that disease. The fall of the temperature and disappearance of the symptoms of the initial stage after the eruption is established is a strong diagnostic point in favor of small-pox and it does not occur in any of the eruptive fevers. In measles, the eruption first appears on the forehead and temples, extends rapidly over the face, neck and trunk, but more slowly over the lower extremities. The confounding of small-pox with measles usually occurs in the papular stage of the eruption. The papules of variola are smaller and have a hard shot like feel, those of measles are larger and softer. Vesicles are to be sought for and if found with umbilication, decide the question.

The eruption of scarlatina appears on the second day about the neck and chest, is diffuse and extends rapidly over the whole body. The faucial symptoms are more pronounced in scarlatina. Miliary vesicles are sometimes met with. They occur usually about the sides of the neck and upper part of the chest, are small in size, do not umbilicate, dry up in a day or two and desquamate. The eruption of febrile lichen appears on the second day as small papules on the trunk and face at the same time and does not vesiculate. The diagnosis of a mild form of small-pox from varicella is not always an easy matter. Varicella is a disease principally of infancy and childhood and is said by most writers to be rare in adult life. There is scarcely any systemic disturbance, though there may be a mild stage of invasion lasting twenty-four hours, rarely longer. The eruption is vesicular almost from the beginning. They may attain the size of a split pea but more are not larger than the head of a pin. As a rule, the vesicles are not found in the palms and soles and when found there, are along the borders of the hands and feet and not in the center. The eruption rarely proceeds beyond the stage of vesiculation. There is but a slight red base, if any, to the pock of varicella, while in variola, the red base is prominent and always present. Small-pox was in several instances mistaken for impetigo-contagiosa an acute inflammatory contagious and auto-inoculable disease, common among infants and young children. It may be accompanied by mild systemic disturbances but in many cases no general symptoms are to be observed. The eruption consists of slightly raised flat vesicles, small in size but rapidly spreading until they become little blebs, more commonly found about the mouth, chin, nose and hands. Crusts form in a few days, usually yellow or straw colored, the disease may extend from place to place by auto-inoculation. From small-pox, the appearance and distribution of the lesions will distinguish the affection.

## Thurber Medical Association.

On December 6th, the subjects of physicians' fees, fee tables, bills and their collection, black lists, protective associations, etc., were considered. The opening paper was read by Dr. Wm. L. Johnson, and the discussion was general. Though no formal action was taken at this time, it is hoped that the outcome in due time will be a practical one.

Dr. A. F. Peck of Worcester, by invitation, presented the plan of the Independent Pharmaceutical Company, and invited the members to share in its advantages.

It is expected that a specialist will address the members at the next meeting.

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**Studies in the Psychology of Sex.**—The Evolution of Modesty.—The Phenomena of Sexual Periodicity.—Auto-Erotism. By HAVELOCK ELLIS. 6 3-8 by 8 7-8 inches. Pages xii-275. Extra Cloth, \$2.00, net. Sold ONLY TO PHYSICIANS AND LAWYERS. F. A. DAVIS COMPANY, PUBLISHERS, 1014-16 CHERRY STREET, PHILADELPHIA.

The reader who seeks the sensational and sensual in this book is doomed to disappointment. It was never written to cater to such tastes, but is instead a wise, scientific consideration of a subject that has long been open to fallacies, misunderstandings and marked ignorance. Knowledge of sexual matters has been altogether too superficial and the men who have the temerity to readjust our present ideas and place them on a scientific basis deserve the greatest credit.

To the scientific man, and we understand the book is sold only to this class, the book is of engrossing interest. It is finely written, beautifully printed and altogether one of the most valuable works issued during the year. Every professional man or woman who are interested in psychology, particularly of sex, should lose no time in obtaining this remarkable book. To those who can understand and digest its pages it will be a hundred times more fascinating than any novel.



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## EDITORIAL.

### What Shall We Do With the Quack?

Burlington has always been a favorite stamping ground for the medical quack. Perennially some of their number have blossomed and filled the pure Vermont air with their fragrance. Their effulgence has only been equalled by their ridiculous claims and assertions; and, with faultless attire and a liberal supply of what at least passes for diamonds, they have deigned to bless our community and demonstrate their charitable mission. With saintly voice they have called unto the people through their mercenary but ever ready ally, the daily newspaper, and a large number of a certain class of people have flocked to their trysting place like sheep to the slaughter. The specialty of these medical missionaries has been relieving *enlargement of the purse* and their success in this line has certainly been miraculous. If the purse was small, complete ex-

tirpation has been the treatment, while for larger growths of the same character careful but thorough enucleation has sufficed.

Their magnetic influence has done wonders in attracting coin of the realm, and during the attracting process their patients have had the fun of being touched—to the limit.

The late lamented Flower loved Vermont. The verdancy of her hills as well as the people he came in contact with always touched him, and to show his emotion he always returned the touch. Flower invariably took his vacation in Vermont, as it was here that he had his easiest time, and met the easiest people. Nowhere else could he find the sheep he was looking for in the same quantities, just ready and longing to be fleeced. He sheared full well, but those who followed him always found as good a flock. Even to-day Burlington is being edified by such a shearing process, and judging from all accounts the God that tempers the wind to the shorn lamb will have his hands full for some time to come.

The question has been asked by regular and honest physicians time and time again, what shall we do when some seventh son of a gun or a seventh son descends upon the community and deliberately robs the weak-minded and simple?

Do, brethren, do? Do nothing, but laugh in your sleeve. Any effort on your part to expose an imposter will only be hailed with derision by those who later on will whimper and cry. Let them find out for themselves, and like the baby who cried for the wasp, they will know lots more afterwards.

As a prominent physician said to the writer a few days ago, if the medical profession, with its years of scientific research, its real progress in the prevention and cure of disease, and its high motives, cannot successfully compete with the quack and imposter, it had better acknowledge defeat and close its existence.

But it can; and time will solve the problem, or rather permit the problem to solve itself just as it has in Flower's case—by voluntary elimination.



## MEDICAL ABSTRACTS.

**Morphin in Surgery.**—Morphin is the first remedy indicated in traumatic or surgical shock if accompanied by pain or hemorrhage. Therefore morphin given hypodermically is strongly indicated in shock following injury especially if the injury is to be followed by operation. Morphin not only controls the existence of shock but is a very potent factor in preventing secondary shock. Morphin is indicated before the administration of anæsthetics especially is this true if the individual is addicted to alcoholic stimulants and is suffering from fever and nervousness. Although the use of morphin after abdominal operations is said to be strongly contra-indicated by such men as Price, Bernays, and others, I believe in certain cases its use has almost a specific indication. In cases where the operation is to be followed by pain or a tendency to hemorrhage and severe shock morphin may be given and the beneficial results justify its administration, in my hands at least. Those who oppose its use do so on the theory that it checks secretion, prevents peristalsis and therefore favors the absorption of toxic products. In cases where it is possible to completely clean out the intestinal tract, relieve the lungs, kidneys and liver of congestion, I do not believe a little morphin sufficient to stop pain is going to do the harm that some have given it credit for proding. Its administration should be attended with great caution and effect closely watched, but it should not be withheld when by its proper use great relief and benefit may be gained. Edward Martin has expressed himself quite emphatically on the subject stating that morphin should be given hypodermically and in sufficient dose to accomplish the purposes for which it is given. When surgical shock is accompanied by such severe pain as to cause uncontrollable restlessness, morphin should be given in dose adequate to relieve it. The same treatment is indicated for shock or rest-

lessness without pain, (a condition usually due to hemorrhage) appropriate general treatment for shock also being carried out. Morphin is the best internal hemostatic in the treatment of hemorrhage; when the hemorrhage is complicated by restlessness morphin is absolutely indicated because of its quieting effect both on mind and body. When drunkards or exceptionally neurotic patients, are to be anesthetized a preliminary hypodermic injection of morphin renders such anesthetization quicker, safe, and favorably effects the stage of recovery; obstinate and exhausting vomiting after ether or chloroform is often relieved by morphin given hypodermically. If in the first twenty-four hours after operation pain becomes so severe as to cause uncontrollable restlessness, this pain should be relieved by morphin. To this rule there are practically no exceptions, it applies to all operations regardless of operator's area. When used in accordance with these indications the beneficial effects of morphin so over-shadow its injurious effects that the latter are not demonstrable. To this rule there are very few exceptions.

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**Hemoptysis.** According to the *St. Louis Medical Review* for November 3d, W. G. Smith recommends the following treatment in hemoptysis:

Reassure the patient and calm his natural alarm and excitement, and that of his friends, by a few judicious words and simple directions, and emphasize the fact that hemorrhage *per se* is rarely a matter of urgency. It is curious to observe that gastric hemorrhages, which are often of much more serious import, have not the same depressing effect upon the patient as a slight tinge of blood in the expectoration. Avoid irritation of the gastric ends of the vagus nerve. Therefore do not administer cold drinks or pieces of ice to patients suffering from pythisis complicated with hemoptysis. Cold drinks irritate the gastric branches of the vagus, give rise to cough, and thus aggravate the bleeding. Moreover, by causing contrac-

tion of the blood vessels of the stomach, they may tend to increase the flow of blood to the lungs, and intelligent patients, the subjects of hæmoptysis, usually discover the truth of this by experience, and avoid cold drinks (Eklund). Allow on the contrary, warm mucillaginous drinks. An icebag to the outside of the chest is perhaps of use. Keep the patient absolutely quiet in mind and body. Give morphine hypodermically; this is the best thing of all to do. Relieve the bowels freely by magnesium sulphate or by calomel. Let the diet be simple and nutritious, reduce the amount of fluid, and give no alcohol.

—*Charlotte Medical Journal.*

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**Suprarenal Capsule in Diseases of the Lower Air Passages.** Sam'l Floershiem, in the *Medical Record* for November 17th, makes a preliminary report on the use of suprarenal capsule in diseases of the lower passages. Seven cases are reported and some conclusions given.

Indications for suprarenal powder: The suprarenal powder is indicated in acute and chronic bronchitis, bronchiectasis, asthma, congestion and œdema of the lungs, hæmoptysis, and in some cases of pulmonary tuberculosis, especially in those associated with hæmoptysis.

Method of administration: The suprarenal powder was administered in the form of three-grain capsules on account of their convenience. The powder is to be chewed without water and then to be swallowed in a few moments.

Rapidity of the action of suprarenal powder: The action came apparent in from two to fifteen minutes.

Permanence of the action of suprarenal powder: In some cases the action of the suprarenal powder was permanent, while in the majority of cases the action was temporary, continuing from ten minutes to six hours.

—*Charlotte Medical Journal.*

**Incompatibilities of Heroin and Heroin Hydrochloride.**—Heroin and heroin hydrochloride form an essential part of so many formulæ for the relief of cough, dyspnea, and pains in the treatment of respiratory affections that it is important to determine in what combination they will prove most effective, and what are their incompatibilities. Owing to the insolubility of heroin in watery solutions it is necessary to add a few drops of some acid, acetic or hydrochloric, in order to effect its solution. This can be entirely obviated by using the hydrochloride, which is freely soluble. The only incompatibilities of heroin and the hydrochloride worthy of special mention are the alkalies, such as bicarbonate of sodium and carbonate of ammonium. On the other hand, salts of neutral reaction, such as iodide of potassium or chloride of ammonium may be used in the same mixture, and this also applies to acid salts, such as the hypophosphites or acid phosphates. The vegetable expectorants, as ipecac, senega, squill and sanguinaria, are entirely compatible with heroin and its hydrochloride. Although many physicians employ heroin without admixture, very desirable results have been reported from combinations with iodide of potassium, chloride of ammonium, and the vegetable expectorants, according to the indications present in particular cases. A word as to the dosage of heroin and heroin hydrochloride may be of interest here. The large doses at first recommended at the time of the introduction of heroin are no longer preferred by the majority of authors, the average dose ranging from 1-24 to 1-12 grain in adults, and 1-120 to 1-60 grain in children. It is advisable not to employ larger doses until the smaller ones have been given a trial. Furthermore, many physicians now resort to the hypodermatic use of heroin hydrochloride in cases in which it is desirable to obtain an immediate effect, and especially in the treatment of spasmodic conditions, such as asthma, care being taken in the preparation of solutions not to add the drug until the water has partially cooled.

**Typhlitis: Extreme Case Blood Cured.—**

Henry S—, age 36; American, admitted June 2nd, 1900.  
Diagnosis, typhlitis.

The patient had been suffering for a week prior to entering the hospital. It appeared that his condition began with pain and tenderness in the right idiac rossa and along the ascending colon. An examination at the time of his entering the hospital revealed a slight prominence in this region. At first the bowels had been constipated, but now small liquid stools occurred every two or three hours. This was due to accumulation of the hardened faeces in the sacculated periphery of the caecum. He also suffered with much local pain and tenderness. Temperature was 103-1-2. He was very restless and had occasional attacks of vomiting, and almost constant nausea. The vomited matter at first contained the contents of the stomach, but in 24 hours the contents of the duodenum contained a great deal of bilious matter. He was suffering from great depression of the vital powers. Peritonitis had developed on the right side.

The patient was put to bed, placed on a strict bovine diet, a tablespoonful in milk being given every two hours. He was also given a thorough rectal purge, followed by small doses of morphine to control the pain.

For the first 24 hours he retained the bovine nicely, but on the afternoon of the 3d, he vomited everything, even water. The quantity of the bovine was now reduced to twenty drops in a little iced grape juice every hour. The bowels were cleaned out, first by injecting a pint of olive oil, then later a soap suds and bovine enema. This was followed by a large evacuation.

On the 5th, the patient could not retain anything by stomach, so it was decided to feed him per rectum. Consequently he was given three times a day a high rectal feeding, consisting of four ounces of bovine, four ounces of milk, and an ounce of lime water. These were retained and the patient began to show improvement.

On the 10th, the pain and tenderness in the right iliac fossa had almost subsided; the fever had dropped down to 100-1.5, bowels were moving normally. The bovine was now resumed per stomach, half a teaspoonful every hour in lime water, and the rectal feedings employed twice in twenty-four hours.

On the 16th, the temperature was normal, pain and tenderness over the right iliac fossa had entirely disappeared, patient not nervous, and the stomach retained the bovine feedings without any inconvenience. The rectal alimentation was now discontinued, and bovine ordered, a tablespoonful every two hours in a little peptonized milk and lime water.

On the 20th, the patient was up and about, complained of no pain, bowels regular, all soreness and swelling had disappeared from the abdomen, and his strength was excellent. The bovine was now ordered, a wineglassful every three hours in peptonized milk.

On the 26th, he was allowed a light general diet, and the bovine was given three times a day. On the 28th, he was discharged, cured.

This case, prior to coming into the hospital, had been under treatment by two competent surgeons and they both advised immediate operation. Consequently I deem this to be a remarkable case and one of much clinical interest to the profession at large.—*By T. J. Biggs, M. D., Stamford, Conn.*




  
 PUBLISHER'S DEPARTMENT.

**Hunter McGuire's Opinion.**—The late Hunter McGuire, the most celebrated surgeon of his time in the United States, if not in the world, was asked for his opinion of antikamnia by Dr. Thos. C. Haley of Riceville, Va. Dr. Haley in writing of this circumstance to The Antikamnia Chemical Company, says as follows :

“I recently wrote to Dr. McGuire and gave him my experience with antikamnia in my own case and that of others. Of myself, I said that I had been using the five-grain tablets for four or five years consecutively, and always with great and signal relief to my sufferings. I vouched for it as being the grandest succedaneum for morphia. While I entertained these opinions personally, I still felt that the quantity taken should be justified by consultation. Hence the letter to Dr. McGuire and I am pleased to hand you herewith his reply.”

The following is Dr. McGuire's reply :

St. Luke's Home, Richmond, Va., Nov. 8, 1894.

Thos. C. Haley, M. D.

My Dear Doctor:—I don't see any reason why you shouldn't continue to take the remedy (Antikamnia Tablets) of which you speak and which has done you so much good. I don't believe it will do you any harm. With kind regards and best wishes,

Very truly yours,

(Signed)

HUNTER MCGUIRE.

\*\*\*\*\*

**Pneumonia.**—The highest death rate is from Tuberculosis: a considerable percentage of this mortality is traceable to pneumonia. The next highest death rate is from pneumonia, so that pneumonia is really the greatest foe a physician faces.

Pneumonia is described as an infectious disease, characterized by inflammation of the lungs, toxemia of varying intensity, and a fever that terminates abruptly by a crisis. Careful investigation has shown that the specific micro-organism concerned in the pneumonic process is found in nearly all normal as well as diseased lungs, and it only requires lowered resistance on the part of the lungs and body to set up a typical pneumonia.

“Bacteria require for their development certain well-defined conditions, in the absence of any one of which their propagation becomes impossible. Indeed, if under favorable conditions bacteria become active, their activity will cease as soon as they are deprived of any one of these conditions.”

Antithermoline changes the conditions which were favorable to the propagation of bacteria to those less favorable by promoting circulation and abstracting liquid exudates; it also seems to have some specific curative action, due probably to osmosis between the glycerine and antiseptics and the accumulated fluids in the diseased tissues.

Hot dressings of antithermoline produce at once a feeling of relief, the patient usually exclaiming, “How good that feels!” The pain subsides, patient falls into a restful sleep, and wakes in the morning much improved; pulse and temperature lower; resolution is progressing, and the tightness has been followed by a loosening of the deposits and free expectoration.

In pneumonia absolute rest is of great importance. The frequent application of ice-bags and ordinary poultices do not permit this; but a hot dressing of antithermoline lasts from 6 to 24 hours, and when ready for removal is dry and warm, so there is no danger of a chill to the parts. It can be used with absolute safety at any stage of the disease, which is not true of cold applications. The following are sample reports of successful treatment. They can be duplicated by any physician:

“Antithermoline in my practice has proven a most valuable remedy in the treatment of Pneumonia. It should be ap-

plied early in the disease directly to the affected area, about  $\frac{1}{4}$  inch in thickness, and as hot as can be borne. In extensive inflammations I direct the entire chest, front and back, to be covered, outside of which is placed a thick layer of cotton, and the whole kept in place by a snug-fitting bandage, and left on from 6 to 8 hours ; although, if the patient is resting quietly, there is no necessity for its renewal under 24 hours or even longer, as it never blisters.

Of eleven cases of Pnenmonia successfully treated in this manner all were immediately relieved of the severe pain and dyspnœa, and sleep was induced without the use of opiates.

By its quick action in reducing inflammation, the fever rapidly subsides, the bloody sputa clears up, and resolution is more rapidly established than by the ordinary treatment.

With the exception of a mild expectorant mixture and a general stimulating diet, the Antithermoline treatment is all that I now use in Pneumonia.

C. F. BOOTH, M. D.,

Physician to Metropolitan Throat and Nose Hospital,

New York.

\*\*\*\*\*

**Imitation the Best Evidence of the Value of the Original Article.** A preparation which has no value as a curative agent likewise has no sale : as a consequence it is not substituted. On the other hand, as soon as any article through merit finds favor with the medical profession, a host of imitators immediately spring up with the hope of securing business on the reputation made by the original preparation. At this time we wish to caution our readers that in prescribing Uterine Wafers- Micajah's, the original, be specified. Don't simply specify Uterine Wafers but avoid disappointment in results by writing Micajah's Medicated Uterine Wafers. In cases of Leucorrhœa, Endometritis, Amenorrhœa, Gonorrhœa, etc. Micajah's Medicated Uterine Wafers are especially indicated. Their special form is a convenience for introduction and a decided advantage over other methods.

**Membranous Croup.** The treatment of membranous croup has not met with such striking success as to render the introduction of a new remedy undesirable. And when this remedy comes to us with a long list of successes to back up its claims, they are assuredly worth investigating. We refer to the brown iodized calcium, which has proved a remarkable remedy in true membranous croup, the non-diphtheritic variety. For it has been shown that there is a membranous croup which is distinct from laryngeal diphtheria. For the former iodized calcium is presented as a specific; for the latter true calcium sulphide is likewise advocated. Both remedies are supplied by the Abbott Alkaloidal Co.

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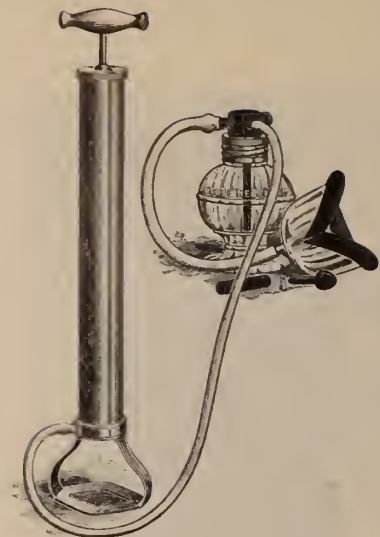
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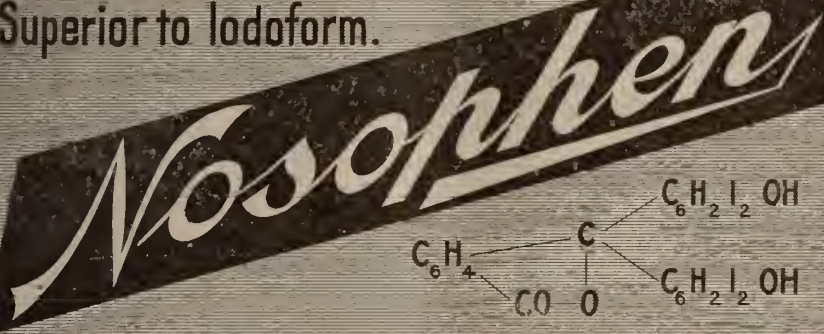
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**Try it in *Dyspepsia*** or Malnutrition of young or old, and watch the recuperation of the paralysed alimentary powers.

**Try it in *Intestinal*** or gastric irritation, inflammation, or ulceration, that inhibits food itself, and witness the nourishing, supporting and healing work done entirely by absorption, without the slightest functional labor or irritation; even in the most delicate and critical conditions, such as Typhoid Fever and other dangerous gastro-intestinal diseases, Cholera Infantum, Marasmus, Diarrhœa, Dysentery, etc.

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**Try it by *subcutaneous*** injection, when collapse calls for instantaneous blood supply—so much better than blood-*dilution*!

**Try it on *Chronic Ulceration***, in connection with your antiseptic and stimulating treatment (which affords no nourishment) and prove the certainty and power of topical blood nutrition, abolishing pus, stench, and PAIN, and healing with magical rapidity and *finality*.

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The success of a Physician depends upon the treatment prescribed and in no one class of cases is the beneficial result of a remedy so apparent as in Diseases of Women.

"A SUCCESSFUL REMEDY OFTEN MAKES A SUCCESSFUL DOCTOR" and clinical experience has demonstrated that

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VAGINITIS, AMENORRHOEA, ENDOMETRITIS, DYSMENORRHOEA, and other inflammatory conditions of the Genito-Urinary Tract, readily respond to treatment when Micajah's Medicated Uterine Wafers are used.

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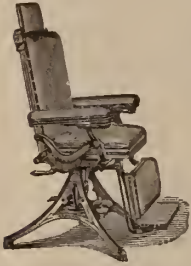
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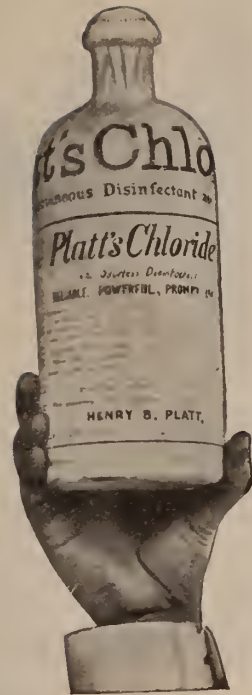
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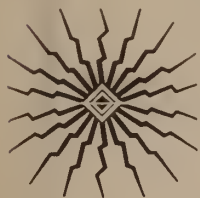


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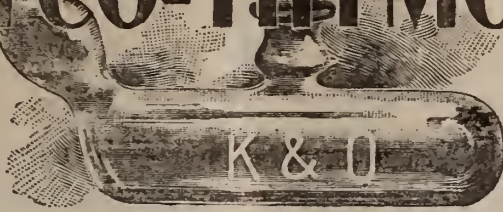
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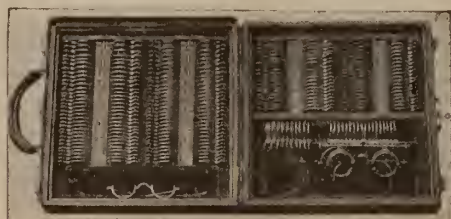
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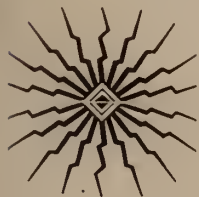


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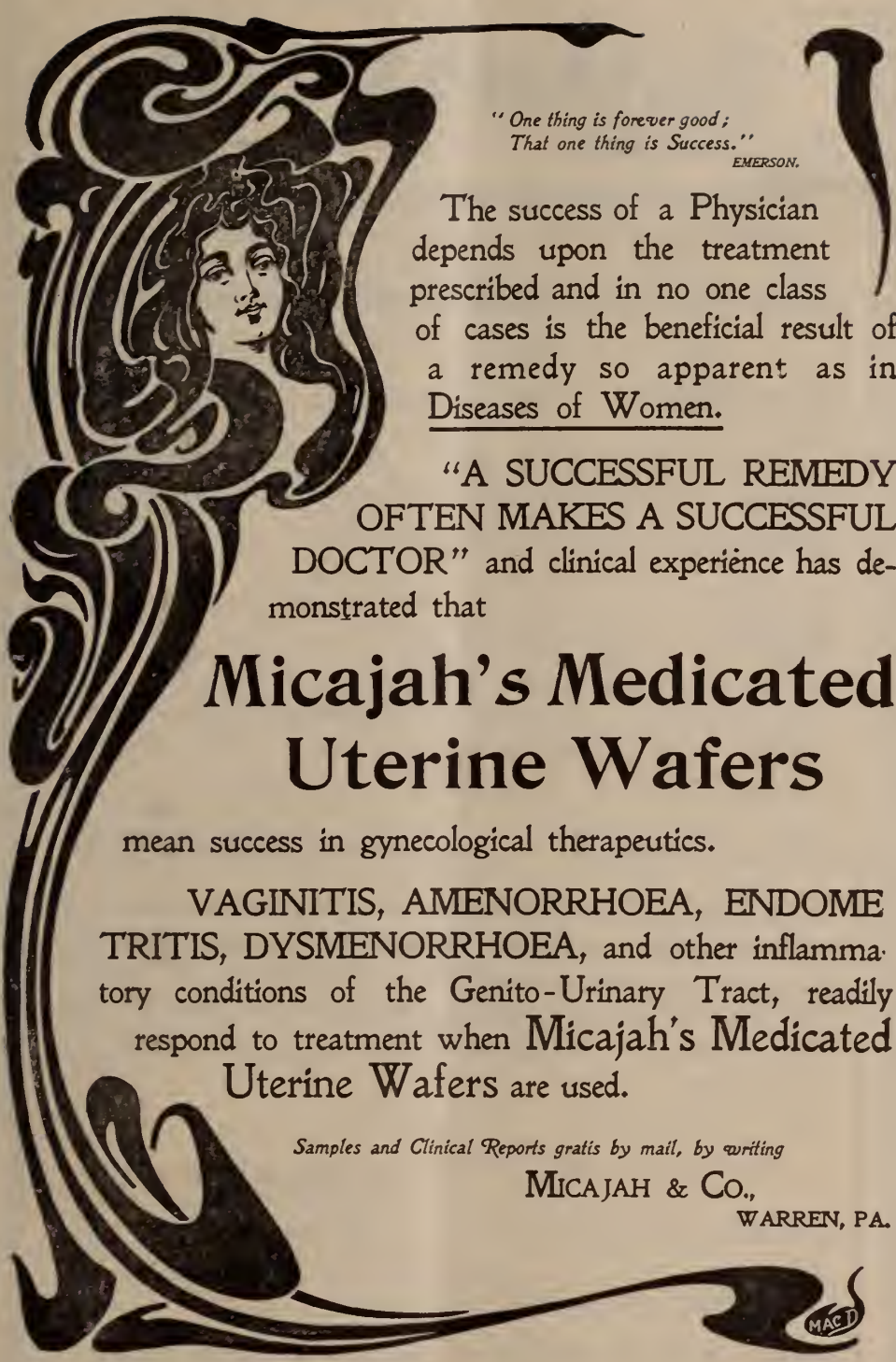
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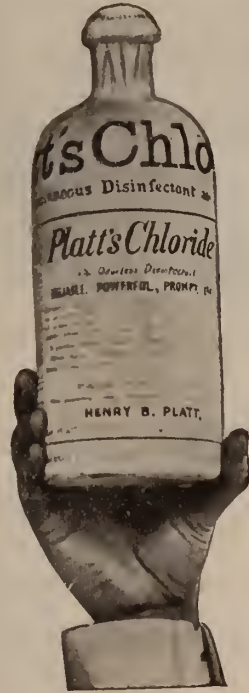
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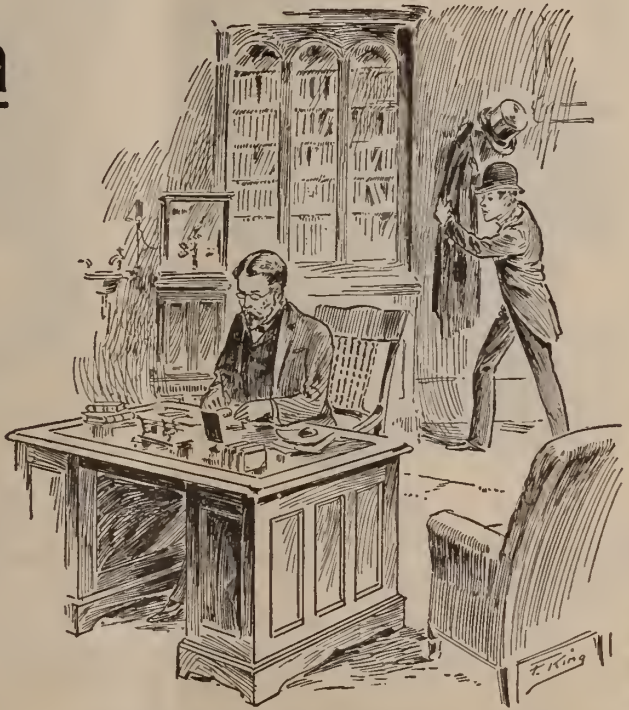
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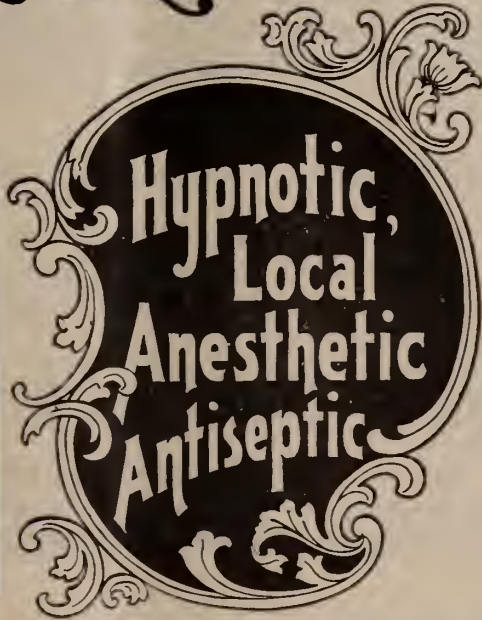
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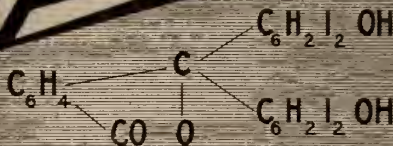
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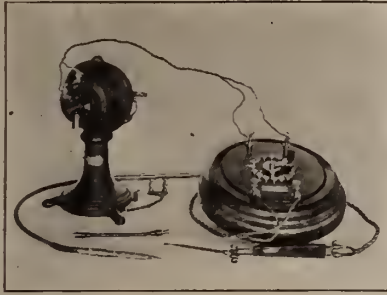
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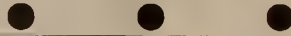
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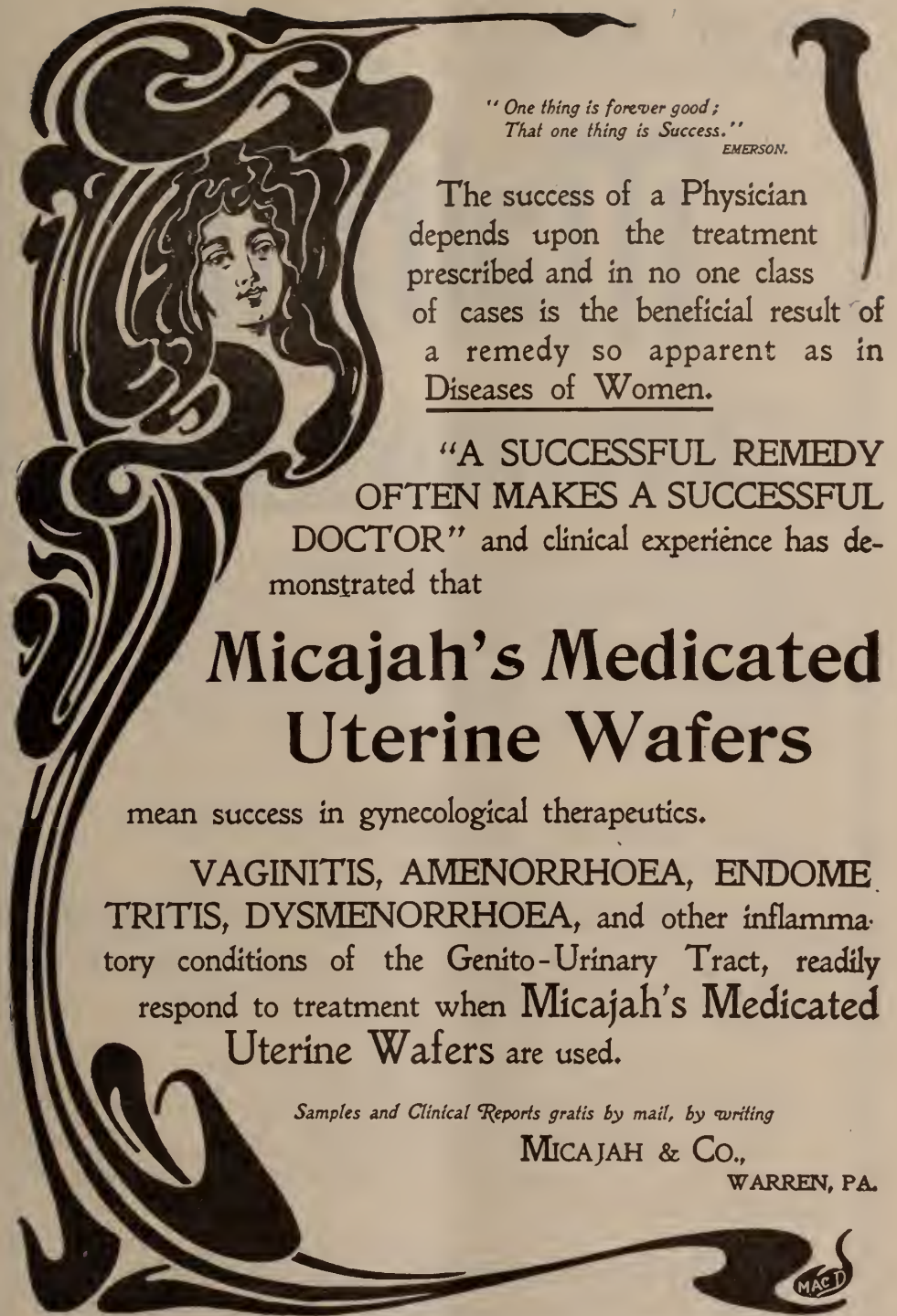
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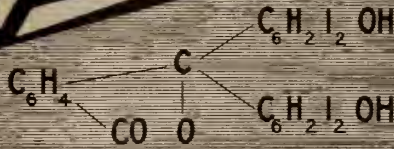
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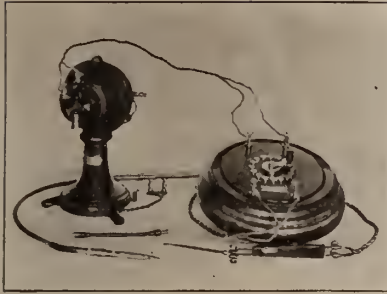
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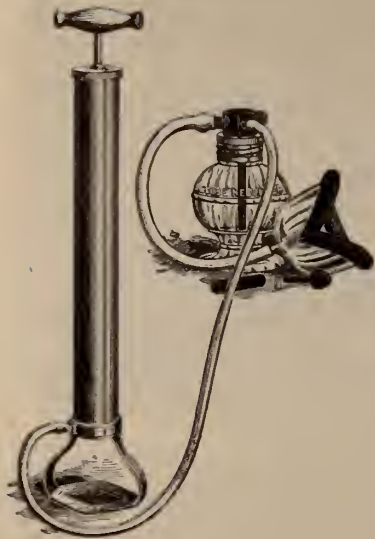
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# Abbott's Saline Laxative



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on Abbott's Saline Laxative, in other words, bringing it to the attention of the physician through different forms of professional advertising is meeting with success. Illustrated in a comparative way this line \_\_\_\_\_ represents the quantity our doctor friends prescribed last May as against this line \_\_\_\_\_ for the quantity prescribed this May. Abbott's Saline Laxative is a chemically pure sulphate of magnesium in effervescent combination. It is

## An Ideal Laxative

cool, pleasant and invigorating and non-irritant and it never gripes. It is a valuable adjuvant in the treatment of all summer diseases, particularly of children. It is just THE preparatory eliminative needed in three-fourths of all cases, especially in pregnancy. It cleans the alimentary canal promptly and thoroughly without weakening or griping. We cannot too strongly emphasize the fact that Abbott's Saline Laxative is THE Laxative, refrigerant, anti-ferment, antacid and cathartic, especially for summer work. You want it right now and we cannot urge you too strongly to give it an early trial. It will be worth your while.

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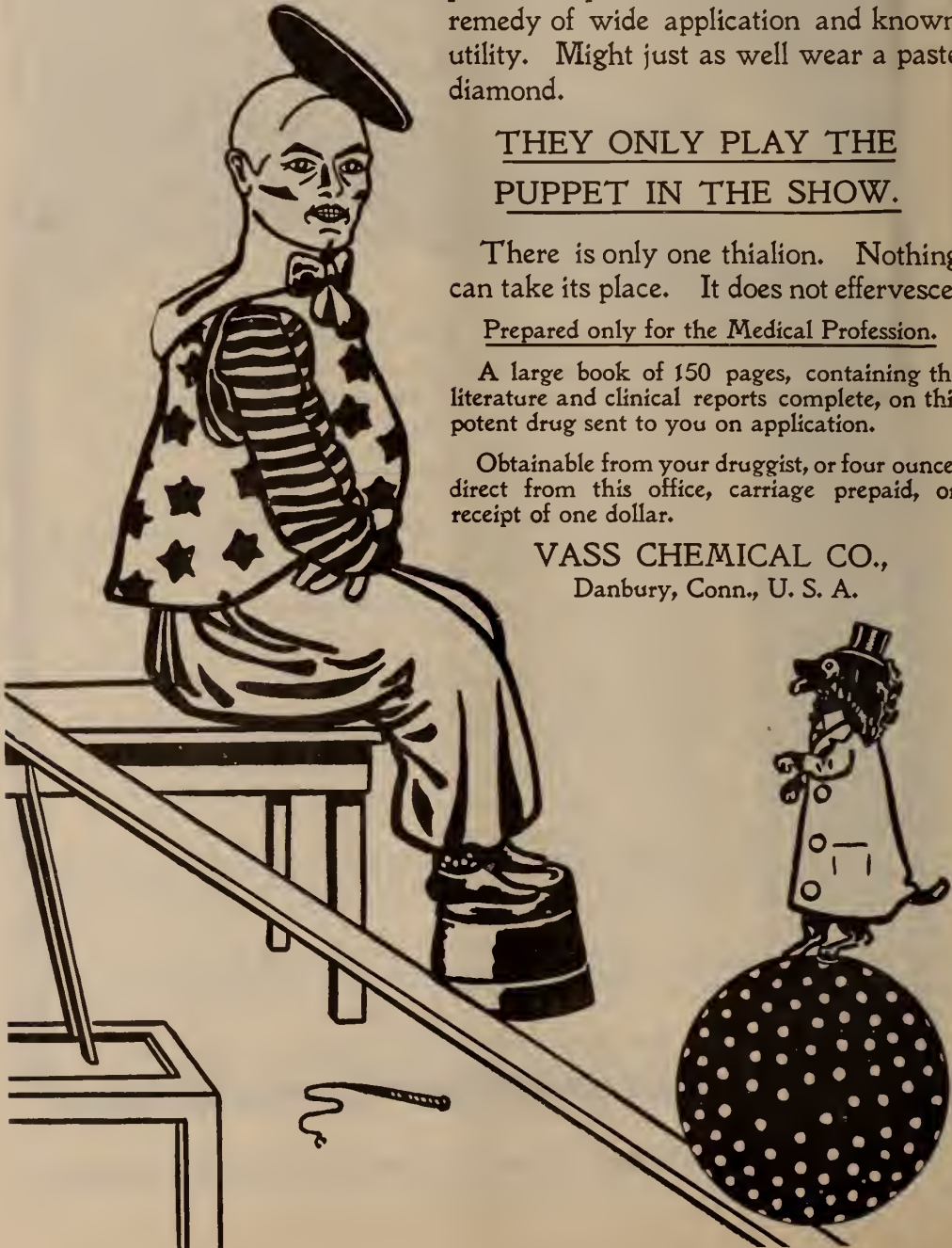
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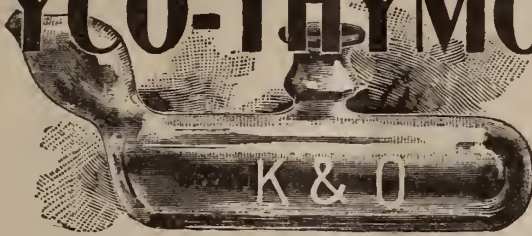
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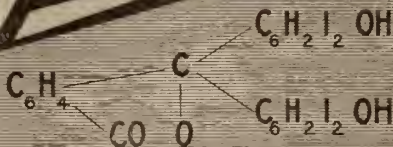
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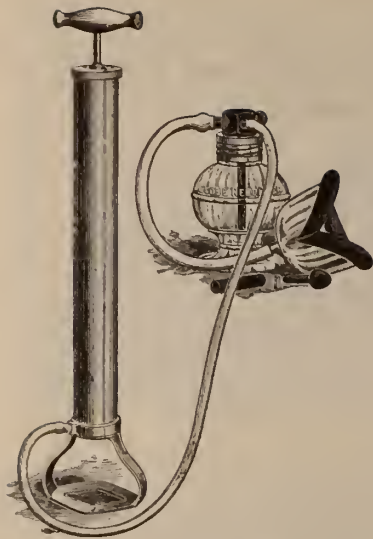
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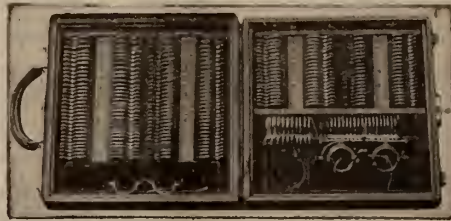
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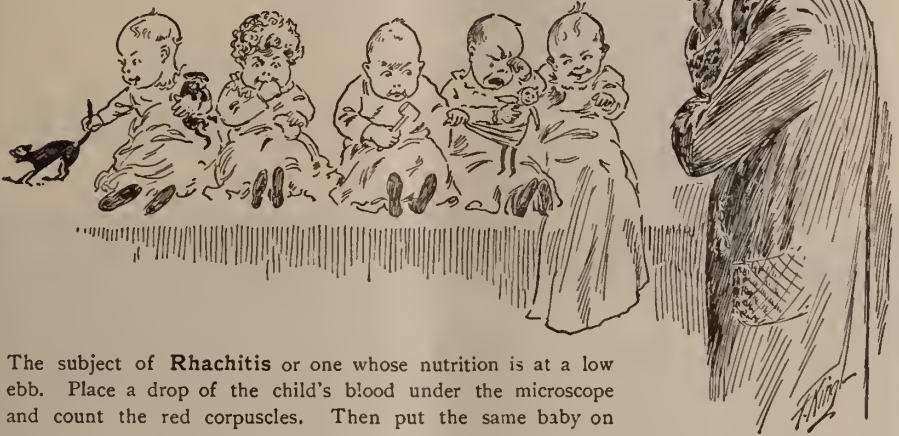
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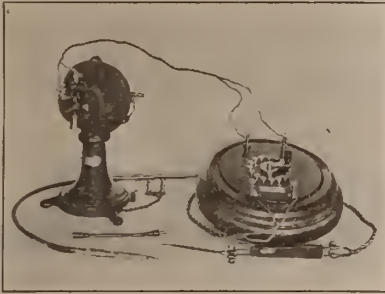
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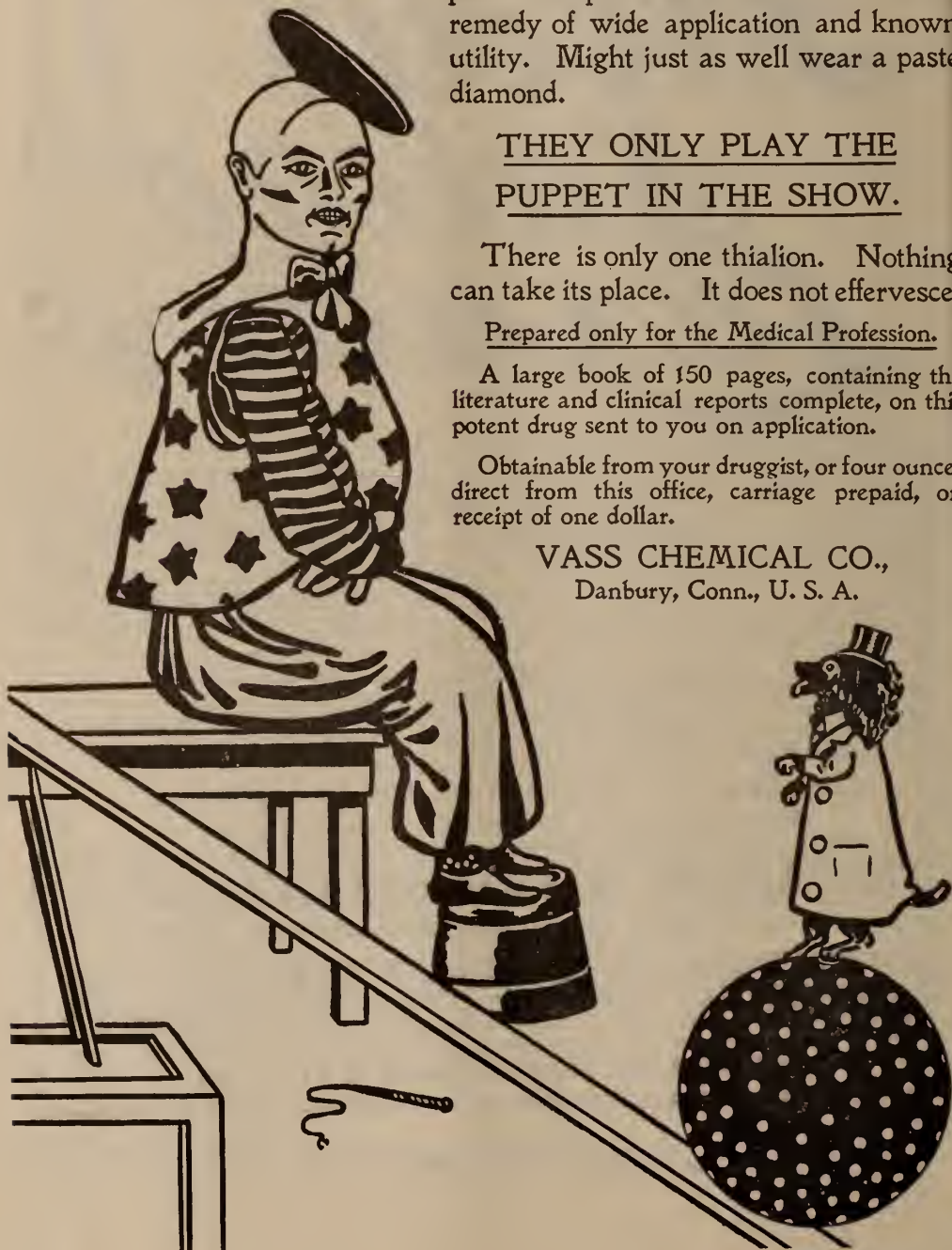
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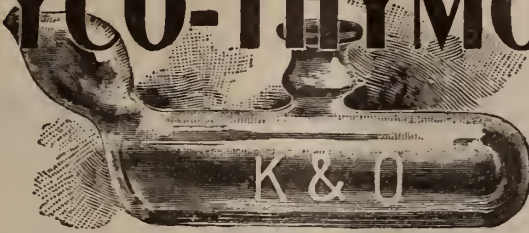
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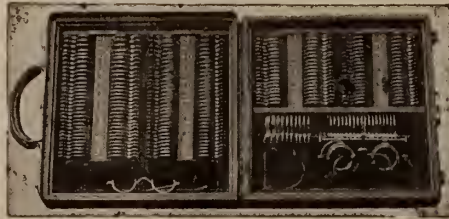
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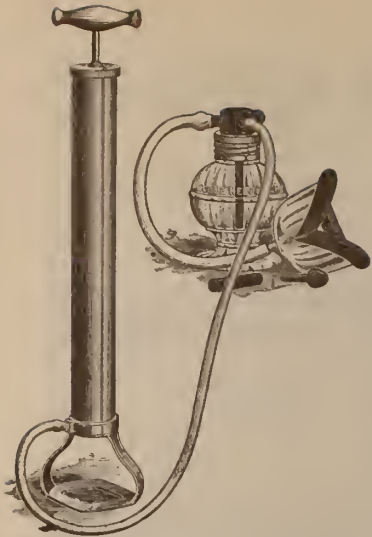
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Chloride of Soda:	Citrate of Lithium:
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Many nervous troubles in women have their origin in affections of the

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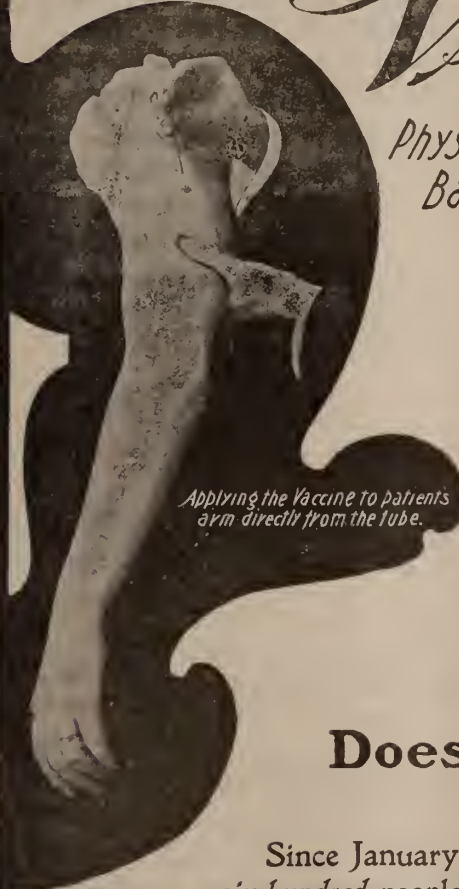
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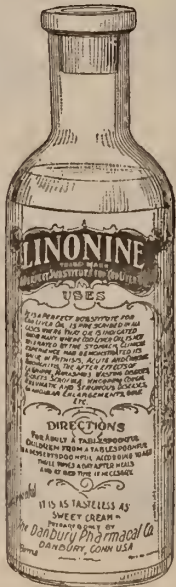
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April 19<sup>th</sup> 1899

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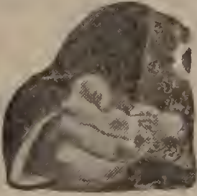
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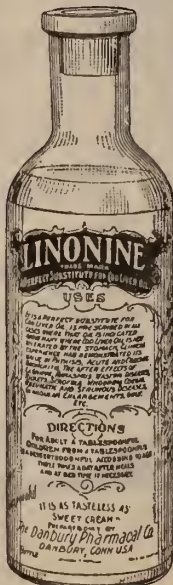
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VERMONT

MEDICAL MONTHLY.

Vol. VI.

February, 1900.

No. 2.

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Free Press Print, Burlington, Vt.

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It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

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# VERMONT MEDICAL MONTHLY.

Vol. VI.

March, 1900.

No. 3.

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

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Vol. VI.      September, 1900.      No. 9.

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