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New Series.

THE
CINCINNATI
MEDICAL NEWS
AND
CLINICAL BRIEF AND SANITARY NEWS.

EDITED BY

J. A. THACKER, A. M., M. D., F. R. M. S., LOND.

Fellow of American Academy of Medicine, *Etc.*

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THE CINCINNATI MEDICAL NEWS.

VOL. XVII. No. 200.
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AUGUST, 1884.

VOL. XIII. No. 8.
New Series.

Original Contributions.

Primary Rheumatic Carditis.

BY E. A. COBLEIGH, M.D., ATHENS, TENNESSEE.

In reading a recent work on rheumatism, I find the author says that, "as yet, though it is highly probable cardiac affections of rheumatic character may precede, accompany at the outset the joint troubles, or possibly exist as the only rheumatic manifestations, still the number of cases going to prove this fact is not yet sufficient to establish a scientific truth." Wherefore it may be of interest to your readers for me to report the following case as bearing directly on this subject, and adding one to the already existing list of cases which go to prove the foregoing assertions.

May 11, 1884, I was attending a case of tedious, but uncomplicated labor, when a young fellow, just about grown, was brought to the residence where I was detained, by his father, who called me out to prescribe for him. He was complaining since supper the previous night of utter loss of appetite, tongue slightly coated, some nausea, very slight increase of temperature, pulse rather quick but weak, with very slight præcordial oppression and heaviness, but no respiratory disturbance and no intra-thoracic signs of actual disease there, as developed by auscultation. Thinking the attack one of acute indigestion, I prescribed a few simple remedies appropriate for that condition and dismissed the patient. I will add here that I knew the youth well, am his family physician, and knowing him to be a stout boy ordinarily, with no previous heart or lung disease, and no

admitted cause for the ailment then existing, I expected him to be sound and all right in a day or two at most.

About 3 P. M. (the first meeting between us was near 5 A. M.), I was sent for to visit him and found the boy with high fever, bathed in perspiration, suffering great oppression about the heart, pain over sternum, labored respiration and the chest walls heaving under the force of the excited cardiac beat. He had had chilly sensations three or four hours previously, but no pronounced rigor. Insisted that he "was choking to death." Now there was no trouble in detecting a very marked endocardial murmur, but if any friction sound occurred, it was drowned by the intensity of the sound aforesaid, and no other physical signs existed pointing to involvement of the pericardial membrane. But from all of the symptoms collectively, I diagnosed co-existing endo and pericarditis. The most careful questioning failed to elicit any history of rheumatism in the past, affecting any member of the family. Nor were there then any indications, however slight, of a rheumatic constitutional disease in my patient, except perspiration and the urinary condition, and the latter at least might have resulted solely from the fever. The weather was not and had not been, such as stands in a supposed causative relation to rheumatoid seizures, and I could not possibly see any basis on which to build a theory of rheumatic carditis, though I suspected it and stated my suspicions to the boy's parents, who were very intelligent people, and in this shape I left my patient after prescribing such (non-specific) remedies as I considered indicated.

At 11 P. M., the boy's father called at my house to ask re-direction about the remedies to be given during rest of night, as part of my directions had been misunderstood or forgotten. "There is no further doubt about that being rheumatism," was his first remark. "Within the last two hours his ankles have swollen stiff, and he can't bear to have them moved or even touched." These statements I verified by personal inspection, demonstrating to my entire satisfaction the well marked existence of acute rheumatic arthritis. Later the left knee and hips were slightly involved, but only slightly and within a few hours, for he was at once put on the free use of salicylates and an alkaline course, which controlled the arthritic manifestations within twenty-four hours. He now admitted falling out of a capsized boat about a week before his seizure, by which mishap he was

wet to the skin. He went home and changed all of his clothes except his shirt, and this he retained because he could not get a dry one without telling his mother of the accident, and this he would not do, having been previously ordered to keep away from the creek.

The medicines first used were persevered in with moderate decreasing doses for about a week, and then, no further trouble being felt, were discontinued without my consent. The day previous to their discontinuance I had seen the patient and found the murmur over heart still very distinct, though rhythm, force and area of dullness seemed normal. Within a few days from this time the boy was going about the neighborhood seemingly as well as common, except that he was "short winded" on exertion, when, after an unusually hearty supper (including acid fruits and vegetables), the weather suddenly changed to rain. Before bed time, my patient was seized with cardiac distress and dyspnoea, of considerable intensity, and ankles simultaneously swelled and became so painful and tender as to resent the slightest touch or motion. I at once administered a quick emetic and thus got rid of the superfluous pie, etc., remaining in his stomach from the immoderate meal of a few hours before. This relieved the dyspnoea, but an amount of palpitation remained demanding cardiac sedatives for its control. However, this was soon accomplished, a return to salines, diuretics and salicylates subdued the pain and swelling of the joints, and the boy progressed to rapid and satisfactory recovery save only the valvular mischief previously incurred. Since then he has been doing reasonably well, with apparent return to his usual health, except slight dyspnoea on over-exertion, and trivial joint threatenings preceding a storm on only two occasions.

This is one of those cases where the fact is indubitable, that the cardiac affection preceded by several hours at least the arthritic manifestations of true rheumatism. The fibrous structures of the valves and probably the serous surfaces of the pericardial membrane (though no positive objective signs of the latter condition were ever discoverable), were seriously and extensively invaded by morbid processes, the results of which persist until to-day, in spite of energetic and approved treatment, and will doubtless progressively increase—so far as the present valvular lesion is concerned—for years to come, or until a far off fatal result ensues therefrom. Now *if* the arthritic explosions had failed to appear

later, *if*—as is easily supposable, the disease had remained fixed to its primary seat, instead of extending its local points of attack to the lower extremities, we would have had a case of rheumatic fever all the same and of high intensity, but perhaps never recognized in its true light, the fever being naturally referred to the activity of the acute heart inflammation as a symptom or part thereof. In fact, there would have been an inflammatory rheumatism of the heart alone. Does such a thing really occur? In the light of this case, and calling now to mind other cases of acute heart diseases, whose etiology was at the time of their occurrence under my observation involved in doubt and mystery, I can but believe that primary idiopathic cardiac rheumatism does really occur, and doubtless does so far more frequently than professional tradition would lead us to think.

On Paroxysmal Fever—Not Malarial.

BY J. H. MUSSER, M. D.

Physician in charge of the Medical Dispensary of the Hospital of the University of Pennsylvania. Pathologist to the Presbyterian Hospital.

Read before the Philadelphia County Medical Society, March 26, 1884.
Reported for the MEDICAL NEWS.

THAT non-malarial intermitting fever is of frequent occurrence few will deny. Such cases have come to the writer's notice so often, that, especially as but little can be found in reference to this subject in medical literature, arranged in a systematic manner, he has deemed it of the highest practical importance to record his observations, for the purpose of emphasizing the value of distinguishing these two forms of intermitting fever. In addition to the hurried narration of illustrative cases, a little time will be taken for the consideration of the mode of recognition of the many sources of origin of paroxysmal fever, and a moment given to the mechanism of fever. It will not be out of place, however, to make a brief reference to the writings of others in this connection, and first to that of the late Dr. Murchison.

In a most instructive clinical lecture,* he called attention

*The causes of intermitting or paroxysmal pyrexia, and on the differential characters of its several varieties. *Lancet*, May 3, 1879.

to all the forms of paroxysmal fever, giving twelve varieties, viz.: 1. Malarious intermitting fever. 2. Certain cases of typhoid fever. 3. Certain cases of relapsing fever. 4. Pyæmia. 5. Fever from pent-up pus. 6. Fever from ulcerative endocarditis, with or without embolism. 7. Tubercular fever. 8. Fever from lymphadenoma. 9. Syphilitic fever. 10. Urinary intermitting fever. 11. Hepatic intermitting fever. 12. Intermitting fever from morphia.

In addition to examples under each division, he pointed out the clinical features and points of distinction in such detail that it would be supererogatory to enter upon such lines, save in the broadest manner, in this paper.

In the following pages, therefore, cases illustrating the second, fifth, sixth, seventh, and eleventh classes, respectively, of the above, will be recorded, and some new classes will be added, embracing cases of paroxysmal fever due to gastro-duodenal and pulmonary catarrh, to pent-up serum, to forming pus in a confined space.

Since this paper has been in preparation, a volume of the latest St. Thomas Hospital Reports (vol. xii, '81) came into the writer's hands. Of the many able articles contained therein, there is one by Dr. Ord entitled, "On some cases of Pyrexiaë simulating ague." He records a case of ulcerative endocarditis, and one of jaundice with obstruction attended by intermitting fever. Similar cases are detailed below, and hence it will not be necessary to more than refer to them. Cases III and IV of his list are very interesting, and worth repeating in abstract.

CASE III.—Female, æt. 58. Most of life in Mauritius. After returning to England suffered from what was called ague—shiverings, heats and sweatings at irregular intervals. At first no pain, but finally increasingly severe pain, attended with vomiting, was felt in the left iliac region. The symptoms repeatedly recurred for months and were regarded as outbreaks of latent ague acquired abroad. Treatment by quinia and arsenic. She finally, after a severe paroxysm, passed a stone the size of a bean from her bladder. Instant relief followed and six months passed away (to time of writing) without any return of fever or sweating.

Case IV is more remarkable, and for the possibility of its like appearing to us, it should be kept in mind.

CASE IV.—A man, æt. 30, never in the tropics, had daily attacks of high temperature, with shivering and sweating.

He was sallow, worn and emaciated. His liver was enlarged; his spleen not. He had syphilis. The fever would be reduced by quinia, but only for a time. Thirty grains of iodide of potassium daily cured him, the intermitting fever having been considered by Jenner, in consultation, a manifestation of syphilis.

I. The temperature curve of typhoid fever simulates intermittent fever almost always at some period of its course. During the first week of the disease it is a difficult matter to decide whether a true intermittent is present or not, while in the decline of the disease a distinctly intermitting type is generally recognized. During the period of convalescence one must be watchful that the transient fever which so frequently develops, may not be considered malarial. The temperature during the course of typhoid fever, and the convalescence from it, is, as Dr. Cayley puts it, *labile*. It rises and falls with only the slightest provocation, and frequently takes on an intermitting type.

The following is a rare case of typhoid fever, in which the temperature at the height of the disease was distinctly intermitting. Dying the sixth day of observation, it was noted that four days before death the patient had daily a congestive chill, followed by a very high temperature. The temperature on the morning of the first chill was $101\frac{1}{5}^{\circ}$ (Fahr.), the evening $104\frac{2}{5}^{\circ}$. The morning temperatures thereafter were on the second, third, and fourth days, respectively, $96\frac{3}{5}^{\circ}$, $99\frac{2}{5}^{\circ}$ and $96\frac{1}{5}^{\circ}$, and on the corresponding evening hour $104\frac{3}{5}^{\circ}$, $105\frac{2}{5}^{\circ}$ and $106\frac{2}{5}^{\circ}$, the latter two hours prior to death. It was considered a case of congestive malarial fever. The autopsy revealed the lesions of typhoid fever about the twelfth day of the disease.

II. It is well known that the fever from pent-up pus is frequently, almost constantly, of an intermitting type. An empyema has frequently been overlooked on this account, but it has never fallen to the writer's lot to have a case that could not easily be recognized. It was different in other cases of deep abscesses, however, and notably in a case—the true nature of which, Murchison says, is almost always overlooked—a case of hepatic abscess.*

The patient, a male, 39 years old, had lived on the Susquehanna, near Harrisburg, and had had chills and fever daily, three weeks prior to admission to the hospital.

*Trans. Path. Soc., vol. viii.

When admitted he did not seem very sick; he had walked to the hospital, and was permitted to be up each day. He was slightly emaciated and his liver was enlarged. He had daily paroxysms of fever, but the sweating stage continued all night, being more prolonged than in malarial intermittents. He died of hemorrhage from the bowels, one week after admission. The hemorrhage was found to be due to extensive ulceration of the large intestine, not suspected during life, on account of the occurrence of constipation. In addition, at the autopsy a large abscess in the right, and two small ones in the left lobe of the liver were found.

The following table exhibits the temperature record, and shows that we should have considered more seriously the low febrile range:—

		A. M.	P. M.
October	9,	99°	100°
"	10,	99°	101°
"	11,	99°	102 $\frac{3}{5}$ °
"	12,	99°	101 $\frac{2}{5}$ °
"	13,	99°	102°
"	14,	99 $\frac{3}{5}$ °	101°
"	15,	98 $\frac{2}{5}$ °	99°

The history of residence in a malarious locality, the temperature record, the absence of marked local symptoms and of intestinal disorders, favored malarial intermitting fever; the absence of enlarged spleen and the low temperature range negatived that fever.

A child was seen with a history of daily febrile paroxysms, suspected to be malarial. The child had a severe paroxysmal cough, however, and was losing flesh and strength rapidly. An examination revealed the physical signs of circumscribed pulmonary consolidation, and the mother related the swallowing of a tack some time previous. Ten days afterwards, after a paroxysm of coughing, the tack and a large amount of pus were expectorated. The hectic soon lessened, the resulting cavity rapidly closed and the patient's health was restored. Another example of deep-seated abscess.

Abscesses developing near mucous surfaces are oftentimes very puzzling, at least in their early period.

An abscess of the prostate gland, in a man 48 years old, was one of the most difficult to discern. The patient had been sick a week, and when seen by the writer was in the

midst of a febrile paroxysm. He had marked gastro-intestinal derangement, with dry, brown tongue, extreme malaise, daily febrile paroxysms, preceded by chilliness, and followed by profuse sweats, which continued in the night; in addition a dullness of intellect was observed. Six days after the first visit urinary tenesmus was noticed, subsequently rectal distress; an examination revealed a distinct prostatic abscess. It is of interest to note that fever did not occur after the abscess had fluctuated and hence that the forming stage of an abscess sometimes is attended with paroxysmal fever. The following exhibits the evening rise and morning fall, taken on different days:—

13,	4 P. M.,	.	$102\frac{3}{5}^{\circ}$,
14,	4 P. M.,	.	$99\frac{1}{5}^{\circ}$, cinch. anticipated.
15,	12 M.,	.	102° , cinch. in lessened doses.
16,	12 M.,	.	$98\frac{1}{2}^{\circ}$, cinch. in increased doses.
17,	11 A. M.,	.	98° , cinch. in increased doses.
18,	5 P. M.,	.	103° , cinch. in again lessened doses.
19,	9 A. M.,	.	$98\frac{1}{2}^{\circ}$, 5 P. M., 103° .

A febrile paroxysm was not detected after the 20th, and the table shows that cinchona merely prevented the paroxysms, but did not control them. The case was certainly difficult to analyze. The absence of enlarged spleen, the return of the fever after discontinuing cinchona, and the exhaustive sweats, repulsed the idea of malaria. The appearance of the tongue, the malaise, the headache, and the dullness of mind, with the fever range, made one consider typhoid rather seriously. On the sixth day (19) after my first visit the local symptoms defined the lesion. The febrile action then ceased, but the local inflammatory condition continued. It would probably explain the cessation of fever with complete suppuration to say that the soft tumor was not so much an irritant as the hard mass prior to pus formation.

Not only must pent-up or forming pus be considered factors in the causation of a periodical fever, but confined serum or forming serous exudation may undoubtedly give rise to intermitting fever. A case of subacute pleurisy with effusion, in which there occurred in the course of the disease distinct intermitting fever, came under the writer's notice. The usual evening exacerbations were present, but in the morning the temperature had fallen to, or almost to, normal. So marked were the paroxysms that an empyema

was suspected, and doubt only removed by paracentesis proving the effusion to be serous. Two similar cases have come to his notice in private practice, both in children. The one, a lad 11 years old, had a dry cough for three weeks, with afternoon malaise and fever. The attendant ordered quinine with but little benefit. An examination of the lungs revealed a large collection of fluid in the left pleural sac, which rapidly disappeared under treatment. The temperature was recorded but once daily for obvious reasons, but at times in the mornings, again in the evening. Invariably an evening rise, a morning fall, were noted; but it never ranged higher than 102° , and there were no profuse sweats following. From the rapid disappearance of the fluid and the speedy renewal of the lad's health, the effusion was called serous and not purulent.

It may seem very trite to record such simple cases, but when, only lately, a child was seen in consultation, ill from a supposed meningitis, but truly so from an actual serous pleuritic effusion, one should feel that nothing is commonplace, and that it is the little things that need to be constantly dwelt upon. With this remark it may be stated that the fever of pneumonia may be intermitting. Later in the paper cases of catarrhal pneumonia will be referred to, but now the croupous variety is considered. Four cases, all in children, are recorded in the writer's note-book. Two of the cases were in his care from the first; two were attended by other physicians coming to him later.

In the first case he was egregiously deceived. The child, *æt.* 4, for five days was well to all intents and purposes, in the morning, eating and playing about with possibly only a slight cough. In the afternoon the temperature would rise to a great height ($104\frac{2}{5}^{\circ}$), and the child would be sick until midnight. Repeated examinations of the lung could not detect a pneumonia until the fifth day. He was misled by the absence of dullness and of bronchial breathing, and the occurrence of tympany over the affected lung, as has been rarely noted.

Case number two, of the same character, occurred in a girl 7 years old. A chill, followed by high fever, with nausea and vomiting, substernal pain and cough, marked the onset. Seen the third day, her temperature in the evening was $104\frac{1}{5}^{\circ}$, with the above symptoms intensified, and a very rapid pulse (140) and rapid respiration (48). Both the fourth and fifth days the temperature was normal

in the morning, high at night. On the fifth day bronchial breathing was first noted at the right base; on the seventh day, dullness; on the ninth day resolution began; after the fifth day the fever was continuous. It seemed like a case of retarded pneumonia—as regards physical signs—according to the observation of Dr. Andrew Clark.

Following the outline indicated by Murchison, the next form of intermitting fever he discusses is that due to endocarditis. The following case* of ulcerative endocarditis, the febrile range of which was characterized by daily paroxysms, is of interest. There was no difficulty in recognizing the nature of the affection.

TEMPERATURE RECORD.

	A. M.	P. M.
21,	1—	103 $\frac{2}{5}$ ^o
22,	100 $\frac{1}{5}$ ^o	101 $\frac{3}{5}$ ^o
23,	98 $\frac{2}{5}$ ^o	99 ^o
24,	98 ^o	105 $\frac{2}{5}$ ^o
25,	97 $\frac{1}{5}$ ^o	103 $\frac{1}{5}$ ^o
26,	99 ^o	103 ^o
27,	99 ^o	100 $\frac{2}{5}$ ^o

The writer observed it during life, and deems it worthy of being recorded in this connection.

It would be a great surprise to know how many persons, in the latter stages of phthisis, when giving a history of their complaint, say that it was preceded by malaria or malaria broke them down. Over and over again is such a sad tale told us in the medical dispensary, and it is a matter of fact that not only do the laity, but many physicians consider early cases of phthisis as malarial in nature, entirely overlooking the local troubles. When speaking of catarrhal fever, the subject will be adverted to again, but the cases of tubercular origin are sometimes none the less examples of intermitting fever, non-malarial. Repeatedly my notes show cases that had been treated for malaria in the early stages. Not only in the formation of tubercle in the lungs, but also in the brain, is the process accompanied by daily paroxysms of fever at times. One case that came under notice was particularly impressive.

The attending physician was going out of town for the summer, and left in the writer's care a little girl 5 years old,

*Trans. College Physicians, Keating.

in the fourth week of her fatal illness. She had always been a bright child, of nervous temperament and of tubercular diathesis. The illness was of four weeks' duration, marked in the early period by failing in flesh and strength, in the latter period by a chill or chilliness every evening, followed by a night of restlessness and fever. She never complained of headache, nor did she vomit, while her bowels were regular. Eight days before the present attendant saw her, her physician visited her, and attributed the symptoms to malaria; quinine was used. Four days thereafter headache began. The day the writer saw her (fourth week), she had had a slight convulsion and other unmistakable evidences of tubercular meningitis, of which she died in seventy-two hours.

How terrible to be compelled to tell a fond mother the innocent malaria only simulated the baneful meningitis. The writer once made the mistake of attributing a periodical headache to malaria; tubercular meningitis was the cause of the pain. It is seen then, and is well known, that many manifestations of that disease are periodical.

The succeeding cases of chronic hepatitis with enlargement illustrates that form of intermitting fever, which is hepatic in origin. The diagnosis was made without difficulty, especially the differentiating from the intermittent fever of malarial origin. The following abstract of the history includes all the important points:—

George W., * æt. 43, German farmer, of Manayunk, contracted diarrhœa during the war, which has always shown some tendency to return. Has had malarial; probably has had syphilis; otherwise been very healthy. Family history good. Admitted September 2, 1877, with well-marked jaundice; emaciated, and presented the symptoms of itching, dark colored urine, languor and sleepiness, and a small, slow and feeble pulse.

The jaundice appeared gradually in February of 1877, preceded by several days of diarrhœa. Since then marked dyspeptic symptoms, relieved by attacks of diarrhœa; stools at times clay-colored, at times normal. Some œdema of feet, but ascites never detected. October 2, liver from fourth interspace to two inches below margin on deep percussion, margin smooth and resisting; no pain or tenderness. October 15 to 25, uncontrollable hiccough. Extreme

* Trans. Path. Soc., 1878.

exhaustion, rapid emaciation, deepening jaundice, semi-typhoid state; death, November 4. Autopsy revealed the diagnosis to be correct.

The temperature record is noted with the remarks of Dr. Guiteras, whose resident physician the writer was at the time, on its curious range, in order to associate the case with a paper on fevers.

	Morning.	Evening.
October 21,	100°	98°
“ 22,	98°	103°
“ 23,	95 $\frac{2}{5}$ °	100°
“ 24,	101 $\frac{2}{5}$ °	96°
“ 25,	93°	101°
“ 26,	95°	94 $\frac{3}{5}$ °
“ 27,	103°	98°
“ 28,	95 $\frac{1}{5}$ °	100°
“ 29,	97°	98 $\frac{2}{5}$ °
“ 30,	97°	98°
“ 31,	94 $\frac{2}{5}$ °	96°
November 1,	99°	93°
“ 2,	95°	96 $\frac{3}{5}$ °
“ 3,	91 $\frac{2}{5}$ °	91°

“I find that every third temperature is pretty regularly a high one, the fall being very great in the two intervening temperatures; so that the rise and fall do not present the usual relation to the morning and evening hours. The curious range of temperature may be due to an intermittent absorption of effete products from the liver, or an intermittent arrest of the oxygenating processes going on in the liver, and arrest that must influence the general temperature, if we remember that in health the temperature of the organ reaches 106°.”

In another paper* of the writer may be found reported a case of primary cancer of the gall bladder.

Early, in fact almost until death, the attending fever was thought to be of malarial origin. The writer, as well as others, made the mistake. Until a few months before her death her fever was distinctly intermitting, with chills; later it became remitting and then continuous. Although there were jaundice and occasional attacks of vomiting, there were no special evidences of localized disease. The spleen was enlarged, and so it was thought to be a miasmatic fever.

* Path. Soc. Trans., Phila., '81.

The change in type, the extreme exhaustion and the emaciation caused this idea to be abandoned. Until death it was obscure. A sufficient cause for the temperature range was found at the autopsy in a suppurative inflammation of the bile ducts, and the healthy portion of a gall-bladder, the remainder of which was the seat of carcinoma. One can see now that more stress should have been laid on the occasional vomiting, the slight hepatic tenderness, the previous history of biliary colic, the persistent and deepening jaundice, and the great emaciation, and thereby a diagnosis been made between miasmatic fever and suppurative fever.

Here will briefly be recorded two cases illustrative of the fever of hepatic origin, not because of one difficulty in their recognition, but because one of them, the first, had been treated for malaria.

This one was the case of M. Mc., æt. 50, who suffered at irregular intervals, often repeatedly in a week, with attacks of severe pain in the epigastrium accompanied by a chill and followed immediately by fever and sweat, and in a few days by jaundice. He died several months afterwards, in the writer's care, of obstructive jaundice from impacted calculus, after two of these attacks in succession.

When these attacks occurred, every day or every second day, it can be readily seen how a mistake in diagnosis could have been made. Attention to details, however, with the therapeutic test would have been good aid. The paroxysms, by the way, were no doubt due to the irritation of the discharging calculus. The other case was that of an impacted, possibly ulcerating biliary calculus. The history of the case, the jaundice and the local inflammatory changes prevented one from erring.

In addition to the preceding examples of paroxysmal fever, a series of cases will be adverted to which Murchison has not referred to in his lectures, and with the nature of which it is of the utmost importance to be perfectly familiar. Reference is made to catarrhal inflammations of pulmonary, the gastro-intestinal, and the genito-urinary mucous membranes, with secondary intermitting fever resulting therefrom. Especially important is it, for unless the fever is traced to its source, grave organic mischief will become so pronounced as to lead to disastrous consequences. Witness a phthisis following an overlooked bronchial catarrh.

It savors much of the teachings of Broussais, to say that catarrhs are the source of fevers, but there is no doubt that

just so far as the philosophic Frenchman erred in that extreme, so do we at the present day err in the other, by attributing most fevers to a zymotic process. Prof. Pepper,* in a timely and instructive address, calls attention to these dangers: That fever is too often considered as due to a zymosis; that zymotic diseases are of self-limited duration; hence that active treatment is of no avail and especially that the accompanying catarrhs are neglected. Further, on account of these beliefs, the catarrhal process that is often the cause of a fever is overlooked, and thus the commencement of serious local disease is not thwarted.

Reference was made, in another portion of the paper, to the frequency of assuming early tubercular disease of the lung accompanied by intermitting fever, to be due to a miasmatic fever. The following notes illustrate the clinical course of some cases of catarrhal disease of the air passages, which often are the forerunner of so-called catarrhal phthisis. Other examples have been noted, in which there has been only slight catarrhs, without hemorrhage, much cough or emaciation, with attendant fever, occurring in paroxysms.

One of the most typical cases of paroxysmal catarrhal fever came under observation in August, 1880, and was the first to lead to the investigation of this question.

A man, 40 years old, of previous good health and habits, of good family history, and residing in a healthy neighborhood, sought advice for "chills." Daily at 11 A. M. he would have a chill, followed by fever and sweat. The entire paroxysm continued until 6 P. M. His digestion was impaired, and his bowels were constipated. The usual treatment was employed. He reported twice that the chills had ceased to return at once when the medicine was finished. He also reported that his sweats continued throughout the night, and that he was losing flesh and strength. At the third visit he was much dissatisfied, for a former slight cough had grown more pronounced, he had bloody mucous expectoration, and the chills continued. Upon careful examination a distinct area of consolidation at the root of the right lung with attending blowing breathing, and some subcrepitant rales were found. Active treatment was determined upon, and in six weeks the patient was cured. He has followed his occupation ever since (engineer), is heavier than he ever was, and in perfect health.

* On some of the relations of catarrhal affections. Trans. Am. Med. Assoc., 1881.

Further: A young miss of 20 years, the past winter, was conducted through an attack similar in many respects. Originating in a severe cold, with harassing cough, chest pain, no expectoration and with loss of appetite, nausea and constipation; she lost flesh, and had, the first two weeks of her illness, daily morning chilliness, fever in the afternoon (102°), followed by an exhaustive sweat. During this time the physical signs of a bronchitis were present, with marked localization of the inflammatory process at the right apex. A day of undue exposure and exertion was followed by a severe chill and rapid rise in temperature, with distinct evidence of catarrhal pneumonia at the location indicated above. Chills and fever daily, profuse sweats, emaciation and gastric derangement were prominent for two weeks. The former symptoms then subsided, but it was fully two months before the lung cleared up, and the patient gained flesh and strength. The family and friends constantly reiterated their opinion that the attack was primarily malarial.

Probably the most difficult, the most occult form of paroxysmal fever of catarrhal origin to recognize, is the one due to that lesion of the intestinal tract. There are no physical signs to betray it, and generally the intestinal derangement is considered secondary to the febrile process. It seems impossible to distinguish the specific from the catarrhal form, save by the presence or absence of the enlarged spleen, the change in the urine of malarial subjects and of the blood when the malaria is chronic, especially when a recent writer tells us that epigastric pain, vomiting and constipation are symptomatic of malaria in children. The following record is a typical illustration of this variety, and is a most instructive and pertinent case:—

E. M., æt. 5. Inherits a tubercular diathesis from mother. During November and December of 1881 had no appetite, was obstinately constipated, and lost flesh. She became delicate and puny-looking. The latter part of December she was seen on account of the above symptoms and of an irregular fever. The course of the fever was at first difficult to determine, but finally it was found to be distinctly intermittent. She was visited at various hours of the day, and found that at 11 A. M., daily, she would be cold, shivering and begging for extra covering. Her extremities, nose and ears would be very cold, her lips bluish, and the features pinched. At the same time the pulse would be rapid and the temperature in the mouth 102° . In a half hour the

exterior warmed, and very soon she would have high fever, the temperature rising to 103° – $103\frac{1}{2}^{\circ}$. The febrile stage lasted three or four hours, and was not followed by profuse perspiration. Save weak and without appetite, by night she would be perfectly well. Quinia was given in continuous doses at first, afterwards in doses to anticipate the paroxysm; but without any good effect. The paroxysms were lessened in severity only while the already poor appetite was made poorer and the digestion more impaired; for two weeks an anti-periodic treatment was continued, and at the same time laxatives were used to overcome the constipation; at this time (January, 1882) she was thin and worn, the paroxysms of fever were daily, the appetite was very poor, the breath offensive, the tongue covered on the dorsum with a yellow-white fur, pointed, and with no papillæ; vomiting occasionally occurred, and always some pain after eating; the bowels remained obstinately constipated. It seemed to me, after a time, the fever was a secondary matter, that the gastro-intestinal disorder was primary, and that such disorder was subordinate to the diathetic constitution. Hence she was placed on small doses ($\frac{1}{8}$ gr.) calomel with bicarb. of soda (5 grs.) every three hours. In three days cod liver oil with syr. of the hypophosphite of lime was added to the treatment. At once she began to improve; her appetite first, then her bowels became more regular. In two weeks the child rapidly improved under this treatment, after being treated previously for more than two weeks for malaria. It may be added here that twice or three times E. became constipated with similar febrile symptoms noted above, and that the parents, without my advice, cured her with the cod liver oil mixture.

A case very similar to the above was also seen. It is useless to report the details of the case; remedies directed to the gastro-intestinal catarrh, with accompanying intermitting fever, effected the cure.

A case of stricture of the pylorus, in its course, at one time presented daily chills and fever. Quinia did not control the paroxysms. During the time of the fever, and for a week afterwards, the stools of the patient were composed of mucous or membranous casts of the intestinal canal or of a pultaceous mucoid discharge.

These cases incontestably prove the proposition that intermitting fever is often due to catarrhal inflammation of the

intestines, and that remedies directed to this locality alone will cure the disease.

This clinical record will be closed by the report of an observation of a case, the nature of which is somewhat obscure. It is not given, therefore, without some misgiving. It appears that the only title that could be applied to it would be paroxysmal fever of neurotic or hysteroidal origin.

The patient was 25 years old, of a rheumatic diathesis and nervous temperament. She presented a history of "chills and fever," recurring at irregular intervals for two years. The paroxysms were of the quotidian type and the attacks lasted one or two weeks. Considered to be malarious; quinia or cinchona was always given by her attendant, and the usual remedies for malarial toxæmia used, without cutting short or preventing the attacks. The writer attended her through two attacks. They were of the following nature: Preceded by dyspeptic symptoms for a few days, a violent chill attended the onset of the attack, accompanied by severe headache, with tender spots and one or more localized points of pain in the body. In one of the attacks the pain with the first chill was fixed at the end of the spine with exquisite tenderness; in another it was in the epigastrium. The chill was an hour in length and followed by fever. With the fever the face would flush, the eyes "burn," and the skin be hot and dry. The temperature would rise to 103° or more, the pulse be full, bounding, rapid. Evidences of gastric catarrh with constipation were also noted. During the paroxysm the most pronounced emotional disturbances were manifest, so that had fever been absent it would have been without difficulty considered a case of hysteria. A sweating stage of two hours followed the fever.

The paroxysms recurred daily for a week, but with the repetition of each one the pain would be seated in another portion of the body—in the occiput, the shoulder or the knee-joints—while the emotional disturbances would be also present. The pain was described as unbearable, and could not be influenced by almost incredible doses of the usual anodynes. Quinia was given in enormous doses in the first attack, without any beneficial influence.

The fact that the paroxysms occurred toward night and that they were accompanied by hysterical symptoms of a high degree, the inutility of quinia and the absence of enlarged spleen rendered the opinion that the case was of neurotic origin, probably.

The second attack was very similar. Vomiting was, however, a more persistent symptom. The duration was about one week, and it appeared to yield to remedies addressed to the hysteria and the gastric irritability. The whole tenor of the patient's life has changed since then, so that for two years she has not had a return of the supposed malaria, notwithstanding she is exposed to the same malarious influences.

Time will not permit a review of the various affections in detail, in order to establish a differential diagnosis between these simulative disorders and a true intermittent. Any attempt at a positive diagnosis of paroxysmal fever, however, should not be made without keeping in mind the following proposition: In the first place, one would say that given a case with a chill and fever, a diagnosis of intermittent ought not be made from the nature of the first paroxysm, unless it be vital to do so, as in a pernicious intermittent. Then, if such a case is presented that yields but partially to anti-periodics, they should be discontinued and a fresh start in the diagnostic inquiry taken.

In order to fully establish a diagnosis a careful study of the antecedents of the patient should be made relative to previous health, habits, place of residence, and family history. Then, in favor of malarious intermittent, we should, after this study, expect a morning hour for the chill (Flint), the well-known changes in the composition of the urine, and if chronic, the enlarged spleen and the pigment granules in the blood. If with one or more of these favorable factors present we could exclude all possible source of organic disease, by an examination of each individual organ, the blood (leukæmia), the eye ground (tuberculosis), the lungs, liver and gastro-intestinal tract, we would be warranted in the diagnosis of malarial intermittent.

It seems, further, to be of value to note that emaciation of a high degree is more common in non-malarious intermittents.

The same may be said of exhaustion. The latter occurs to a certain degree, and is attended with a pronounced anæmia, so easily recognized as of malarial origin. Then, too, a long sweating stage and a low febrile range rather disprove the presence of the malarious influence.

Enlargement of the spleen is not to be considered, in acute intermittent, as of little moment. In a series of twelve cases of intermittent in children, eight presented the en-

largement, which had subsided a year after the first examination.

There is but little doubt that fever is of neurotic origin, and the examples which have been recorded to-night more aptly illustrate this cause than any other class of cases. The profession is so thoroughly imbued, however, with the idea of no fever, unless a zymosis or blood-poisoning, that it is of practical value to refer to the mechanism of fever briefly. As shown by others, disastrous results oftentimes ensue by addressing means to the cure of a zymosis, or by passively allowing a febrile process to continue its supposed self-limited course, when actually a zymosis was not present, and remedies otherwise applied would have been beneficial. The reference to the mechanism, therefore, is to show that often fever is of a reflex origin due to peripheral irritation—a neurosis.

The element of intermittency itself is a powerful argument in favor of its neurosal origin. This is not the time to engage in philosophical speculation, or to demonstrate the relation of the fundamental principle of the rhythm of motion so grandly elaborated by Spencer; suffice it to say that to no other set of tissues or systems could we look to but the nervous system for an explanation of intermittency. Aside from this, however, in the masterly study in morbid and normal physiology by Wood, on the mechanism of fever, we find sufficient argument and proof "that a depressing poison or a depressing peripheral irritation acting upon the nervous system which regulates the production and dissipation of animal heat," causes fever.

Among the illustrations presented to-night, there are some which strongly indicate the reflex origin of fever from peripheral irritation; witness the case of vesical calculus or of gall-stone. By what other supposition could the phenomena be explained? Likewise, though with an element of doubt intermingled, in the cases of gastro-intestinal catarrh, the fever may be considered as due to reflex processes. In the other cases the fever is, no doubt, due to the absorption of a poison which acts upon the nervous system, and as opposed to Charcot and Billroth, one would think that the phenomena of intermittency is due not to paroxysmal discharges of pus or poison into the blood, but to rhythmical responses of the nervous system to a constantly-acting poisoned blood.

Selections.

On the Contagiousness of Epidemic Cholera.

BY H. GIBBONS, SR., M. D.

Read before the San Francisco County Medical Society.

THAT epidemic cholera is communicated by an active contagion appears to be the almost universal sentiment of the present period. Having had more or less personal knowledge of all its visitations in our country since its advent in 1832, I have thought that some interest might attach to my observations in connection with its history. It is not my design to present any argument pro or con, only so far as facts constitute argument.

When cholera appeared in Quebec on its first invasion of America, in June, 1832, I resided in Wilmington, Delaware. As is well known, the disease almost immediately began its march southward, reaching the city of New York by the way of the Hudson River, in the latter part of June. Its steady approach, its great fatality and its remarkable features, tempted me to visit New York and prepare myself, as far as possible, to encounter its invasion. I went to that city about the 30th day of July, when the number of deaths by cholera was one hundred daily. The streets were thronged with people as usual and business was but little interrupted, very few persons having fled from the pestilence. No dread of contagion existed, though most people were afraid to eat crude vegetables and fruits. The history of the disease in Europe had established the fact that diarrhea almost invariably preceded an attack of cholera, and that if the diarrhea was arrested, which was easily done, no danger from cholera was to be apprehended. Further, it was an established fact that drunkards were particularly liable to the disease; in fact, that most of its victims were of that class who indulged freely in strong drink.

Besides Bellevue and some other established hospitals to which patients were admitted, four or five hospitals had been improvised for cholera patients exclusively. I spent several days in going the rounds of these hospitals and gathering all the information possible from examination of the patients and from the medical attendants. No fear of contagion ex-

isted. I was informed again and again that not one physician or nurse had contracted the disease. So far from suffering from apprehension on my own account, I never in my life spent a few days with an interest so deep and all-absorbing, as on this occasion, whilst contemplating and studying the marvelous plague. But all the knowledge I gathered in regard to treatment was negative. The experiences of Europe were repeated: that after the development of the characteristic symptoms, one-half, at least, of the cases proved fatal. When the stage of collapse was fully established, death was certain. All that human ingenuity could devise was futile. Inunction with mercurial ointment and capsicum; internal medication with opium, brandy, ipacacuanha, calomel; salt water emetics; the injection of quarts of saline solutions in the veins; were tried in vain. Strange as it may seem, blood-letting gave more hope than any other treatment.

* * * * *

My next acquaintance with cholera was in 1847, in Philadelphia, where I then resided. Again in 1849 it visited Philadelphia. On both occasions it put on the same features as in 1832, but at neither time did it prevail to any great extent. Most of the cases were isolated and solitary, though scattered broadcast over an extensive area. In 1849 there were many cases taken to the large city almshouse, at Blockley, where two and perhaps three of the resident physicians fell victims to it. It was understood that they had sought to protect themselves from it by smoking cigars and indulging more or less in intoxicating beverages. Both tobacco and alcohol have been generally recognized as tending to invite the disease instead of repelling it. One would infer this from the depressing influence of tobacco; and no fact was more universally acknowledged than the predisposing action of alcohol.

* * * * *

I next encountered cholera in 1850, on my way to California. The steamship Ohio, on which I embarked from New York, reached Havana about the 8th of June. Cholera prevailed there at the time and the vessel anchored several hundred yards from the landing, the passengers not being allowed to go on shore. At the same time the Falcon arrived with passengers from New Orleans, and the passengers from the Ohio were transferred, with their effects, to the Falcon, a small vessel, which now became excessively

crowded. Here we remained for twenty-four hours, the ship's officers spending most of the time in the plague-stricken city. We then left for Chagres, the ship being in the filthiest condition, and so crowded that it was impossible to cleanse it. Many of the passengers were seasick, and the decks were almost covered with the discharges from their stomachs. If ever there existed a hot-bed for breeding pestilence it was here. A week was spent on the way to Chagres, but neither cholera nor any other epidemic appeared.

I arrived at Panama about the middle of June, and was forced to remain there over six weeks awaiting the steamship Republic, which was on her way "round the Horn," and to which I was ticketed. During this period there was a constant influx of passengers from New York, the vessels mostly touching at Havana. But not one case of cholera appeared. There was no restriction of travel, no quarantine, no dread of contagion, no cholera.

We left Panama for San Francisco early in August, four hundred passengers being crammed into the little Republic of four hundred tons burthen. Every berth, every bunk, every nook and corner, were occupied. The hygienic condition of the ship was as bad as possible, but with the exception of a few cases of diarrhea no disease made its appearance.

Arriving at Acapulco in eight or nine days, and approaching the town after night, we were warned off to an anchorage a mile distant, on account of cholera, which prevailed in the town with great fatality. We remained at Acapulco between two and three days, getting a supply of coal. Meanwhile most of the passengers spent the day on shore, rambling about the town, and many of them indulging freely in eating and drinking. I had two brothers with me, Dr. Edward Gibbons and Rodmond Gibbons, since residents of Oakland. We called on the Alcalde, whom we found reposing in a hammock and in the act of firing a train of gunpowder, which he had laid on the plastered floor so as to surround him. The smoke from the explosion rose and for a moment concealed him from view, and no doubt he felt more secure from the plague in consequence. Whilst we were with him a messenger came to ask aid for two men, a father and son, said to have cholera. Understanding that my brother and myself were "medicos," the Alcalde requested us to visit them. We did so, and recognized two

type cases of cholera in the stage of collapse. The doors throughout the town had pasted on them little pieces of paper containing a prayer within the outlines of a cross, and a note stating that the repeating of the prayer and the posting of it had been found useful elsewhere in arresting the plague. The prayer was an invocation to the Virgin, begging her, on account of the sufferings of her blessed Son on the cross, to intercede against the pestilence. We saw no indications of medical aid to the sick except these crosses, one of which was supplied to each of us by the Alcalde's daughter.

We re-embarked about the middle of August. If ever contagion had an opportunity to declare itself—if ever escape from it were next to impossible, here was the occasion. For two and a half days a throng of reckless passengers had inhaled the infected atmosphere, until, in modern parlance, their blood was filled with cholera microbes. Preventives were entirely wanting, and provocatives took their place, and yet not a single case of cholera or anything approaching it was developed among them. A few instances of diarrhea incidental to a tropical climate composed the sick list. There were other aggravating circumstances. The faulty condition of the ship rendered her progress painfully slow. Her boilers were so leaky that several cartloads of gravel were thrown into them at Acapulco. On the approach to San Francisco the provisions and coal which had formed her ballast were consumed, and for some days of the latter part of the voyage the vessel careened over so that one wheel was entirely out of the water, and it was difficult to cross the deck without grasping something with the hands.

We arrived at San Francisco on the 23d of August. At that date cholera prevailed in Sacramento, having reached there apparently with the current of immigration overland from the valley of the Mississippi, over which it had swept with great fatality. A few interior mining settlements in California suffered at the same time with Sacramento. There was daily intercourse from San Francisco with the latter place by steamboats, the distance being over one hundred miles. But no cholera existed in San Francisco until late in October, when a few straggling cases made their appearance. In the meantime Sacramento lost one thousand of her population of eight or ten thousand, whilst other thousands fled abroad.

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Early in the summer of 1853, a steamship arrived at San Francisco from Panama with about twelve cases of cholera on board. Some of the patients were taken in charge by their friends and removed to private houses; six or seven were taken to the City Hospital, then under the care of Dr. Wm. P. Gibbons and myself. They were hopeless, and indeed moribund, and all died within forty-eight hours. They were placed in a ward by themselves and nursed by the hospital attendants and the Sisters of Mercy. Neither in the hospital, which contained 150 patients, nor among the employes, did any disease ensue. Neither was there a single case of cholera reported from the cases which had been distributed in private charge.

The bedding from the infected ship was washed at a laundry, on the lagoon, a mile west of the city. Rumor had it that a number of the washermen were attacked with severe diarrhea. Though inclined to believe the statement, I can neither deny nor affirm it. It is certain, however, that no cholera was developed.

* * * * *

In the summer of 1854 a personal friend of mine, living in San Francisco, a man of exemplary habits, was seized with cholera and died with all the characteristic symptoms. He had not been away from home, nor was there known to exist another case of cholera within hundreds of miles. It was a most violent, rapid, and intractable case. Another case occurred under my charge in the following year, which presented the distinctive features of the disease and resisted all medication up to the period of incipient collapse, when relief was afforded by a hypodermic injection of half a grain of sulphate of morphia. A more satisfactory result from medical treatment never fell to my lot.

Such is a plain and true statement of my experience in regard to the contagiousness of epidemic cholera. Incompatible as the statements may appear with the doctrines now current, they are nevertheless facts, and I leave them at the disposal of the reader—*Pacific Medical and Surgical Journal*.

West London Medico-Chirurgical Society.

Friday, May 2, 1884, J. L. W. Thudichum, M. D., F. R. C. P., President, in the chair.

Radical Cure of Hernia.—Mr. Swinford Edwards showed three cases of this operation. The first case, a man aged

40, was admitted into the West London Hospital with a strangulated inguinal hernia. Taxis under ether failed. The sac was opened and the constriction at the neck divided in the usual way and the bowel returned. After ligature and removal of some prolapsed omentum, the sac was freed from the scrotum, and being pulled down as far as possible, a catgut ligature was tied round its neck and the sac itself cut off. The pillars of the ring were brought together with three silver sutures; the sutures were removed at the end of three weeks, when the patient was discharged cured. The patient was now, a year afterward, wearing no truss and doing his usual work. The second case, a lad aged 19, was operated upon for reducible inguinal hernia, at his own request. In this case the pillars of the ring were brought together by catgut instead of silver wire. The wound healed by first intention, and he was discharged cured one month after operation. In both these cases the temperature never rose above 100° . The third case, a little girl aged twelve, was operated upon in the same manner for reducible inguinal hernia. She was in hospital one month and the temperature did not exceed 99° . In these cases strict attention was paid to antiseptics, and Mr. Edwards laid great stress upon employing thorough drainage, iodoform next the wound, plenty of gauze packing and over all equable elastic pressure by means of an Esmarch's bandage. In femoral hernia Mr. Edwards only ligatured and cut off the sac, not meddling with the femoral ring or saphenous opening. Mr. Edwards, in reply to Mr. Lunn, said he would have the operation performed on himself if he had a hernia.

Dr. Thudichum said the operation did not vary from Wood's except in cutting off the sac.

Mr. Bruce Clark said Mr. Wood did not insist on suturing the pillars of the ring and also invaginated the scrotum.

Mr. Keetley said that the injection of irritating fluids into the canal had been practiced in America and Germany with success.

Littre's Hernia.—Mr. Keetley read some remarks on a case. The patient, a woman aged 40, was admitted into the West London Hospital with a right femoral hernia. Partial obstruction had existed for five days. There was vomiting, local pain and tenderness, but the bowels moved occasionally. The sac was opened and reduction easy. A portion of the intestinal wall, about the size of half a crown,

being strangulated and of a very dark color, the sac was excised and its neck tied, with antiseptic precautions. The local symptoms were relieved by the operation, but delirium came on in twenty-four hours, and death ensued in thirty hours. At the post-mortem examination the strangulated portion was found quite black, and the blackness had also spread for an inch or two upward and downward. There was no peritonitis, and the affected portion of the intestine was narrowed.

Mr. Bruce Clark said excising the gangrenous portion of gut and reuniting by sutures was a treatment worth trying.

Dr. Thudichum said position was important in reducing hernia; for instance, putting the patient on his knees and elbows or even inverting him.

Messrs. Beckingsale, Edwards and Lawrence, Drs. Owles and Culver James took part in the discussion.

In reply, Mr. Keetley said the affected portion of the gut was ileum, that taxis had been employed, and that where he felt convinced the gut could not recover, he would excise as suggested by Mr. Bruce Clarke.

Extra-uterine Pregnancy.—Dr. Alderson attended the patient, aged 30, who was a healthy married woman with one child twelve years old, for the first time on August 4, 1880. She had previously been under medical treatment for a slight brown vaginal discharge, and a sound had been passed which occasioned much pain both at the time and afterward. When seen by Dr. Alderson she was suffering from severe uterine congestion and retroflexion. During the next three or four weeks there were sharp attacks of acute peritonitis, and on August 22d she passed *per vaginam* a large, tough membranous cast of the uterus and Fallopian tubes. No improvement ensuing, Dr. Wiltshire was called in and diagnosed a cataclysmic hæmatocele into the peritoneal cavity, probably due to the rupture of a tubal extra-uterine foetation. On September 8th acute peritonitis set in. Opiates by the mouth, rectum, vagina and in fomentations gave great relief, and the patient continued to make progress until September 13th, when the temperature was normal and the pulse 100. At this time the external swelling was smaller and but little tender. The tumor could not be felt in the vagina, but *per rectum* there was a prominent firm obstruction about two inches up which nothing could pass. On September 20th she was taken to the West London Hospital, and the journey apparently caused the burst.

ing of the foetal abscess. A copious mattery discharge from the rectum ensued the same afternoon. After this the patient never suffered any acute pain, and the discharge continued for three weeks. On October 12th she passed through the rectum portions of foetal bone, and the last piece of bone on May 24, 1882. The patient apparently recovered entirely, but the foetal head could be felt as a hard globular swelling through the rectum. It was important to distinguish the early symptoms of extra-uterine foetation. In this case he thought the earliest symptom was the chocolate-colored clotted discharge.

Mr. Gunton Alberton had seen three cases of extra-uterine foetation, in two of which the bones were discharged through the rectum.

Dr. Venn said the diagnosis was arrived at by a process of elimination. He recommended abdominal section in cases where the cyst was discovered before rupture. The discharge of bones through the rectum, when it occurred, should be encouraged; and he advised no interference when they were encysted.

Mr. S. Edwards asked if there were statistics comparing those operated on with those left to nature.

Dr. Owles did not think it advisable to use the uterine sound where pregnancy might exist.

In reply, Dr. Alderson said the sound certainly caused the patient much pain and inflammation, though it apparently did not cause the death of the foetus. With regard to fatality after operation, he had seen it recorded as high as 67 per cent. In twenty-four cases of primary operation by Parry only one survived.

The Cavendish Lecture.—Dr. Thudichum announced that an annual lecture would be given under the auspices of the Society, to be called "The Cavendish Lecture," in honor of the distinguished chemist who resided in the West of London, and who was an ancestor of the Duke of Devonshire, the President of the West London Hospital. He had much pleasure in announcing that Mr. Timothy Holmes would deliver the first lecture early in July.—*British Medical Journal*.

Water in the Dietary of Young Children.

IN a communication to the *New York Medical Journal*, Dr. Remsen, of the Nursery and Child's Hospital, calls at-

tention to the general ignorance which prevails as to the necessity of furnishing infants with a sufficient quantity of water, especially in hot weather, and whether they are brought up at the breast, or artificially. For want of this, the fluid portion of any food introduced into the stomach is quickly taken up, leaving the solid too thick to be easily digested. They ferment and produce indigestion and colic, together with diarrhea. As a consequence of the thickened state of the blood thus produced, excretion of sweat is arrested, and a state of collapse and hyperpyrexia is developed. In warm, dry weather, babies will drink cool water every hour or oftener, if it is, as it should be, offered them. The earliest sign of the water in the system being below its normal standard is a slightly depressed condition of the anterior fontanelle. This may be present in children apparently in perfect health, yet in whom a slight increase of temperature or the deprivation of the breast for a few hours, may give rise to sudden hyperpyrexia. Attention is, however, usually first aroused by the fretfulness of the child, a moderate rise of temperature and pulse, a hot, dry skin, and a constant desire to suck. If a free supply of water be given, and nursing restricted in frequency, these symptoms will often disappear completely and quickly, but if not, collapse will soon come on. The temperature ranges from 105° to 106° F., or higher; the pulse is small and thready, numbering from 180 to 200; the skin of the body is painfully hot, while the extremities are cold; the features are pinched and sunken, with the eyes half-closed and the pupils contracted; the fontanelle is depressed, the hands are tightly shut, the respiration is hurried and irregular, and consciousness seems abolished. A child in this state will swallow water with greediness and the utmost pleasure. The treatment adopted at the Nursery has been wrapping the patient in a wet sheet, applying cold to the head, and giving as much water as can be swallowed. The results have been very satisfactory, the child becoming quiet, and even going to sleep, while all the threatening symptoms subside. The attention given to this point as a prophylactic measure has been followed by a diminished rate of mortality, and a marked reduction in the number of gastric and intestinal complaints. If more care was taken to give children proper amount of water, and restricting their hours of sucking or feeding, the mortality due to hot weather would decrease, and less would be heard about the trouble of teething.—*Medical Times*.

The Use of Antiseptics in Puerperal Cases.

BY MADISON REECE, M. D., OF ABINGDON, ILL.

Read before the Military Tract Medical Association.

DURING one of the hottest days of the month of July, 1881, I was called to see Mrs. W., near London Mills, in consultation with Dr. Wilson, of that place. I found her in a small bedroom, only large enough for the bed upon which she was lying, with but one window in the room. She had been confined a week previously. Her pulse was 160, her temperature 106° , the tongue dry, abdomen distended to the size of a woman at full term, the secretion of milk suppressed. She was delirious, and an odor filled the room like that of a body far gone in putrefaction.

The husband was informed that there was no probability whatever for the recovery of his wife, every symptom indicating a speedy dissolution. However, I suggested a thorough washing out of the uterus with antiseptics. A half gallon of warm water with two drachms permanganate of potash was prepared. After being placed in a proper position across the bed, a gum catheter of the largest size, with several fenestræ in the lower end, was passed up into the uterus as far as it would go. A common Davidson syringe was attached to it by means of a piece of rubber tubing. The uterus was thoroughly washed out, the injection being continued until the water returning was perfectly free from all odor and clear in color. The discharge from the uterus was of such a peculiarly strong odor, that it was impossible to free the hands from it. It was like that one acquires in the dissection of bodies.

Such a change as took place in this woman's case within an hour, I never before saw in any case. Immediately after this cleansing process the delirium passed off, the temperature fell, the pulse came down—in short, the effect was simply magical. She was given twenty-grain doses of the sulphite of soda. The husband was taught how to administer the injections, which were to be given every three hours—one of a solution of permanganate of potash, the other of carbolyzed water, alternately. The patient made a speedy recovery from the severest attack of puerperal septicæmia I have ever seen.

Twelve years before this case, in September, 1869, I was

called to see a woman who had had an abortion produced by mechanical means. She had a rapid pulse, high fever, hot skin, unquenchable thirst, irregular chills, an icteric countenance, and a sanious discharge from the uterus that smelled horribly.

A half dozen intra-uterine injections of carbolized water thoroughly administered, rescued her from impending death.

Ever since that time I have used this method in all such cases, with similar results with a few exceptions. They are to be regarded as similar to surgical fever, the result of decomposing *debris* in the uterus, which is absorbed from the uterine surface, and which Sir James Simpson has aptly compared to the flap of an amputated thigh, with its raw and bleeding surfaces, and patulous vessels ready to absorb decomposing fluids with which they may lie in contact.

The following long-continued case illustrates, in another way, the value of these intra-uterine injections. The last day of January, saw Mrs. M. A., aged 24, living near Hermon, a strong and vigorous woman. She had been confined 24 hours previously. The child was dead when delivered, and was so much decomposed that portions of the skin slipped from the body when handled. She had had a chill and profuse flooding a few hours before I saw her. The pulse was 140, the temperature 105° , skin hot, tongue dry, and abdomen tympanitic and distended to the size it was before her confinement.

The uterus was immediately washed out with carbolized water, giving great relief to the patient. The injections were kept up every three hours for a week, with the effect of reducing the temperature after every injection. Quinine was also freely administered. Thinking, perhaps, that the septic matter was sufficiently removed from the uterus, the injections were discontinued. Within 24 hours a severe chill, followed by a high temperature, announced the absorption of more septic material. The intra-uterine injections were again resorted to, with the same results: diminishing of temperature, and lowering of the pulse. At the end of a week, as there seemed to be so much improvement, they were once more discontinued. Again, in a short time, there was a chill and return of former symptoms. Again we returned to the use of the intra-uterine injections, and kept them up until every vestige of fever had disappeared from the case for several days.

In this case there was no bad odor from the discharges,

as in the former cases, and the effect of the injections in arresting the poison of the septic matter was prompt and striking.

Should antiseptics be used in every puerperal case? I believe so, especially as antiseptics has come to be considered as the use of every means of cleanliness, and the prevention of infectious or contagious matters. And just here let me record it as my fixed belief, that thousands of women have come to their deaths from the dirt and other matters under the finger-nails of their attendants. That dirt, the nest of infectious particles scraped from the body of himself, or possibly bathed in the infectious fluids of another person, is conveyed by means of the touch to the abraded surfaces in the puerperal patient, and she becomes inoculated with the virus that causes her death. I believe that any one suffering from a chronic skin disease, or who is afflicted with a chronic ulcer of any kind, should not attend upon puerperal patients, no more than he who is attending patients with scarlatina or erysipelas. In fact, it is my deliberate judgment, that puerperal women should not be attended by the general practitioner at all, and for one I will gladly welcome the day, when I can turn over all such patients to well-educated and thoroughly trained lady physicians who will make that their special calling.

Begging pardon for this digression, I would say in conclusion, that within twenty-four hours after confinement, the use of vaginal injections of carbolized water, affords the greatest comfort to the patient, bathing and soothing the neck of the uterus where there may be abrasions or lacerations, and cleansing and purifying the parts. If the discharges become foul in odor, and there is a marked rise in the temperature, then the injections should be *intra-uterine*. One precaution should be borne in mind, in prescribing vaginal injections, and that is to have the hole in the end of the pipe or syringe closed. I have in several cases seen a severe and dangerous uterine colic, caused by the injection passing into the uterus through the patulous and open os. In the rubber syringes that are sold for female use, I often prepare the pipe for such purposes by closing the central hole in the end, and enlarging the others in such a way that a backward current is given to the injection.

Fractured Fibula with Extensive Suppuration.

BY N. S. GIBERSON, M.D.

T. O., brakeman, had his right leg caught between the coupling of a locomotive and a six-inch pine scantling. The blow was heavy enough to splinter the timber. Upon attempting to rise he fell back with a sensation as if the entire leg had been drenched with scalding water. Rapid and enormous swelling supervened, and he was advised by his attendants to apply liniments, plasters, etc., to a "bad bruise," and also to go out on crutches as much as possible.

At the end of five weary weeks, he was admitted to the hospital in my charge, and when the dirt was sufficiently removed to make him feel human once more, the injured member was carefully inspected, with the following results: From the bend of the knee to the annular ligament the limb was engorged and edematous, and the cuticular surface, from a six-week's conflict with that unholy trinity, blisters, liniment, and "blue ointment," hung in shreds, with an occasional gangrenous spot as large as a dime. The tibia was intact, but the swelling was so great that the fibula could not be outlined. An obscure sense of fluctuation and a muffled crepitus a few inches below the fibular head excited our suspicions. In the bend of the knee, just between the hamstring tendons, was a dirty looking, shallow ulcer of the size of a half dollar. The limb was wrapped in spongio-piline saturated with hot water. In twenty-four hours the sense of fluctuation along the upper margin of the fibula had become patent. A puncture was made at its most prominent point, and the introduction of a trocar was followed by the exudation of a pint of grumous pus. After being well emptied of its contents the muscular walls of the abscess relaxed, and through the now flabby tissues it was easy to recognize a fracture of the fibula about three inches below its head. Crepitation was so distinct that the patient himself heard and took notice of it.

Carbolized injections (two per cent.) were ordered every four hours, and the limb was enveloped in a flannel bandage and sponged with alcohol and water twice daily. At the end of three days the old ulcer in the popliteal space stopped discharging, and the application of a poultice over night revealed the fact that a sinus connected the ulcer with the abscess.

down in the heaviest part of the calf muscles. The antiseptic injection now came away freely at both orifices. All went well for a week under a generous diet and a liberal use of cod-liver oil and the muriated tincture of iron. The patient improved rapidly; when on a sudden he complained of a sense of distress on the inside of the leg, a few inches above the malleolus. An examination showed fluctuation, and the part was freely incised. About eight ounces of laudable pus exuded and it seemed to have penetrated every tissue of the leg, dissecting in every direction between the muscular layers. There were now three openings, all connected, and it was thought that in all conscience the drainage was complete. Another week passed and the injection issued clear from the lower and upper orifices. The first puncture was now allowed to close, and we were enjoying the prospect of a speedy attention to the fracture, when, to our dismay, another abscess formed, or the old one reformed, along the superior line of the fibula. A free incision was now made, four inches in length, along the fibular margin and the sac fairly laid open. A thorough injection of a solution of carbolic acid (one to twenty) was now employed, and the wound protected by the ointment of oxide of zinc. A large tent was inserted and the dressings were kept supported as before by a flannel bandage. This treatment proved the finishing touch. In ten days all discharge ceased, and the limb, was encased in the immovable dressing (silicate of potash), which was worn for three weeks without discomfort, and then discontinued.

This case is of interest to the advocates of brilliant, not to say perfunctory, diagnosis, as a shining example of "country practice," where a little care and conscientious application of well understood principles, would have saved this unfortunate man weeks of misery, and perhaps a permanent shock to his constitution.—*Pacific Medical and Surgical Journal*.

Cholera-Researches of Dr. Robert Koch.

Translated from the *Courier de Etats Unis*.

MARSEILLES, July 10.

At a conference of physicians with Dr. Koch at the Pharo Hospital, a careful microscopical examination was made of the microbes which Dr. Koch brought from India.

He was asked whether he ever found the microbes in the blood. Never, was his answer. He demonstrated that the

choleric microbes are half as large as the typhoid microbes, and have, besides, an oblong form. He found them in the most fulminating cases of cholera. In no other epidemic disease did he find the microbe so characteristic as in cholera. The microbe is not sporous. It is a scissiparitous product; it lives in an alkaline liquid; is destroyed by acidity, and still more by siccidity. Three hours of siccidity suffice to kill it in the dejections. Its channels of introduction are the mouth, the digestive organs and the intestines. If it is in the air, it is soon reduced to a powder, and enters the lungs, without harm. In the intestines it multiplies rapidly.

When asked by the President of the Sanitary Commission about prophylactics, he said, that the bacilli live in water, and the virulent germ propagates itself. It can be propagated by the washing of vegetables or other aliments. The first measure which should be rigorously prescribed is to use only cooked aliments, in which the microbe can not exist.

The treatment recommended by him in the beginning is opium, which must be discontinued as soon as the algide state is reached; stimulants may then become necessary, though he could indicate none. As soon as chilliness sets in, nothing can be done. He washes his hands in a solution of bichloride of mercury $\frac{1}{1,000}$, eats only well-cooked food, and drinks only boiled water.

Before leaving Toulon, Dr. Koch addressed the following communication to the Council of Hygiene:

Cholera propagates itself in assemblages of men; its principle is unexceptionally communicated by direct contact with men, or with their wearing apparel.

In cholera times, a well-regulated life must be led; experience has demonstrated that troubles of digestion favor an attack of cholera. Excesses in eating and drinking, the use of heavy, indigestible food, must be avoided, and also anything which may cause diarrhœa. A physician should be called in immediately. Never absorb anything which comes from a contaminated source; when in doubt whence it came, subject it to a thorough cooking, and especially so milk.

Water tainted by human detritus is forbidden; avoid the use of doubtful water, of water drawn from shallow wells or a swamp, a pond, or from a creek receiving vitiated water. Consider as essentially dangerous water which has been in any manner soiled by choleric dejection. Water which has

been used for rinsing vessels or washing of clothing should not be poured into a well or into a running stream. It is impossible to get absolutely pure water; the simplest way is, therefore, to have it boiled.

These observations refer not only to water used for drinking, but to water used in the household; for the choleric germ, once existing in the water, can be communicated to all who make use of it, whether in the laundry, scullery, kitchen or bath. The most important consequences of these remarks are, that it is not sufficient to guard against cholera, to use pure, or even boiled water.

One case of cholera can become the focus of an epidemic; hence cholera patients should be removed from contact with all those not absolutely necessary to take care of them.

Public assemblages, fairs, fetes should be avoided. Never eat or drink in a room where the choleric are; their dejections should be collected in vessels containing a phenic solution.

All objects soiled by the dejections should be cleansed with dry cloths, which have to be burned immediately. Apartments which have been occupied by the choleric should remain vacant for six days.

Persons who are brought in contact with cholera patients should wash their hands with soap and phenic acid, or solution of bichloride of mercury $\frac{1}{1,000}$. Cadavers should be removed immediately, and the funerals should be simplicity itself. The cortege should not enter the mortuary house, and none of the objects belonging to the choleric should be removed without having been previously disinfected.

Laundresses should not receive the linen coming from a choleric, without having undergone thorough disinfection.

Therapeutic Notes.

PILE SUPPOSITORY.

R _y .	Iodoform,	4 parts.
	Balsam peru,	
	Cocoa butter,	
	White wax,	āā6 parts.
	Calc. magnesia,	4 “

M. Divide into 12 suppositories. One after each stool.

IN GALLSTONES.

- ℞. Boldo fl. ext., ℥j.
 Syr. simp., ℥iij.
 M. S. Teaspoonful 4 times a day.—*Repert de Pharmacie.*
 ℞. Acid benzoic, ℥j.
 Irisin,
 Euonymin, āā ℥ij.
 M. In chart. No. 40. Divide. S. One in water night
 and morning.—*Larzalere.*

IN MENORRHAGIA.

- ℞. Fl. ext. cannabis indicael, ℥ij.
 Fl. ext. hamamelidis virg., ℥ij.
 Syr. aurant. cort., q.s. ad., ℥iij.
 M. S. A teaspoonful 4 times a day.—*Blackwood.*

WHOOPIING COUGH (an excellent remedy).

- ℞. Fl. ext. eucalyptus globulus, ℥j.
 Syr. lactucarium, q.s. ad., ℥iv.
 M. S. Teaspoonful every 3 or 4 hours to a child six years
 old, and less in proportion to infants.—*Blackwood.*

IRRITABLE OR NERVOUS BLADDER.

- ℞. Ammonii chloridi, ℥ij.
 Ammonii bromidi, ℥iv.
 Infus. gentian comp., ℥vj.
 M. S. A tablespoonful 3 times a day.—*Goodell.*

TETANUS.

- ℞. Fl. ext. veratri. vir., f℥j.
 Fl. ext. gelsemii, f℥iij.
 M. S. Twenty drops every 3 hours.—*Harris.*

TAPE WORM.

- ℞. Pulv. cort. radic. granat., ℥ss.
 Pulv. secalis cornuti, ℥ss.
 Pulv. gum. acaciæ, ℥ij.
 Ol. filicis, ℥j.
 Ol. crotonis, gttj.
 Pulv. peponis, ℥j.
 Sodii salicylat., gr. xv.
 Aquæ destillat., ℥viiij.
 M. S. Take in the morning. Take a cup of coffee one
 hour before, and apply a sinapism over the epigastrium.—
Rowe.

Ulcer of Stomach.

PARIS, *July 4*, 1884.

DR. DEBOVE has recently introduced a new treatment for simple ulcer of the stomach, based on the pathogeny and the anatomical lesions of this affection. Simple ulcer of the stomach was for a long time considered to be a tuberculous origin, then cancerous, typhic, and even dysenteric. Later on, it was attributed to inflammation of the mucous membrane of the stomach, which opinion was evidently more correct than the preceding. Finally, Rokitanski enunciated a theory which is now in vogue, as it better explains the nature of the disease, and thus leads to a more rational system of treatment. According to Rokitanski's theory, the ulcer in the stomach would originate in the disturbance of the circulatory system in a circumscribed portion of the mucous membrane of that organ, which would weaken its vitality to such a degree as to allow itself to be destroyed by the gastric juice. The form of the circulatory trouble would be a sanguineous stasis, or a hyperæmia, or a thrombosis, or an embolism. In other words, the process would be a simple digestion of the stomach by itself, or what may be termed local autophagia. Acting on these premises, Dr. Debove has adopted the following treatment in simple ulcer of the stomach. Having learned by experience that the introduction of large quantities of fluid, such as milk with or without lime water or Vichy water, which, up till now, constituted almost the only remedy in the treatment of this affection, was often attended by the inconvenience of producing dilatation of the stomach of a more or less permanent character, Dr. Debove thought the enormous quantity of milk (5 or 6 litres) which the patient was obliged to absorb daily, might be considerably reduced in substituting some kind of liquid food, rich in nitrogenous substances. Starting on this principle, the beau ideal of Dr. Debove, in order to obtain complete cure of simple ulcer of the stomach, would be to suppress for a time the secretion of the gastric juice, or rather to neutralize it by the action of alkaline substances, and thus render it inert. The following is his mode of procedure: During the first few days he washes out the stomach so as to remove from it the acid and mucous secretions it may contain. He considers this operation absolutely inoffensive, so long as it is performed with a soft

sound, so as to avoid perforation in case of the end of the sound coming in contact with the ulcer. He then administers three times a day a mixture composed of 25 grammes of meat powder diluted in milk, to which is added 10 grammes of bicarbonate of soda. This is introduced each time through the sound, on account of its disagreeable taste. Dr. Debove has never observed any bad effects from the large quantity of the soda, 30 grammes (nearly an ounce) daily, or, if there be any intolerance, the dose may be reduced and combined with calcined magnesia.

One of the principal advantages of this mode of treatment is to avoid dilatation of the stomach so apt to be produced by the ingestion of large quantities of fluid, taking into consideration the altered condition of the parieties of the stomach. Moreover, it is difficult to get patients to submit to a milk diet exclusively, which they are to take in small and frequent doses, hence the utility of an aliment more substantial and less bulky, which at the same time should be of easy digestion. This treatment, according to Dr. Debove, should not prevent the employment of other remedies as are usually adopted in cases of hæmatemesis, such as ice, tincture of iodine, the perchloride of iron, etc.—*Jour. Med. Association.*

Gallic Acid in Hemorrhage from the Urinary Organs.

OF the styptics in ordinary use, gallic acid, according to my experience, is one of the most potent in relieving hemorrhage from the urinary organs. The reputation of this remedy would, I think, soon be greater than it is if those who try it would give it in sufficiently large doses, and persevere in its use for several days before replacing it by other astringents. As gallic acid probably acts according to the strength of its solution which bathes the bleeding tissue, it is necessary to insure the introduction of a certain quantity into the blood, by the frequent administration of successive doses. We must remember that gallic acid soon passes away from the blood, being carried off in the urine. It is, therefore, only by administering frequent doses that we can hope to compensate for this continual draining away of the remedy, and we must give it in quantity and often enough to more than compensate for what is removed with excrementitious matters,

In chronic bleeding from the surface of the mucous membrane of the pelvis of kidney, ureters, bladder and urethra, and from villous growths, as well as in the very obstinate hemorrhage from large fungus tumors of the kidney and bladder, I have found gallic acid most valuable in a large number of cases, and for some years past I have been led to depend upon it more and more. In that spongy condition of the prostate, when the veins are large and the capillaries of the surface considerably dilated and forming here and there little pouches like aneurismal dilatations, hemorrhage is not only very obstinate, but, from time to time, in such excessive quantity as to blanch and weaken the patient. The remedy should be given in frequent doses, day and night, until the bleeding is very decidedly reduced in degree, when it may be ordered once in six hours, or less frequently, being again increased in frequency, if the patient ceases to improve, or the hemorrhage again increases in severity.

Gallic acid seldom disagrees in any way. Some patients complain of its taste, but it is generally well borne by the stomach. It does not cause constipation, and even when the crystals are swallowed in a state of suspension, in water or mucilage, no inconvenience results, and the stomach is not disturbed by their presence. The glycerine of gallic acid is, however, the most pleasant form in which to prescribe the remedy. This contains one part of gallic acid in four. Forty minims will contain ten grains, and may be given in distilled water, peppermint, orange or other water. But it is most essential that the patient should persist in taking the doses regularly for several days. Gallic acid is absorbed by the blood, and passes away unchanged in the urine; and it is probable that it acts directly on the parts from which the bleeding is taking place, and therefore a certain strength of solution is necessary to get the good effects, and this can only be obtained by its persistent introduction into the stomach, and so into the blood, at short intervals of time. I have given gallic acid in ten-grain doses every three hours, without intermission, for three weeks—no objection having been made on the patient's part. Whether much larger doses would be absorbed I doubt, but I am not aware to what extent the remedy may be pushed, nor do I know in what respect very large doses would be deleterious. On these points I should be glad to learn the experience of other practitioners who have largely employed the remedy.

I have generally found that the desired effect has resulted after ten-grain doses had been kept up for three or four days, and in cases where the bleeding did not actually cease it was certainly well under control. In several of those painful cases of hemorrhage from fungus growth, the bleeding was much lessened, and the fatal result postponed; In some of my cases I should say that death was due rather to exhaustion and weakening of the general health than to the hemorrhage. I therefore commend this remedy in the cases of hemorrhage to which I have referred, and I prescribe it with confidence, so that its use may be steadily continued until its beneficial action is clearly established.—*Lionel S. Beale, in the Lancet.*

A Doctor Convicted of Manslaughter.

THE *Med. Press and Circular* gives the account of a very sad case. As it is quite unusual, and we hope always will remain so, we give an abstract of it. Briefly the case was this: A competent medical man during his attendance upon a case of confinement, became drunk. The case being one of cross-birth, and the doctor neither sending for assistance, nor delivering the woman himself, she died from rupture of the uterus. Being tried and convicted, he was sentenced to five months' imprisonment, with hard labor. The judge, in passing sentence, remarked: "It is a very sad case. I know perfectly well what an effect a verdict like that must have upon your professional prospects. It is a most painful thing, I know, for a man of your education to stand in that dock and receive sentence. I know perfectly well that the punishment I am about to inflict upon you, will probably entail great suffering to you during the time you have to endure it. If you had been careless, whether the woman lived or died, I should have passed a heavy sentence; but I do not believe that was the case. I believe if you had kept your brains free from the influence of drink, in all probability this poor woman's life would have been saved, and she would have been delivered, as she had already been delivered of thirteen children, in safety and by your aid. But you gave way to drink, and in your inflamed condition, I have come to the conclusion you forgot what was due the case. You have already been in prison one month. I now

order that you be imprisoned and kept at hard labor for five months."

It seems, farther, from the history, that the husband of the woman was present, and, during the visit of another practitioner who was called in, but refused to interfere. He did advise that further assistance be obtained. Why did not the husband see that such help was obtained, when he saw that the attendant was drunk? Further, why should the husband press upon a medical man alcohol, and keep pressing it until he became drunk, during an obstetrical attendance? It is in evidence that the husband did supply the doctor with the whisky which made him drunk.

Why then was he not an accomplice in the crime?

Still, a doctor should know better than to drink any alcohol before his engaging in any important professional work. In this regard, without any reference to the right or wrong of the matter, they should have the same sense as professional gamblers, who are said to be the most sober of men, in order that their heads may be so vigorous as to be able to beat all their rivals. Of course there are other and better reasons why medical men should never drink alcohol, except as they take strychnia or other medicines. But even on the lower grounds of simple expediency; they should always avoid it when on professional duty.—*Detroit Lancet*.

Hysterical or Nervous Breathing.

Published in the *British Med.* of July 5, 1884.

W. MARTIN COATES, F. R. C. S., ENGLAND.

To illustrate his idea he adduces four cases. The first was a patient who had been told by an eminent practitioner that the upper part of the left lung was affected. On examination, the author found nothing peculiar about the condition excepting very quick and almost imperceptible breathing. She could not be induced to take a long breath, which the author regards as a peculiarity of such cases; On being requested to count twenty without drawing breath, she did so, and then on inspiration the lung expanded freely, the air entering into every part. The second case was one to which the author was called in consultation. The patient was a young man suffering from severe disappointment associated with a severe cold and a slight cough. The peculiar feature

which elicited the consultation was the irregular and shallow breathing. After necessitating the patient to count twenty rapidly, the practitioner requiring the consultation was convinced of the nervous nature of the difficulty. The third case was one where there was slight dullness on percussion under the clavicle. There were however, no rales, no bronchophony, or bronchial breathing, nor other physical signs of disease. There was the same rapid breathing which was manifest in the other cases, but the test of counting twenty rapidly cleared up the doubt which existed in the author's mind, as air then entered freely into every part of the lungs. On getting better she went to London and was counseled by her friends to enter a hospital, where, according to the patient's account, she was examined by the physicians and sent home to die of phthisis. On re-examining the patient, the author was himself convinced, and convinced the patient, she had no pulmonary disease. The fourth case refers to a simulated hypertrophy of the heart, and scarcely belongs to the same category, the detection of simulation being determined from the fact that the pulse did not correspond in its peculiarities with the action of the heart. In all of these cases except the fourth there was a cough. In generalizing on these cases the author thus expresses himself:

"I do not wish you to understand that these cases of nervous breathing are frequent. They are not. I see every now and then one. The slightest cases seem often to give rise to fear of phthisis, if there be cough. The fact of several medical practitioners being alarmed, shows that, unless you have the key, they are not easy to read. The characteristic features of most of these (I, of course, in this definition bar Case IV) are cough, with or without blood-spitting, usually of a venous character, with very rapid and very shallow breathing, and absence, as a rule, of physical signs of disease. I say, as a rule, as in Case III there was, you will remember, slight dullness at the right apex for a short time. It is fair to infer that a similar dullness may have existed and passed away before I saw them; if so, it would add to the difficulty of diagnosis. It is possible that by this restrained and limited breathing, temporary congestion might be produced? When the patients cannot be induced to take a long inspiration, the making them count twenty without breathing enforces a long inspiration, re-establishes normal vesicular respiration, and gives the practitioner the test desired.

"I may here remark that the cough was not in either of

these cases, the convulsive loud cough so usual in hysteria. The fact that several well-educated medical gentlemen had been led to fear incipient phthisis by this shallow, rapid breathing, accompanied by a cough of probably nervous character, is proof sufficient that it is very misleading, and and forms the best excuse for bringing the subject before this meeting."—*Weekly Med. Rev.*

Nitrite of Amyl.

BY CHAS. JAS. FOX, M. D., OF WILLIMANTIC, CONN.

PERMIT me to offer the following therapeutic observations on the *modus operandi* of the nitrite of amyl, which has proved itself to be in my experience a valuable agent in a certain class of affections which the general practitioner is very apt to be called upon to treat in his daily routine of professional duties. The highly valuable researches by various investigators have called the particular attention of the profession to its therapeutic value and fully demonstrated the true physiological action of the nitrite of amyl.

In angina pectoris I have seen almost specific power from the use of the drug. In most cases of true angina pectoris there is organic disease of the walls or of the valves or of the coronary vessels of the heart, and it seems highly probable that the pain in this affection is unquestionably due to these organic changes in the heart itself, than that it is a secondary result of a peripheral arterial contraction occurring without obvious exciting cause. My own explanation of the relationship between the pain of true angina pectoris and the arterial contraction is that the high arterial tension is a secondary reflex action and not the primary cause of the cardiac agony, and in addition to the centripetal nervous influence which produces the pain, there is an influence reflected from the nervous centre through the vaso-motor nerves, and thus exciting a more or less general contraction of the arterioles. It is very probable that the peripheral arterial resistance, although not the primary or the main cause of the pain, yet adds to the distress and the danger of the paroxysm.

The manner in which the nitrite of amyl affords the desired relief which it often does is not without practical utility, more especially as a guide in the selection of cases which are suitable for the employment of the drug. I gen-

erally commence by giving an inhalation of three drops on a handkerchief to the nose and then to gradually increase *pro re nata* as soon as the face flushes or the heart becomes excited; then a short intermission between of several minutes should be observed, for during that time the effects always increase, even if no more be inhaled. The result of my first trial of three drops in a case was truly wonderful. The patient was in a very severe paroxysm, and as soon as the inhalation was tried it was aborted (so to speak) in about two minutes, whereas heretofore, under other remedies, the length of time was about twenty minutes; and after a time the frequency of the paroxysm was notably diminished, and under these improved circumstances finally ceased. The flushing of the face forbids the conclusion that the cause of the cardiac distress was due to a general contraction of the arterioles, and that the relief was due to relaxation of the arterioles.

I have also used it in connection with relieving neuralgic pains, which it does very rapidly.

A case a few weeks ago of severe facial neuralgia, which had resisted various remedies, came under my professional observation. I gave her five drops of the amyl on a handkerchief, and in a few minutes the pain was completely relieved. In a few hours it returned, although in a milder form, which was again effectually removed by the inhalation of the amyl, and, after several repetitions of the dose, the cure was complete. I have also used it in similar doses by inhalation with immediate result in asthma, in spasmodic dysmenorrhea, and also in epileptic paroxysms, where there is a marked epileptic stasis, and where the patient passes from one convulsion into another. In hysteria convulsions it acts to a charm; in fact, the drug itself seems to act with specific power in these classes of cases.—*New England Med. Monthly.*

The Treatment of the Navel in New-Born Infants.

The two dangers which are to be avoided in the treatment of the navel-string are: (1) hemorrhage from the stump; (2) inflammation of the navel and its consequences. When the child begins to breathe, a complete change in the conditions of the circulation, of course, takes place. Within ten minutes after ligation of the navel-string the pulsation in the stump

has ceased, as a rule. On account of the freedom from umbilical hemorrhage, which usually obtains in animals and in certain primitive races of men among whom ligation of the navel-string is not practiced, it has been proposed by some to do away with the custom of tying, as unnecessary, but this proposition has not been received with favor by the conservative element of the profession. Hemorrhage may occur hours or days after birth from causes which produce increased activity of the heart, or as the result of obstruction in the venous system. This accident is especially to be feared in the case of immature and asphyxiated children. The double ligature of the cord, that is, at both the fetal and the placental end, is advocated in all cases as the safer method, especially since one does not always foresee a possible twin pregnancy, and hemorrhage from an unligatured cord, in such a case, might be an unfortunate occurrence. The authors are not in favor of ligation immediately after birth, nor do they think it desirable to await complete cessation of pulsation of the umbilical artery. There is some danger in either procedure, and an interval of two or three minutes from the time of birth is thought to be sufficient to obviate that danger. The materials which are recommended for the ligature are carbolized silk or hempen cord, or some form of elastic ligature. Säuger recommends penetration of the cord with a needle, and winding a suitable ligature around it at both ends, but the authors do not think well of the plan. If elastic ligatures are chosen, either thin rubber bands may be used or small drainage-tubes. Greater security will be obtained by winding them two or three times around the cord before tying. By the eighth or tenth day, not only should the stump have been cast off, but also the navel should be entirely healed. As to the treatment of the cord after ligation, the less it is interfered with the better. Of course, the less moisture it receives the sooner it will mummify and drop off. The cotton or linen in which it is wrapped should be changed daily, cleanliness being an important feature of treatment. Säuger and Fehling recommended that a layer of salicylate of starch be sprinkled upon the bandage which is to be secured around the stump. Extensive antiseptic precautions in a matter of this character are thought to be unnecessary. In some cases they are, doubtless, harmful.—*Archiv f. Gynækologie*, B. xviii., H. 1.

Hydrophobia.

IN the *Medical Times and Gazette*, London, England, December 1, 1877, Edw. Wolfenden Collins, M. D., F. R. C. S, Ire., Surg. to Jervis Street Hospital, writes:

“For the treatment of hydrophobia it would appear that in curara we have a valuable therapeutic agent; and I desire to strengthen the hands of the editors of the *Lancet* and *Medical Times and Gazette*, in their recent able editorial comments on this subject. In these articles it has, I think, been too hastily assumed that no proof exists that any case of genuine hydrophobia has ever been cured, unless it be that recorded by Dr. Offenbergh, of Wickrath, in 1874, to which allusion is made (*Medical Times and Gazette*, October 6, 1877). It is my object to show that this statement, which has so far escaped criticism, does not represent the sum of our therapeutic knowledge regarding the successful treatment of this disease. The other two recent cases which I shall bring under notice, are besides of much value, as they point exactly in the same direction as that of Dr. Offenbergh, and taken together with it, warrant the hope that in similar cases, curara, when pushed rapidly to the manifestation of its peculiar physiological effects, may be found equally efficacious.

“In the *Amer. Journal of Medical Sciences*, July, 1876, page 81, Dr B. A. Watson, of Jersey City, minutely discusses and gives the fullest particulars of a case which he and Prof. Austin Flint regarded as an instance of true rabies canina. The symptoms of rabies developed themselves forty-seven days after the individual—a strong, healthy man, forty-five years of age—had been bitten in the finger by his own rabid dog. His servant-girl, who had been bitten at the same time and by the same animal, died five days before the commencement of her master’s illness, of unmistakable hydrophobia. In this man’s case there was a gradual increase in the severity of the symptoms till after the subcutaneous administration of curara in full and rapidly-augmenting doses ($\frac{1}{16}$ gr., $\frac{1}{9}$ gr., $\frac{1}{6}$ gr.) every third hour. The unfavorable symptoms forthwith subsided, and disappeared completely after the third injection.

“The second case was treated by Dr. Polli, and an abstract of it appeared in *Le Paris Méd.*, May 17, 1877. A child, twelve years old, had been bitten by a rabid dog eighty days

before the manifestations of the hydrophobic symptoms. Subcutaneous injections of morphia and chloroform inhalation having been tried without success, curara was injected subcutaneously on seven different occasions within the short space of five hours and a half. During this period twenty centigrammes (three grains) of curara were injected. The hydrophobic symptoms quickly subsided, being replaced by paralytic phenomena of a very pronounced character. Two days subsequently some renewed hydrophobic symptoms were completely banished by a fresh injection of three centigrammes (nearly half a grain) of curara. The child slowly recovered.

“In Dr. Offenbergs case (*Medical Times and Gazette*, October 6), where characteristic symptoms of rabies manifested themselves in a woman aged twenty-four, eighty days after she had been bitten by a rabid dog, the subcutaneous injection of one-third of a grain of curara at intervals of fifteen minutes at first, and subsequently at intervals of an hour, resulted in the cessation of the hydrophobic symptoms, and the supervention of general paralysis, rendering artificial respiration necessary. In this case, within the space of four hours and a half, seven injections were used, representing altogether nineteen centigrammes (nearly three grains) of curara. On the evening of the third day renewed hydrophobic symptoms, which had assumed a serious aspect, were promptly controlled by one other injection of curara.

“If it be conceded that these well-authenticated cases were instances of genuine hydrophobia (as their narrators with good reason maintain from a careful consideration of their history and all the symptoms), they are uniformly and highly suggestive as regards a method of treatment of this malady which hitherto has not received the attention it thus demands. More than ten years ago, Trousseau, when suggesting the possible advantage of the subcutaneous administration of curara in hydrophobia, was not deterred by the want of success which had attended its use in tetanus. ‘Perhaps the want of success,’ he remarks, ‘may be largely due to the mode of administration of the drug’ (*Clinique Medicale*, vol. ii, p. 380). This, it appears to me, is the point on which these three cases are so instructive. They demonstrate that, to be of service, curara must be employed in full and (probably best of all) in rapidly augmenting subcutaneous doses, varying from one-tenth to half a grain, at short intervals, until the paralytic symptoms, which experimental physiology has taught us to recognize

as the manifestation of the full influence of the drug, begin to develop themselves. At this stage artificial respiration may even become necessary, as in Dr. Offenberg's case. The variation in strength of specimens of curara renders it important that the injection fluid should be procured from those who are likely to have exercised special care in the selection of the drug. A solution so concentrated (half a grain in five minims) as that prepared by Messrs Gale, of Bouverie Street (*Lancet*, Nov. 10), if reliable, seems to supply such a desideratum."—*Medical and Surgical Reporter*.

Microscopy.

MICROSCOPIC SLIDES FROM A CASE OF SPINDLE-CELLED SARCOMA OF THE BREAST.—Presented by Dr. G. de Schweinitz. I desire to exhibit a few sections, this evening, cut from a tumor of the breast removed by Doctor John Ashhurst, in the University Hospital. The history of the case, in brief, is as follows: Anna S., married, aged thirty-five, the mother of four children. Family history good. Her own health good until two years ago, when she began to suffer from malaria. The tumor of the breast first began to be manifest one year ago, and grew gradually without much pain until the date of operation, when it had attained the size of an orange. There was no enlargement of the axillary gland. The nipple was not retracted. The growth to the touch, was hard, and in spots the skin had become adherent, giving rise "to the pitted, somewhat brawny or lardaceous appearance" which is described by surgical writers as rather indicative of scirrhus of the breast. This appearance was sufficiently marked to cause diagnosis of hard carcinoma to be suggested as probably correct. After removal, when the mass was laid open, both cut surfaces did not appear concave as is usually the case in a scirrhus. Microscopic examinations cleared up the diagnosis, for, as you will see by examining the specimens, they show the typical appearances of a small spindle-cell sarcoma. It seemed a good case to illustrate the difficulties sometimes encountered in correctly diagnosing tumors of the breast, and for this reason I have briefly placed it upon record.

Gleanings.

THE USEFULNESS OF TREATING VICIOUS UNION OF FRACTURES.—Dr. J. B. Roberts, in an address on “Surgical Delusions,” (*Polyclinic*) says: “It is a fact not sufficiently appreciated, that many cases of deformity from imperfectly-treated fractures of long bones, can be remedied by refracture. Over and over again have I seen cases of grave disability and deformity cured by the application of sufficient force to break the callus uniting the misplaced fragments. Five or six months is not too late to resort to this expedient for correcting what otherwise must be a life-long evidence of defective surgical attendance.

“There are many other prevalent surgical delusions, such as that bony union of transverse fractures of the patella, and of intracapsular fractures of the femoral bone cannot take place; that chronic purulent discharges from the ear do not need active treatment; that hypermetropia and hypermetropic astigmatism can be properly estimated and corrected without paralyzing the accommodation; that it is improper to perforate the nasal septum in cases of great deviation; that crooked noses are not amenable to treatment; that corneal operations and cataract extractions should be treated by cotton padding and bandages to the eyes; that fractures should be treated with carved or manufactured splints.

“While an earnest advocate of conservative and of reparative surgery, I believe that, when operative surgery is demanded, it should be aggressive. Delay, indecision and inefficiency impair the value of much surgical work, and are often the legitimate result of a superstitious faith in delusive surgical dogmas.”

A FOREIGN BODY IN THE BLADDER.—The following is clipped from the *British Medical Journal*, January 26, 1884;

“On January 9, 1884, I received a message to see Mrs. C., aged 64, the wife of a tradesman, and a very fairly-intelligent woman. She was the mother of a large family, the eldest being more than thirty years of age. She was seen the same evening by Dr. McConnell, who is associated with me in my practice. She presented to him all the usual symptoms of calculus. The following day she was seen by us together, when, with the sound, we clearly detected a foreign body in the bladder. We proceeded to dilate the

urethra; and, in passing the finger through the urethra into the bladder, we detected a substance of a metallic nature. This we were able to extract by means of a long, narrow pair of forceps passed by the side of the finger. It proved to be a hairpin of the ordinary size. This operation was followed by little or no incontinence of urine.

“The chief interest in the case was how the hairpin got into the bladder, and the length of time it had in all probability been there. She appeared to have not the slightest knowledge as to how this entered her bladder, but she tells us that she has been conscious of the presence of something there since before the birth of her first child, more than thirty years ago”.—*Philadelphia Medical and Surgical Reporter*.

[One of our exchanges says the editor of the *Southern Medical Journal* would suggest that she was trying to fix up her waterfall, and her foot slipped.—*Ed.*]

CAUSE OF CONJUNCTIVITIS IN THE NEW-BORN.—Authors have been divided regarding the causes of inflammation of the eyes in the new-born. Some contended that only the specific virus of gonorrhœa could produce the conjunctivitis, while others insisted that under certain conditions the common discharge of the vagina during the passage of the child may induce the eye-disease. A solution of nitrate of silver, four grains to the ounce, one drop passed three times daily into the inflamed eye, has always been considered a very efficient remedy, especially if early applied, *i. e.*, before irreparable damage has been done by the inflammation. Ice-water compresses greatly accelerate the cure.

Since the germ-theory has found so many adherents, and considering the infectious nature of the conjunctivitis, mild solutions of corrosive sublimate ($\frac{1}{1000}$) have also been used, and with such a remarkable success as to prove almost beyond a doubt the zymotic nature of the eye complaint.

A German physician, P. Zweifel, has recently instituted a series of experiments with a view of determining definitely the mooted question. Z. introduced into the eyes of six children, perfectly normal, lochial secretion, which he had procured from healthy mothers, of whom there was definite proof that neither they nor their husbands had ever suffered from gonorrhœa. The result was very satisfactory, not the least inflammation of the eyes ensuing. Though the number of the experiments is rather a small one, Z. draws the

conclusions that the specific virus of gonorrhœ is essential for the production of ophthalmia neonatorum.

The editor of the *Centrlbt. f. d. Med. Wiss.*, May 21, 1884. p. 368, while reporting the observations of Zweifel, remarks that the experiments should be repeated, and that in every case of genuine ophthalmia neontarum the presence of gonococci should be inquired into; for as well known, these micrococci have been met with in the discharge of the specific urethral disease.—*Med. and Surgical Reporter*.

INFANT FEEDING.—In an article with the above title (*Archives of Pediatrics*, July 15th, 1884), Dr. H. R. Bigelow, of Washington, D. C., discusses the subject of infant digestion and assimilation at some length, and presents some interesting facts in support of an artificially prepared food which commends it to favorable mention. Dr. Bigelow discusses the physiological and chemical necessities of the young infant, and points out the demands of infant digestion for a food, for those infants deprived of the mother's breast, which contains the main constituents of human milk in closest relation to its physiological composition. He assumes correctly that woman's milk is the best food for the infant, and that a food which can satisfactorily approximate this great food of nature, is the only true substitute for it. After comparing the relative composition of human and cow's milk, and showing the want of harmony between the two, Dr. Bigelow concludes that cow's milk can not ever be safely substituted for human milk, until it has been transformed by some chemical process which science has not yet developed. Looking around for an artificial food which makes the nearest approach to that designed by nature for the requirements of the child, Dr. Bigelow is induced to use Mellin's food, which according to chemical analysis seems to be a close imitation of mother's milk. In this remedy he has implicit confidence, which was strengthened and built up by a series of cases in which the remedy was most successfully used. Dr. Bigelow concludes his paper with a report of cases of marasmus and entero-colitis which were cured by the use of this food.

TENOTOMY OF THE TENSOR TYMPANI.—When the writer was in Vienna eighteen months ago, having heard Weber-Liel speak in extravagant terms about the advantages to be derived from the tenotomy of the tensor tympani, he sought the opinion of Gruber on the same subject. With a significant look of want of confidence, he suggested the leaving of

the section of the tensor tympani to others. We find, however from the *Annales des Maladies de l'Oreille, du Larynx*, etc., that Gruber is now performing the same operation. He claims that it is indicated in cases of permanent contracture of the muscle, and claims that the success is almost certain when the inflation of air gives temporary relief. Dr. Weber-Liel claims that this operation will put an end to attacks of vertigo associated with affections of the ear, and acting on his suggestion, Gruber operated on a case of fourteen years' standing, which had passed through various practitioners' hands. The patient, a woman, aged twenty-six, had suffered from impairment of hearing for fourteen years; associated with this difficulty was a frequent noise in the ears accompanied with a severe headache. All these symptoms were worse in damp weather. For several months past there was added to the above troubles violent attacks of vertigo, the patient fearing she is about to fall down forward. Section of the tensor tympani was affected and the noises ceased, the hearing improved; the vertigo was at first worse, but it improved gradually, and was at length—the time is not given—completely relieved.—*The Analectic*.

BROMIDIA AND MORPHIA IN DELIRIUM TREMENS.—Dr. J. F. Goldmam, Huntsville, Ala., writes:

Case 1.—Mr. W. R. W., aged thirty-five, a healthy, strong man, had been drinking hard for a number of days, resulting in delirium tremens. I put him on a sol. morph. and tr. valerian, one ounce each, tr. verat vir. (Norwood's) one drachm; teaspoonful every hour till sleep. I then went to bed, and to sleep, confidently expecting my patient would do likewise. But in this I was doomed to disappointment. Messenger came early in the morning with the information that my patient had been wild all night and slept none. I then prescribed bromidia two ounces; sulph. morph. two grains; teaspoonful every hour till sleep. The result was most happy. My patient fell into a sound sleep of some twelve hours' duration, from which he awakened, and went at once to his place of business, a well man.

Case 2.—J. S., aged forty, strong, muscular and vigorous. Found him treading the border-land of horrors, with every symptom of delirium tremens. I put him at once on the bromidia and morph. treatment, with the same result as in Case 1—sound sleep and perfect recovery. Since treating

the above cases, I have relied implicitly on the bromidia and morphia, and have never been disappointed.—*Medical Chronicle*.

VARICOCELE—INTERVENOUS INJECTIONS OF ALCOHOL.—Kranzfeld describes (*Vrach. Vedom.*, No. 540, 1882) a simple and easy method of treating varicocele, which had been successfully practiced in seven patients by Dr. G. C. Dukhnovsky, of the Odessa Military Hospital. The method consists in injections of eighty-five to ninety per cent. alcohol into the subcutaneous cellular tissue surrounding the spermatic veins. The needle of a Pravaz's syringe is introduced under the skin at any point facing the dilated veins, and is brought, with the help of the operator's left hand, as nearly as possible to the diseased vessels; then the syringe is slowly emptied. The injection causes only moderate burning pain, lasting from half an hour to three hours. On the next day after the operation there appears a considerable, but almost painless, swelling of the parts, which is at first soft, then becomes more tense. The injections are repeated at three or four days' intervals, from three to ten times, according to the demands of the case. Finally, the spermatic veins are transformed into thin, hard cords. In all the seven patients of Dr. Dukhnovsky cure was complete (at least the patients remain quite well as yet). The same method proved equally efficacious in two cases of dilated veins of the leg.—*London Medical Record*.

MENSTRUATION AFTER OVARIOTOMY.—In reference to menstruation after extirpation of the ovaries, the following professional opinions have been lately given: Dr. Campbell, of Georgia, does not deny the influence of habit, periodical plethora, the ovaries and the Fallopian tubes, but he thinks there is a certain endowment of the nervous system. Dr. Goodell puts it that there is an irritation of the nervous bulb. Dr. Emmet had a case in which both ovaries were removed, together with the Fallopian tubes, and yet there had been a regular menstruation thirteen times. Dr. Thomas said, as a rule, if the ovaries are removed, menstruation is the exception. If it occurred it was due to metrostaxis. The only benefit of Tait's operation, over Battey's, was that all the ovarian tissue was likely to be removed. Dr. Byford believes that in many cases some of the ovarian tissue was apt to be left; that it is difficult to remove all said tissue.—*Amer. Jour. Obst.*

LISTERINE.—Dr. C. W. Spalding has this to say of Listerine, in *Archives of Dentistry*:

“We have felt the want of a safe and not disagreeable substance that is both antiseptic and disinfectant. Carbolic acid is a powerful germicide, and is therefore antiseptic; but it is not a disinfectant, nor does the much-used creosote possess this valuable property. As a coagulator of albumen, carbolic acid is all that can be desired; its anæsthetic property is also sometimes serviceable, and both it and creosote have qualities that will ensure their retention in dental materia medica.

“But what the dentist most needs in this line is a prompt, effective safe, non-irritant and agreeable disinfectant. If to these qualities there is added that of a non-toxic and reliable antiseptic, such as we have in Listerine, so much the better; there is little more to wish for in one preparation.

“Our experience with Listerine has been short, but it has already become an indispensable article upon our table, and has banished several substances that formerly held place there. We commend it for trial, in the belief that as a deodorizing and antiseptic combination it has no superior.”
—*Southern Dental Journal*.

DILATATION FOR FISSURE OF THE ANUS.—The method is discussed at some length in the *Revue de Therap.* for February, 1884. Gradual dilation is not recommended by the authors, but forced and rapid dilatation is said to give excellent results. The index finger may be used for the purpose, but the thumbs are generally too short. Molliere, Verneuil, Trelut and others make use of expanding specula of various forms. An enema must be given on the day before the operation, and the administration of an anæsthetic is generally advisable. The dilatation is known to have been sufficient when two fingers can be introduced together into the rectum without feeling of resistance. The patient can resume his occupation after two days. Incontinence of fæces does not occur after rapid dilatation.

FERRY-BOAT AMENITIES. — A Chinaman came into the ladies' cabin on the ferry-boat and took a seat beside an Irish market woman. He seemed to want to make himself agreeable, and rubbing his hands, remarked: “Belly cold.” The woman looked at him with an air of contempt, and replied: “If you'd put your shurr inside your pants, your belly wouldn't be cowld, you haythen blaggard.”—*Exchange*.

THE "setting of gypsum" is the result of two distinct phenomena. On the one hand, portions of anhydrous calcium sulphate, when moistened with water, dissolve as they are hydrated, forming a supersaturated solution. Again, this same solution deposits crystals of the hydrated sulphate, gradually augment in bulk, and unite together.—*Scientific American*.

Clear as mud.

Book Notices.

THE NATIONAL DISPENSATORY.—Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines. Including those Recognized in the Pharmacopeias of the United States, Great Britain and Germany, with Numerous References to the French Codex. By Alfred Stille, M. D., LL.D., Professor-Emeritus of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania, and John M. Maisch, PHAR. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. Third Edition. Thoroughly Revised, with Numerous Additions. With Three Hundred and Eleven Illustrations. Large 8vo. Pp. 1,755. 1884. Philadelphia: Henry C. Lea's Son & Co. Cincinnati: Alfred Warren. Price, \$8.00.

This magnificent Dispensatory, just published, is received by us just as we are ready to go to press with the last form of the present issue of the MEDICAL NEWS.

This work may be truly termed a magnificent one for the learning, research, experience and vast information contained in it. It represents not merely the investigations, observations and deductions of its two authors; but the medical literature not only of this country but also of Europe—journals and books—have been searched through, examined and gleaned, and whatever of knowledge of value found has had a place given it. As regards remedial agents, the means employed by the physician to cure and alleviate disease, the forces at the command of the medical man to meet abnormal conditions, this great work can, in truth, be said to contain all that is known up to the present time. This may seem to be a broad assertion, but we believe an examination

of the work will confirm it. We have never yet failed to find noticed in it an established claim of the properties of a remedy, whatever the remedy may be, or whatever may have been the channel through which it may have been established—an obscure work or humble medical journal.

The first edition of this work was published in 1879; and now having reached a third edition, shows that it has met with great favor by the profession. A work embodying so much learning, forming so great a treasury of practical knowledge, would certainly meet with the highest appreciation.

The present edition exhibits the pharmacopeias of the four chief civilized nations, viz.: the United States, England, Germany and France. Numerous historical notes have been added. Descriptions have been extended or condensed as occasion seemed to require; and as microscopy is attracting increased attention, microscopical structure has been more fully described and illustrated. A large portion of the work has consequently been rewritten. The extent of the modifications and additions may be estimated from the fact that the General Index of this edition contains over thirty-seven hundred more references than that of the second edition. Many wood-cuts have been replaced by new and more satisfactory ones, and the whole number has been increased by about eighty.

This edition will be found to contain the most recent views of the physiological action—so far as it explains the curative effects—of medicines; but all generalizations have been sedulously kept subordinate to the practical character of the work. The fruits of recent clinical experience have proved to be very large, and have required for their presentation an additional space, equivalent to about 80 pages. Their number and variety may be inferred from the fact that the Index of Therapeutics contains nearly 1,600 new references. In this edition has been introduced the new feature of an Index of Authorities.

The doses of medicines are expressed both in terms of the decimal system and in those of apothecaries' weight. Following the usage of German and French authorities, the doses of liquid medicines, according to the metrical system, are stated in terms of weight, and not of measure.

The work forms a vast treasury of knowledge made up of contributions from the life-work of hundreds of laborious workers.

AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY.—
By T. Henry Green, M. D., Lond., F. R. C. P.,
Lond. Physician to Charing Cross Hospital, etc. Fifth
American, from the Sixth Revised and Enlarged Eng-
lish Edition. With 150 Engravings. 8vo. Pp. 480.
Philadelphia: Henry C. Lea's Son & Co. Cincinnati:
R. Clarke & Co.

No work upon Pathology and Morbid Anatomy is more popular in the profession than that of Dr. Green. This is attested by the fact that it has passed through six editions in England, and has reached a fifth in this country.

The work, while not prolix, is sufficiently full in detail to give the student a very correct knowledge of the various subjects treated. The language is correct and easily understood, and the style is pleasing. It is a very readable work. The physician or student, on taking it up, soon becomes interested in its teachings, and reads on in consequence of the interest that is awakened in the information set forth. We predict an undiminished popularity for the work.

The author, in order to give a correct idea of Pathology and Morbid Anatomy, first defines some other branches of medicines, and, from the definition of these, deduces what constitutes them. As a matter of interest we will make a quotation from the Introduction: "*Anatomy and Histology* investigate the naked eye and microscopic structure of the healthy body; physiology examines the functions of the parts and elements revealed by them, and studies the chemical processes which constitute healthy life. To obtain a knowledge of disease, parallel courses must be adopted. In post-mortem examinations we note all naked-eye departures from normal anatomy; next, the microscope is employed to show the finer changes to which these departures are due; and, lastly, we endeavor to find out the causes of the abnormal structure and function which constituted the disease, their mode of action, and the nature and sequence of the disturbances which they produce. We thus get pathological anatomy and histology and pathology—the physiology of disease."

Mr. Stanley Boyd has assisted the author in the preparation of this edition. We learn by the preface that that gentleman contributed the introductory chapter, and the chapters on "Tumors," "Regeneration," on "Septicemia and Pyemia," and on "Vegetable Parasites."

DISEASES OF THE THROAT AND NOSE, INCLUDING THE PHARYNX, LARYNX, TRACHEA, ESOPHAGUS, NOSE AND NASO-PHARYNX.—By Morell Mackenzie, M. D., London, Consulting Physician to the Hospital for Diseases of the Throat, Lecturer on Diseases of the Throat at the London Hospital Medical College, etc. In two volumes.

Volume II.—Diseases of the Esophagus, Nose and Naso-Pharynx, with Index of Authors and Formulæ for Topical Remedies. Illustrated. 8vo. Pp. 550. Philadelphia: P. Blakiston, Son & Co. Cincinnati: R. Clarke & Co. Price, cloth, \$3.00.

The publication of this the second volume completes this exhaustive work of Dr. Mackenzie. We notice in the advertisement, that after this volume had been printed off, and the sheets were waiting to be bound, a disastrous fire consumed the premises of the printers, and destroyed the printed sheets. Luckily the author had in his possession proof-sheets of the volume, from which the work could be set up in type again. As it was, the volume was greatly delayed in appearing, which, of course, was a great inconvenience, but that was as nothing to the great calamity which would have resulted if no proof-sheets had been in existence after the destruction by the fire.

Dr. Mackenzie stands pre-eminently the greatest specialist of diseases of the throat at the present time, and this fact makes his work especially valuable. It sets forth his researches, observation and experience; and a work, certainly, that explains the views and methods of treatment of the most eminent and successful practitioner in a particular class of diseases, must certainly be a very desirable one. The name of Dr. Morell Mackenzie, although almost exclusively a scientific man, is very nearly as familiar in England as the names of Gladstone and Spurgeon. Every intelligent man, woman and child has heard of him. His popularity, however, has not been obtained, in any way, by means of catering to the public, but by bringing to bear his scientific skill acquired by research, observation and experience in relieving sufferers of diseases of the air passages of their ailments.

The London *Medical Times and Gazette* in speaking of the work says: "The work is the outcome of Dr. Mackenzie's unrivaled experience of the affections of which he treats, and it exhibits in every part the extensive research,

clearness of description, close observation, completeness, with conciseness of practical detail and fullness of experience, that Dr. Morell Mackenzie has accustomed us to expect in his writings."

The *Deutsches Archiv. fur Klinische Medicin.* speaks as follows in regard to the work: "We are pleased to say that the expectations we had formed of this book have not merely been realized in the fullest manner, but far exceeded."

MATERIA MEDICA AND THERAPEUTICS: AN INTRODUCTION TO THE RATIONAL TREATMENT OF DISEASE.—By J. Mitchell Bruce, M. A. Aberd., M. D., Lond., F. R. C. P., Physician and Lecturer on Materia Medica and Therapeutics, Charing Cross Hospital, etc. 12mo. Pp. 547. Philadelphia: Henry C. Lea's Son & Co. Cincinnati: Alfred Warren.

This little work belongs to the series of "Manuals for Students of Medicine," which we have announced a number of times that the house of Messrs. Lea's Son & Co. is preparing. The works belonging to the series are designed more particularly for medical students who are in attendance upon lectures. Small, so as to be easily carried, they can be kept conveniently at hand for reference. The work before us is most compactly printed in nonpareil type, and contains as much reading matter as many large octavo volumes in long primer or pica type.

The work is chiefly therapeutical in its scope, and is intended to be a rational guide to the student and practitioner of medicine in the treatment of disease. At the same time the Materia Medica has not been sacrificed. It will be found to be set forth in detail by the adoption of a *natural* and concise arrangement, which presents the subjects in such a form that it can be quickly appreciated and easily remembered.

As one of the very latest works upon Materia Medica and Therapeutics, replete with information abreast of the times, we unhesitatingly recommend it as one of the very best for either medical student or practitioner of medicine.

We have before announced that the "Manuals for Students" are to consist of a series of fifteen volumes, of which, besides the work we have just noticed, there have been issued the following volumes: Klein's Elements of Histology, Pepper's Surgical Pathology, Treve's Surgical

Applied Anatomy, Ralfe's Clinical Chemistry, Power's Human Physiology, Clarke and Lockwood's Bisector's Manual.

LAI D O V E R . — Just as we are closing this issue of the MEDICAL NEWS, we have received a few new publications, the notices of which are laid over to next month.

Editorial.

NOTICE TO SUBSCRIBERS. — We have been sending bills to subscribers who are delinquent, in some cases for a number of years ; and we intend to send still more of them. We desire to say to those who are not able to remit immediately that they should, at least, acknowledge the receipt of our bills. On inclosing a bill to a subscriber, who had not been heard from for a couple of years or more, and we receive no reply, we become uncertain whether or not he may have removed, or *may have died*. Under the circumstances our clerk feels under the necessity of writing to the postmaster for information, or setting on foot inquiries in some other direction. But if such subscribers would write us, this trouble to us and annoyance to them would be saved.

Much trouble would be saved all around if subscribers would remit without waiting for a bill. In such cases we will promptly return a receipt. If, from any cause, a remittance is not acknowledged in due time, we wish the party sending would advise us of the fact by postal. Receipts should always be carefully filed away, for they are positive evidence of payment, and their production, in any case of doubt, settles the matter. While publishers can not but admit that, with the vast numbers of persons they have to keep accounts with, it is possible for them, now and then, not to enter a credit made, they would prefer to be convinced of an oversight by being shown a receipt than by a statement of the recollection of a subscriber, for it is well-known that the memory is often treacherous.

CRIMINALS—INSANITY.—There is, at this time, in the jail of Hamilton County, in Cincinnati, the unprecedented number of some six or seven persons under sentence of death

for the commission of murder in the first degree. Only a few weeks since a man was hanged for the murder of his wife. Under the circumstances the question arises whether the crime of murder has lately greatly increased, or has it suddenly happened that the opportunities of escaping conviction have become diminished? We think an affirmative reply may be made in both instances. There can be no doubt that crime, in the way of committing acts of violence, has fearfully increased in Cincinnati in the last year or two; and, it is well known, that since the mob and burning of the Court House, a few months ago, a conviction is quite sure to follow upon an indictment. Previous to the mob, the criminal lawyer luxuriated in possessing control. Paid a large fee, he could insure any criminal, whatever the crime, immunity from punishment. Murderers walked the streets under bail, feeling sure that they would never be brought to trial. But what a change in the last few months! No murderer is now to be seen upon the streets. We have one in our mind, who having been at liberty for two years without trial, soon after the mob, had the keys turned upon him, and within a short time has been convicted of murder in the second degree—the penalty being imprisonment for life in the penitentiary.

But revulsions have a tendency to extremes. There is danger, sometimes, that a just indignation awakened in consequence of the corruption which permitted notorious crimes to go unpunished, may become so blinded by excess, as to regard every one guilty who is charged with crime, with but little regard to evidence. Now, that all the men who are under sentence of death in Hamilton County jail committed the acts with which they are charged—that is, that they took the lives of the persons that they are charged with taking—there can be no doubt. But if to commit murder, and to be worthy of death, requires that a man should be of sound mind, competent to fully appreciate the enormity of the offense—to understand that it is a murder he has committed—we fear that there is one poor fellow of the number under sentence of death who can not properly be regarded as a murderer. We refer to a man by the name of Patrick Hartnett, who recently killed his wife. We have not the space, at this time, to enter into a discussion of this man's case, or even to give particulars at length of his alleged crime. He had been a drunkard—according to his history—and his mental malady was probably due to the

excessive use of alcoholic liquors; but when he killed his wife he was not laboring under delirium tremens. Organic lesion of the brain had been brought about gradually by drink or other causes, as shown by his wife having considered him insane for a long time before her death by his hands, and endeavoring to have him sent to the lunatic asylum. At the time he committed the terrible act he was in the room in which his family lived with his wife and little children. He compelled his wife to kneel upon the floor as many as a couple of times and kiss it. Then after the performance of a number of superstitious mummeries he struck her the fatal blow with an ax. He then cut a hole through the floor of the room and stuck his wife's head through it and a portion of her body. During this time his children were present and witnessed the acts—two of them, a girl and boy, ranging in age from twelve to fourteen years, we believe.

After placing his wife's body in the position mentioned, he lighted some "holy candles," as described by the children, and placed them upon the floor near the body, calling upon Mary, Joseph and Jesus. While thus performing various incantations and mummeries, one of the children succeeded in escaping from its dangerous position and raising an alarm.

The man, when the police came upon the scene, made no effort to escape, and, at no time, has expressed any contrition so far as we have learned. We understand that he charged his wife at times with adultery, but had no cause for jealousy, as all of her neighbors regarded her as above reproach.

We would not pronounce this man insane from the facts alone that we have mentioned. As we have stated, our space is too limited, at this time, to give all the facts in detail, or to enter into a discussion of the case in which we could explain all our reasons for considering the man *non-compos mentis*. From what we have learned it is impossible for us to consider Hartnett of sound mind, and if his attorneys had pleaded insanity at his trial, we have not the slightest doubt but that it could have been easily established by competent testimony. But they strangely made no plea of unsoundness of mind, leaving it to the jury to find a cause for his terrible conduct in insanity, if they were disposed to do so, or not. But at this time of prejudice against every one charged with crime, it could not be expected that a jury

would, of itself, seek for reasons to relieve one tried before them of responsibility.

MR. ROWLAND AND THE LANCET AND CLINIC.—Mr. Rowland, Health Officer of Cincinnati, and the *Lancet and Clinic* have been passing some mild strictures recently upon each other in the *Commercial Gazette*. It seems the *Lancet and Clinic* does not admire the present Board of Health of Cincinnati, because all of its members, except one, who is a street contractor, are saloon-keepers, and it does not think such men should be regarded as qualified to look after the health of Cincinnati, when “*gaunt cholera*” is threatening it. It objects also to Mr. Rowland as Health Officer, because, not being a physician, he is not acquainted with the nomenclature of disease and is ignorant of materia medica. Mr. Rowland replies to the strictures of the *Lancet and Clinic* by stating that he did not seek the office he is filling, and only accepted it when it had been pressed upon him by the Board of Health, after the Board had in vain tried to get one or another of several physicians to take it. He says he discharges the duties of his position to the best of his ability, and challenges comparison of his administration with that of any of the physicians of the past. He expresses surprise that while the *Lancet and Clinic* lauds so highly the conduct of the office under Drs. Clendenin, Quinn and Minor, it is entirely silent in regard to the abilities displayed by Drs. Kearney, Miles and Bramble. It must think that these parties fell short of mediocrity.

As we are not involved in the *unpleasantness* that has taken place between our friend, the *Lancet and Clinic*, and Health Officer Rowland, it does not devolve upon us to decide as to the merits of the controversy on either side. We will only say that the Board of Health is on a par with the body that created it. It would be unreasonable to expect it to be morally and intellectually materially different. And what constitutes the City Council that made the Board of Health? Certain men chosen by the citizens to create such a Board and do other work. Forsooth, then, our sanitary rulers were made such by the citizens. Not until conditions lead to a change in the City Council can there be expected to be any change in the moral and intellectual character of the Board of Health.

As regards Mr. Rowland himself, it is only fair to say that, notwithstanding the majority of the members of the Board

of Health are saloon-keepers, he himself has been known to be, for many years, an ultra-temperance man, an active advocate of teetotalism with regard to the use of liquors of all kinds; that he is a gentleman of high standing in the community, well-trained in the ways of business, highly intelligent and possessed of superior executive abilities. Of course, we believe, all other conditions the same, that a physician would be better qualified for Health Officer than any other person; but in case of not selecting a physician, we know of no one so well qualified as Mr. Rowland.

CHOLERA IN FRANCE.—At the time we write the latest information is that the cholera is spreading in France, and that there is quite a panic in agricultural districts and in the country towns. The disease seems to have greatly diminished in Marseilles and Toulon, where it first began, and the residents who fled are rapidly returning to their homes. But while there are fewer cases in some quarters, the disease is spreading over a greater extent of territory, and its virulence is said to be greater—the number of recoveries of those attacked being less.

Cablegrams report cholera prevailing in many towns in the northern or northwestern part of Italy. We have also understood that it is prevailing, to a considerable extent, in Corsica, being there of quite a virulent character. There is considerable mention in the papers of a disease of a choleraic character, prevailing in England; but we understand that it has but little of the character of Asiatic cholera. When genuine cholera reaches England and begins to prevail to a considerable extent, we think it will not be long before it will reach this country. We have not, however, the slightest notion that we will have cholera in this country before next summer.

It becomes physicians of this country to observe closely the progress of cholera at this time in Europe, and learn all that they possibly can about this wonderfully mysterious disease that stalks through the nations of the world, striking down the inhabitants everywhere. The efforts of physicians in contending with it will have to be, in the main, limited to preventing it, in destroying its course, when it has set out on its march; for, when prevailing in a virulent character, to cure, we believe to be impossible, for the reason that life receives, when it is virulent, a fatal blow

from it right at the start, a blow that is as irremediable as a crushing blow upon the head by a sledge-hammer, or from an excessive dose of a fatal poison. It is known that there are certain physiological poisons (in contradistinction to *morbid* poisons which produce specific diseases), which may be administered in such doses that, at their first action, the vital powers become fatally disintegrated, and, under such circumstances, life can not be saved by the administration of an antidote or by any treatment. In a mild form, no doubt, Asiatic cholera is as amenable to treatment as any other disease, but when of a virulent character, we do not believe that any remedy will ever be found for it, for with the first symptom, under such circumstances, the vital powers are fatally injured. In fact, we have met with some cases, in which death itself might be said to be the only symptom. We met with a case one time, during an epidemic, in which a person, apparently in good health, leaped from his bed in the morning, but had not much more than alighted upon his feet, when, doubling over, with his hands pressed upon his abdomen, he gave a shriek, as if suffering from intense agony, and died upon the spot.

Whatever glory the medical profession will realize in its contest with cholera, will not be obtained in curing persons attacked by the disease, but by stamping the disease out, after definitely learning the causes and removing them.

CAUSES OF DISEASE.—Dr. James Cuming, Professor in Queen's College, and President-elect of the *British Medical Association*, in an address before that organization, speaking upon the progress of Medical Science, said that at present attention was concentrated on the study of minute organisms as causes of disease. "The identification of the special parasites, the study of their mode of invading the body, of the places of their development, of their effects in respect to nutrition, function, and tissue change, present subjects for investigation of surpassing interest and engage the attention of numerous observers. Evidence is rapidly accumulating which leaves little room to doubt that micro-organisms are the active agents in the production of epidemic and endemic diseases. A flood of light has been thrown on some of the obscurest points of pathology, the reproduction and increase of contagious elements, the immunity acquired by

passing through a disease against a recurrence of the same malady, and on the question of the incubation and latency of contagious diseases. Nothing can be of greater interest than the observations on the attenuation of virus, opening out unexpected possibilities of mitigating the severity of some of these scourges of the human race, and making the hope of the ultimate extirpation of several of them not altogether a fantastic one. In the main we have to look to foreign observers for our instruction in these subjects, for in these countries the researches necessary to elucidate such problems are trammled by legislative interference and markedly discouraged by popular sentiment. In recent years it had become one of the commonplaces of general addresses on medicine that disease was to be regarded as simply a perverted life-process, and that there was an essential identity between physiological and pathological processes. We used to congratulate ourselves on the strides we had made in advance from the notions of the earlier physicians, who regarded disease as an intrusive foreign element at war with the vital principle. Boerhaave is credited with being the first to formulate the great principle, '*Morbusest vita præter naturam.*' And undoubtedly this conception did lead to clearer notions of many of the phenomena of chronic disease. But what is the outcome of the most recent researches on bacterial action? It is that when bacteria enter a tissue, they come into conflict with the proper tissue-elements, abstract the nourishment contained in the juices to the deriment or exclusion of the normal cells, and give rise to different chemical changes which disturb the normal metabolism of the healthy parts.

“But there is another vast field of inquiry which forms the necessary complement of the study of the parasite. We know that there must be a certain receptivity in the system, some diminution in its wonted powers of resistance, or some original proclivity—something which we are in the habit of terming predisposition—which renders the body liable to the attacks of the parasite and furnishes an appropriate soil for its growth. This predisposition may either be a general one, expressed by a proclivity in some countries, or in certain races, or in particular temperaments, or it may have been acquired by the individual either at a certain period of life, or under the influence of a variety of causes, in his diet, occupation, or surroundings.”

DEATH OF DR. J. J. WOODWARD.—It is with much pain, indeed, that we chronicle the decease of the eminently distinguished physician, microscopist and scientist, Dr. Joseph Janvier Woodward, which occurred August 18th, at Dr. Livingston's Asylum for the Insane, near Wawa, on the Westchester and Philadelphia Railroad, Pa.

Dr. Woodward was born in Philadelphia in 1832. He was educated principally at the Philadelphia Central High School. He graduated as A. B. in 1850, and received the degree of A. M. in 1855, being the Valedictorian of his class. After receiving the first mentioned degree he began the study of medicine, and graduated from the University of Pennsylvania in the spring of 1853. For a short time thereafter, he practiced medicine in Philadelphia, acting, during the period, as teacher and examiner upon microscopical and pathological anatomy. We presume that it was at this time, although we have not been informed, that he devised a microscope manufactured by Queen & Co. which bore his name. We have seen the cut of it in the old catalogues of Queen & Co. It was before the present era of good objectives at a low rate, and when not one physician scarcely in a thousand or more had a microscope. First-class lenses at that time, which did not equal in quality those of second-class at the present time, ranged in price, for the various powers, from \$75 to \$150 each, and consequently those who had microscopes, except wealthy professional microscopists, used the French commercial triplet objectives to their microscopes, which a microscopist of to-day would not have as a gift. Of course, the Woodward microscope was furnished with a French triplet, and sold, we believe, for about \$75 or \$80. The stand inclined at any angle, which was not the case with all microscopes at that time, and had a number of other features which were then new and regarded as improvements. A number of years ago, when we were in Dr. Woodward's company, he jestingly referred to the microscope that was known by his name, and stated that while the makers had made and sold very many of them, making a great deal of money, he himself had not realized a cent. At the breaking out of the late civil war he entered the regular army as Assistant Surgeon, and, in consequence of his extensive scientific acquirements, he was assigned to duty in the Surgeon General's office at Washington. He was made a full Surgeon in the army some years ago, but he held his position as Assistant Surgeon for many years, in

consequence of its enabling him to remain at Washington in a department in which he had the greatest facilities for pursuing scientific investigations. His rank in the army, we believe, was Colonel.

Dr. W. had charge of the *Army Medical Museum* at Washington—the building containing it having been the theatre in which President Lincoln was shot by Booth. Here he had his laboratory rooms in which he instituted his researches. He was, by far, the most distinguished microscopist of this country, if not of the world. His skill in manipulation, and in devising apparatus for the purpose of obtaining the highest performance of objectives, was beyond all precedent. It seems somewhat remarkable that Mr. Robert Tolles, of Boston, of world-wide reputation as a maker of microscopes and microscopic lenses, who made objectives whose performance was never surpassed, and only equaled by a very few makers in the world, and who made numbers of objectives by order of the Government for Dr. Woodward, died only a few months ago of pulmonary consumption in Massachusetts Hospital. We remember of Mr. Tolles, only a few years ago, making for Dr. W. a tenth of great angle of aperture, that, at the time, surpassed in resolving power any lens that had ever been constructed. But, of course, in these times of rapid progress, it stood alone for only a short time. Our information in regard to this remarkable piece of scientific mechanism we obtained from Dr. Woodward himself, when stopping for a few days in Cincinnati.

Dr. Woodward was the first microscopist of the world who resolved the nineteenth band of Nobert's Test-Plate. After resolving the lines with an immersion sixteenth made by Powell and Lealand, of London, he succeeded in photographing them. We have a number of times, in the *MEDICAL NEWS*, explained this Test-Plate of Nobert for the benefit of our non-microscopical readers, and the most of them consequently will be able to appreciate this feat. We will only observe now, that Nobert, who made the lines, had never seen them until after they had been resolved by Dr. W., and previous to that time they were not known to have an existence except theoretically. But when the Doctor sent a photograph of them to the *Royal Microscopical Society of Great Britain*, there could no longer be any doubt about it. We have many specimens of Dr. Woodward's micro-photographs, kindly sent to us by himself, which, in

consequence of their great beauty and the great manipulative skill which they exhibit, we value most highly.

Among the micro-photographs which Dr. Woodward kindly sent us, and which we still possess, are the following: First, *Amphipleura Pellucida*, photographed to ten inches in length, by Tolles' $\frac{1}{25}$ immersion, exhibiting the striæ so prominently resolved that they can be seen easily across a room. Second, *Amphipleura Pellucida*, nine inches in length, resolved by a Tolles' $\frac{1}{12}$ immersion with a five-inch amplifier; a very beautiful specimen, the striæ very prominent and counted with ease. The enlargement is 2,250 diameters. Third, *Amphipleura Pellucida*, by Tolles' $\frac{1}{25}$ immersion; very beautiful; resolution perfect from end to end, as in case of the others; enlargement 2,050 diameters. Fourth, *Amphipleura Pellucida*; exhibits two frustules, the striæ on both perfectly resolved; Powell and Lealand's $\frac{1}{16}$ immersion. A note to this, in Dr. Woodward's writing, states that it is the third photograph since the original was made, and that in the lower of the two frustules the striæ are 95 to $\frac{1}{1,000}$ of an inch. Enlargement 1,583 diameters. Fifth, *Amphipleura Pellucida*, by P. & L's. $\frac{1}{16}$ immersion; enlargement 960 diameters. A magnifying glass exhibits striæ beautifully. Sixth, *Amphipleura Pellucida*, same objective, same magnification and same result. Seventh, exhibits *Surirella Gemma* immensely magnified by Powell & Lealand's im. $\frac{1}{16}$; 3,100 diameters; frustule at greatest width measuring $3\frac{7}{8}$ inches; longitudinal striæ resolved into large beads. Eighth, *Grammatophora Marina*; taken by *Electric Light*; P. & L's. im. $\frac{1}{16}$; magnified 2,500 diameters; striæ resolved into beads. Ninth. This is a card having on it five photographs taken by P. & L's. im. $\frac{1}{16}$. Two are frustules of *Grammatophora Marina*, magnified 1,100 diameters, and three are frustules of *Grammatophora Subtilissima* of the same magnitude, except one of 1,300 diameters.

We have photographs of other diatoms which Dr. W. kindly presented us, but we only mention the above in consequence of their perfection, and great skill manifest in their production. When we received the Gram. Mar. photographed by the electric light, we had scarcely ever heard of it. It was some time before the electric light was used at all for general illuminating purposes. We are confident that no one had before employed it for the purpose of photographing.

We have numerous histological micro-photographs executed by Dr. W. To enumerate them all would take too

much space. We have one before us exhibiting in a most beautiful manner the striated muscular fibers of a mouse—500 diameters. Another specimen is a small artery and capillaries showing the epithelium, from urinary bladder of frog; another, white corpuscles shewing amœboid movements in the external coat of a small vein. But of the score or more of specimens we can not mention any others.

Exceedingly polite, kind, generous and willing to communicate of his great knowledge, it always afforded the greatest pleasure to seek him at the Army Medical Museum, and spend all the time with him that one's own time, and a due consideration for his, would permit. We have thus had the pleasure to meet him at his invitation, and were highly entertained and instructed.

Among Dr. Woodward's published papers may be mentioned an "Address on Medical Staff, U. S. A.;" "Remarks on Croup and Dyphtheria;" "Typho-Malarial Fever: Is it a Special Type of Fever?" "Remarks on Photographic Micrometry;" "Application of Photograph to Micrometry, with Special Reference to the Micrometry of Blood in Criminal Cases;" Report on "Medical Literature;" Report on "Causes and Pathology of Pyemia" (Septicemia). The "Medical and Surgical History of the War of the Rebellion," composed of several large volumes, and published by order of Congress, was largely his work in conjunction with Surgeon Otis. We are happy to say that he contributed a number of original articles to the *MEDICAL NEWS*.

In 1875, Dr. W. was elected Second Vice-President of the American Medical Association. In 1882, he was elected the President, but on account of ill-health, he was traveling in Europe at the time the Association met at St. Paul, Minn., and was, in consequence, unable to preside over its meetings.

Dr. Woodward's malady was undoubtedly caused by overtaxing his brain. Not until his health had materially failed did he seek relaxation by traveling in Europe, but returned without having received any benefit. At the time President Garfield was shot, he had just recovered from the effects of an accident while riding on Pennsylvania Avenue, Washington, by which one of his legs was broken, and he was hardly able to get around. The care and attention bestowed by him upon the President's case, in his weakened condition, seriously impaired his health, but after the President's death he resumed his confining and exhausting labors

at the Medical Museum. He was, as we have intimated, a persistent student; and after leaving his office in the evening, would carry his labors far into the night in his study at home.

If some one who is familiar with Dr. Woodward's researches, especially his microscopical investigations, would present the profession and scientists a detailed account of them, we feel sure he would receive the grateful thanks of very many. Dr. W. made many investigations, the results of which were never recorded, and it would be a misfortune that they should be lost. We remember of his making some investigations in regard to monochromatic light, with reference to its employment in aiding in the resolution of the striæ on diatoms, inventing a glass cell to be placed under the stage of the microscope, containing a blue liquid which would render the light, reflected from the mirror, passing through it to illuminate the object, monochromatic. There are hundreds of observations made by him, every one of them of more or less importance, which have never been chronicled in a permanent manner, that will, in a short time, be forgotten about if they are not recorded.

He was a man who commanded the admiration and love of all who knew him.

DECEASE OF ERASMUS WILSON.—This distinguished Dermatologist and Anatomist, of England, has recently died. Unfortunately we can not place our hand upon the memorandum of the date of his decease. His work upon Skin Diseases is upon the shelves of nearly every physician of this country. His work upon Anatomy was the text-book upon that subject in all the medical colleges of this country thirty years ago; its place, however, being finally taken by another work upon Anatomy. But we regard it superior only as regards the cuts. It is stated that Mr. Wilson had become very wealthy before his decease. He paid most of the expense of the transportation of Cleopatra's Needle from Egypt to England. He also expended large sums in efforts to improve the condition of the English masses.

RETURNING LEPERS TO CHINA.—The authorities of the city of San Francisco, Cal., have sent back to China nineteen Chinese lepers, paying their passage and giving each

one five dollars. The *Medical Record* remarks, in regard to this action, that "nineteen cases have been lost to science." It may be true that some curious scientific men may feel disappointed, but undoubtedly many lives have been saved and much terrible suffering from a frightfully loathsome disease. It will be better for the physicians of this country to learn how to cure consumption and cancer, before desiring to combat with another incurable, infectious disease.

VACCINATING TO PREVENT HYDROPHOBIA.—Our readers are aware of the claim that M. Pasteur has made to prevent hydrophobia by vaccinating persons with a fluid containing the animalculi, which are the cause of hydrophobia, after the process of *planting* the animalculi has been gone through with a number of times. The French Government recently appointed a commission to examine the claim of Pasteur and report as to its validity. They have just reported that their investigations decisively confirm the correctness of the distinguished scientist's theory.

REMOVAL.—Mr. Alfred Warren, the very popular bookseller of Cincinnati, has removed his store from Central Avenue, near Sixth Street, to 278 W. Sixth Street, a few doors west of Central Avenue.

Mr. W. has now one of the finest storerooms in the city, and well adapted to his increasing trade. It extends the whole length from Sixth Street to George Street, and can be entered as well from the latter street as from the former. By the aid of a large skylight in the center, the room, from front to rear, is beautifully lighted. As now situated, there is no larger and finer bookstore in Cincinnati than Mr. Warren has.

Mr. W. keeps a large supply of medical works. New works are added to his shelves so soon as issued by the publishers. Medical students will always find all the latest text-books, which are sold at lower rates than they can be had elsewhere. Stationery of every description, at moderate prices is constantly in stock, as well as works of literature, history, science, etc.



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Prof. Clinical Medicine, Owens College; Physician to the Manchester Infirmary, etc.

Since the introduction by us of the manufacture of malt extract in this country, many preparations of this class, possessing more or less merit, have been placed on the market; and some, at least, the device of adventurers on the alert for catchword medicinal novelties, being mostly inert malted grain syrups. Hence it has been our endeavor to have the quality of malt preparations determined by appropriate tests which may be conveniently applied by every one interested in the administration of pure and reliable medicines. *Every package of this Extract is accompanied with directions for making such tests, and the trade everywhere have been long and repeatedly notified of our readiness to return the price in money or replace with fresh amylolytically active extract, any and every sample of our extract found to be deficient.*

The superior amylolytic power of our Malt Extract has been proved not only by long clinical experience in hospital and private practice, but by careful and repeated analysis by some of the leading organic chemists of both Europe and America, whose reports thoroughly authenticated we are prepared to furnish on application. The mere physical properties of inferior preparation being liable to mislead, we have through our representatives, by means of honestly made and classically accurate tests, demonstrated the diastatic strength of our Extract, in the presence of thousands of physicians, pharmacists and apothecaries, both in private and at meetings of medical and pharmaceutical societies in every part of the United States.

The Trommer Company were the first to undertake the manufacture of Malt Extract in America, and the first in any country to employ improved processes in its preparation, with the object of preserving unimpaired ALL the soluble constituents of carefully malted barley of the best quality, including especially the important nitrogenous bodies which possess the power to digest starchy food.

We guarantee the uniform strength and purity of our Malt Extract. We are engaged exclusively in this manufacture, and produce one quality only, and challenge any statement to the contrary by whomsoever made. We are able to furnish thoroughly convincing proof of its excellence, in the form of testimonials of physicians and chemists of high repute in America and Europe, many of whom in deference to a growing sentiment in the profession are averse to having their names appear in advertisements. We take pleasure however in submitting them in another manner to those who request it, free of expense. It is more than suspected that another class of testimonials which laud to the skies the wares of certain manufacturers, while denouncing an article of long established merit, have been in some instances too easily obtained. Suspicion is further aroused by the tergiversations, and inconsistencies characterizing certain eager contributions which on occasion have found space in medical journals, exhausting the vocabulary of good words in one issue, while in another the same preparation is pronounced to be an inferior product of a house engaged in fraudulent practices. The readers of such contributions would probably be edified if made acquainted with some facts having possible relation to their contradictory character.

For the general convenience we publish an approved method for the

ESTIMATION OF DIASTASE.

For carefully making this, have 12 clear and uniform 2 oz. vials filled with distilled water, and two drops of Iodine Solution prepared from 2 grams Iodine, 4 grams Iodide of Potassium and 250 grams water, a good thermometer and starch mucilage. To prepare the mucilage, 10 grams starch are stirred with 30 grams water and poured into 125 or 150 grams boiling water. The thermometer is then introduced and the temperature allowed to cool to 100° F. and maintained so by the water bath. Ten grams extract of malt dissolved in 10cc. water are then stirred into the mucilage, the time being accurately noted. After one minute a good extract will have converted the thick mucilage into a thin liquid. As soon as this change is taken place it is necessary to examine the progress of the conversion of starch into soluble starch, dextrin and sugar at the end of every minute, by the following method:

After the expiration of the first minute transfer

two drops, by means of a glass rod, into one of the 2 oz. bottles. The bottle is shaken and placed near a window. At the end of every minute repeat this manipulation with a new bottle until the coloration is no longer produced. The time necessary for effecting this change gives the indication as to the amount of diastase present. Undecomposed starch mucilage gives a greenish blue color and after standing some time a blue precipitate. Soluble starch, the first product of the change, yields with Iodine, a dark blue solution without a precipitate. If the amount of soluble starch equals that of dextrin and sugar the color of the solution will be purple. As the soluble starch disappears the solution will be of a decided red color if dextrin predominates, or faintly red if the sugar be in excess, and when starch and most of the dextrin have been converted into sugar, the liquid will be nearly or entirely colorless. This experiment is very interesting and is simple to perform.

For convenient methods for the estimation of solid matter and water, dextrin, sugar, &c., and determination of albuminates and free acid, refer to American Journal of Pharmacy, Vol. 55, No. 6.

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DR. RABUTEAU'S

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Dragees, Elixir and Syrup of Iron.

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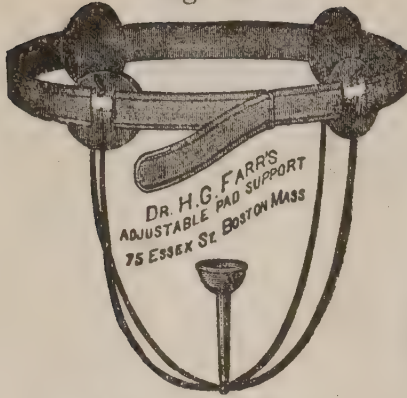
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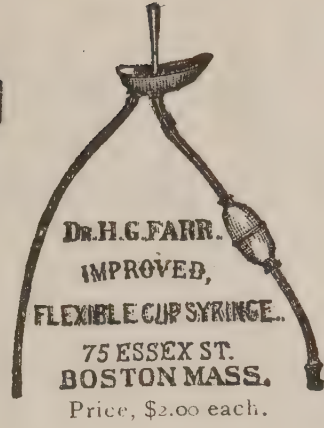
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Fig. 2.



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FLEXIBLE CUP SYRINGE.
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FIG. 1.



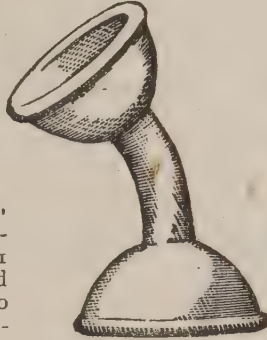
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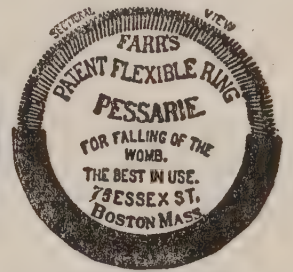


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This cut represents a Flexible Stem Cup, used with Nos. 1 and 2 Belts, that may be formed or bent by the Physician to throw the cup at any angle desired, and there remaining, thus receiving and holding the uterus, no matter what the displacements are.



Patent Pelvic Uterine
Supporter.
Price, \$2.00 each.



No. 2, 2-inch outside diameter; No. 3, 2 1/4-inch outside diameter; No. 4, 2 1/2-inch outside diameter; No. 5, 2 3/4-inch outside diameter; No. 6, 3-inch outside diameter; No. 7, 3 1/4-inch outside diameter. Price to Physicians, 50 cents each, or \$5.00 per dozen.

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I make three sizes Uterine Cups, Nos. 1, 2 and 3, and 2 3/4 and 3-inch stems. Belts from 26 to 56 inches. In ordering, give the size you want. All orders promptly filled. Sent by mail or express, as desired, upon receipt of the money by post-office order, registered letter, check or draft, payable to my order, or express C. O. D., and return charges. DR. H. G. FARR, Sole Manufacturer, 75 Essex Street, Boston, Mass.

July 84

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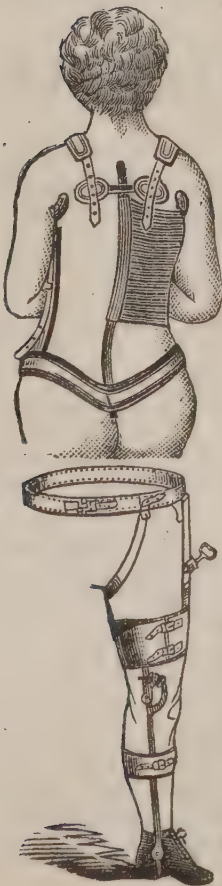
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Liquor Tongae Salicylatus

THE NEW REMEDY FOR NEURALGIA AND RHEUMATISM.

Tonga is a product of the Tonga or Friendly Islands, and has long been used as a domestic remedy by the natives of the Fiji Group. It was introduced to the notice of the medical profession by Drs. Ringer and Murrell, of London, England, who have made some very thorough and most satisfactory experiments as to its therapeutic value.

Tongaline is a combination of Tonga with powerful salicylates, whereby the remedial properties of the Tonga are secured and increased. Each fluid drachm of **Tongaline** represents: Tonga, 30 grains; Extractum Cimicifugæ Racemosæ, 2 grains; Sodium Salicylate, 10 grs.; Pilocarpin Salicylate, 1-100 grain; Colchicin Salicylate, 1-500 grain.

It is taken internally and intended to reach the cause of the complaint, not merely to allay the symptoms. Contains no opium in any form whatsoever. Is attended with no injurious nor unpleasant reactionary effects.

DOSE: Teaspoonful. In acute cases every hour until pain ceases, then discontinue. In chronic forms, four to six times per day at regular intervals. To prevent recurrence, every two hours.

St. Paul, Minn., Nov. 16, 1883.

I am prescribing **Tongaline** with satisfactory results. For the indefinite aches and pains of nervous patients it is superior to any other anodyne. For nervous headache or muscular rheumatism it is almost a specific.

PARK RITCHIE, M.D.

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I have used your preparation, **Tongaline**, extensively, and have been well satisfied with its results. You are to be congratulated on the value of the article which you offer to physicians.

Plainfield, N. J., March 11, 1884.

Have used **Tongaline** constantly for some months both in private and hospital practice, and found it all I could have desired.

C. M. FIELD, M.D.

St. Louis, July 20, 1883.

I have found **Tongaline** a useful combination in rheumatic neuralgia.

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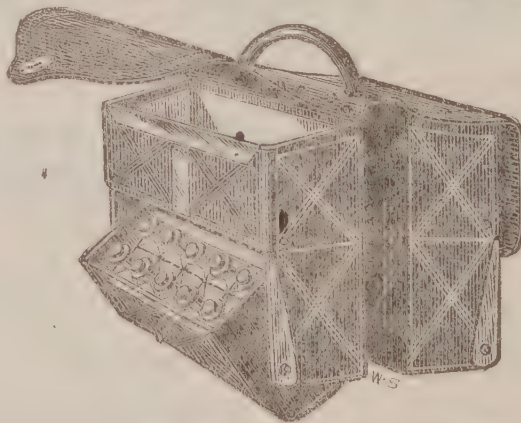
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Contains eight ¼ oz., sixteen 1½ oz. vials.
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Upon receipt of price, delivered, charges prepaid, to your nearest Express Office.

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The most reliable tests, carefully applied, will satisfy every one that BOUDAULT'S PEPSINE HAS A MUCH HIGHER DIGESTIVE POWER than the best Pepsines now before the Profession, and is therefore especially worthy of their attention.

BOUDAULT'S PEPSINE is prepared in the form of Pepsine Acid and Pepsine Neutral. It is sold in bottles of one ounce, with a measure containing exactly five grains; also in bottles of 4, 8, and 16 ounces for dispensing.

Boudault's Wine of Pepsine.

FORMULA OF DR. CORVISART.

The taste of Pepsine being perfectly disguised in this Wine, it may be recommended to persons who have difficulty in taking Pepsine in the form of powder. This Wine is tested so that a tablespoonful of it is equal in digestive power to ten grains of Boudault's Pepsine in powder.

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For the Treatment of Tape-Worm (*Tænia Solium*).

This New Tanifuge, the Active Alkaloid of Pomegranate Bark, has of late come into extensive use in France for the treatment of Tape-Worm (*Tænia Solium*). The results of numerous experiments with it at the Marine Hospitals of Toulon, St. Mandrier, etc., and in the Hospitals of Paris, St. Antoine, La Charite, Necker Beaujon, etc., have all been most satisfactory. Doctor Dujardin Beaumetz, Member of the Academy of Medicine, and Prof. Laboulbene, in their report to the Society of Therapeutics, have given it their unqualified approval after the most searching experiments. This preparation is pleasant to administer, and if certain preliminaries are observed success will be insured.

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This is a well-defined Alkaloid that must not be confounded with Ergotine or other extracts, it is given in doses of from $\frac{1}{4}$ to $\frac{1}{2}$ Milligramme (1-240th to 1-120th of a grain), in all cases where Ergot is indicated, viz.: Flooding, Post-partum, Hemorrhages, Metrorrhagia, etc., etc.

It is put up in the following forms:

Syrup containing $\frac{1}{4}$ Milligramme to each teaspoonful; Dose, from 1 to 6 teaspoonsful per day.

Solution for hypodermic purposes, containing 1 Milligramme to each cubic Centimeter; Dose, from 3 to 10 drops.

The Institute of France has awarded one of its Prizes to Mr. Chas. Tanret for the discovery of these Alkaloids.

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THE REGULAR SESSION begins on Wednesday, September 17, 1884, and ends about the middle of March, 1885. During this Session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon two regular courses of lectures is required for graduation. THE SPRING SESSION consists chiefly of recitations from Text-Books. This Session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

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Composed of the Nutritious Constituents of
BEEF, WHEAT AND MILK,
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- 2d. There is no food preparation that compares with it in nutritive properties.
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- 4th. Being in the form of a dry powder, it will keep in any climate.
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BEEF PEPTONOIDS.....		70.00%
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"Dr. Stutzer further exposes the often exposed superstition about the nourishing powers of beef tea. He shows that we would have to take half a gallon of beef tea, made with a pound of beef to each pint of water, before we get as much nourishment as is contained in a quarter of a pound of steak."—*New York Medical Times.*

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Thanking the profession for generous support in the past, we beg to remain,
Very respectfully,

REED & CARNRICK,

182 Fulton St., NEW YORK.

PEPSIN!

E. SCHEFFER, LOUISVILLE, KY.,

Manufactures, by his Improved Method,

SACCHARATED PEPSIN,

Which has proven its superiority over other Pepsins by its stability and uniformity. In digestive power it corresponds to the standard adopted by the Committee on the Sixth Revision of the U. S. Pharmacopœia, which is as follows:

One part dissolved in 500 parts of water, acidulated with 7.5 parts of hydrochloric acid, should digest at least 50 parts of hard-boiled Egg Albumen in 5 to 6 hours at 100° to 104° F.

DRY PEPSIN, CONCENTRATED,

Possessing eight times the strength of the above preparation. Particularly recommended to manufacturers.

Premiums were awarded to the above preparations at the
INTERNATIONAL EXPOSITION AT VIENNA, 1873,
 AND THE
CENTENNIAL EXPOSITION IN PHILADELPHIA.

A NEW REMEDY!**Con. Tincture Avena Sativa,**

(From Common Oats.)

Its Properties are as follows:

NERVE STIMULANT, TONIC, LAXATIVE, ETC.

IS EMPLOYED IN THE TREATMENT OF

Paralysis, Epilepsy, St. Vitus Dance, Alcoholism, the Morphia or Opium Habit, Defective or Deficient Menstruation (from Nervous Debility or Anæmic Condition of the System), Coldness of the Extremities, Sleeplessness, Nerve Exhaustion owing to overwork, either Physical or Mental, Cramps, Constipation, and in the Convalescent Stages of all Acute Diseases.

Send for printed matter on CON. TINCT. AVENA in the Morphia or Opium Habit, and certificates from different members of the Medical Profession, citing cases under their charge, treated by it; also REVISED AND ENLARGED MANUAL, to

B. KEITH & CO.,

41 Liberty Street, NEW YORK

“Liquor Diastase.”

The Perfect Malt Extract.

This is a representative of the Best Malt procurable, freed from all inert matter, and retaining the full Digestive Power.

Liquor Diastase has the following advantages over all other Malt-Extracts:

It is given in one-drachm doses.

It is not unpleasant to a delicate taste.

It never nauseates the Patient.

It does not become sour in the stomach.

It will convert 1,000 times its weight of starch into Dextrine and Sugar. Price, \$9.00 per doz. pints.

Conct. Tinct. Avena Sativa.

The New Tonic Nervine.

Highly recommended in Opium and Whisky Habits and Paralysis. Price, \$2.50 per pound.

Elixir Gentian and Chlor. Iron.

A Pleasant Tonic.

Each drachm represents one drachm Tr. Gentian Comp. (U. S. P.) and 10 drops Tinct. Mur. Iron. This preparation never becomes inky. Price, per pint, 50 Cents.

We are the only firm in the country which deals exclusively with Physicians.

We have no Agents and the profits usually absorbed by them, are saved by Physicians.

Our new Catalogue is now out of press and will be mailed free to all applying.

H. M. Merrell & Co.

Chemists,

Cincinnati, Ohio.

Established 1836.

SPECIFY ALWAYS

Established 1836.



PLANTEN'S CAPSULES.*



The Best of American Manufacture.

KNOWN AS RELIABLE NEARLY FIFTY YEARS.

*See page 56, VAN BUREN & KEYES, on Urinary Organs.

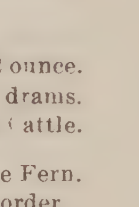
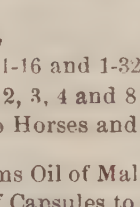
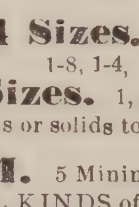
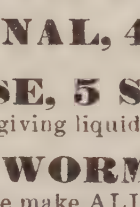
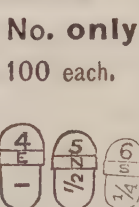
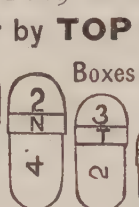
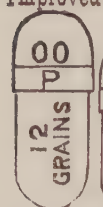
H. PLANTEN & SON, 224 William St., NEW YORK

SOFT AND HARD **CAPSULES** FILLED—All Descriptions

(9 SIZES): 3, 5, 10 and 15 minims; and 1, 2½, 5, 10 and 15 Grammes.

Newly Improved

EMPTY, 8 Sizes **RECTAL, 3 Sizes.** 3, 6, and 12 grain.



Order by **TOP No. only.** **VAGINAL, 4 Sizes.**

Boxes 100 each.

HORSE, 5 Sizes. 1-8, 1-4, 1-16 and 1-32 ounce.
1, 2, 3, 4 and 8 drams.

For giving liquids or solids to Horses and Cattle.

DOG WORM. 5 Minims Oil of Male Fern.
N. B.—We make ALL KINDS of Capsules to order.

For taking medicines free of taste, smell, injury to teeth, mouth or throat. Trial box, 25 cents by mail.

New Articles and Private Formulas a specialty.

CAPSULES FOR MECHANICAL PURPOSES.
SOLD BY ALL DRUGGISTS.

SAMPLES SENT FREE.

Specify **PLANTEN'S CAPSULES** on all Orders.

F. EGNER & CO.,

Successors to H. H. HILL & CO.,

— WHOLESALE DEALERS IN —

Drugs, Liquors, Medicines

— AND —

CHEMICALS,

BARKS, HERBS, ROOTS, ETC.

Manufacturers of Resinoids, Fluid & Solid Extracts, Syrups, Tinctures, Ointments, Etc.

Particular attention paid to Physicians' orders; all Medicines warranted of the best quality; Shop Furniture, Instruments, and Medical Books furnished at lowest prices.

Southeast Corner Fifth and Race Streets, Cincinnati, Ohio

FRESH VACCINE VIRUS CONSTANTLY ON HAND.

THE MOST POPULAR
OF ALL
SEWING MACHINES
is the
LIGHT-RUNNING

NEW HOME

BEST MADE



SIMPLE
STRONG
SWIFT
SURE

HAS NO EQUAL

IS ALWAYS

AND WILL LAST

A LIFETIME

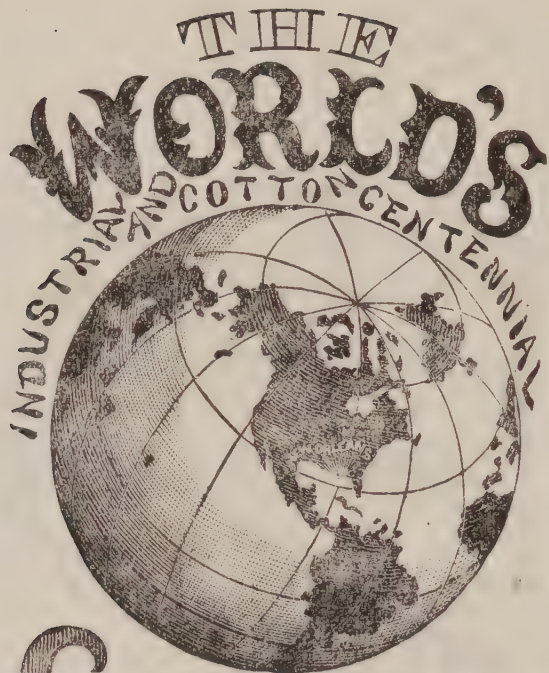
SURPASSES ALL OTHERS

New Home Sewing Machine

30 UNION SQ. NEW YORK
CHICAGO ILL.
ORANGE MASS.

FOR SALE

POORMAN & CO.,
Southeast Corner 8th and Race Sts., Cincinnati, O.



EXPOSITION

New Orleans.

Opening December 1, 1884; Closing May 31, 1885

— UNDER THE AUSPICES OF THE —

United States Government.

\$1,300,000,

Appropriated by the General Government.

\$500,000,

Contributed by the Citizens of New Orleans

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Appropriated by Mexico.

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From \$5000 to \$25,000,

Appropriated by Innumerable States, Cities
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Every State and Territory in the Union represented,
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**The Biggest Exhibit, the Biggest Building and the
Biggest Industrial Event in the
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APPLICATIONS FOR EXHIBITS ALREADY RECEIVED
COVER MORE SPACE AND A GREATER VARIETY
OF SUBJECTS THAN THOSE OF ANY
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The cheapest rates of travel ever known in
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For information, address

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MANUFACTURING AND IMPORTING

OPTICIANS,

Successors to and Sole American Agents for **R. & J. BECK,**

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Issue their Priced and Illustrated Catalogues in Five Parts, either of which will be mailed to any address on receipt of ten cents in stamps.

Part First.--Microscopes and Accessories.

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A condensed Price List of 32 pages, and one of 24 pages, containing Classified List of Prepared Objects in every department. Mailed *free* on application.

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Indianapolis, Cincinnati

AND

LAFAYETTE R.R.

The Popular Passenger Route to and from the East & West.

THE ONLY LINE RUNNING THROUGH CARS FROM CINCINNATI TO THE MISSISSIPPI.

The popular KANKAKEE Route to Chicago is via this Line. The entire train runs through, *without change*. Four daily trains leave the Plum Street Depot, and one through train on Sunday Night. Parlor Cars on its day train to Chicago, without change. Pullman Palace cars on all night trains. All passenger trains of this Company are provided with the Miller Platform and Coupler and the celebrated Westinghouse Air brake.

Buy and see that your tickets read via this line. Baggage checked through.

H. J. PAGE,

General Freight and Ticket Ag't.

JOHN EGAN,

General Passenger Agent.

CINCINNATI, O.

Fellows' Hypo-Phos-Phites

(SYR: HYPOPHOS: COMP: FELLOWS)

Contains THE ESSENTIAL ELEMENTS to the Animal Organization
—Potash and Lime;

The OXYDIZING AGENTS—Iron and Manganese;

The TONICS—Quinine and Strychnine;

And the VITALIZING CONSTITUENT—Phosphorus.

Combined in the form of a Syrup, with *slight alkaline reaction*.

IT DIFFERS IN EFFECT FROM ALL OTHERS, being pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

IT HAS SUSTAINED A HIGH REPUTATION in America and England for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success.

ITS CURATIVE PROPERTIES are largely attributable to Stimulant, Tonic, and Nutritive qualities, whereby the various organic functions are recruited.

IN CASES where innervating constitutional treatment is applied, and tonic treatment is desirable, this preparation will be found to act with safety and satisfaction.

ITS ACTION IS PROMPT, stimulating the appetite, and the digestion, it promotes assimilation, and enters directly into the circulation with the food products.


THE PRESCRIBED DOSE produces a feeling of buoyancy, removing depression or melancholy, and hence is of great value in the treatment of MENTAL AND NERVOUS AFFECTIONS.

From its exerting a double tonic effect and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

Each Bottle of Fellows' Hypophosphites contains 128 doses.

Prepared by **JAMES I. FELLOWS, Chemist,**
48 VESEY STREET, NEW YORK.

Circulars and Samples sent to Physicians on application.

 **SPECIAL TO PHYSICIANS.**—ONE large bottle containing 15 oz. (which usually sells for \$1.50) will be sent upon receipt of **Fifty Cents** with the application; this will be applied to the prepayment of Expressage, and will afford an opportunity for a thorough test in Chronic cases of Debility and Nervousness. Express Charges prepaid upon all samples. For sale by all druggists.

MALTINE.

Extract Malted Barley, Wheat, and Oats.

The secret of a good Malt Extract consists principally in the *Maling* and *Mashing* of the grain. *Diastase* is created by *fermentation*. In the mashing, the *Diastase* is set free and preserved in vacuum pans at low temperature, Our early method of evaporation *in vacuo* was taken advantage of by competitive houses which enabled them to improve the diastatic action of their preparations, in which, originally, they were wholly deficient. Our improvements in *Malting* and *Mashing* they have never been able to copy. That *Maltine* is at least one-hundred per cent. more powerful in converting action than any preparation in the market is primarily due to the fact that we have been able to preserve all the diastase that can possibly be produced from the grain, by our method of malting. Its great excess of *Nutritive* value over that of any similar production has never been questioned.

Maltine will convert 33 times its weight of starch at 140° Fahr. in 16 minutes.

In proof of these statements, we beg to submit the following chemical analysis made from samples bought by the analysts out of stock in the open market:

By **WILLIAM ROBERTS, M.D., F.R.S., Physician to the Manchester Royal Infirmary and Professor of Clinical Medicine to Owen's Medical College.**—"If properly prepared, Malt Extracts are rich in Diastase, and have a high power in digesting starchy matters. But you will be surprised to learn, as I was, that a large proportion of the Malt Extracts of Commerce have no action on starch. Out of 14 trade samples of Malt Extract examined by Messrs. Dunston and Dimmock, only three possessed the power of acting on starch. These brands were MALTINE, Corbyn, Stacy & Co., Extract and Keppler's Malt Extract."
—*British Medical Journal.*

Prof. R. H. CHITTENDEN, of Yale University: "Maltine' far exceeds in diastatic power any of the six preparations of malt which I have examined. Ten grains of 'Maltine,' warmed at 63-65° C., for fifteen minutes with 125 grains of starch in five oz. of water in the form of paste, formed from the starch 7.43 grains of sugar, calculated as dextrose. Ten grains of Trommer's Extract of Malt, under similar conditions, formed during the same length of time 1.47 grains of sugar, calculated as dextrose."

Prof. ATFIELD, F.R.S., F.I.C., F.C.S., etc. Oct. 8, 1883.—"I now find that 'Maltine' contains from three to five times as much diastase as any Extract of Malt in the market."

Prof. WALTER S. HAINES, A.M., M.D., Rush Med. Col. Chicago, Dec. 13, 1883.—"Maltine' will convert a much larger amount of starch into sugar than any of the Malt Extracts examined, and I therefore regard it as the best Malt preparation with which I am acquainted."

Prof. ALBERT B. PRESCOTT, M.D., F.C.S. Univ. Mich., Jan. 7, 1884.—"Maltine' converts 33 times its weight of starch. Trommer's Extract of Malt converts 16 times its weight of starch."

We will furnish gratuitously a one-pound bottle of any one of the Maltine Preparations to Physicians who will pay the express charges. Send for 28-page pamphlet on Maltine for further particulars. Address

THE MALTINE MANUFACTURING CO.,

LABORATORY: Yonkers-on-the-Hudson.

JOHN CARNRICK, *President*, of Reed and Carnrick, Manufacturing Chemists and Pharmacists.

Office: 182 Fulton Street, New York.

Prof. R. DORSEY COALE, Lecturer on Chemistry and Toxicology, Univ. of Maryland. Baltimore, Md., Feb. 7, 1884.—"I obtained in the open market, from four different wholesale dealers in this city, samples of 'Maltine' and 'Trommer's Extract of Malt,' and have subjected them to chemical analysis to determine the relative diastatic value of these preparations. From result submitted, it will be seen that 'Maltine' is far superior in converting power. A given weight of 'Maltine' formed into sugar 1.819 gramme, while the same weight of 'Trommer's Extract Malt' under exactly same conditions formed .898 gramme."

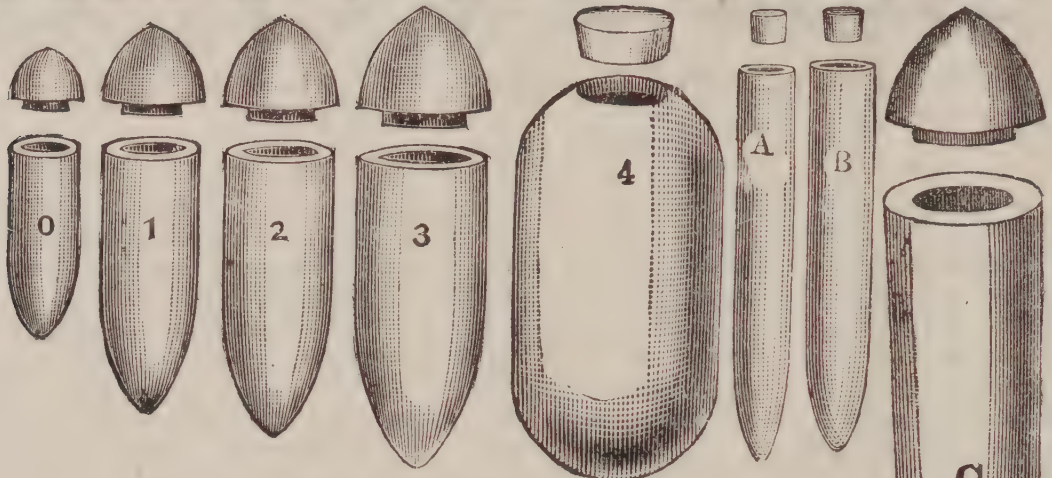
CHARLES HARRINGTON, M.D., Harvard Univ.—"Comparing 'Maltine' with Trommer's Extract of Malt, I find, after a series of comparative tests, that 'Maltine' possesses double the converting power of Trommer's preparation. A given weight of 'Maltine' converted twice the amount of starch that the same weight of Trommer's did, and in less time."

Dr. STUTZER, Director of the Imperial Chemical Agricultural Laboratory for Rhenish Prussia, Bonn, Germany, Dec. 1, 1883.—"As to diastase, 'Maltine' is far superior to the best Extracts of Malt I have ever seen."

Prof. EDWARD W. MORLEY, M.D., Ph.D., Cleveland Med. Col. Dec. 27, 1883.—"It will be seen that your 'Maltine' exceeds the Trommer Extract of Malt by fully 90 per cent. in diastatic action."

Prof. CHARLES R. C. TICHBORNE, LL.D., F.C.S., M.R.I.A. Dublin, Nov. 10, 1883.—"Having examined the principal unfermented Extracts of Malt in the market, I find 'Maltine' is the richest in two of the most important ingredients in these foods, namely, the phosphates or bone-formers, and that peculiar farinaceous digestive, called diastase."

HOLLOW SUPPOSITORIES.



With Conoidal Self-Sealing Stoppers,

All Made from PURE BUTTER OF CACAO ONLY.

EACH BOX CONTAINS a MEDICINE DROPPER and a PAIR OF TONGS

The object of this invention is to supply Physicians, Druggists, Veterinary Surgeons, and others, with HOLLOW SUPPOSITORIES of various sizes and shapes to meet every probable demand, and into which they can put any kind of MEDICINE or NUTRIMENT, thus producing firm, smooth, EVENLY MEDICATED Suppositories, that are cheaper and more reliable than those made by the old method.

Nos. 0, 1, 2, 3, are provided with conoidal stoppers. The stoppered ends are to be inserted, when the contraction of the sphincter ani will force the Suppositories up into the rectum without the use of a suppository syringe or any other appliance whatever.

HALL & RUCKEL, Wholesale Druggists, Proprietors

218 Greenwich Street, New York.

A sample box of Hollow Suppositories will be mailed free on application, mentioning the
CINCINNATI MEDICAL NEWS. may 8, 18

Cincinnati Coll. of Med. & Surg.

The Annual Session will begin next **September** with full Faculty and unsurpassed facilities. Fees: **Matriculation \$5, Professors' Ticket \$40.** For particulars see announcement, for which address

R. C. STOCKTON REED, M. D., Dean,
164 George St., CINCINNATI, OHIO.

DIABETES.

The attention of the profession is called to a new remedy for the successful treatment and permanent cure of Diabetes Mellitus,

GILLIFORD'S SOLUTION,

An Aqueous Solution of a combination of Bromine and Arsenious Acid.

This remedy has also proved very useful in a variety of nervous affections.
Manufactured and sold by

R. H. GILLIFORD, M. D., Allegheny, Pa.,

In half-pint bottles, \$1 per bottle, expressed on receipt of price.

Boston, April, 1884.

Cases that would not yield to treatment in some of the best Hospitals in the United States, and have yielded in the Free Hospital of seventy beds, supported by the MURDOCK LIQUID FOOD CO., Boston. The patients were treated by the same physicians that treated them before they came to us, being a few of many cases. Send to your Druggist for Pamphlet.

Mrs. V. came to us from one of the hospitals of Boston, where she had been treated, as her physician writes, "with little apparent result for chronic cystitis, gastritis and peritonitis. The tendency in her system is to chronic inflammation, in which the alimentary canal and urinary organs are involved. She has constant trouble in retaining food; nausea and vomiting are frequent symptoms, and she is confined to her bed."

At the end of the first month she had been able to take but one teaspoonful of Liquid Food daily, but still had gained much in strength, and was able to sit up in bed and crochet two and three hours nearly every day; could take and retain many nourishing foods and liquids, third month taking three tablespoonfuls of Liquid Food daily; bowels in much better condition; seldom has nausea; crochets a great deal; has done several shawls. Fourth month, has walked with assistance, the first time in six months. Fifth month, has been up and down stairs. Weighed for the first time; weight, 110. Has been to drive several times; is able to eat and retain a good, hearty meal; very seldom has an attack of nausea; crochets four and five hours without fatigue, and will leave the hospital within the next two weeks.

Miss H. came to us from one of the hospitals of Boston, suffering from organic disease of the heart, so weak as to be unable to sit up in bed, and finding it almost impossible to breathe if lying down. The first month she gained two pounds. In December had a violent attack of inflammatory rheumatism. Third month has improved very much, walks about and takes great interest in everything in and about the ward.

Should she continue to gain as rapidly, she will soon be able to perform light duties, as her health and strength are daily increasing.

Mrs. M. came to us from one of our city hospitals, where she had been treated many months for pulmonary consumption. Had several hemorrhages. During the last ten years had been treated by some of the leading physicians of Boston and its vicinity. In the last year had taken a great deal of chloral.

She commenced taking Liquid Food by drops, not being able to retain food of any other kind upon her stomach. At the thirteenth day was able to take four dessert-spoonfuls Liquid Food, but was still too weak to stand. In four weeks is taking four tablespoonfuls daily, and is able to stand and walk; weighs eighty-two pounds. Fifth week, sits up, and knits several hours, if not forbidden. Sixth week, sews, still gaining; asks permission to go out and spend an afternoon with a friend; weighs eighty-eight pounds. Left after being with us three months weighing ninety pounds, and we learn that she is living by herself, requiring no attendance.

Miss T. is quite a singular case, being one of six sisters, all afflicted in the same way, losing the use of their limbs gradually up to the age of seven or eight years of age, and after that having little control over them. Two sisters died. The brothers are not afflicted. This sister has had these symptoms increasing upon her since her eighth year. Is now twenty-seven, and for the last year has not been able to walk without two assistants. She suffers no pain. The sisters have all had the best medical advice that money could procure. But in no case has the disease yielded to treatment.

The second week of her being in our hospital she says her stomach is relieved of a faintness she has always had. She is taking four tablespoonfuls of Liquid Food daily. Fourth week, she is able to walk about the ward, up and down stairs alone. Eighth week, color improved, eyes bright and clear, much more cheerful, gaining in health and flesh. Eleventh week, has gained eight pounds in weight. Able to stand alone on the scales to be weighed. Walks up and down stairs daily alone to the carriage to take her drive; is cheerful, and takes great interest in everything about her; sews, reads, and makes many little fancy articles for friends, and is gaining daily.

Miss R. came to our free hospital from one of the hospitals in Boston, suffering from paralysis and anæsthesia of the lower extremities, caused by an injury to the lumbar region of the spine. Had no control over urinary organs; also suffering from extreme constipation, so writes her physician, also her brother, who is a physician. At the end of second week much relieved of constipation. Fifth week, much improved in general condition. Sits up four or five hours without fatigue. Appetite excellent; and from having no sensation in back and lower limbs, has now decided pain. Sixth week, pain still continues in back and limbs, showing increasing sensibility. Sits in reclining chair five hours; able to move one foot slightly.

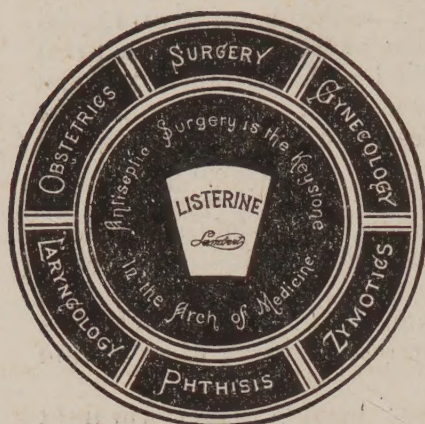
Ninth week, upon waking one day found one leg crossed over the other. General condition could not be better. Appetite good. Sleeps well.

Mrs. L. Her physician writes us, "That he attended her at one of the leading hospitals in Boston, for nervous troubles, which have become chronic, including the loss of menses for two years and four months." In two weeks she gained four

LISTERINE,

AN ANTISEPTIC,

RELIABLE, SAFE AND PLEASANT



The absolute safety of Listerine, combined with its agreeable properties, gives it unquestionable superiority for internal use over all other antiseptics, notably those whose deadly nature requires their administration only under the highest dilution, and where commercial differences, the slightest mishap or idiosyncrasies may bring disaster.

In full strength, Listerine is non-toxic, non-irritant, non-escharotic, and does not coagulate the albumen of the flesh; hence, its dilution is a mere matter of professional discrimination.

Listerine is especially indicated in Dysentery, being healing to ulcerated surfaces, without the danger attending the use of Astringents.

Particular attention is directed to its service in Pulmonary Consumption, taken internally in teaspoonful doses to control fermentative eructations.

LISTERINE IS NO LONGER ON TRIAL.

Its therapeutic value has been confirmed by the truly conservative element of the profession of all schools, and **Reports** and **Reprints** of medical articles from such will be forwarded upon request, establishing its value in

Zymotic Diseases,	Febrile Diseases,	Dyspepsia,	Surgery,
Consumption,	Diarrhoea,	Catarrhs,	Obstetrics,
Diphtheria,	Stomatitis,	Gonorrhoea,	Gynecology,
Scarlet Fever, etc.	Dysentery, etc.	Venereal Ulcerations, etc.	Leucorrhoea, etc.

A RELIABLE

KIDNEY ALTERATIVE and ANTI-LITHIC REMEDY,

Lithiated Hydrangea

Lambert

Formula --Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of *Fresh* Hydrangea, and three grains of *chemically pure* Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is *invariably* of *definite* and *uniform* therapeutic strength, and hence can be depended upon in clinical practice.

Dose ---One or two teaspoonfuls four times a day.

HYDRANGEA has been used with great satisfaction in calculous complaints and abnormal conditions of the Kidneys, and reports have been published by Drs. Atlee, Horsley, Monkur, Butler and others, all confirming its value in Kidney and Bladder diseases. As the utility of LITHIA in Kidney diseases and in the uric acid diathesis is well known to the profession, the advantages of Hydrangea and Lithia, *combined* in a form *acceptable to the stomach*, must be apparent to every intelligent physician, and, therefore, he is at once prepared to recognize the value of LITHIATED HYDRANGEA in

Gravel, Gout, Rheumatism, Bright's Disease, Diabetes, Vesical Irritation, and all diseases in which Kidney alterative or an anti-lithic remedy is indicated.

Hundreds of Reports received since the announcement of this formula sustain these claims.

LAMBERT & CO., Manufacturing Chemists,
307 LOCUST STREET, ST. LOUIS, MO.

GELATINE-COATED PILLS.

We respectfully invite the especial attention of the medical profession to our Gelatine Coated Pills, requesting at the same time a rigid comparison of their merits with those claimed for similar products placed on the market by other manufacturers.

The grounds on which we rest our claims to the superiority of our Pills are the following:

1. Quality of Material in Pill Mass.

The most exacting care is taken that no drug, or extract, or other preparation thereof, which does not absolutely conform to the highest recognized standard, is employed. In the case of a drug whose active principle resides in an alkaloid, the preparation employed is subjected to assay. Physicians, therefore, in employing such pills as contain extracts of the solanaceæ, and other narcotics, may rest assured that their strength is as uniform as if the alkaloid itself had been employed.

2. The Preparation of the Pill Mass.

Our appliances for the preparation of the Pill Mass ensures the most perfect distribution of its constituents. Being conducted by means of mixing rollers and pans run by machinery, this part of the process of manufacture is infinitely superior in its results to anything that could be done by hand.

3. Methods of Manufacture.

Our Pills are made exclusively by hand. Long experience has proven conclusively that by this means the most exact division, uniformity of size and regularity of shape can be secured.

Having thus indicated the special features of our Pills, we would suggest that physicians who regard such features as essential, guard against the substitution of pills of inferior quality by specifying our initials (P., D. & Co.) on their prescriptions. We venture to say that any prejudice which may have been conceived against Gelatine-Coated Pills will, by their so doing, be effectually removed.

We shall be pleased to furnish samples of our Pills, gratis, on application.

We are enabled through our improved facilities for manufacturing Gelatine-Coated Pills, to quote them at prices very slightly in advance of those of the sugar-coated product.

4. Strict Conformity to Formulæ.

We guarantee in each instance, absolute conformity to the prescribed or published formula, regardless at all times of the cost of the materials.

5. Permanent Softness and Solubility of the Pill Mass.

In this important feature our long and extensive experience has enabled us to achieve results which are probably attained by no other manufacturer. The excipient is adapted in each instance to the nature of the ingredients, no uniform excipient being employed, as is the usual custom.

6. Preservation of the Drug.

A strong objection to ready-made pills is the liability of their constituents to deteriorate with age. When such deterioration exists, it is usually due to faulty means of manufacture. In our Pills the nature of the excipient and the coating is strongly preservative of the ingredients. As a test we invite an examination of our Phosphorus Pills. In them the phosphorus, so extremely liable to be affected by age and exposure, will be found unchanged.

7. Solubility of the Coating.

We employ only the best quality of Gelatine, and in our preparation of it for the purpose of coating (which is conducted by a process peculiarly our own) its solubility is absolutely unaffected—a fact which is capable of ready demonstration. The coating of our Pills will be found to dissolve as readily as Gelatine itself, under parallel circumstances.

PARKE, DAVIS & CO., Manufacturing Chemists,
DETROIT, MICH.

NEW YORK: 60 Maiden Lane and 21 Liberty Street.

To the Medical Profession.

LACTOPEPTINE

DEMONSTRATED SUPERIORITY OF LACTOPEPTINE
AS A DIGESTIVE AGENT.

Certificate of Composition and Properties of Lactopeptine, by PROF. ATTFIELD,
PH.D., F.R.S., F.I.C., F.C.S., *Prof. of Practical Chemistry*
to the Pharmaceutical Society of Great Britain.

LONDON, May 3, 1882.

Lactopeptine having been prescribed for some of my friends during the past five years—apparently with very satisfactory results—its formula, which is stated on the bottles, and its general characters, have become well known to me. But, recently, the manufacturer of this article has asked me to witness its preparation on a large scale, to take samples of its ingredients from large bulks and examine them and also mix them myself, and to prepare *Lactopeptine* from ingredients made under my own direction, doing all this with the object of certifying that *Lactopeptine* is what its makers profess it to be, and that its ingredients are in quality the best that can be obtained. This I have done, and I now report that the almost inodorous and tasteless pulverulent substance termed *Lactopeptine* is a mixture of the three chief agents which enable ourselves and all animals to digest food. That is to say, *Lactopeptine* is a skillfully prepared combination of meat-converting, fat-converting and starch-converting materials, acidified with those small proportions of acids that are always present in the healthy stomach; all being disseminated in an appropriate vehicle, namely, powdered sugar of milk. The acids used at the factory—lactic and hydrochloric—are the best to be met with and are perfectly combined to form a permanent preparation; the milk sugar is absolutely pure: the powder known as “diastase” or starch-digesting (bread, potato and pastry-digesting) material, as well as the “pancreatin,” or fat-digesting ingredients, are as good as any I can prepare; while the pepsin is much superior to that ordinarily used in medicine. Indeed, as regards this chief ingredient, pepsin, I have only met with one European or American specimen equal to that made and used by the manufacturer of *Lactopeptine*. A perfectly parallel series of experiments showed that any given weight of acidified pepsin, alone, at first acts somewhat more rapidly than *Lactopeptine* containing the same weight of the same pepsin. Sooner or later, however, the action of the *Lactopeptine* overtakes and outstrips that of pepsin alone, due, no doubt, to the meat-digesting as well as the fat-digesting power of the pancreatin contained in the *Lactopeptine*. My conclusion is that *Lactopeptine* is a most valuable digesting agent, and superior to pepsin alone.

JOHN ATTFIELD.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, thus combining all the principles required to promote a healthy digestion.

One of its chief features (and the one which has gained it a preference over all digestive preparations) is, that it precisely represents in composition the natural digestive juices of the stomach, pancreas and salivary glands, and will therefore readily dissolve all foods necessary to the recuperation of the human organism.

FORMULA OF LACTOPEPTINE.

Sugar of Milk	40 ounces.	Pancreatine.....	6 ounces.	Lactic Acid.....	5 fl. drachms.
Pepsin.....	8 ounces.	Veg. Ptyalin or Diastase,	4 drachms	Hydrochloric Acid..	5 fl. drachms

LACTOPEPTINE is sold entirely by Physicians' Prescriptions, and its almost universal adoption by physicians is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned having tested LACTOPEPTINE recommend it to the Profession :

ALFRED L. LOOMIS, M. D., Prof. of Pathology and Practice of Med., University of the City of New York.

SAMUEL R. PERCY, M. D., Prof. Materia Medica, New York, Medical College.

F. LE ROY SATTERLEE, M. D., Ph. D., Prof. Chem., Mat. Med. and Therap. in N. Y. College of Dent.; Prof. Chem. and Hyg. in Am. Vet. College, etc.

JAS. AITKIN MEIGS, M. D., Philadelphia, Pa., Prof. of the Institutes of Med. and Med. Juris., Jeff. Med. College; Phy. to Pa. Hospital.

W. W. DAWSON, M. D., Cincinnati, Ohio, Prof. Prin. and Prac. Surg., Med. College of Ohio; Surg. to Good Samaritan Hospital.

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PROF. JOHN ATTFIELD, Ph. D., F. R. S., F. I. C., F. C. S., LONDON, ENG., Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain.

For further particulars concerning *Lactopeptine* the attention of the profession is respectfully directed to our 32-page pamphlet, which will be sent on application.

THE NEW YORK PHARMACAL ASSOCIATION,

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