below eight cm., or three and one-eighth inches, in true conjugate. The after-treatment of symphysiotomy is dismissed with a couple of sentences. In treating of induced labor the operation should be rapidly completed by the use of Barnes's and de Ribe's bags. If necessary, Hegar's dilators should begin the labor. The child should be incubated.

In treating of the Caesarean operation Sänger's is preferred. The author evidently is not familiar with the intrapelvic treatment of the stump after hysterectomy for impossible labor, for he writes that a great advance will have been made if it is found, after a sufficient number of experiments, that the stump may safely be dropped back into the peritoneal cavity as after ordinary abdominal hysterectomy.

In treating of the puerperal state no mention is made of antiseptic precautions in the care of the breasts. The nipples must be kept dry when not in use, but the necessity for avoiding septic infection is not made apparent. The patient may leave her bed in ten days and lie upon a couch, and the use of antiseptic douches may be permitted if the nurse secures perfect cleanliness of instruments and vessels.

Puerperal septicemia is briefly considered, and we are surprised to notice that details of treatment for this affection are considered of so little importance that they are printed in foot-notes. It is considered dangerous to scrape the endometrium and apply strong solutions of phenol or corrosive sublimate, and total hysterectomy is given as a course which is now securing favorable results. It is certainly true that scraping the interior of the puerperal uterus and applying strong antiseptics is a most dangerous practice, but there are other and better methods of cleansing the cavity of the uterus which render hysterectomy advisable in rare cases only.

The care of the infant is concisely stated, but infant-feeding is very imperfectly described, and it is stated that milk may be exposed to a high temperature from thirty to forty minutes to advantage. The value of Pasteurization does not seem to be appreciated by the author.

This manual, however, is well worthy of the brilliant school of obstetrics whose teaching it embodies. In many respects it is a most admirable book, containing a great amount of modern scientific information, clearly, concisely, and logically stated. While we may differ with the author in some points, we have enjoyed and admired his manual and can heartily commend it to others.

E. P. D.


This brochure consists of articles on various otological subjects that have appeared in the Lancet and British Medical Journal between 1875 and 1896. All are good; all are very conservative. It will repay any physician, whether interested in a general or special practice, to read these nineteen essays, as they are clearly written and entirely free from technical wording. We cannot single out any one or two articles as especially good, for fear of detracting from others. We can advise most heartily a careful reading of them all. The entire set are embraced in 140 well-leaded, large-typed octavo pages. C. H. B.
given in much larger doses; such are phenol-bismuth (fifteen to forty-five grains per day for this and the rest); kresol-bismuth, chlorophenol-bismuth, bismuth salicylate, zinc salicylate, and trioxymethylen (paraformaldehyde).

Doubtless the most effective treatment of affections of the large intestine, especially of the bacterial, is by way of the rectum. Naturally the possibility of ulceration of the intestinal wall must be considered. For irrigation, solutions in sterilized water of salicylic acid (one to two parts per mille); silver nitrate (0.2 to 0.5 per mille); boric acid (0.5 per cent.); creolin (0.01 to 0.02 per cent.); and tannin (2 to 5 per cent.) may be used. Applications of an insoluble antiseptic powder, as the various bismuth-preparations, may be used during the irrigations. The results of antiseptic intestinal medication are satisfactory, but on account of the difficulties not altogether thorough. These, however, are common to all internal antiseptics.—Centralblatt für die Gesammechte Therapie, 1896, Heft vi. S. 321.

A Case of Electric Shock.—Dr. John T. Gilbride reports an instance of recovery from a shock of two thousand volts. Twenty minutes after the accident the patient was unconscious, suffering from cerebrospinal convulsions, with legs and arms flexed, considerable jactitation, reflexes markedly increased, skin warm and dry, breathing accelerated, pulse one hundred and forty per minute, and pupils normal. Twenty grains of chloral were given by the mouth and repeated every ten minutes with but little effect until sixty grains had been taken. The convulsions almost disappeared, and he rested more quietly. One fluidounce of whiskey was now given as a heart-stimulant. The axillary temperature was 97.4°F., the respiration 20, and the pulse 100 per minute, full and strong. After twenty minutes he showed considerable violence and had a number of convulsions. After twenty grains of chloral he rested quietly and was in good condition, regaining consciousness five hours later. He now complained of being weak, of hoarseness and stiffness of the muscles, and of considerable headache. He had no recollection of occurrences for six hours before the accident. There was no vomiting nor involuntary discharges, and the only lesions were a burn of the third degree from contact with the wire and two abrasions of the scalp.—University Medical Magazine, 1896, No. 9, p. 724.

The Treatment of Syphilis and Gonorrhoea.—Dr. J. F. Larrien presents the second edition of his pamphlet of forty-three pages. He uses Vienna paste for the initial lesion and makes daily mercurial instillations over the enlarged glands. For internal medication three to five drops of tincture of iodine in a half-glass of sweetened water are given each morning for twenty days while fasting. After ten days of rest this course may be repeated. For the secondary manifestations: (1) Each morning the patient receives fifteen minutes before breakfast in pure or sweetened water three drops of tincture of iodine and a half-ounce of a solution of crystallized sodium iodide in distilled water (one to fifteen), and this is to be continued during five to eight months from fifteen to twenty days each month, the remaining days being free from medication. The treatment is to be discontinued only when two months have elapsed since the appearance of all secondary manifestations. In severe cases it will be well to prescribe a
new series of three or four courses of iodine for from two to six months after the first. (2) Each day gentle inunction is made on the cutaneous syphilides with a 10 per cent. solution of white precipitate in starch glycerite. (3) For *plagues mucosas* of the bucco-pharynx gargles of zinc chloride in water (one to five hundred) are used; or cauterization may be effected by silver nitrate or acid mercuric nitrate. In place of these may be used a gargle five to eight times daily of equal parts of hot water containing resorcin, 4 to 8; and glycerin, 50, in distilled water, 200. Of course, the usual hygienic rules must be followed.

The author also presents a method of treating gonorrhæa. At the outset there should be the ordinarily enforced avoidance of stimulating foods and beverages, replacing alcoholic drinks with Vichy, Selters, or pure water, with possible addition of a very small quantity of wine. Injections are ordered, warm, of glycerin which has been saturated when hot with boric acid (about 20 per cent.), with addition of cocaine hydrochlorate, morphine hydrochlorate, or laudanum, if there is pain, in the proportion of 0.5 to 2, 1 to 3, or 2 to 5 (according to the substance employed) to 200 parts of the vehicle. The best substance for relieving pain and reducing congestion is the cocaine. The injections are made after urination, from two to five times daily. Patients of the herpetic diathesis and those suffering from rebellious digestive disturbances receive respectively five drops of Fowler’s solution every morning while fasting and five grains of salol in capsules or in hot soup at the two principal meals. During the acute stage these injections are continued, and in addition six capsules of eucalyptol or turpentine are given with each meal. During the decline of the disease the foregoing treatment is continued, and in addition Fowler’s solution is added if there is tendency to chronicity or exacerbations.—Paris, 1896.

**Vegetable Dyspepsia.**—Dr. W. A. Walker notes that vegetable foods have a tendency to fermentation when the salivary ferments are deficient in quality or quantity, and this gives rise to flatulence, heartburn, eructations, and other disagreeable symptoms, to say nothing of resultant irritations which lead to permanent impairment of the mucous coats of the stomach and intestine. This condition—dyspepsia—leads to a state of mental depression highly favorable to the production of various forms of neurotic disease. For this indigestion we have an infallible remedy in diastase. This has not been received with deserved favor, because of the prevalence of the theory, now controverted by facts, that this is destroyed soon after reaching the stomach. At least thirty minutes after the completion of the ordinary meal elapse before gastric acidity reaches such a point that diastatic digestion ceases. Bread, oatmeal, or mush can be made more digestible by the addition of about five grains of diastase to the pound of food. Since the salivary and pancreatic fluids are deficient in children, we have a valuable remedy for them in diastase. Because this drug digests starches it is a fat-producer. The malt-extracts supply only a limited and uncertain amount of diastase, hence we must look to the new isolated diastase known as taka-diastase to meet this indication. For amylophilous dyspepsia the following rules should be observed: (1) Omit from the dietary, so far as practicable, pastry, condiments, syrups, and sugars. (2) Chew the food, especially bread and vegetables, slowly and thoroughly.
(3) Take two and one-half grains of taka-diastase immediately after eating.
(4) Avoid any habit which causes the saliva to be expectorated instead of swallowed for at least one hour after eating. (5) Correct any temporary excess of acidity in the stomach by a dose of sodium bicarbonate.—Therapeutic Gazette, 1896, No. 9, p. 593.

[Of quite as much importance is the formation of the habit of masticating starchy foods in as dry a condition as is possible. The sensation of thirst can be obviated by taking a pint of hot water one hour before the meal.—R. W. W.]

The Treatment of Tuberculous Peritonitis.—Dr. Thomas believes that the fibrous and ulcerative forms of this disease do not yield to operative measures. In young subjects a good diet aided by tonics, mild and repeated counter-irritation over the abdomen, and a coating of iodoform-collodion may result in cure. In three reported cases he obtained complete cures through the use of a creosote oyster. Seven drops of this drug, increased to double the amount, are administered in five ounces of cod-liver oil. In addition, applications of ichthyoil may be used. The conclusion is suggested that this treatment will yield good results when operation is not indicated nor possible.—Journal des Praticiens, 1896, No. 36, p. 565.

Thyroidine.—Dr. R. Lépine states that this substance can be obtained: (1) by digesting the gland with an artificial gastric juice; or (2) by extracting with alcohol and a mixture of water and glycerin; or (3)—and this is the best—by extracting with a 7½ per cent. salt-solution through which carbon dioxide is passed, and after acidifying subjecting the resultant to boiling. The recent indications for the use of this remedy are based upon its marked inhibitory action upon utero-ovarian activity and its excitant action upon the mammary glands. Thus if a nursing-woman finds that her menstruation reappears and her milk becomes impoverished the administration of this substance will meet both indications.—La Semaine Médicale, 1896, No. 42, p. 333.

The Treatment of Itching by Large Doses of Calcium Chloride.—Dr. Thomas D. Sayill administers this drug in doses of not less than twenty grains three times daily, which should be increased even to double this amount. It should be given after meals in a wineglassful of water. Should it cause thirst, and to cover the salty taste, one drachm of tincture of orange-peel and one ounce of chloroform-water, which make it really agreeable, can be added. It is not possible, as yet, to indicate precisely which cases are most suitable for this treatment, but it is worth while trying in all instances where itching is a troublesome feature. No absolute failures have been met with, although sometimes the dose has to be considerable and continued for several weeks, especially in long-standing cases.—British Medical Journal, 1896, No. 1864, p. 732.

The Action of Ozone on Nutrition.—M. Butte and Peyron have found from their experiments on animals that the inhalation of ozonized air determines an increase in the amount of elimination of total nitrogen, urea, and phosphoric acid.—La Semaine Médicale, 1896, No. 42, p. 338.
The Treatment of Inoperable Local Tuberculosis.—M. CAROMILAS has used with complete success for a patient suffering from osteitis of the pubis with double suppuration, salpingitis, and incipient pulmonary disease, all tuberculous, an injection into the foci of suppuration composed of camphor, 5; resorcin, 4; olive oil, 10; carbon disulphide, 12. This is useful in the majority of instances of inoperable local tuberculosis.—La Presse Médicale, 1896, No. 77, p. 488.

Anuria Cured by Vesical Injections.—DR. ALRESPY reports a single instance of complete anuria of four days’ duration apparently due to complete spasm of the entire urinary tract. A decoction of belladonna-leaves, 10 to 500, with 10 parts of boric acid, was injected through a metallic catheter, thus hoping to relieve the spasm of the unstriped muscle of the bladder by the well-known dilating action of belladonna when absorbed by the vesical mucous membrane. Of this injection about two ounces were left in the bladder. As a result more than ten ounces of urine were obtained, and a repetition of the injection was followed by a copious flow of urine. It is evident from this recital that there are a certain number of instances in which the anuria is due to a spasm of the tissues produced through the motor nerves, proceeding from the solar plexus. In these instances the action of belladonna will serve as a touchstone when there are difficulties in diagnosis.—Bulletin Général de Thérapeutique, 1896, 5e liv. p. 225.

The Action of Benzacetin in Neuralgia.—DR. A. REISS has made use of the following mixture: benzacetin, 85.8; caffeine, 8.5; and citric acid, 5.7 per cent., in his practice at the Insane Asylum at Stephansfeld. In old cases of habitual headaches, neuralgia, and migraine the action was satisfactory. Improvement followed in from one-quarter to three hours and persisted from one to two days. Unpleasant circulatory and digestive symptoms were observed in only two instances. The usual dose was eighteen grains. If one dose was not sufficient, the second was given in from one-half to one hour. Of sixty-one patients eighteen were completely cured, twenty improved, with questionable results in five, and none in eighteen.—Therapeutische Monatshefte, 1896, Heft 6, S. 319.

[Benzacetin is said to be acetamido-methyl-salicylic acid, which is soluble in alcohol and slightly in water.—R. W. W.]

The Treatment of Erysipelas with Vaseline.—DR. H. KÜSTER states that this consists in painting the parts affected twice daily, covering the application with linen and fastening with a gauze bandage. Beyond this the treatment is purely symptomatic; for headache, acetanilid or antipyrin; if the temperature is over 104° F., quinine in seven-grain doses; if cerebral symptoms, ice-bag to the head, a cathartic, as calomel or senna; for delirium, chloral; for heart-weakness, digitalis and alcohol. The advantages of this method are obvious. The one hundred and thirty patients show that the results are equally as good as with other methods. (1) The duration of the fever is the same as with lead-lotion, painting with iodine, ichthyol-vaselin, or sublimate-lanolin. (2) This treatment results in extension of the process as frequently as do the others, for none is exempt. (3) Complications,
especially of phlegmonous processes, are not more frequent than under other methods. (4) This method is equally efficient, and presents no danger of exciting untoward symptoms, as burning, odor, or poisoning, and the additional advantage that it is inexpensive.—*Therapeutische Monatshefte*, 1896, Heft 6, S. 299.

**Uranium Nitrate.**—Dr. Samuel West reports that, when administered in the treatment of diabetes mellitus, this drug diminishes thirst, reduces the amount of urine which is passed, and reduces the percentage of sugar. Ten grains can be administered three times daily without inconvenience as far as concerns digestion. He concludes that it is a drug of considerable value, though, like other drugs, it cannot be relied upon to produce equally good results in all cases indiscriminately.—*Medical Press and Circular*, 1896, No. 2989, p. 127.

**The Treatment of Incontinence of Urine by Suggestion.**—Dr. A. Cullerre has treated twenty-four patients, infants and children, during the past four years. Of these hypnotic suggestion has cured twenty, benefited two, and in two instances only has there been failure to obtain permanent relief. The degree of hypnotism is not of great importance. The formula of suggestion varies according to the case: not to wet the bed; to awaken the moment the desire is felt; to awaken at a given hour to urinate; to think while sleeping that it is not necessary to wet the bed. If necessary, there can be provoked an insomnia intended to accustom the brain to perceive the need of urination. Soon this insomnia disappears of itself, and the patient, accustomed to watch his bladder, does it even although sleeping. Generally the cure is immediate; sometimes it is delayed for several weeks. The age of the patients treated was from six to twenty-three years; the method is applicable above the age of three years. The author believes that essential incontinence of urine in infants and adolescents is a neuropathic stigma, in general benign, but sometimes a forerunner of more or less grave nervous affections, as neurasthenia, hysteiia, hypochondriasis, mental obsessions, being founded upon preoccupation or fixed ideas relative to the urinary function. The patients come from families in which the neuropathic stigmata are of different forms, not necessarily mental alienation, properly speaking, but often signs of physical and moral degeneration. Incontinence is transmissible by similar heredity; it may even become a family disease.—*Archives de Neurologie*, 1896, No. 7, p. 1.

**Cresoote Valerianate.**—Dr. E. Grawitz uses this remedy in gelatin capsules, which conceal the taste and odor of the drug. In each capsule three drops are placed, and one of these is given thrice daily with milk. The dose can be increased to thirty drops daily. The results of its use with thirty-five tuberculous patients shows that it is an advantageous method of prescribing cresoote.—*Therapeutische Monatshefte*, 1896, Heft 7, S. 384.

**The Influence of Somatose upon the Milk of Nursing-women.**—Dr. Richard Drews states that this food exercises a specific action upon the mammary glands of nursing-women in that it produces an abundant
secretion of milk and rapidly removes the disorders observed during lactation. It is, therefore, recommended when the quantity is insufficient and when at the commencement of lactation the flow seems about to cease, in order that the dangers of artificial alimentation may be avoided. It goes without saying that the integrity of the gland is perfect and there are present no diseases which prevent nursing. The dose is three or four teaspoonfuls daily taken in milk, hot bouillon, or cocoa. It has hardly any taste, and therefore is easily administered and its use continued for a long time.—Revue de Thérapeutique Médico-Chirurgicale, 1896, No. 13, p. 392.

The Treatment of Whooping-cough.—Dr. Ferreira reports twelve instances of the use of bromoform, and concludes that (1) in case of failure of topical applications or when they are not possible we must resort to general therapeutic measures. (2) The preparations of belladonna in intensive doses, and especially of atropine, exercise a real influence upon the cough. The difficulty of managing the remedies and their incontestable dangers prevent their popular use. (3) Bromoform, if it does not surpass, can be placed equal with belladonna and atropine for this purpose. It acts promptly and diminishes the attacks and produces amelioration and indeed cure when used with energy and in accord with the severity of the disease. (4) The drug is of easy administration in infancy, and children bear the remedy remarkably well. (5) Through its double action (sedative and antiseptic) it fulfills two indications in combating the spasmodic element and attacking the germs causing the disease. (6) It should be used larga manu in view of the excellent results obtained. The drug is given in solution, with sufficient alcohol for dissolving it, in dose of from three to six drops daily for children under one year, and six to fifteen drops for larger children.—Bulletin Général de Thérapeutique, 1896, 12e liv., p. 529.

The Preparations of Strophanthus.—Drs. Horatio C. Wood and William S. Carter have made a laboratory study of both an extract of the drug as well as of strophanthin. They found that the extract was an active preparation, having but little action upon the vasomotor centres, as compared with what it has upon the heart and vessel-walls. Experiments with commercial strophanthin showed that this also is an active substance, more markedly raising the arterial pressure than did the extract, thus confirming the conclusion of Rothziegel and Koralzewski that the former is a superior preparation of the drug.—American Journal of Pharmacy, 1896, No. 7, p. 353.

1 Senecio (Groundsel).—Drs. Dalché and Heim report their clinical observations upon the use of a dry extract of Senecio vulgaris in pill-form, six grains each, to the number of eight or ten daily. It seems to calm menstrual pain so long as the genital organs are healthy; but when there is uterine or peridurine disease it is without effect. This limits its employment to such conditions as the dysmenorrhea of chloro-anæmics, of nervous hysterics or neurasthenics, of young girls, whose menstrual pains of long duration appear to be due to painful or defective ovulation. Beyond its influence upon pain it is an open question whether it affects the appearance of menstruation, favoring the establishment of the menstrual flow. It fails
in the presence of various uterine and periuterine difficulties as well as in the painful symptoms of the intermenstrual period.—Les Nouveaux Remèdes, 1896, No. 14, p. 409.

The Treatment of Dog-bites.—Dr. J. C. Vaughan recommends the immediate treatment with strong fuming nitric or hydrochloric acid. One or two drops will suffice, and the slough soon separates leaving a clean wound, which heals readily. The silver nitrate stick is objectionable in that when pushed into the wound it practically repeats the bite, driving the deeper-lying saliva deeper into the tissues and further outside, and hence better protected by the albumin coagulum-film formed in the wound by this treatment.—Indian Medical Gazette, 1896, No. 8, p. 273.

Morphine Chloride in Poisoning by Potassium Cyanide.—Dr. L. Heim, in his experiments upon mice, found that subcutaneous injections of morphine chloride after fatal doses of potassium cyanide saved six out of ten experimented upon. The explanation is probably that in the presence of the iron in the alkaline blood these two substances are, by chemical interchange, transformed into oxydimorphine and Berlin-blue, both of which are relatively non-poisonous.—Münchener medicinische Wochenschrift, 1896, No. 37, S. 861.

The Contraindications to the Bromides.—Dr. S. Sterling sounds a note of warning to the indiscriminate and prolonged use of the bromides by anaemic individuals. So also in respiratory catarrhs, which they are likely to aggravate, caution should be exercised. In gastric and intestinal diseases the loss of appetite, burning or pressure in the stomach, nausea, vomiting, and diarrhoea are symptoms, caused by large doses, which should not be ignored. When cutaneous irritation or hyperaesthesia is present the irritant effects of the bromides may contraindicate their use. A consideration of these facts should lead to more care in the prescribing of these salts.—Therapeutische Monatshefte, 1896, Heft 9, S. 500.

Absolute Alcohol as Disinfectant for Instruments.—Dr. Robert L. Randolph, after laboratory experimentation, has reached the following conclusions: (1) that in a great number of eye-instruments by far the majority are infected by exposure to the air; (2) that absolute alcohol would seem to be a valuable disinfectant for instruments infected under the conditions which ordinarily surround us in everyday life; (3) that the septic character of instruments infected with a pure culture of staphylococcus albus is not altered by exposure for twenty minutes to the action of absolute alcohol. The alcohol used is supposed to have a strength varying from 98½ to 99½ per cent.—Johns Hopkins Hospital Bulletin, 1896, Nos. 66 and 67, p. 185.

The "Disintoxication" of the Blood in Cerebral Rheumatism.—Dr. H. Barré reports a single instance in which in spite of repeated cold baths and sodium salicylate the temperature rapidly rose. The method is as follows: first, the needle through which the artificial serum is to be passed is introduced into the right median cephalic vein. As the transfusion is
beginning to be made, another needle, through which the blood is to be withdrawn, is introduced into the corresponding vein of the other arm. Improvement showed itself when about six ounces of blood, which had been replaced by the artificial serum, had been withdrawn. Twenty ounces in all were withdrawn. The patient recovered. The essential peculiarity of the process consists in the simultaneous drawing of blood and introduction of artificial serum in quantity not greater than that of the blood withdrawn.—Medical Press and Circular, 1896, No. 10, p. 230.

The Treatment of Rheumatism by Local Application of Methyl Salicylate.—M. Lannois and Linossier have found that this method will advantageously replace the use of salicylates when given by the mouth, but should only be thus used when they are impossible to be administered, the reason being the difficulty of applying the drug to very painful joints. In the sub-acute and chronic forms it is useful, and its absorption is equally certain.—La Semaine Médicale, 1896, No. 42, p. 388.

The Treatment of Cardiac Failure.—Dr. T. Grainger Stewart believes that the most important agent is rest, next the element of hope, and finally diet. Here excess of fluids is to be guarded against. Alcohol as an article of diet must not be used, even to habitual slight excess, nor in any form which gives rise to dyspepsia. Massage in the great majority of cases of cardiac dilatation diminishes the area of cardiac dulness. The character of the cardiac sounds and the rhythm and strength of the pulse correspondingly improve, the patients usually experience a sensation of comfort and feel the better for the treatment, although rarely the opposite effect may be produced. Although the immediate effects pass off in a few hours, they frequently do not pass off completely. Repeated applications bring about a permanent diminution of the area of dulness, with improvement of the pulse and patient’s sensations, although the effect rarely may be deleterious. Movements with limited resistance show in a large proportion of cases immediate improvement in the condition of the heart, as shown by percussion and auscultation, the sounds becoming more distinct and the area of dulness diminishing to a greater or less extent. In many cases the rhythm of the pulse improves and the heart becomes more vigorous. While the immediate effect is in so far temporary, the heart rarely goes back to its previous condition of dilatation, but remains somewhat smaller than it was before the exercises, and gradual improvement of a lasting kind sets in, so that the heart recovers its tone and the area of dulness diminishes. The saline bath (five pounds of sodium chloride with eight ounces of calcium chloride in a forty-gallon bath), in which carbon dioxide in large quantities is liberated, produces a most striking diminution of the area of cardiac dulness, with slowing and strengthening of the pulse, changes just as definite as those produced by the exercises above mentioned.—British Medical Journal, 1896, No. 1864, p. 701.

A Modified Method of Administering Oxygen and Ether.—Dr. H. A. Hare states that when oxygen is given with ether vomiting is less frequently met with, excessive pallor is rarely seen, and post-operative
depression seems to be largely avoided. The apparatus which he suggests consists of a somewhat funnel-shaped piece of leather having a greater diameter in one direction than in another, into which is fitted a piece of soft felt or spongiopiline almost a quarter of an inch thick. In the under surface of the leather cone is inserted a small metal tube, and at the opening of this tube a small hole is cut in the spongiopiline. The ether is poured upon the spongiopiline in the cone, in the apex of which is placed some absorbent cotton. The oxygen enters the cone by means of a rubber tube attached to the above-mentioned metal entrance. With this apparatus (1) the supply of oxygen can be delivered in varying quantities without altering the amount of the anaesthetic; (2) any quantity of anaesthetic can be employed without necessarily increasing the oxygen; (3) the leather cone prevents the rapid evaporation of the ether; (4) the spongiopiline will retain a larger quantity of ether than an ordinary towel; (5) chloroform can be substituted for ether by removing a metal cap which can be placed on the apex of the cone, thus permitting fresh air to be inhaled with the anaesthetic in such quantities as may be desired.—*Therapeutic Gazette*, 1896, No. 6, p. 445.

**Local Cocaine-anæsthesia.**—DOTT. TITO COSTA calls attention to the fact that when the injections are made with the solution at a temperature of 122° F. to 131° F. the following advantages are presented: (1) weak solutions (0.5 to 0.4 per cent.) possess a marked anaesthetic power; (2) local anaesthesia appears immediately after injection; (3) with an equal quantity of solution injected there is obtained a greater zone of anaesthetized tissue; (4) with an equal amount of cocaine more than double the amount of tissue can be anaesthetized by this method, and since the percentage of drug is lessened the toxic effects are markedly diminished. The elevated temperature is an obstacle to the absorption of the drug, thus making the injected solution more diffusible in the meshwork of the tissues and therefore increasing the anaesthetic zone.—*Vratch*, 1896, No. 26, p. 737.

**A New Stain for the Gonococcus.**—A new combination of aniline colors is proposed by PICK and JACOBSOHN as a bacterial stain very well adapted to the gonococcus (*Berliner klinische Wochenschrift*, 1896, No. 36, 811). It consists of 20 c.c.m. of distilled water to which 15 drops of carbolic fuchsin and 8 drops of a saturated alcoholic solution of methylene-blue have been added. Cover-glass preparations are dried and fixed in the usual way, and are immersed in the stain for from eight to ten seconds. They are then washed in water, are again dried, and mounted in balsam.

When stained by this method the cells of gonorrhæal pus have a faint reddish color, forming a good contrast-background for the intensely blue gonococci.

[As the result of a few tests of this stain it would appear that the best results are obtained when the stain is allowed somewhat longer action than the eight or ten seconds mentioned by Pick and Jacobsohn, but from one to two minutes is amply sufficient, and the preparations are then very handsome. It is not claimed that this is a selective stain for the gonococcus alone; simply that it is well adapted to the morphological detection of that germ.]
Anesthesia.—The semi-centennial of the first public demonstration of the anesthetic properties of ether by Dr. William Thomas Green Morton, its discoverer, has been the occasion for the presentation of a considerable number of valuable papers.

Dr. Frederic W. Hewitt believes that it is somewhat unlikely that an anesthetic will be found which would possess the simplicity, the agreeableness, and the potency which characterize the administration of chloroform, the safety which distinguishes ether, and the freedom from after-effects which is such an advantage in the case of nitrous oxide. Putting on one side the possibility of the discovery of some new anesthetic or analgesic agent, there is every reason to believe that our present systems and methods are capable of considerable development and improvement. Numerous possibilities suggest themselves. A far wider range of utility may be in store for certain drugs which are known to have anesthetic properties, but which, for some reason or other, have not come into favor. Novel successions or combinations of anesthetics are very likely to be worked out and to prove useful. Chloroform-anesthesia may yet be rendered as safe as that of ether. The anesthesia of nitrous oxide in presence of oxygen may have a great future before it. Our knowledge as to the best lines of treatment for different types or subjects is rapidly on the increase. And, lastly, let us hope that we may discover means for preventing or minimizing the after-effects of ether and chloroform.—The Practitioner, 1896, No. 340, p. 347.

Mr. George Rowell sums up our present knowledge by stating that chloroform is a dangerous drug because of its deleterious effect upon the heart. By avoidance of air-limitation, and by carefully watching the various symptoms displayed by the patient, an overdose of chloroform should never occur. This being avoided, the risks during chloroform administration are mainly associated with imperfect degrees of anesthesia, and the great risk of danger lies in the occurrence of asphyxia, however produced. Although with experience and care the number of chloroform-deaths is capable of considerable reduction, yet chloroform is not, in spite of its advantages, the most desirable drug for routine use in producing anesthesia. Still, it is of great value in cases in which, from some diseased condition of the patient, or from the particular requirements of the surgeon, ether and mixtures are contraindicated; and this, beyond doubt, is its true sphere of usefulness.—Ibidem, p. 357.

Mr. F. Woodhouse Braine, from thirty years’ experience in the administration of anesthetics, has arrived at the conclusion that ether should rank facile princeps among anesthetics, and were he limited to the employment of only one anesthetic agent out of the number that have at various times been brought forward, he would without hesitation give the preference to ether.—Ibidem, p. 365.

Mr. George H. Bailey believes the cases in which ether should not be used are those in which its administration cannot be kept up, as in and about the mouth. There is no distinction in perfect anesthetic effect between ether and chloroform, and the former, given as it should be, can be used in the same cases as chloroform. In the very young and very old ether is preferred. Most certainly the young die under chloroform, and the stimulation of ether is good for the old. Neither is used in organic disease, but then neither do
we operate under such conditions. It seems that in this fiftieth year of the use of ether it is in far greater and increasing favor than some years ago. —Ibidem, p. 369.

Mr. Marmaduke Shield pleads for better instruction in the administration of anaesthetics, and cites as remedies for the prevailing haphazard methods of practice that instruction in anaesthetics should be made compulsory and that an examination in this subject is desirable.—Ibidem, p. 387.

The Treatment of Graves’s Disease.—Dr. W. H. Thomson, believing that this has its origin from gastro-intestinal ptomaine-poisoning, regards diet as of great importance; meat is as poisonous in this as saccharine food in diabetes. It is an absolute necessity that a milk-diet be kept up for two years if the patients expect to get well. It is doubtful whether the majority of adults can digest fresh milk in any quantity continuously, unless the stomach is spared the task of the initial curdling of the milk with its own juices, which is a necessary preliminary to its final digestion. The experience of the peoples whose only staple is milk seems to show that milk should be fermented before using it. If matzoon is not procurable, a domestic article can be made as follows: half an ordinary yeast-cake is broken up in a pint of slightly warmed milk, which is then put aside in the kitchen for twelve hours until it has begun to curdle. One-fourth of this fermented milk is now stirred into three times this quantity of warmed fresh milk and set aside, as before, when, in summer, at least, it will be fermented in twelve hours, and could then be used but for the bitter taste of the yeast still perceptible in it. A third specimen, made in the same proportion, from the second, will generally have only the slightly acid flavor of good matzoon. After this all that is needed is to keep enough matzoon from each day’s making to ferment the next day’s supply. When it is thus curdled it should be well stirred and put in a refrigerator to prevent its becoming too sour. It is well not to have it too cold when used, and it should be smooth like cream and eaten with a spoon, as is soup, rather than drunk. A moderate amount of fish, and not more than one egg daily, can be taken. Bread may be used freely. Among vegetables potatoes, corn, beans, and peas are injurious if there be any tendency to diarrrhea, which necessitates the avoidance of both vegetables and fruits. Asparagus is mischievous, and often oatmeal, while tomatoes in salad with lettuce generally agree. No pastry nor cakes, excepting gingerbread, are allowed. No coffee, tea, nor cocoa should be taken, and spirits should be used only when syncopeal symptoms arise. Mercurial purgation should be used systematically once each week; a blue pill, followed by a saline, or one-third of a grain of calomel rubbed up with milk-sugar, every fifteen minutes, for six doses, and a saline administered three hours after the last dose. The chief medicinal treatment consists in the systematic and unremitting use of intestinal antiseptics. As formulas: phenol-bismuth, 10 grains, with sodium benzoate and bismuth subcarbonate, of each 5 grains, in capsules, two hours after each meal; or salol, 2%, ichthyol, 1%, and sodium benzoate and bismuth salicylate, of each 7% grains, in capsules, two hours after each meal. These antiseptics exert a specific control over the vascular and cardiac disturbances in marked contrast to the inefficiency of cardiac sedatives, and they are apparently without any injurious effect. They affect just
as favorably other symptoms, as insomnia, tremor, and agitation. Strophanthus, in doses of from 5 to 10 drops of the tincture, may be used as an adjunct, and for nocturnal attacks of dyspnoea and palpitation 10 drops of the tincture of belladonna may be employed. In some cases of violent action of the heart 5 drops of tincture of aconite, night and morning, may be prescribed. So far as operation is concerned, there is no class of patients more unpromising for surgical interference than they are at any period of the malady.—New York Medical Journal, 1885, No. 932, p. 473; No. 933, p. 505.

MEDICINE.

UNDER THE CHARGE OF

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A Case of Carcinoma of the Thoracic Duct with Chylous Ascites.—Schramm (Berliner klinische Wochenschrift, October 26, 1896) reports a case of carcinoma of the thoracic duct associated with chylous ascites. As a cause of chylous ascites, carcinoma of the thoracic duct is extremely rare. Leydhecker reported the only case that has appeared in the literature. The latter, however, was able to find records of only five cases of cancer of the thoracic duct, but in none of these instances was the disease accompanied by chylous ascites. Schramm's case was the second that had come under his observation. It occurred in a woman, aged fifty-three years, who came under observation on January 2, 1895. During the summer of 1895 she gradually grew weaker and became much emaciated. Later, gastric symptoms, as loss of appetite and a sense of pressure after eating, appeared. Severe pain in the abdomen and back followed, with distention of the former, that was first noticed on December 20, 1895. When the patient came under observation there was marked abdominal distention. Physical examination showed that there were evidences of an exudate in the abdominal cavity. This apparently was encysted, as the dulness was limited chiefly to the epigastric, umbilical, and hypogastric regions, the lumbar region giving a tympanitic note on percussion. There was no movable dulness, but fluctuation was quite marked. A gynecological examination failed to clear up the diagnosis of the case. On January 15th the abdomen was opened and sixteen litres of milky, whitish-yellow fluid were removed. No definite abdominal changes could be made out, however. Two days later the patient died, and an autopsy was made. A hard, irregular tumor about the size of the fist occupied the region of the head of the pancreas. Nodules were scattered over the surface of the gall-bladder, and others were distributed