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TO MEDICAL PRACTITIONERS.

Gentlemen:—In presenting for your perusal and criticism, the first number of the Country Practitioner, I have but two reasons to give, and no apologies to make. The first is to try and add to medical knowledge, by bringing into general use the latent information possessed by every practitioner who is, and has been doing good service in his own immediate circle, fighting out of his own difficulties, when out of the reach of specialists and scientists, leaning upon his knowledge of general principles, basing his practice upon his good common sense, making his syringes in emergencies from hogs' bladders, and filing nozzles for them out of thigh bones of chickens, making surgical splints out of old shingles with his jack knife; working, reading, striving and fighting his way alone through emergencies that would cause some of the great medical luminaries to stagger in their traces. Not that all country practitioners are necessarily good physicians, but that their isolation from the fraternity, and the circumstances surrounding them tend to draw out and develop—not self conceit, but self reliance, and force them to the performance of work that if it were possible they would gladly shirk by passing the case over to a specialist.

They see disease in its uncomplicated form more often than hospital practitioners—for their patients are among people who breathe pure country air, and less often contaminated by scrofulous, syphilitic, or other constitutional taint.

Every such physician meets with peculiar and interesting cases worth reporting. His experience with new remedies is generally so thorough as to
make his opinion valuable. If he reports at all it is to his county society, and there it dies for want of publication.

Medical and chemical science are making rapid strides. No physician can afford to stand idle; no difference what his present amount of medical and surgical skill, he must advance or retrograde.

If he is to gain knowledge by his own experience alone, it is slow plodding. If he desires to gain part of the experience of others, he must be willing to impart his own. It is then to you, medical reader, I offer the columns of this journal as a means of spreading before your medical brethren anything you may deem of value occurring in your practice.

My second reason is, that I have at most seasons of the year more time than my practice demands, take great pleasure in the kind of work the management of the journal will require of me, and am not averse to turning an honest penny by the operation, if the journal lives—although I expect a doctor’s luck in the latter, for many a year to come, i.e., more work than pay.

So far as the conduct of the journal is concerned, its columns will be open at all times for communications on medical subjects, from regular medical practitioners from any part of the country, reserving, of course, the editorial prerogative of rejecting anything improper or unseemly. I shall also reserve the right to criticise any or all articles that I may accept, and hold the author of the article responsible for the defense of his views. Each original article will be published under the name of the author, and when received from Secretaries of County Societies, the name of the society before which the article or articles were read, will be given.

Extracts from other journals will in all cases be credited to the journal from which they are taken.

The size of the journal is probably greater than it should have been at the start or until it was well established in the confidence of physicians, but it is really not half large enough to contain the material that should be published and placed in the hands of the discriminating practitioner.

In addressing country practitioners, I do not wish to discriminate in the least, or deteriorate one jot from the acknowledged ability of our city brethren.

If they take advantage of the privileges within their reach: medical lectures, college and hospital clinics—constant communication and consultation with leading medical, surgical, gynecological, optical, and other specialists, ready access to dissecting rooms, &c., &c., it is all the more their duty to be in
the picket line of medical research, and send us at least some of the crumbs from the rich repasts they are enjoying.

This number contains many extracts from other journals, many of them old, but, in our opinion, worthy of a re-print; yet it will serve in its make-up to give an idea of the proposed character of our enterprise, style of mechanical execution, &c.

The sub-title, "New Jersey Journal of Medical and Surgical Practice" is not designed to stamp it as a local journal, but to show that we are not ashamed of our birthright in a State that gave birth one hundred and thirteen years ago to the State Medical Society of New Jersey, the first medical organization in America, and growing steadily brighter and stronger in its old age.

The *Medical and Surgical Reporter*, one of the best medical journals in the country, was born in the city of Burlington, N. J., and afterward transferred by Dr. Butler, its late lamented editor, to Philadelphia.

Having gone safely through the pangs of labor, it will depend, gentlemen, upon the kind of pabulum you furnish in our infancy whether we survive, or perish from—marasmus.

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**RELATIONS OF MEDICAL JOURNALISM TO MEDICAL PROGRESS.**

**DR. R. H. PAGE.**

In all departments of knowledge, science, art, literature, politics and even religion, progress is the watchword; off with the old, and on with the new is the battle cry. The rich plains and valleys that have been cultivated it may be with plodding industry, or erratic effort until many an abundant harvest has been gathered and garnered, and others are ripe for the reaper's sickle, are abandoned for the hillside and giddy mountain peak whose every shrub is thought to bear golden fruit, and their every pebble the elixir of life and knowledge. In all this there is much to commend, much by which the world profits and advances from plane to plane above, until the sight can perceive the far off 'ultima thule' perfection. And may it not be much to condemn? Each decade marks with unerring precision the advancement, and leaves strewn in its track the debris of a false advancement, or we may say the charlatanism of progress. Far be it from me to condemn the plodding industry, or the Godlike genius of the world's busy workers who by unremit-
ting toil, by the sacrifice of the thrift of gain, and all the selfish gratifications of life, are working and striving to benefit mankind by the advancement of knowledge; to all these I would say God speed, but would call a halt to their followers, prevent them from rushing blindly along the path marked out, blazing and illumined by these busy workers, to examine and winnow the wheat from the chaff, the pure gold from the crude dross, and not to adopt every new idea, theory and practice as soon as advanced, conflicting as they too oft do with the laws of nature, science, art and all the lessons of experience, the world's best teacher, just because they are new, and point toward the goal of progress, but would rather advise them "to make haste slowly" and not have the sad experience of leaving the old well beaten track for the new which will soon be strewn with the wreck of many a failure. In a word the gems strewn along the path of progress are few compared with the worthless stones in which they are imbedded. All the labor saving machinery which the inventive genius of the world has given us has been culled from an immense mass of worthless trumpery; science in her delving has made many a rich discovery that time alone could free from its accompanying error, and the scientist in studying the means to the end has amidst the misty haze of evolution and other kindred theories, lost sight of and denied the first great creative power, and said there is no God. In history and polite literature the rank and noisome weeds of immorality and falsehood have grown and flourished by the side of the fine flowers of virtue, truth and poetry. In the science of government the false overshadows the good, and even in religion the clouds of error cast a cimmerian darkness over its inspired truths, until the star of Bethlehem has been obscured. Thus the true and false are always intimately blended. All this being true of other departments of knowledge, has the science of medicine and surgery escaped? Let the pages of our medical journals, being the exponents of the advance of medical science and laden as they are with much that is new and excellent, and somewhat with that that is wonderful, be the answer.

That the science of medicine has made rapid strides of advancement and kept even pace with all the material progress of the age, the history of the profession for the last few decades amply testifies. By the patient and arduous labors of the physiologist, pathologist and pharmacist the cause, nature and treatment of disease have been unveiled of their obscurity, and the practice of our art, removed from the domain of empiricism, is fast gaining its place among the exact sciences. The laws of health and disease have been and are being more thoroughly investigated, as is exemplified not alone in the more scientific and successful treatment of disease, but in the better sanitary regulations of our cities and towns and in the improved plans of constructing and conducting our hospitals. "The air above, the earth beneath and the waters under the earth" have been put in the crucible of research and analyzed, and intimately blended with their sustaining and preserving life elements are
found the nucleus of disease and death. Beside the pure and crystal stream of life, flows the poisoned and turbid river of destruction and decay. The normal and abnormal conditions of the system being more thoroughly comprehended, all the essentials for maintaining the one and remedying the other, are more intelligently understood and applied.

This great progress is the result of patient scientific research, and the application of scientific truths by the intelligent practitioner in the treatment of disease. Much is also due to medical societies, which by reason of their associate character and privileges have done away with the isolation of individuals in professional life, in which every one was a law unto himself, and rendered united action possible by an interchange of ideas and a comparison of the lessons of experience in the treatment of disease. And the hydra-headed fiend of quackery met as it is in every highway and by-way, swinging its hesori of destruction has, however unwittingly, done its part to further medical advancement by stimulating the profession to increased efforts to be true to itself in its warfare against “ism” and “schism” by not only preferring the claim to be the one and only true “pathy,” but to possess the merit upon which to base and maintain its claim. Yet of the thousands engaged in the practice of the profession, relatively there are but few fitted by education and inclination, who have the leisure to devote to this research; and want of time debars the majority from conning the ponderous tomes in which many of these results are made known, and from regular attendance at the meetings of the societies. And thus arises the absolute necessity for an epitome of this progress, to appear in such a form as to be within the reach and capabilities of all, and the medical journal of to-day meets this necessity, and renders it possible for every physician to keep even pace with the advancement being daily made in the profession. Thus medical journalism is necessary to medical progress; and, being so, it is meet that its teaching should be watched with a jealous eye, and winnowed of the charlatanism that is an almost inevitable result of the tendency of the age, to rush blindly and impetuously along the path of progress, and to adopt indiscriminately every idea advanced; not alone those the result of patient research, but those, too, of the erratic theorist. In other words, the practitioner needs to bring all his powers of discrimination into play to avoid the grave error of forgetting the cardinal principles of his profession and the experience of years, and ignorantly adopt every plan and style of treatment spread upon the pages of the average journal by the mere theorist, or the medical tyro, who by such and such a course of treatment, by the use of this, that, and the other remedy, has succeeded, according to his well told tale, in curing diseases of the most dissimilar character, differing in cause, type, and pathology, in spite of his empirical treatment, and rushes into print to tell his wondrous tale. Allowing the diagnosis to be correct, which is problematical, they forget for the nonce that the system has wonderful recuperative powers that enables it to
overcome diseases, and alas—too often its treatment, and give to a mere happen- 
ing the attitude of well defined truth, and attribute the work of the Vis Medicatrix Nature to their own blind efforts. I am aware that many a rich mine has thus been accidentally opened, and several of the most valuable remedies of the Pharmacopoeia have been discovered, and their virtues made known to the profession by a kind of blind chance. It may be learned from the babbling of some old crone, or taken from the mass of old women's remedies in some emergency, yet withal how many of the new remedies that have been blazoned upon the pages of our journals in the last twenty years, and recommended as cures for all the ills to which flesh is heir, have been permanently adopted by the profession? Comparatively few. True, some of these are the best remedies known to our art, and have been the means in the hands of the profession of untold good to suffering humanity. But then reverse the picture, and can we estimate the incalculable harm that has been done by the indiscriminate adoption and use of all new remedies and plans of treatment recommended in the journals for the cure of the most opposite affections, sthenic and asthenic alike? Even those remedies that experience has placed among our most valuable, by being used at the sacrifice of old, well tried medicines, in diseases to which they are totally unsuited, have produced much evil. For instance, veratrum viridi has filled many a grave; hydrate of chloral hushed many a victim; chloroform a holocaust of death, and the thousand and one recommendations that appear of knock-down, drag-out doses of powerful drugs; of combinations of chemically incompatible remedies; of old inert drugs resurrected; of fashionable waters for all imaginable ills, find their ready dupes, who fill the druggist's shelves, and in their recipes forget the old and pen the new, until victims are counted by thousands, either by commission or omission. At present the journals are blazoned all over, and their every page laden with the wonders of salicylic acid—without doubt an invaluable remedy in some cases of gout and rheumatism, and it may be in all cases of blood poisoning, but then to read of the wonders it has done, and by implication will do, we can but think the philosopher's stone of the ancients has been discovered, not gold the result, but, as if by magic, disease routed and health restored. Indeed, what other conclusion can we draw than that all that will be necessary for the doctor hereafter will be "to come, see, and conquer" by throwing salicylic acid at his patients' heads? And this is but the type of a legion. Many of them like it, possessing virtues for certain pathological conditions, whose value it is almost impossible to estimate, yet having their limit of adaptability, which their eulogists fail to, or will not see, while some have, and others soon will run their ephemeral course, after having escaped from the empiricism of the hospitals, and been weighed in the balance and found wanting by the ordinary practitioner. And just here the query presents itself: Is it not too much the custom in hospital practice to treat all manner and forms
of disease alike by the administration of the last new remedy, until by its abuse it is abandoned as worthless, while really possessing many valuable properties, and may be admirably adapted to the cure of many, though not all, pathological conditions. While in its zenith the journals chant its praise, and in setting, toll its knell, and thus the unwise are trapped into its unwise use, and no less unwise abandonment.

In surgery we have but to glance at the recommended treatment of many cases of uterine disease to strengthen our premises, to quote the idea of Dr. Barker, the vagina, uterus and ovaries have to succumb to the surgeon's knife and after they are gone, like Alexander, they weep that there is nothing left to conquer. The surgeon cuts and carves until almost all the organs of the body are included in the ablation, in pathological conditions in which statistics show that the percentage of recoveries in cases submitted to the medical treatment alone is much greater than where the surgeon, armed cap-a-pie, makes his onslaught, then startles the readers of the journals with the wonders done and makes himself famous, much in the manner of the man of ancient story, who built and blazoned his greatness in the conflagration of a city. Dr. Barker, in speaking of gynecological operations on this point, says, "Women whose uteri know not the knife, the scissors, ecrrassure or pessary, also get well. This is certainly great comfort to the ordinary practitioner who has a healthy fear of disturbing peritoneal coverings, of poking pessaries into the bladder, of mistaking the uterus for the ovary, or of any of the other trivial accidents which occasionally happen in the higher walks of gynecology. The fact is that the desire to cut, twist, burn, amputate, electrolyze and pessarize the uterus, has amounted almost to a mania. The aspiring gynecologist who has been unable to devise a new operation, invent a speculum, or modify an old one, has been compelled to infuse his energies either into a new cautery iron, a novel back action curette, or a manifold self-acting elevator. If, perhaps, he fails in every other way in encouraging operative procedure, he gives a new and important twist to a pessary, establishes a principle, and makes a reputation. But if the time has come for a change of opinion, if the worst must come to the worst, advocates of the new doctrine can do no more than arrest the study of surgical statistics, and as a possible consequence, create a corner in uterine pathology. In any event we are willing to give the uterus one more trial."

The truth of the above, and its being so apropos to the subject is ample excuse for quoting it so fully.

I full well know that to reach the metal imbedded in the earth, much crude material has to be moved, examined, and put in the heated crucible to separate the pure metal from the worthless ore. Thus would I have the material of our medical journals put in the crucible of common sense, and subjected to the tests of the well known truths and principles of medical science, and the practice of the intelligent Physician based thereon, rather than the indiscriminate adop-
RELATIONS OF MEDICAL JOURNALISM TO MEDICAL PROGRESS.

...tion, and use of all the crude suggestions and experiments made and recommended in the journals. And would it not be well for the editors of medical journals to use some discrimination, probably by not refusing to publish articles contributed, but by editorial comments thereon, to point the attention of their readers to many of the crudities and absurdities that appear in their pages. As they are the conservators and exponents of medical progress it would be eminently proper. To place medical journalism in its true relation to medical progress, it should not be a mere journal to record with sphinx-like silence every communication that finds its way into the editorial sanctum, and thus by negative sycophancy make its pages a mint to coin dollars; but by just and fearless criticism, based on a correct knowledge of medical science, place them before its readers in their true light, and thus become, not alone the recorder of new ideas and practices, many of them absurd and mischievous in the extreme, by reason of their positive statements of beneficial results of remedies, and plans of treatment resorted to, probably in one experimental case only, but by the course indicated, become the true conservator of a real progress. Thus, and thus only, will medical journalism perfectly fulfil its high mission, and be not as now, a mixed stream of good and evil, but an ever living fountain of pure knowledge.

If in the above discursive remarks, written in an idle hour, aught has been said to disparage medical progress: to discourage experimenting with new remedies and plans of treatment, in so far as the means to the end is not opposed to all the laws of nature, science, and art; to clog the wheels of medical advancement and keep them in the ruts of our fathers; to throw discredit or opprobrium upon the medical journalism of the day, which is fulfilling its royal mission right royally, barring its neglect of independent criticism; they have failed of their object, may stamp the writer as an old fogy, and had better not been written. Neither were they intended to direct the attention to the indispensable necessity of medical journals to medical progress, of which all are fully aware, but simply to call the attention to the fact that like every other good they have, and may inadvertently entail much evil upon the profession by a want of due care in their preparation, and by a lack of discrimination in their readers in selecting from their contents the practical from the impracticable, the useful from the worse than useless.

Finally, it is essential to the accomplishment of the needed reform in medical journalism for its contributors to be reasonably sure of their facts before stating them as well authenticated, and for its editors to use good judgment in their selections, and to freely exercise their right of criticism as to the articles contributed, in their review of new books, and all that relates in any way to the profession. When this becomes the rule rather than the exception, the medical journal will cease to be an unreliable guide, and be a safe and sure director to the profession in its onward and upward course. Now it may not inaptnly be compared to the "Mirage" of the desert, then to a
steady beacon light, directing and leading to possibilities of successful practice based on a real progress in medical science, beyond the imaginations of the most sanguine enthusiast.

A FEW NOTES UPON THE ACTUAL CAUTERY.

The Actual Cautery is one of the most ancient of surgical resources. To have seen it in its widest range of application one must have lived centuries ago. Could we have attended the clinics of Abulcasin—or as he is more frequently though improperly called Albucasis—in the latter part of the eleventh century, the rising smoke would have told us of its extended use in the hands of that eminent Arabian surgeon. Or again if we turn over the pages of his Al-Tasrijf, we find between fifty and sixty chapters devoted to a consideration of the Actual Cautery. In the sixteenth century Ambrose Pare by introducing the ligature as well as a more rational means of treating gunshot and certain other wounds, limited in a measure its sway. To-day notwithstanding the opposition by the so-called Eclectic and Homœopathic elements, the Actual Cautery stands out as a surgical means of real value.

Though sentiment and public opinion cry out against it, the foremost men of the profession ever continue to assign it its place as an important curative agent.

As a counter-irritant in a deep-seated chronic inflammation it makes a more decisive and lasting impression than any other means in our employ. Besides its highly salutary effect the application of the Actual Cautery is followed ordinarily by very little if any pain. Were we to discard the Actual Cautery what means would we have for arresting the course of those stealthy, yet destructive inflammations of the larger articulating surfaces of the body? Certainly none. Nor, except by this means, could we avert the truly frightful effects of coxalgia after it has reached its second stage? Consult the annals of surgical history upon this point and then in that light tell us whether or not our treatment is too heroic. It is beyond cavil the one remedy par excellence here. By the effectual use of the Actual Cautery the absorbents will be stimulated and a totally new action set up in the deep tissues of the joint. Besides the intrinsic worth of the application we have an excellent absorbing surface for the endermic use of morphia, so essential in quieting the violent pain and relieving the spasmodic twitching of the muscles. More than one case has come under the writer's observation where the patient, his friends and even the physician have lulled themselves into the fatal security of believing that seemingly milder and less active means fulfilled the requirements of the case. The permanent deformity and the crutches tell us of the terrible mistake. As a hemostatic the Actual Cautery acts rather by charring the
ends of the vessels than by any constringent action, hence the danger of secondary hemorrhage following its use in this capacity. It is in our day but little employed for this purpose except in osseous cavities otherwise inaccessible. Many writers, teachers and practitioners generally, of the present era detract as fully from the merits of the Actual Cautery as did the older surgeons over-estimate them. The eleventh and the nineteenth centuries represent, in this particular, the extremes of the pendulum's range and we can only trust that in the near future the place of the Actual Cautery in surgical therapeutics will be determined not by a rash and precipitate antipathy, but more and more by its real worth as proven by practical results in the hands of skilful and scientific men. J. W. HICKMAN, M. D. May 6, 1879.

1945 N. Eleventh St., Philadelphia.

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INSANITY IN THE MIDDLE STATES.

BY EDWARD C. MANN, M. D.

SUNNSIDE MEDICAL RETREAT, Ft. Washington, N. Y.

Insanity is, in the middle states, as in other states, increasing disproportionately to the increase of population; and it also seems to be appearing at an earlier age than formerly, which latter fact is probably due to hereditary influences, which have gradually become intensified by violation of physical laws in early life, want of proper training, or too high pressure in education. Next to hereditary predisposition, which is the first and great predisposing cause of insanity in the middle states, as elsewhere, comes the great mental activity and strain upon the nervous system that appertains to the present age and state of civilization. This feverish haste and unrest which characterize us as a people, the undue predominance of the nervous temperament and the want of proper recreation and sleep tend to a rapid decay of the nervous system and to insanity as a necessary sequence. It is much to be deplored that intemperance is operating more and more, each succeeding year, as a formidable cause in the production of insanity. It is not too much to say that twenty-five per cent. of all cases of insanity admitted into the asylums of our middle states is due either proximately or remotely to intemperance which has produced a permanently diseased state of the brain, due to the interference in the nutrition, growth and renovation of the brain tissue. The evil does not stop here; for the offspring of intemperate parents are growing up in our midst with weakened, if not actually diseased, nervous systems and will inevitably, in time, become insane, diseased or idiots. The relative increase in the proportion of the insane to the sane population is more favorable in the middle states than in some others. The census returns for 1870 of the
United States show an increase of insanity of fifty-five per cent, while the increase of the general population has been only twenty-two per cent. The proportion of insane to sane population has increased from 1860, when it was shown that the entire population of the United States was 31,443,321, with an insane population of 23,909, or one insane person in every 1,310 of the whole population; up to 1875, inclusive, when by bringing up the calculation at the same rate of increase for both sane and insane population as obtained between 1860 and 1870, we find the former to be 42,115,896, and the latter or insane population 44,148, or one insane person in every 953 of the whole population of the United States. It may not be uninteresting to glance for a moment at the proportion of insane to sane population in other countries as compared with our own. In England there is one insane person to every 403 of the whole population, or more than double the proportionate number of the United States. In France there is an average of about one insane person to every six hundred of the whole population. In Scotland there is one insane person to every 336 of the sane population, while in Ireland there is one insane person in every 302 of the population. In the United States, California exhibits the greatest proportion of insane to sane population, there being one in every 484. This is due to local causes. Massachusetts shows the next greatest proportionate number of insane, while the New England states, as a whole, have a greater relative increase in the proportion of the insane to the sane population than is observable in either the middle, southern or western states. In the care, the treatment, in finely appointed institutions, and in scientific investigations into the causes of insanity, the middle states hold a place of which they may be very justly proud.

NEW YORK.

In the year 1844, the state of New York erected the first insane asylum at Utica, which has accommodations for 600 patients. In 1867 the Willard Asylum for the chronic insane was erected at Ovid and provides accommodations for 1,100 patients. The state has three more institutions for the care and treatment of the insane. One at Poughkeepsie, one at Middletown and one at Buffalo. These asylums will furnish for the next few years ample and adequate provisions for the acute insane, while for the 1,300 or 1,500 of the chronic insane, now in county institutions, are needed asylums similar to the one in successful operation in Ovid. Kings county and New York county provide for their insane under special statutes. The former county provides for 800 or 1,000 insane and the latter for over 1,700. On Ward's island is situated the State Emigrant Insane Asylum which provides for the insane emigrants for the term of five years from the time of their landing in this country. This asylum furnishes accommodations for about 200 patients. The annual expense per patient in this institution is $150. The per capita cost of building $1,138 and the total annual cost, $22,500. There are upward of 500 patients in private asylums so that the insane population of New York state
is probably not far from 7,000 or 8,000 at the present time. The census of June 30th, 1870, enumerated 6,353 insane. The annual expense per patient at the State Asylum at Utica is $271. The per capita cost of building is estimated at $1,061 while the total annual cost of the asylum is $157,939. The state appropriates annually $15,000, and each county pays $5.42 per week for its own paupers. The annual expense per patient in the Willard Asylum is $174. The per capita cost of building $942, while the total annual cost of the asylum is $181,542. Each county pays for its own paupers.

The annual expense per patient in the two New York county institutions is in the New York City Asylum for the insane $92.89, and for the New York Lunatic Asylum on Blackwell's island $73.84. The annual expense per patient in the Kings County Lunatic Asylum, situated at Flatbush, L. I., is $120. The total annual cost for these three county institutions for the insane is as follows: New York City Asylum for the insane, Ward's island, $53,504; New York Lunatic Asylum, Blackwell's island, $89,420; Kings County Lunatic Asylum, Flatbush, $92,400. The annual expense for the Hudson River State Hospital for the insane at Poughkeepsie is $50,000 (appropriated by the state) and has a capacity of 600 patients. It is built of brick and has attached to it 333 acres of land. There are at present 207 patients occupying it. The Buffalo State Asylum for the insane is not yet completed. It is built of red sandstone and brick and has attached to it 200 acres of land. The State Asylum for insane criminals at Auburn, N. Y., was erected in 1859 at a cost of $125,000, and has 842 acres of land attached to it. The cost of subsequent additions has been $52,000, making the total cost of the present building $177,000. The per capita cost of building is $1,222. The number of patients is 118, and the annual expense per patient is $208. The state appropriates annually $16,000 for this institution. The total annual cost of the institution is $24,544. The laws of New York, relating to the commitment of the insane, provide that no person shall be committed to, or confined as a patient in any asylum, public or private, except upon the certificate of two reputable physicians, under oath, after a personal examination of the party alleged to be insane, setting forth the insanity of such person, said certificate to be approved by a judge or justice of a court of record of the county or district in which the alleged lunatic resides. It would seem very desirable that an addition to the laws of New York, and also to the laws relating to insanity in the other middle states, should be made so as to guard, as far as possible, against the unfortunate results which are liable at any time to occur in the trials of the insane for homicide. It would seem very desirable, in order to secure society, to protect the legally and morally innocent, and to ensure the punishment of the legally and morally guilty, to have some improvement on the method now in use in criminal trials of the insane. There should be in each state a board of commissioners of lunacy, specially selected to investigate and testify in regard to these cases. Such a commis-
sion, appointed by the governor with the consent of the senate and consisting of able and experienced alienists, could hardly fail to be of great benefit. They should visit the prisoner before his trial, or still better, the prisoner's counsel, if intending to advance the plea of insanity, should be required to announce that fact to the district attorney, and the prisoner should then be committed to the state asylum for the investigation of his case. Being thus placed under the observation of such a board of experts, they would be afforded a better opportunity for forming a correct judgment. They could then, if such was the case, announce that the prisoner was insane and unfit for trial, or in the event of a trial they could be called into court and give their evidence and professional opinion without being obliged to testify for either the prisoner or the district attorney. In this way perfect impartiality and fairness could be secured, and the jury would naturally attach great weight to such testimony, and would be led to an unprejudiced and thoughtful view of the prisoner's condition, which is of paramount importance in these cases. The jury would then, with the aid of the commission of experts, decide, whether the act in question was the offspring or product of mental disease, whether he has sufficient mental power to control the sudden impulses of his disordered mind; whether or no there exists an inability to control mental action; whether the moral sense may not have been overborne by the superior force derived from disease, and other similar questions, the proper answers to which would do much to make the results of these trials more certain and satisfactory both to the legal and medical professions and to the general public.

NEW JERSEY.

The New Jersey State Lunatic Asylum at Trenton, N. J., was erected in 1848, and has attached to it 170 acres of land. It has a capacity of 500 patients. The original cost of the building was $100,000, and the cost of subsequent additions has been $178,000, making a total of $278,000. The per capita cost of building is estimated to be $356. There are 710 patients, with an annual expense per patient of $258, and a total annual cost of $183,180. The state of New Jersey appropriates annually $8,000 for the asylum. Five-sixths of the patients are paupers at $4.50 per week, paid by counties, while one-sixth are pay patients at $6 per week. Among the patients in this asylum are included the convict insane, numbering twenty-five, who have been transferred to the institution from the state prison, by virtue of the twelfth section of the act for the government and regulation of the state prison, approved March 26th, 1869. For this class separate provision is urgently needed, so that they can be separated from the other insane of the state; of the 4,806 cases treated since the opening of the institution, in 1848, 3,075 have been discharged, improved, or recovered, a state of affairs very creditable to the administration of the institution.

The new state asylum is situated at Morristown, N. J., and has been
erected at a projected cost of $2,250,000, and is one of the finest institutions in this country, if not in the world. The site is admirably selected, and covers about 400 acres of land, which cost $80,000. The asylum has a capacity of 800 patients. The per capita cost of building is estimated at $2,802. The water-works cost $20,000, and the water supply is said to be four times enough to meet the ordinary wants of the institution. It is expected that the reception of patients will be accomplished very soon. The building has a frontage of 1,250 feet, and it is a mile and a quarter around it, outside of the foundation line. It is a four story, semi-gothic structure, built of Syenitic granite, quarried on the grounds. All the main materials for the building were also obtained on the ground—the stone, the clay for brick, etc. Brick has been made at the rate of 80,000 per day; about 15,000,000 having been used in the construction. The law relating to the committal of the insane in New Jersey, requires the certificate of one physician, under oath, setting forth the insanity of the patient, said certificate to be sworn to before, and approved by, a judge of the state and county where the person resides.

Pennsylvania.

Pennsylvania has four state hospitals for the insane, each of which provides accommodations for 500 patients, and it is expected that another will be erected in Philadelphia. There is also a Friends' Hospital at Frankford, Pa. Previous to 1845 there was no provision for the pauper insane, who were confined in county almshouses. Public sentiment has appreciated the necessity and the wisdom of providing for the pauper insane the best treatment possible. If I am not mistaken, the city of Philadelphia is entitled to the credit of making the first regular provision for the insane, ever made in America. In the year 1751, the Pennsylvania hospital at Philadelphia, was incorporated by the provincial assembly, for the purpose of providing for the indigent sick, and for the care and cure of the insane. The first patient ever placed for treatment of insanity in an American institution was admitted to that hospital on the 11th of February, 1752. The second institution for the care of the insane established in the United States, was the asylum at Williamsburg, Virginia, which was opened for the reception of patients in 1773. At the present day we have in operation, or nearly ready for occupancy in the United States, seventy-six hospitals for the insane, which will accommodate 29,000 patients. Since the establishment, in 1751, of the Pennsylvania hospital, with its sound declaration of principles, which even at that time recognized insanity as a physical disease capable of cure—in 1805, when Dr. Benjamin Rush delivered lectures on insanity with clinical instruction in his wards—and down to the present year, the one hundred and twenty-sixth since the hospital was founded, and which is at present presided over by one of the ablest specialists in this department of medicine, Dr. Thomas S. Kirkbride, Pennsylvania, has maintained a position in the application of state medicine to the treatment of insanity, of which she may be justly proud.
The law relating to the committal of the insane in Pennsylvania, requires the certificate of the patient's insanity from two physicians of acknowledged respectability, who shall have examined the patient within six days of its date, and this certificate must be sworn to before some magistrate, or judicial officer, in conformance with the law approved April 20th, 1869. The annual expense of maintaining patients in the three asylums at Harrisburg, Dixmont, and Danville is respectively $250, $251, and $234. The per capita cost of building was, for the the asylum at Harrisburg, $750, and at Dixmont, $1,375. The total annual cost of the Harrisburg asylum is estimated at $10,400; of the Dixmont asylum, $129,000, and of the Danville asylum, $57,000. There is a strong necessity for further accommodations for the insane of Pennsylvania, and it is to be hoped that another year will see that the bills which were reported for the appropriation of funds for the completion of the extension of the hospitals at Danville, and for the new insane hospital at Warren, will become laws, thus providing for the insane now in almshouses, jails, or in their own homes, with their restoration to health indefinitely postponed for want of proper treatment. It has been very wisely determined, by the commission appointed by the legislature to inquire into the condition of the criminal insane, that a separate institution is needed for this class, and they have recommended that such an institution be erected in a central and easily accessible portion of Pennsylvania. It is estimated that this will cost $150,000, and that it will accommodate 100 patients. It is estimated that about one person in every 3,986 of the population of Pennsylvania annually become insane. The increase of the insane population of 1873 over that of 1864 was 36.04 per cent, while the increase of the same population for the same period was only 18.88 per cent. The census of the insane in Pennsylvania on June 30th, 1870, was 3,895. It is estimated by the Board of Public Charities of Pennsylvania that on June 30th, 1873, there were 4,318, making an increase of 423. It is also estimated that at the present rate of insanity in Pennsylvania, there will be developed in ten years from 1873, 10,419 cases of insanity, which, added to the number remaining insane in 1873, will make an aggregate of 14,737. Of this number, it is estimated that 5,064 will be cured, and 3,583 will die, leaving in June, 1883, 6,093 insane persons living under the present system of treatment. On the other hand, if, as will be shown in a subsequent part of this paper, the chronic insane were to be placed in asylums adapted to their needs, it would leave the hospitals free for the necessary care and treatment of recent and curable cases who are now deprived of the early treatment so essential to recovery.

DELAWARE.

The insane in Delaware are scattered all over the state in almshouses, jails, etc., and many of them are provided for in the Pennsylvania hospital. Accurate statistics could not be obtained respecting the number in the state.
PROVISION FOR THE CHRONIC INSANE.

From a thorough and extended examination of the reports of our insane asylums—and these remarks cover not only the middle states, but apply equally as well to all of the states—it seems to be very evident that we are building large, expensive institutions, fitted up with all the appurtenances demanded by modern science for the treatment and cure of insanity, and that as soon as such institutions are opened for the reception of patients they become filled up with a class of cases, three-fourths of whom are chronic and hopelessly insane patients. It is no less evident that if proper provision is not made for this class of the insane, each state must build, every few years, a very expensive institution, for which every city and town must be heavily taxed. What are we going to do to relieve this rapidly increasing difficulty? If this class of the chronic insane are well taken care of, they are going to live in this hopelessly insane state—from which at the utmost not more than 10 per cent will ever recover—for years, costing for their maintenance not less than $3.50 per week. It is a fact that every medical superintendent of an institution for the insane, must have noticed that the presence of this incurable class of patients exercises a very depressing and unfavorable effect upon the minds of the recent and acute cases. If a patient perceives, upon admission, that the population is made up principally of patients who have been inmates for years and for whom no hope of cure is entertained by the medical officers, and that few patients go out restored to health, the moral effect must necessarily be depressing and disastrous upon the mind of such a patient, and tend to retard his own recovery. At present, many large, fine institutions, instead of being—as they were originally intended to be—hospitals for the treatment and cure of the insane, are merely asylums and receptacles for the retention of patients at an enormous expenditure of money for architectural display. The overcrowding of such institutions by the retention of the chronic insane precludes the possibility of proper classification. By transferring this class of the chronic insane and leaving the class of recent and curable insane, we derive many advantages. First and foremost, the patients understand that they are in a hospital, that they come to be cured of a physical disease and that by submitting to the treatment and discipline of the institution they will be cured. Secondly, we have at our disposal ample room for proper classification, good ventilation, amusements, and recreation. The present system of asylum management is defective and expensive beyond the ability of the state to meet the demand and tends directly to increase the number of the chronic insane, as ninety per cent of the capacity of all our state institutions is occupied by the chronic insane to the exclusion of recent and curable cases. This class of cases often become chronic and incurable before they can obtain the proper curative hospital treatment, which, if applied in time, would have resulted in a speedy cure and restoration to their families and a saving of their productive power to the commonwealth. From
an examination of the statistics of the state asylums in the United States in 1875, it is seen that the total cost of 55 of these institutions is not far from $29,879,259. This makes an average cost for each of these institutions of $543,259 and an average per capita cost of $1,074 for each of the asylums in our country. Now, I maintain that no state can afford to provide for the chronic insane at such a per capita cost of hospital construction, when they can be provided for at a per capita cost of construction of $300, by providing for them plain, substantial buildings. It would be very easy and practicable to erect such buildings accommodating 50 patients each for $15,000 each, while no hospital accommodating the number that four such colleges or buildings would provide for, could be built for less than $200,000.

For the chronic and harmless insane we do not need so many attendants or such costly accommodations, as for acute and recent cases. For the chronic insane we need plain but substantial buildings, which should, I think, be located on a large farm, so that the patients could all be employed out-of-doors. In this way these patients could be made producers and could be supported at comparatively little expense to the state and at the same time they would have the benefit accruing from a good, plain, country style of living, with an abundance of fresh air, sunlight, and regular and systematic occupation. By such a course of treatment many would improve in general health and some would probably recover, who never would have been benefited if they had been confined in an asylum. Of the thousand patients admitted to the asylum for the chronic insane at Tewksbury, Mass., during the eight years of its existence, about one hundred have recovered or improved from out-door work and the experiment is regarded as a decided success. The expense has averaged, I believe, not far from $100 a year for each inmate and it is stated by competent authority that the patients are as well cared for as they were previous to their admission. The establishment, in 1869, of the Butler Asylum for the chronic insane in Rhode Island, was found to be a very successful experiment. It is a well managed institution and the trustees say regarding it, that "its result is to enlarge the capacity of the hospital for the treatment of recent cases of insanity, and thereby to increase its beneficial agency as a curative institution." Quite a number of patients have recovered through the agency of the out-door work and it is stated that the patients are better cared for than before coming to this institution. The annual saving to the state of Rhode Island is stated to be over $12,000 while the amount saved annually to the state of Massachusetts, by the establishment of the Tewksbury Asylum, is stated to be $25,000 or over $200,000 since its establishment. The Willard Asylum for the chronic insane at Ovid, in New York, regarded by many as an experiment of doubtful expediency, to say the least, has proved under the skilful management of its able medical superintendent, Dr. John B. Chapin, to be a highly successful measure. The trustees say in their last report, "The idea heretofore promulgated that the chronic
INSANITY IN THE MIDDLE STATES.

Insane could not be so well cared for in a separate asylum and that it was better to retain them in a hospital with recent and acute cases, has proved on trial here to be a fallacy. That other institutions are beginning to appreciate the difficulties arising from treating the recent and chronic insane in the same institution, will be seen from the following: In the last annual report of the medical superintendent of the lunatic asylum at Charlottetown, Prince Edward Island, I find these remarks: "Of the sixty-four patients who remain in the asylum at present nine-tenths are cases of chronic mania, from twenty-five years standing down, and of whose recovery, or even mental improvement, no hope can be entertained." No remedy, however, is suggested in this report for this state of affairs. I believe all will agree with me in thinking that the remaining one-tenth of the inmates, supposing them to be recent and curable cases, are to be sincerely pitied for their depressing surroundings. In the last annual report of the medical superintendent of the asylum at Prestwich in England, I find the following remarks: "From the returns of the clerks to the board of guardians, it would appear that up to the end of last year there were six thousand pauper lunatics in this country, while the increase for the past three years has been at the rate of nearly two hundred per annum. To deal with this steadily increasing mass of lunacy is a problem, which, as time goes on, becomes by its magnitude more and more difficult of solution. There can be no doubt that the only way of checking the growth of lunacy is by treating, in properly organized hospitals, the recent cases as they occur, and that cannot be effectively done until our present asylums are eased of some of the dead weight of chronic insanity which fills their wards and hampers their curative powers." The great objection which has been urged by those opposed to the separation of the recent and chronic insane has been, that the latter, in institutions designed for them alone, would be neglected and abused and that they would not receive proper medical attention and care. The results thus far obtained have not confirmed these fears. I hold that under all circumstances such an institution should be presided over by a medical superintendent of equal ability and capacity to those at the head of hospitals for the recent insane, and that no attempt should be made to put such patients on a poor, meagre or insufficient diet, and that they should never be neglected or abused. By having these asylums located on large farms we secure to the patients, as I have previously remarked, occupation, fresh air, sunlight, and a good, nourishing, country style of living; and if there are any possibilities for recovery in any of the patients, such a plan of treatment will develop them.

GELSEMINUM.—If the face is flushed, the eyes bright, the pupils contracted, the head hot, and the general temperature increased, give gelseminum. If the general temperature is diminished, the eyes dull, pupils dilated, the mind dull, the pulse feeble, do not use it.—Brief.
INTESTINAL OBSTRUCTION, BY A CALCULOUS CONCRETION.

DR. R. E. BROWN.

Read before Burlington County Medical Society.

On the night of July 31st, 1877, I was called for the first time to visit Mrs. F. W., aged about forty-five years, who informed me that she had been subject to occasional attacks of bilious colic for some three years past and that she was now suffering another attack which was the most severe she had ever experienced, she said she had always managed to treat herself in her former attacks by taking purgative medicines which answered the purpose, but having used them without affording her any relief in this attack, thought it prudent to call in medical aid.

I found her suffering from severe pain in the right hypochondriac and epigastric region, with constipation of the bowels, fulness of the abdomen,—tongue presenting a yellowish coating, bitter taste in the mouth, vomiting at times, pulse about ninety, a deep orange yellow discoloration of the skin; decidedly jaundiced.

The treatment consisted of hypodermic injections of morphia to relieve pain, the administration of blue mass followed by a full dose of senna, manna and salts to act on the bowels, and the application of mustard poultices to the abdomen to subdue the irritability of the stomach—the remedies acted favorably, the senna and manna combination acting freely on the bowels, bringing away a considerable quantity of bile at each movement; from this time her convalescence progressed favorably, and in the course of a week she was able to go about and attend to light household duties, and continued apparently well up to the 19th of January, 1878, when I was again summoned to attend, and learned from her the following:

There had been no movement of the bowels for four days but previous to that time, had had a diarrhoea which lasted two days. The symptoms were very much the same as the former attack with the exception of obstinate constipation, stercoraceous vomiting, and extremely offensive breath. Before I saw the patient she had been trying to overcome the constipation through the advice of some persons, by swallowing doses of cathartic pills—castor oil, also a combination of jalap and senna, &c., but these purgatives were ejected by the stomach in a short time after taking them. The treatment resorted to was somewhat similar to that during my first attendance: mustard and linseed poultices over the abdomen, and the internal administration of one-fourth of a grain of valerianate of morphia with two grains of blue mass, every four hours, quieted the stomach somewhat, but only for a limited time, as every second day stercoraceous vomiting would recur in spite of everything. Food and fluids were given often and in small quantities, as constipation was the pathognomonic symptom, evidently caused by some obstruction,—my object was to overcome this trouble, if possible; purgatives
were cautiously given, repeated as seemed necessary, but they did no good. Enemias of different kinds, and in large quantities, were tried in succession, such as soap water and castor oil, molasses, salt and water, castor oil and turpentine, &c. As the tongue became very dry, and thirst considerable, with a weak and frequent pulse, showing a condition of the system approaching that of typhoid, turpentine in eight drop doses, in the form of an emulsion, was given every two hours, with beef essence and milk punch; these were retained with more satisfaction than anything that had been given. In the course of the second day after taking the turpentine, &c., the tongue became moist, the pulse stronger, and the patient seemed slightly better, with the exception that the bowels had not yet moved, and it was now the thirteenth day of inaction. In addition to hot baths, I ventured to give one-third of a drop of croton oil, in combination with two grains of blue mass, and half a grain of aloes, every two hours; in about one hour after the second dose, the bowels were freely moved for the first time in thirteen days. The second movement, which occurred in about half an hour after the first, and which was very full and free, expelled with great force a calculous concretion, which on striking the vessel astonished the nurse and other members of the family who were present. It is the size of a small pullet's egg, and weighs three-quarters of an ounce, full weight (avoirdupois).

Though there was some enteritis, with slight peritonitis following the attack, by the administration of anodynes, with local applications of turpentine, good nursing, and proper attention to diet, she made an excellent recovery, and is now enjoying as good health as she did years ago.

R. E. BROWN,

April 15th, 1878.

A CASE OF TRAUMATIC (?) TETANUS.

BY C. G. SHIVERS, M. D., OF HADDONFIELD, N. J.

During the month of September, 1878, I was called to see Charles S., aged fourteen years, who was said to be "in fits." Upon examination, I found the pulse eighty; temperature normal; skin moist; bowels constipated; abdominal muscles tense and hard; tongue slightly furred; an anxious expression of countenance; mind clear, and, at varying intervals, spasms of the muscles, there then being marked opisthotonos and strabismus. During the existence of the spasm the patient would sometimes snap at his nurse, and on one occasion bit him on the arm. The boy's parents could not remember that he had been wounded in any way; but remarked that two weeks before a strange dog had jumped upon him, without, however, drawing any blood. I inquired carefully if he was naturally nervous or easily excited; they replied
A CASE OF TRAUMATIC (?) TETANUS.

that he was not. Upon offering him a drink of water I observed that the act of swallowing was not attended with spasm, and informed the family that, in my opinion, the child had idiopathic tetanus, probably caused by an accumulation of hardened feces. I prescribed for him potassii bromid., gr. xxx every hour; and pil. cath. com., No. v, to be taken at bedtime. My first visit was made about four P.M.

The next morning, at nine o'clock, I saw him again, and found he had passed a very restless night. His bowels had been freely evacuated; his tongue, skin and pulse the same as on the day before. The spasms were more frequent, and the least noise or breath of air brought on a paroxysm. Applied causticidal blister to spine, and continued potassii bromid., with morph. sulph., gr.î, every three hours, "pro re nata."

At six P.M. found the patient somewhat under the influence of morphia, but still very much distressed. Substituted for morph. sulph., pulv. ipecac com., in ten-grain doses, every three hours, omitting the potass. bromid.

On the morning of the third day the boy was more comfortable, having slept two or three hours during the night. Pulse ninety, tongue furred; bowels constipated. Continued Dover powder, and renewed potass. bromid., and ordered cold to the spine.

About dusk in the evening I found the patient much worse, the spasms coming at shorter intervals. The pulse was still under a hundred, and the skin was moist. I determined now to administer chloral in good-sized doses, often repeated, supposing the case would prove to be like all cases I had ever seen before—"tous les cas sont des morts." I administered to him immediately, chloral, gr. xx, and left orders to give him a dose (gr. x) of the medicine every half hour until the spasms diminished in frequency; then to give it every hour until he slept; after which to awake him every three hours for his medicine.

On the fourth morning I was surprised to find the patient very much improved. He had slept continuously for four hours, being asleep on my arrival, during which time he had been free from spasm. He could be aroused, but was very sleepy. While counting his pulse I accidentally discovered a recent cicatrix upon one of his fingers, which, on inquiry, I ascertained to be the result of an incised wound, caused by a pen-knife some three weeks before. After this the patient continued to improve, and in a few days recovered. For four days the chloral was administered at intervals during the daytime, without producing any unpleasant effects.—Medical and Surgical Reporter.

PRURITUS PUDENDI.—Dr. McCall Anderson has recently called attention to a combination that has served a good purpose in this distressing and often intractable symptom, viz.: Thirty grains each of camphor and chloral hydrate in an ounce of simple cerate, or similar excipient.—Drug Circular.
ON VERATRUM VIRIDE.

The following we clip from the Medical and Surgical Reporter.

ON VERATRUM VIRIDE.

Editor Medical and Surgical Reporter:—It has been remarked that probably veratrurn viride had never been given to a patient who would not have been as well off without it. I think that is correct. But whether correct or not, it is certainly very injudiciously used sometimes.

A few years since, in a case of great prostration and exhaustion from pneumonia, a counselling physician prescribed and administered a mixture of veratrum viride, gelsemium and aconite. He seemed to think it a very wise prescription, and to expect some miraculous effects from it, and was very much disappointed when, as a natural consequence, the patient sank with increased rapidity and soon all was over. I might cite other instances of the same character, but hoping that others will agitate this subject more, I will not do so now.

W. Sigsbee, M. D.

Mendon, Ill.

The first remark was probably not made by a physician; if so, his powers of observation must have been exceedingly limited. A physician who in the course of his practice, never saw occasion to check the action of the heart, and hold it in control, thus preventing the progress of inflammatory action might possibly give utterance to such an expression. The effect of veratrurn viride, given in proper doses and at proper time, in controlling the heart's action has been too well established to be questioned. The case of pneumonia quoted has no bearing on the question. The physician who would prescribe Vera-trum viride, aconite and gelsemium under the conditions described, had best blame his own want of judgment and discretion rather than condemn the general character of the remedies.

The scalpel is of inestimable value in the hands of a skilful surgeon, but who would think of condemning the instrument, because mischief had been done with it, in the hands of a novice.

At the commencement of inflammatory action, veratrurn properly used has no equal. The dose should be small and the interval sufficient to discover the effect on the pulse before repetition. By this means pneumonia, pleurisy, in fact any inflammatory action may be aborted, if seen in the early stage, but it would be just as sensible to give stimulants at the beginning of severe inflammatory action, as it would to give veratrurn, aconite or any other arterial sedative in asthenic conditions of the system. I am aware that there are times when it is a very nice point to decide between, an exceedingly rapid pulse of high inflammatory action such as is found in acute peritonitis, and the correspondingly rapid pulse of debility. If other circumstances in the history, or examination of the case will not decide the question, the solution may quickly be found, (and with entire safety to the patient) by giving two or three drops of veratrurn and watching the pulse. If the pulse decreases in frequency and increases in volume, the case is unmistakably inflammatory. If the reverse, then your stimulants, tonics, &c., are in place.
WHEN NOT TO GIVE IRON.

As in olden times, the physician made his lancet his pocket companion, for the purpose of controlling the circulation, but unfortunately lost volumes of blood that he sorely needed in the after treatment of his case; so I would as soon think of leaving my house to see a patient without my hat, as without my little bottle of veratum viride, with this advantage, that I control the circulation and save the circulating medium for further use. It is only after a physician becomes accustomed to the use of a given remedy, that he brings out its full value. I have never been accustomed to the use of aconite, and yet some of my medical friends use it daily with great success. I use it with extreme caution—so much caution, in fact, that I fail to see its beneficial effects. As surely as I believe that pneumonia is inflammation of the lung, and that inflammation is the result of rapid circulation of the blood—so certainly do I believe that tincture verat. viride, properly administered in the first stages, will inevitably abort the disease.

Some recent writers go so far as to state that there is no danger of a serious result from over dose of veratum, since the stomach will reject it.

This statement I do not think is correct, since the emesis in such cases is sometimes delayed considerable time, and extreme depression of the heart's action and great general prostration occurs.

Only a few days since, a lady patient of mine took by mistake eighteen drops at one dose instead of three as directed. The pulse was depressed from 120 to 60—in forty minutes, there was great faintness and nausea but no vomiting for seven hours.

Spts. Am. Arom. was given in twenty drop doses, under which the patient rallied, but the inflammatory action for which the remedy was given did not reappear. The drug should never be allowed to become a domestic remedy, but be administered only by the direction of the physician.

WHEN NOT TO GIVE IRON.

The following article, clipped from New Preparations, is worthy of close consideration. It is the fashion to use the preparations of Iron almost empirically.

In the current number of the Practitioner, Dr. Milner Fothergill has contributed a few practical remarks on the contra-indications for giving this drug. As long, he says, as there is rapidity of pulse combined with rise of temperature, so long must iron be withheld in the treatment of acute disease. As long, moreover, as the tongue is thickly coated, or red and irritable, it is well to withhold chalybeates altogether. This is particularly true of phthisis. No matter what the other indications are, it is useless, and sometimes worse than useless to give it without the tongue be clean without irritability.
It may be laid down as a general rule that this toleration of iron diminishes as the age increases. Young children take iron well, and it is often well borne by them in conditions which in the aged distinctly forbid its use. There is one condition where iron is absolutely forbidden, and that is the condition known as biliousness. As long as there is a foul tongue, a bad taste in the mouth, and fulness of the liver, with disturbances of the alimentary canal, iron is not only of no service, but positively does harm. Sir Joseph Fayrer’s Indian experience is in full accord with this expression of opinion. In speaking of the treatment of hepatic congestion, accompanied by anemia, he lays stress upon the resort to purgatives and vegetable tonics, and the avoidance of iron until the biliary congestion is removed. “When the portal circulation is relieved some preparation of iron may be useful.”

When given in large doses iron always blackens the stools, but if given in moderate doses and well assimilated, this blackening is not so marked. The color of the stools, then, may be utilized as an indicator as to how far chalybeates are assimilated and are likely to be useful.

There are two different states in women where iron is either totally contraindicated or to be given with great caution. The first is a condition of amenorrhea in florid, plethoric persons. The other is the opposite condition of menorrhagia in certain females. There are cases of menorrhagia associated with pallor and debility, where the usual compound of iron and extract of ergot is not so useful as a non-chalybeate treatment. In these cases it is not any imperfection in the process of blood manufacture which is to be remedied, for the blood is made rapidly and quickly, only to be lost at each menstrual period. It is here desirable rather to limit the rapidity of the blood formation, so that when the severe vascular turgescence of the menstrual period comes, it will not find the blood-vessels too distended with blood. This will lead to diminished catamenial loss, and so the blood-waste will be economised. According to the experience of Dr. Brown Sequare and Dr. Hughlings Jackson, iron does not suit epileptics. It increases the tendency to fits. It may improve the general condition, but it aggravates the epilepsy.

—Press and Circular.

PROPYLAMINE IN ACUTE ARTICULAR RHEUMATISM.

BY JAMES L. TYSON, M. D.

This alkaloid has long been employed in Continental Europe, and enjoyed a high reputation for every form of rheumatism, but I am not aware of its very extended use in this country. Professor Bartholow speaks of it, in his Materia Medica and Therapeutics, moderating the fever and joint-pain, and
PROPYLAMINE IN ACUTE ARTICULAR RHEUMATISM. 25

"very decidedly shortening the duration of the disease;" and Dr. Gaston, in the Indiana Journal of Medicine, extols it as a prompt and efficient remedy in all uncomplicated cases, "subduing pain and soreness in from twenty-four to forty-eight hours." That its efficiency in the treatment of acute articular rheumatism has not been overestimated will scarcely admit of a doubt, in view of results where I have recently employed it. More extended observations and repeated trial, I am inclined to believe, will fully justify the merits ascribed to and the encomiums awarded it in this complaint, and would commend it to the earnest consideration of those whose prejudices exclude salicin and its compounds from their materia armamentaria. An important prerequisite is, that the alkaloid and its chloride be pure, which is not always the case. The best which I have seen were from the laboratory of the Messrs. Nichols & Co., of Boston, and that of the Messrs. Rosengarten, of Philadelphia, both being perfectly reliable preparations.

It would appear to be a settled conviction in the minds of some medical authors, for the past thirty years, and even of the present day,—men whose authority on medical topics is unquestioned and unquestionable,—and enunciated as an aphorism with singular unanimity from which there was no appeal, that this distressing and painful affection must run its course, will yield to no treatment but palliative, and cannot be "stopped." If one cultivates the impression that this malady is beyond his control, that its arrest is impossible, would it not be well to cease his visits to a patient laboring under it, for the latter's benefit? Facts may resolve and dispel this enigmatical fatuity. I would record my unqualified dissent from such oracular teaching, with the explicit declaration that it can be and has been "cut short," time and again, both in hospital and private practice, if we may credit the numerous reports of medical gentlemen whose names and characters attest their truth and integrity. It has occurred to myself, over and over again, to "break up" an acute attack of articular rheumatism, in periods varying from five to ten days, occasionally a little longer, without a vestige of pain or swelling being left, and not a trace of heart complication, by the employment of salicylate of sodium or vinous tincture of colchicum, separately or in combination. Under this treatment, patients require to be frequently seen, and their conditions and variations accurately noted. Cases are now and then met with where these agents cannot be used, either from idiosyncrasy or some latent cause, grave depression, hyperasthenia, and nausea being so persistent as to forbid their further trial, and a resort to diffusible stimulants and tonics is imperatively demanded. Such instances have happened in my own practice, two of which I refer to more particularly as exemplifying the advantages we possess in propylamine. The patients were females, between 20 and 30 years of age, and each was attacked, at different periods of time, with pain and swelling of the wrists, and in one the phalangeal and metacarpal articulations were swollen and sensitive. From thence the pain radiated to
the elbows, the shoulders, the sterno-clavicular articulations, the chest walls, involving the intercostals (pleurodynia), causing considerable dyspnea, wandering to the hips, sacrum, femoral fascia, knees, ankles, and feet, including the aponeurotic expansion on the sole and dorsum of each foot. The fever was intense, the pulse raging from eighty-five to ninety, accompanied by redness and swelling in all parts implicated, with a hot, moist, perspirable skin. This was very nearly the condition of each. Finding that neither could tolerate any preparation of salicin or of colchicum, I resorted to propylamine, using the chloride, the rather disagreeable taste of the alkaloid rendering it objectionable to some; the latter being equally potential in this complaint, its slightly saline character leaving a not unpleasant impression on the mouth. It was combined as follows:

R Propylamine chloridi, gr. xxiv;
Aq. menthæ piperite,
Aqua, aa 15 iij.

M. Sig.—A tablespoonful every two or three hours.

The dose of propylamine is six drops, similarly prepared and administered. Giving the chloride as above, two grains every two hours, and swathing all the joints in cotton batting, benefit was apparent in the first twenty-four hours. For the pleurodynia a weak sinapism was applied to the chest for fifteen or twenty minutes, followed by a warm musk cataplasm. These were alternated occasionally through the day. In the one case ten days elapsed, when I could pronounce my patient well; in the other, five days passed, when she was entirely convalescent. A tonic of quinia is advisable when rheumatic symptoms have subsided. No disturbance or appreciable influence was manifested in the therapeutic action of the propylamine, other than a gradual abatement of fever, pain, swelling, and all the distressing nervous concomitants of acute articular rheumatism.

Would it have been a wise practice to abandon such cases to palliatives and nature, and allow them to run on indefinitely for weeks or months, terminating, in all probability, after a uselessly protracted suffering, by leaving the system more liable to renewed attacks, and the wretched accompaniment or prospective of valvular lesion of the heart, involving hypertrophy of that organ, with its fleshy columns and tendinous cords, and possible dilatation, often vaguely recognized, but not inaccurately designated, a rheumatic heart?

The good old Spanish maxim may convey a hint for some therapeutists to ponder: Ciencia es locura si buen senso no la cura.—Medical Times, May 10.


The above article we copy from the Medical Times for the purpose of adding its author’s testimony as to the efficacy of propylamin chloride in acute rheumatism.

I have used the article extensively during the past sixteen years, and am
so well satisfied with the results, in the majority of cases, that I always employ it when called to attend a case of inflammatory rheumatism. If at the expiration of a week after the patient has been using it, it fails to relieve, I then use other remedies.

The chief cause of failure among physicians, who have been disappointed by it, must be that they employ it without the necessary preliminary treatment. I have always found it requisite to move the bowels freely, and reduce the heart's action with tincture verat. viride—these things accomplished, I have seen it break up the worst cases in forty-eight to seventy-two hours. In many cases it fails to accomplish anything.

In my experience, patients relieved by it are less liable to return attacks. Valvular affections of the heart are not likely to be sequela of inflammatory rheumatism, except the disease be of long continuance; hence, since the action of propylamine is prompt, if at all, no heart complications need be feared. The remedy has gained the confidence of physicians so rapidly within the past year, that it has advanced greatly in price. Its cost is, in fact, one great obstacle to its general use.

ERYSIPelas FOLLOWING A CASE OF LABOR.

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ERYSIPelas FOLLOWING A CASE OF LABOR.

BY DR. R. E. BROWN.

On the evening of the 16th of January last, I was called to attend Mrs. E. A., aged twenty-three years, in labor with her first child—which was tedious and difficult, requiring the use of the forceps. She was safely delivered of a boy at eight o'clock the next morning. Things progressed favorably until about the seventh day after confinement, when she began to complain of soreness of the abdomen, an examination of which revealed a fiery red spot on the surface, the size of a silver dollar, situated near and to the right of the umbilicus; and starting from that point, it spread rapidly upwards, and in about one week or ten days from the commencement of the attack the erysipelas (for such it proved to be) involved the entire surface of the upper half of the body, with exception of the face and head; after having expended its force over this surface, it gradually disappeared in that length of time. It then commenced to spread downwards from where it first started, at or near the umbilicus, and gradually spread over the entire surface of the lower half of the body to the extremities of both limbs.

The time consumed by the disease, extending over the entire surface of the body, was nearly four weeks, during which period the patient experienced all the symptoms of a typhoid fever in its worst form. Her illness from the erysipelas lasted altogether about six weeks; convalescence was slow and tedious, resulting in good recovery, and she now enjoys fair health.
The treatment consisted of local applications of camphorated oil, succeeded by the application of dilute tincture of iodine. These so-called remedies did very little if any good, as the disease spread, notwithstanding their use. The internal administration of tincture verat. viride, (Norwoods) to reduce the fever, followed by free doses of the tincture of chloride of iron and sulphate of quinine; and the emulsion of turpentine, when indicated, was the treatment adopted in the case, along with good nourishing food, beef essence, milk punch, etc.

The child contracted the disease from its mother and died in less than two weeks thereafter from convulsions. The erysipelas spread over its entire body, not excepting its face and head. Dr. Budd—who was the physician of the lady’s parents—attended the case in consultation with me.


COTO BARK.

About five pounds of this bark were forwarded to Dr. Wittstein by the house of Rudolph Martins, in Hamburg, with the following information: “This bark is from the so-called missions in the interior of Bolivia, whence also cinchona bark is obtained, and costs about the same price. It is recommended in the form of a powder or alcoholic extract for diarrhoea and colic, also for neuralgic toothache; externally as tincture, for rheumatism and gout.” It occurs in pieces from two to three decimeters long, and from eight to fourteen millimeters in diameter. Externally it is reddish-yellow cinnamon brown, internally, darker. The very aromatic smell recalls cardamons, camphor and cinnamon. The taste also is aromatic and faintly bitter, but neither mucilaginous nor astringent.

Dr. Wittstein found in the bark (1) A volatile oil, pale-yellow, of a powerful aromatic odor, and biting, peppery aromatic taste, lighter than water. (2) A volatile alkaloid of a briny and urinous smell, resembling propylamine or thrimethylamine. (3) A soft resin, yellow-brown, aromatic in odor, of a biting taste and a pitchy consistence, which it retains even after many weeks’ exposure to the summer air; it is easily soluble in ether, chloroform, alcohol; difficultly soluble in benzol, scarcely soluble in carbon bisulphide. The solutions have an acid reaction. It dissolves freely in ammonia and the fixed alkalies, and is re-precipitated from such solution by acids; it forms about fourteen per cent of the bark. (4) A hard resin, dark-brown, brittle, inodorous, and tasteless, somewhat bitter in alcoholic solution; easily soluble in alkalies, and re-precipitated by acids. It forms about ten per cent of the bark. In addition to these, the bark contains starch, gum, sugar, oxalate of calcium, iron-greening tannin, formic, butyric, and acetic acids. Dr. Wittstein is of
opinion that a tincture of the bark will be the best form of administering it—one part of the coarsely powdered bark to nine parts of rectified spirit. A tincture of this strength was accordingly used by Prof. von Geik in seven cases of diarrhoea, and the powder in eight other cases. Ten drops of the tincture were given every two hours, and of the powder half a grain four or six times a day. From his observations, Dr. von Geik concludes that coto bark is a specific against diarrhoea in its various modifications.—New Preparations.

DEXTRO-QUININE.

BY W. H. GALT, M. D.

The desire to find a substitute for the sulphate of quinine among the cheaper salts of bark has been universally felt in all regions where miasmatic diseases prevail. In accordance with this desire I have tried cinchonidia, cinchonia, quinoidine and cincho-quinine. The results of their administration have in some cases been good, but in the long run have not been so satisfactory as to induce me to abandon the old, tried friend, the sulphate of quinine. In fact, I confess I could not get up the required faith in any other salt. It is said that the Tahitians are readily converted to the Christian faith, and seem to enter with zeal into the forms of Christian worship. But when in great strait, "when they mean business," their prayers are all addressed to the old shark god of their fathers. No doubt my case is parallel with theirs, and I am slow to perceive the efficacy of any appeal except to my old shark, quinine.

I was much pleased with the tasteless preparation of cinchonia with sugar of milk and bicarbonate of soda. The first three cases in which I used it were cases of intermittent fever in children, in which the result was every thing that could be desired. It was easily taken, and promptly subdued the paroxysm. In the four following cases, however, I was disappointed in finding that the gastric irritation produced by it was so severe that I have not used it since. After this I concluded to make no more experiments.

Some months ago I received from Keasbey & Mattison two small vials of a new preparation from the bark called Dextro-Quinine, because, under the polariscope, it gyrated to the right. What was the therapeutic value of this gyration I did not see. It was an amorphous salt of reddish-brown color, totally unlike any of the alkaloids with which I was familiar, and I made up my mind that I would not try it. In a day or two afterward I had a slight chill, followed by a pretty severe fever, which lasted several hours, and passed off with a profuse perspiration. As quinine always affects me most disagreeably, I determined to try the new salt on my own person. I took six grains
every three hours, until I had taken all of the eighteen grains which had been left with me. Except a slight sense of fullness in the head, I had none of the usual sensations which accompany the other salts of bark, no nervous tremulousness and no tinnitus aurium. Although the quantity taken seemed hardly sufficient to prevent a return of the paroxysm, I have never had a return.

The result of this experiment on myself seemed to justify my use of it with my patients. I have kept a record of seventeen cases in which I used it, and in all but one with perfect success. In this case the patient knew that it was a substitute for the sulphate of quinine which I was using, and as none of the usual phenomena which follows its administration occurred, he lost faith, and substituted some pills of quinine which he had in the house. As there is such a monotony in the report of cases of malarial fever, I spare your readers a formal report of each case, one very like the other, with two exceptions. One, a case in which the sulphate of quinine invariably induced urticaria of such severity as almost to deter the patient from taking it. In this case some urticaria did appear, but nothing to compare in severity with that which followed the use of the sulphate. The other was a case of double quotidian, which only yielded after pretty heroic doses.

Although this is not a sufficient number of cases to make it appear that we can discard our old and tried remedy, the sulphate, the results were so certain and unvarying as to convince me that in the Dextro-Quinine we have a most valuable addition to our armamentarium. It strikes me that the absence of the disagreeable effects of quinine is a great desideratum, which with its cheapness, should recommend it to the profession. The cases in which I have used it were all of simple uncomplicated malarial fever, and do not furnish evidence that it possesses the antipyretic power which the sulphate of quinine exercises in typhoid fever, in pneumonia, and the zymotic diseases. I feel justified, by the similarity of its effects to quinine in the cases in which I used it, to feel some degree of certainty that it will not disappoint us in all diseases in which the sulphate of quinine is used. After further use I will report the results, and hope that the profession may give it a fair trial. I also hope that the experience of others will be given through the News, so that by a comparison of views we may find the true value of this new salt. I would state that with adults the usual form of administration was in pills, while with children I gave it suspended in the compound elixir of liquorice. The dose was usually the same as that of quinine.—Louisville Medical News.

CHLORAL IN HOOPING COUGH.—Dr. C. H. Smith reports that in two hundred cases of this disease, treated with chloral, he has in every case noticed a marked alleviation of the symptoms and shortening of the period of the disease. Only one case lasted seven weeks, and the majority of the cases were well in from two to six weeks. No other remedy was given.—N. Y. Med. Jour.
MUST WE RETURN TO RAW FOOD?

A German physician has started a new theory with regard to food. He maintains that both the vegetarians and the meat eaters are on the wrong tack. Vegetables are not more wholesome than meat, or meat than vegetables, and nothing is gained by consuming a compound of both. Whatever nutritive qualities they may possess, he says, is destroyed in great measure, and often entirely, by the process of cooking. All food should be eaten raw. If this practice was adopted, there would be little or no illness among human beings. They would live their apportioned time, and simply fade away, like animals in a wild state, from old age. Let those afflicted with gout, rheumatism, or indigestion try for a time the effect of a simple uncooked diet, such as oysters and fruit for instance, and they will find all medicines unnecessary, and such a rapid improvement of their health that they will forswear all cooked articles of food at once and for ever. Intemperance would also, it is urged, no longer be the curse of civilized communities. The yearning for drink is caused by the unnatural abstraction from what are termed "solids" of the aqueous element they contain—uncooked beef, for example, containing from 70 to 80 per cent., and some vegetables even a larger proportion, of water. There would be less thirst, and consequently less desire to drink, if our food were consumed in its natural state, without being first subjected to the action of fire. Clothing, our adviser also thinks, is a mistake, but he admits that the world is not yet far enough advanced in civilization to go about undressed. Whatever differences of opinion may exist as to this anticooking theory, there cannot be a doubt that in getting rid of the kitchen with all its abuses—including the cook—housekeepers would be spared a vast amount of worry, and probably on this account alone would live to a greater age than at present.—Drug Circular.

INDIGESTIVE TROUBLES OF CHILDREN.

A preparation, composed of pepsin, pancreatine, diastase, or vegetable ptyaline, lactic and hydrochloric acid, and sugar of milk, called lactopeptine has acquired an enviable reputation, both in this country and in Europe, in treatment of many forms of dyspepsia and indigestive troubles in children. We have used it in a number of cases, and it has, in our hands, been invariably followed by good results. Many practitioners use pepsin, but in this preparation we get not only the pepsin, but also several other substances of great, if not equal importance in aiding the digestive process. Not only do men like Loomis, Sayre, Percy, Packard, Meigs, Dawson, and Yandall recommend it, but the entire mass of the profession, so far as they have tried it, seem to approve of it as well.—N. Y. Med. and Surg. Brief.
WASHING OUT THE PUERPERAL UTERUS.

DANGER FROM WASHING OUT THE PUERPERAL UTERUS WITH DISINFECTED SOLUTIONS.

In No. 14, sec. 313, and No. 16, sec. 341, of the Centralblatt, fur Gynäkologie are two contributions by Kustner and Fritsch respectively, drawing attention to the possible risks that may follow from the too free employment of disinfectants in the form of injections into the cavity of the puerperal uterus. The symptoms were those of acute poisoning. In Kustner's case, which subsequently proved fatal, and in which the sections showed that the introduction of the catheter had in no way injured the uterus, there were suddenly developed unconsciousness, contraction of pupils, rapid respiration (40 per minute), and the pulse ran up to 143, being weak and scarcely perceptible. Clonic spasms seized the arms, the head was thrown backwards, the jaws were clenched, and the small muscles of the face were convulsed, and a clammy sweat covered the patient. In ten to fifteen minutes she improved considerably. In half an hour afterward the patient vomited black matter, and the urine, removed by catheter an hour afterward, was perfectly black. The solution used on this occasion was one of acid to twenty of water. Fritsch records three cases of dangerous symptoms arising from washing out the uterus with disinfectants immediately after delivery. In one of these cases the disinfectant used was salicylic acid, in the other two, carbolic acid. In all the cases, sudden collapse, unconsciousness, and extremely rapid pulse were observed. In the cases in which carbolic acid was employed, there followed the characteristic coloration of the urine. All these ultimately recovered. In all three cases the uterus was ill-contracted. Both authors regard these accidents as due to rapid poisoning from the entrance of the disinfectant into the blood through the patulous sinuses of the badly-contracted uterus; and, while strongly in favor of disinfectant irrigation of the puerperal uterus in cases where there is reason to apprehend putrid absorption from the endometrium, recommend strongly that the injection should be performed with the greatest caution, and the avoidance of a forcible stream.—N. Y. Med. and Surg. Brief.

COOKS AND DOCTORS.—It is related of a celebrated physician, Philippe Hequet, born at Abbeyville in 1861, that when he was called to visit any wealthy patient, he frequently repaired to the kitchen in order to shake hands with the chefs and cooks, and exhort them to continue to fulfill their occupations diligently. "I owe you, my friends," he would say to them, "my gratitude for all the good services which you have rendered to us doctors, for without you and your art of poisoning, the Faculty would soon find itself in the workhouse."—D. Circular.
NEW REMEDIES.

During a recent trip up the Amazon and Madeira rivers, I frequently had opportunities of meeting with parties of Bolivians on their way to, or return from Para. On these expeditions they take with them their families and many of their servants, and all appliances necessary to supply their wants. The head of the family, like the Captain of a vessel, is supposed to possess all necessary medical skill. I found that they always carried and made use of Jaborandi, Coca, Coto and Quinia, if they could obtain it. Jaborandi was used in the form of decoction at the commencement of fevers, as a diaphoretic and sialagogue, a crude extract of guarana, in the cephalic stage of pernicious fever,—coto bark in diarrhoea, and coca as a nerve stimulant or tonic, quinae of course as anti-periodic.

Since my return I have made considerable use of Jaborandi and erythroxylin coca, with favorable results. Tinct. jaborandi combined with spts. nit. dulc. equal parts, and a half ounce given in a gill of hot water, during the first stages of inflammatory rheumatism, promotes prompt and free perspiration and paves the way for rheumatic remedies.

Erythrox. coca in combination with sp. am. arom. as an alkali acts well in cases of nervous debility. I made use of Guarana, very freely while in Brazil, and obtained results that I cannot obtain here, and my impression is that it is better suited for tropical climates, although I have frequently found it to relieve facial neuralgia when other remedies failed.

The remedies mentioned in this article certainly possess merits that demand a fair investigation, and with that view I quote several articles, very hopeful that in future numbers, we may be favored with the opinions of others on the subject.

THE MEDICAL VALUE OF JABORANDI.—The British Medical Journal, July 7th, states that in the Highgate Sick Asylum, under the care of Dr. Dowse, special observations were made on the action of the newly-introduced remedies, jaborandi, gelseminum, salicylic acid, &c.; and modern instruments, as the cardiograph and opthalmoscope, were brought into daily requisition to elucidate complete diagnosis. Dr. Dowse said that his experience of the use of jaborandi did not lead him to think highly of its therapeutic value when given alone, yet it was often of great use, when combined with other drugs, to promote elimination. In the following case of Bright’s disease its efficacy was well shown. J. A., aged seventy-three; urine pale, gravity 1.010; albumen copious; hyaline casts. He had irritable heart trouble, some dyspnoea, and painful and swollen joints. Five grains of the extract were given three times a day with alkali and digitalis, producing profuse ptialysm and sweating. Under this treatment the joint soon became free from pain, the swelling of the limbs, and the dyspnoea subsided, and he was rapidly improving in every way.
ABUSES IN THE HYPODERMIC USE OF ERGOT.

Dr. Dowse said that he at one time thought that jarabondi would be found of value to reduce the night temperature of phthisis, but after a long experience he found such was not the case. He referred to its efficacy in promoting the flow of milk where the mammary gland was inactive after parturition, and remarked that its physiological action was of the greatest interest and importance, especially when compared with the action of belladonna, to which it was in every way antagonistic. One curious feature relative to its action, which had not been noted by M. Vulpian, was the re-secretion of pilocarpine from the blood by the submaxillary gland. A patient who was taking it stated that if he re-swallowed the saliva produced by jaborandi, it then produced profuse sweating; whereas, on the other hand, if the saliva was rejected, only slight perspiration resulted.—Druggists' Circular.

ACUTE BRIGHT'S DISEASE CURED BY JABORANDI.—Prof. J. M. DuCosta, in the Hospital Gazette, publishes a clinical lecture, in the course of which he records a case of acute nephritis cured by this drug. The fluid extract of jaborandi was used in drachm doses three times daily. This dose produced excessive diuresis and diaphoresis. At the expiration of five days all symptoms of the disease had disappeared. The woman was left in an extremely prostrated condition, to counteract which dialyzed iron was administered both internally and hypodermically.—Brief.

Extract from the Medical Brief.

ABUSES IN THE HYPODERMIC USE OF ERGOT.

I see many complaints in our journals of the occurrence of abuses in the hypodermic use of ergot. I have used it very freely for the last few years, and have found that, by the following formula, abuses may be obviated. Have all the air expelled from the syringe; pass the needle straight down through the subcutaneous cellular tissue. The ergot may be left in the deep cellular or muscular tissue. I prefer the former. I have received more satisfactory results from the use of Squibb's extracts than any other that I have used, often using one drachm at an injection.

Truly yours,

Mattawan, Sep. 25th, 1878.

THOS. H. BRIGGS.

Lately, in consultation with a noted Gynecologist of Philadelphia, he asserted his preference for deep insertion of the needle in hypodermic medication, especially in the thigh and nates.

I am unable to see the philosophy of this mode of administration. We are taught that adipose tissue is not highly organized while the skin is full of absorbents. The operation would certainly be more painful to the patient, and therefore objectionable. What benefits are to be gained by it?
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To Medical Journalists: Gentlemen—Our appearance on the boards as one of your number without your invitation may be presumptuous. At present we place ourselves at your mercy until we grow older. We should be pleased to exchange with you, promising that if we should find anything in your pages we think of interest to our readers we will use it and give you full credit therefor. We have not originated this Journal with any hope of excelling you or filling your place, but with the hope of drawing out material which escapes you, and comes direct from the rank and file of the profession, while you send us the news from head quarters.

We had a pleasant interview with Dr. Richard V. Mattison, of the firm of Keasley & Mattison a few days since, and are happy to number his journal, the Monthly Review of Medicine and Pharmacy, of which he is editor, among our exchanges.

On the eve of going to press, we are in receipt of a History of Medicine and Medical Men in New Jersey, by Dr. Stephen Wickes, Chairman of the Standing Committee of the New Jersey State Medical Association. Having received it too late for this, we will be obliged to defer a more extended notice until our next issue. It is an elegant and invaluable contribution to the library of every member of the Medical Society of New Jersey.
EDITORIAL.

Since the College Commencements in Philadelphia, the profession have been offering great and deserved private and public honors to Prof. S. D. Gross.

While we have much to honor and respect him for, we cannot resist calling attention to one of his cardinal peculiarities—and one which has done much to make his lectures and his works popular. We refer to his respect for the plain, pure, Anglo-Saxon language. He would never use a foreign quotation, or a technical term, when he could find the pure English applicable.

Reader, are you anxious to know what other practitioners are doing? Are you anxious to advance higher day by day in the practice of your profession? Then tell others what you have learned; what strange freaks of disease you have encountered; what remedies have yielded good results, and what have failed. Send us your experience and your subscription money, and you shall hear from the rest. Don’t hide your light under a bushel, or think because you are plodding away among the hills and waysides that you know nothing of interest—or worse still, think you know everything. Keep in line, or the world will wag along and leave you in the lurch.

The District Medical Society of Burlington County will celebrate its Semi-Centennial Anniversary in the city of Burlington, on the 19th of June next. One of its charter members, Dr. Ellis of Burlington, is still living and active, although he relinquished practice long since.

On our advertising pages will be found this month advertisements of several new and valuable medical and surgical works, also Worcester’s Dictionary, and the U. S. Dispensary from the well known house of J. B. Lippincott & Co.

Microscopes, Optical and Mathematical instruments from McAllister, 728 Chestnut Street.

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The Celluloid Truss from E. C. Penfield & Co., 112 South 8th Street, an article deserving the attention and careful inspection of physicians; Sunnyside Retreat, New York, Absorbent Cotton, and other specialties, by Hance Bros. & White of Philadelphia, and others.

We are in receipt of several excellent monographs from Dr. Edward C. Mann of the Sunnyside Medical Retreat, N. Y., one of which we give entire, on account of its statistic value, and the importance of his suggestion as to exclusive asylums for incurables. The rapid proportionate increase of insanity makes the whole subject a matter of deep interest.

Our columns contain very little original material this month, but we have reason to believe that future numbers will be amply supplied. We shall nevertheless clip from our exchanges anything deemed valuable to our readers.
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