

temporary, and he did not think they should be looked on as a serious objection to the selection of that nerve for the anastomosis.

Therapeutics

[It is the aim of this department to aid the general practitioner by giving practical prescriptions and, in brief, methods of treatment for the diseases seen especially in every-day practice. Proper inquiries concerning general formulæ and outlines of treatment are answered in these columns.]

Diphtheria.

In the employment of antitoxin in the treatment of diphtheria Voelker, in *London Clin. Jour.*, recommends its use:

1. In every case of diphtheria, whether mild or severe.
2. In cases of faucial diphtheria use 3,000 units.
3. In cases of nasal diphtheria use from 6,000 to 9,000 units at once. In laryngeal diphtheria use 6,000 units and repeat the dose in twenty-four hours if the symptoms of obstruction are not diminishing.
4. When the symptoms call for intubation or tracheotomy it is better to employ the larger doses of antitoxin (doses of 6,000 units), and to repeat the dose in twenty-four hours if no improvement has taken place.
5. In cases of faucial diphtheria, if the membrane does not show signs of improvement and of separation the injection should be repeated after twenty-four hours.
6. The injection should be made into the subcutaneous tissues of the abdominal wall under antiseptic precautions by carefully washing the site of injection with an ethereal solution of mercuric chlorid should be applied. The needle must be sterilized by boiling, fixed to the syringe, which is then filled with the antitoxin and the needle introduced obliquely through the pinched-up skin into the connective tissue and the solution injected slowly. The seat of puncture should then be sealed with a collodion dressing. In 307 cases the author reports only 2 cases of localized abscess formation.

In children the use of any local anesthetic is not advised, as cocain depresses the heart, which is dangerous in diphtheria, and freezing the skin makes the introduction of the needle and antitoxin more difficult, and when thawing takes place the presence of the pain proves that it was only postponed and not prevented. The site in the abdominal tissues has been recommended in preference to the back, in order that the patient may rest well on the back.

The author did not try the rectal injection of the antitoxin, as is recommended by Solteau Fenwick.

The general treatment should consist in keeping the patient in the horizontal position for three weeks, after which time the child may be allowed an extra pillow, then two, then a bed rest, followed by sitting up on the sofa, a walk in the ward, etc. The average stay of the patient in the hospital is forty days. During convalescence a careful watch must be kept on the pulse, and if it becomes rapid or irregular, the horizontal position must be assumed and cardiac stimulants such as strychnia should be given hypodermically, or atropin, or, better, port wine.

Regular feeding must be observed, avoiding overloading the stomach by giving small amounts at frequent intervals. In older children the period of recumbency may be shortened one week if no heart complications arise. Iron and nux vomica or cod-liver oil are of value during convalescence.

LOCAL TREATMENT.

The author does not advocate forcible removal of the membrane unless it be very loose and on the point of separation. He does not advise the use of caustics nor of 1 to 1,000 bichlorid solutions. In some cases a local application of a solution containing salol, glycerin and alcohol has been of service. A local washing with a boric acid solution every three or four hours for the first three days, and less often later, is recommended.

Chronic Dyspnea.

In the treatment of chronic dyspnea due to vascular changes, Foxwell, in *Ther. Gazette*, recommends the following combinations:

℞. Liq. strych. (1 per cent.).....m. v	30
Tinct. strophanthim. x	65
Liq. trinitrini (1 per cent.).....m. ii	12
Sodii bromidigr. xv	1
Tinct. card. co.....ʒss	2
Aquæ q. s. ad.....ʒi	30

M. Sig.: To be taken in two or three divided doses, alternating with the following:

℞. Pulv. rheigr. i-ii	06-12
Hydrarg. chloridi mitis....gr. 1/20-1/10	003-.006
Ext. hyoseyami.....gr. i-ii	06-12

M. Ft. cap. No. i. Sig.: One such capsule once or twice daily.

Psoriasis.

Shoemaker, in *Med. Bull.*, advocates the following treatment of psoriasis:

℞. Acidi hydrochlor. dil.....gtt. ii	12
Essentiæ pepsiniʒi	4

M. Sig.: To be taken at one dose and repeated after each meal. Also:

℞. Podophyllotoxinii	
Aloini, āā.....gr. x	65
Pulv. jalapæ	
Massæ hydrarg., āā.....gr. xxx	2
Ol. menth. pip.....m. iii	20

M. Ft. pil. No. xxx. Sig.: One pill at bedtime.

When itching is present, as is rarely the case, the following combination is recommended to give the patient relief:

℞. Chloralis hydratisʒss	2
Pulv. camphorægr. xx	1/30
Acidi carbonici.....m. l	2/30
Sulphuris sublim.....ʒi	4
Ung. aquæ rosæ.....ʒi	30

M. Ft. unguentum. Sig.: To be applied locally.

In any cases of psoriasis the cause should be ascertained and treated; chronic indigestion and a rheumatic diathesis are frequent causes of this trouble. The foregoing outline of treatment is applicable when a history of digestive disturbances is obtained.

Convulsions in Childhood.

Asby, in *London Lancet*, states that convulsions are most common in infants who have been artificially fed first on diluted cow's milk which causes flatulence and curdy stools. The fact that convulsions are unilateral does not always prove that they are not reflex.

Laryngismus stridulus is a form of reflex convulsions and is always associated with rickets. Adduction of the cords is easily produced during childhood and frequently results from such slight causes as anger, irritation of the fauces as in catarrh, or discomfort in the gastrointestinal tract. In some cases there is tetany. Convulsions may also be due to brain irritation, as in meningitis, encephalitis, thrombosis, hemorrhage, tumors and syphilis. Whooping cough may be the cause of convulsions in childhood. In the treatment of convulsions during the convulsive stage a subcutaneous injection of morphin is recommended by the author for allaying the irritability of the nerve centers and checking the spasms, whether due to colic, meningitis or laryngismus stridulus. A strong infant six months old may be given grain 1/40 (.0015) and one a year old double that amount. Morphin should not be given to wasted and feeble infants. Inhalations of chloroform also act quickly, but the action soon ceases. Chloral by rectum is slower in action, but more permanent. Four or five grains (.25-.30) dissolved in water, or in egg and milk, may be given to an infant aged from six months to a year. The bromids act too slowly to be of use during the fits, but may be of service later to prevent a recurrence. In all cases calomel should be given, if the patient can swallow, to clear out the intestinal tract.

Nervous irritability may be prevented by sea breezes rather

than by steam tents, avoiding too great changes in temperature, especially when laryngeal or bronchial catarrh is present. The child should receive a warm bath every morning, followed by a cold salt water sponge, being careful to rub the skin dry to get a reaction, and to increase the time in the fresh air from day to day. The diet must be regulated. Infants suffering from convulsions are often given too much milk and there is resulting intestinal intoxication. In convulsions of older children, whether epileptic or reflex, a modification in the diet is necessary, giving a mixed diet, moderate in amount, avoiding overfilling the stomach. Cut down the starches. Give cocoa with egg and toast for breakfast; a moderate amount of beef or mutton, with cooked vegetables and stewed fruit, cocoa, toast and honey, for dinner. Cascara may be necessary to promote sufficient elimination by the bowels. The child may be withdrawn from school, but should be given interesting employment for a few hours daily.

Grippal Tonsillitis.

The following résumé of the treatment of tonsillitis associated with organisms of la grippe as causative factors is recommended by E. D. Lederman of New York: The treatment may be divided into constitutional and local. The former should consist of thorough catharsis, preferably with calomel in one-tenth grain (.006) doses, taken every ten minutes for ten doses, followed five hours later by eight ounces of magnesium citrate. For the high temperature which is usually present, sponge baths should be employed at a temperature of 70 F., followed by alcohol rubbing and massage.

The diet should be confined to liquids such as beef juice, matzoon, Vichy and milk.

THE LOCAL TREATMENT.

Cold compresses or icebags to the throat, with the sucking of small pieces of ice, alleviate to a considerable degree the pain and soreness in the throat. During the time the follicles of the tonsils are involved excellent results are obtained by applying to the inflamed area every two hours a solution of adrenalin, either by spray or by local application. This solution has a twofold effect: 1, A reduction of local inflammation; 2, a stimulating effect on the heart and circulation.

Alternating with local application of adrenalin the tonsils should be swabbed with tinctura ferri chloridi or sprayed with a solution containing equal parts of hydrogen peroxid and water.

Cultures, of course, should be made from the tonsillar exudate to ascertain the presence or absence of the Klebs-Loeffler bacillus, and, if present, the regulation treatment for diphtheria should be instituted.

CONVALESCENCE.

The period of convalescence is very important and should not be overlooked, as the patient is invariably weakened by this infection. The following is of service in this stage of the disease:

R. Strych. sulph. gr. 1/40 0015
Spts. frumenti. ʒi 30

M. Sig.: To be taken at one dose and repeat three times daily. [In regard to Dr. Lederman's prescription containing alcohol and strychnin, we wish—without discussing the subject—to direct our readers' attention to an abstract in THE JOURNAL, Dec. 17, 1904, page 1846, in which mention is made of the therapeutic antagonism of these two preparations.—Ed.] Whisky may be administered in the form of an eggnog. The benefit derived from a change to a milder climate can not be overestimated.

Medicolegal

Province of Expert Witnesses.—The Supreme Court of Missouri, Division No. 1, says, in the personal injury case of Taylor vs. Grand Avenue Railway Co., that it would have been proper to state to the plaintiff's experts the nature and extent of the injuries received by the plaintiff as they appeared at the time of the accident, and then to ask them whether or not in

their opinion such injuries might, could or would result in paralysis. The experts having thus given an opinion, it would have been for the jury to find the fact as to whether in this particular case the paralysis was caused as the plaintiff's experts said it might have been caused, or whether it was the result of other causes, as the defendant's experts testified might be the case. To the trained legal mind there is a very essential difference between permitting an expert to give an opinion and permitting him to draw a conclusion. The one is a province of a witness; the other is, in the first instance, the special prerogative of the jury. When a witness is thus permitted by the court to invade the province of the jury, it goes to the jury with the indorsement of the court, and is calculated to make the jury believe that it was proper for the witness to find the fact, instead of the jury doing so.

Administering Abortifacient Can Not Be Made Manslaughter.—Section 1825 of the Revised Statutes of Missouri of 1899 provides that "every person who shall administer to any pregnant woman any medicine, drug or substance whatsoever or shall use or employ any instrument or other means with intent thereby to destroy the fetus or child of said pregnant woman, unless the same shall be necessary to preserve the life of such woman, shall be guilty of manslaughter in the second degree." The Supreme Court of Missouri, Division No. 2, says, in the case of State vs. Hartley, that it was contended that this law, under which the indictment in this case was drawn and the defendant charged with manslaughter, was inoperative and invalid, in that it undertook to establish a degree of felonious homicide, where neither the death of the child nor of the mother resulted from the acts committed, and where there was no killing or homicide, and the court holds that the legislature could not make that manslaughter when the basis of its legislation did not in fact exist. In other words, there can be no manslaughter when there is no homicide; no more than there can be murder when there is no homicide.

Determination of Mental Capacity.—The Supreme Court of Tennessee says, in Nashville, Chattanooga & St. Louis Railroad Co. vs. Brundige, that the contest in this case was narrowed down to the question of whether the latter party had sufficient mental capacity at the time of a compromise for personal injuries to make a valid contract. Two physicians were permitted to testify, over objection, to the effect that she did not have sufficient mental capacity to transact business and to make a contract. The court holds that this was error; that the testimony was clearly incompetent, and should have been excluded. It says that the degree or quantum of mental capacity which the party whose act is called in question must have, to enable him to make a valid contract, is a question of law for the court to decide, and whether said party has the required quantum is a question of fact to be found by the jury from all the evidence; and the opinions of witnesses are not competent evidence, in cases of this kind, on either point. The mental capacity of the plaintiff in this case to contract was also the direct point—practically the sole point—to be decided by the court and jury; and the admission of the testimony mentioned was, in effect, a substitution of the opinion of the witnesses on both the law and the facts of the case for that of the triers provided by law to determine them. This could not be done. The testimony of witnesses must relate to the facts, and it is the province of the court to determine the law, and the jury the ultimate facts. Witnesses, in cases involving mental capacity, after stating the facts within their knowledge, may give their opinion, formed from those facts, of the soundness or unsoundness of the mind of the party in question, but can not be permitted to express an opinion whether such party had sufficient mental capacity to make a contract or to execute a will, as the case may be. There seems to be but little or no conflict in the authorities on this subject.

Complaints of Pain to Physician as Evidence.—The Supreme Court of Georgia holds, in Atlanta, Knoxville & Northern Railway Co. vs. Gardner, a personal injury case brought by the latter party, that, on the trial of such an action, complaints made by the plaintiff to her attending physician of pains in designated portions of her body were not admissible in evidence in her favor, unless made under such circumstances