

method of securing this than hydro-therapy. Many of his patients suffering from this trouble he directed to take a cold plunge-bath every morning; care being taken that prompt reaction followed. He still believed in the term tonic also, and he thought the cold plunge one of the most valuable tonics that we had.

Dr. E. D. Fisher thought the word neurasthenia would be a very convenient one to retain until our knowledge of nervous diseases had become more complete than it was at present. The principal objection to its use was the danger of mistaking for the condition it implied some of the grave organic diseases, especially in the incipient stage; and it was necessary, therefore, that we should be on our guard in this respect. As regards the treatment of neurasthenia, since this condition represented merely functional disturbances, so far as we knew, uniformity was impossible, and each case must be handled according to its individual circumstances.

In closing the discussion Dr. Gray said that one of his objects in writing the paper was to elicit such an expression of opinion from various observers as had now been given. On the whole, it seemed to him that there was an immaterial difference between his own standpoint and that of those who objected to the term neurasthenia. There were certainly many symptoms not of organic origin which we could not classify without resorting to some such expression. It was, therefore, of practical service to retain it, and the subdivision into the three classes which he had indicated seemed to him a convenient one. In the future such advances would no doubt be made that many points which were now obscure would be cleared up, and many of our views would accordingly be modified.

P. B. P.

Cataract Extraction.

Dear Sir:—I read with great interest the article on "Cataract Extraction, etc.," by Julian J. Chisholm, M.D., in *THE JOURNAL* of November 3, 1888. I think Dr. Chisholm is correct in reducing restraints put on patients after the extraction of cataract. I have been an advocate of such a measure, as not putting the patients to bed afterwards, or if at all for a few hours only, for some years. Since my connection with the University of Louisville I have operated on, in the amphitheatre there, 40 or 45 cases of senile cataract. These patients have each walked or rode from five blocks to five miles immediately after the operation, and I have to record the first case in which any serious inflammation has followed, in the person of a man over 80 years old, who removed his bandage the second morning and took a walk. I believe, with Dr. Chisholm, that with less restriction the eye does fully as well and the patient's general condition is left much better.

I regret though to see Dr. Chisholm apologizing for, or rather trying to account for his average of success, by saying, in reply to Dr. Knapp, that his assistant, "Dr. Belt has explained in his paper how these cases were failures in seeing, even when no inflammatory complication had arisen during the after-treatment of the cases; and how an ophthalmoscopic examination showed glaucoma, nerve atrophy and choroidal patches."

Is it customary to operate on such cases? Is it not nearly as possible to make such a diagnosis before the extraction of the cataract as afterwards? As the saying goes, "What is the matter with the candle test of the visual field? Let us show mercy, and consideration for the comfort of those who must submit to our dictation," by dictating that an operation is not advisable under such conditions as no vision will result. You cannot have a disease of the front of the eye which will shut out quick perception of light if the retina, choroid and optic nerve are sound. I never extract or needle a cataract without making the candle test of the visual field. Dr. Chisholm will find in the book commonly used for recording cases of cataract extractions a place for such a record, marked "visual field."

Yours,

W. CHEATHAM, M.D.

303 Chestnut St., Louisville, Ky., Nov. 7, 1888.

Sour Milk and Buttermilk in the Prevention and Treatment of Diphtheria.

Dear Sir:—The quoted article on "Diphtheria in Cats," in a recent issue of *THE JOURNAL*, reminds me of a case of this disease occurring in a favorite Maltese cat of mine many years ago, and for the relief of which I ordered *sour* milk and buttermilk, which she eagerly took and speedily recovered. These were exhibited as comprising the essential nutritive and remedial properties combined in an acceptable form, and to satisfy the instinctive desire for acidulous substances existing in diphtheria with kindred diseases. The milk is most nourishing and partly predigested, while the lactic acid therein, to which they owe their medicinal power, is an active digestive, depurant, refrigerant, antiscorbutic, antiphlogistic, antiseptic and febrifuge, solvent of the fibro-plastic membranous exudate, and general resolvent of this disease with collateral maladies. They are hence generally applicable in the preventive and curative treatment of scorbutic, malarial, inflammatory, infectious, contagious and pernicious diseases, local and constitutional, both in the inferior animals and human beings. Therefore, if people would drink sour milk and buttermilk, sweetened if desired, and give them to dependent children and the lower animals, instead of throwing them away as worthless, thus wasting a valuable nutritive and medicament, they would protect themselves and subjects largely against and

relieve some of the most pestilential and virulent diseases known, as well as many of the minor ailments of life. Alone or in conjunction with the mineral and vegetal acids, and other suitable nourishment and remedies as specially indicated, I have exhibited them for many years and can fully testify to their superior value as nutrient, preventive and resolvent agents in such maladies. Sour milk and buttermilk thus act both as valuable, agreeable food and medicine that can be used *ad libitum*, besides being cheap, abundant and convenient. Each should be taken frequently as an effective digestive, antalkaline, and prophylactic to neutralize the superalkalinity of blood and system as often occurring, and to ward off or relieve diphtheria, scorbutic, inflammatory and pestilential maladies of every grade and character, in cats, dogs, pigs, and other inferior animals, in common with mankind.

GEORGE J. ZIEGLER, M.D.

November 11, 1888.

BOOK REVIEWS.

THE LIFE INSURANCE EXAMINER. A Practical Treatise upon Medical Examinations for Life Insurance. By CHARLES F. STILLMAN, M.S., M.D., Medical Examiner for the Mutual Life Insurance Company; Examining Surgeon of the Travelers Insurance Company of Hartford, etc., 8vo, pp. 186, 16, viii. New York: The Spectator Company. 1888. Chicago: W. T. Keener.

The medical examiner for life insurance occupies an important position; a careless or incomplete examination will generally result in injustice to the applicant for insurance or to the company. The lines of procedure of the medical examiner are being drawn more sharply and closely, and the time has come when the examiner must be exact, or as exact as possible, and must render decisions based on scientific facts, so far now known.

Dr. Stillman is well known by his work in orthopaedic and general surgery, and for exactness and completeness in all the work he undertakes. The book before us is divided into three parts, the first dealing with "Life Insurance Formalities," the medical examiner's report, instructions to medical examiners, the agent's report, and instructions to agents. Part II treats of "Examination of the Applicant," identification, environment, physique, physical diagnosis. Part III relates to the "Diseases relating to Life Insurance," hereditary influences, nutrition and diathesis, etc. An appendix contains legal questions relative to medical examiners, and other matter, including life insurance statistics.

The book contains a superimposed dissected colored plate of the anterior aspect of the body, made by the author, an engraving from life of a candidate stripped for an insurance examination, and a number of engravings of the microscopic appearance of urinary deposits. Life insurance methods are now far beyond those of a dozen years ago, and the books on the subject, written at that time are now out of date. The present work is for the active examiners for life insurance, and to them we can heartily recommend it.

THE MODERN TREATMENT OF DISEASES OF THE LIVER. By PROFESSOR DUJARDIN-BEAUMETZ. Translated by E. P. HURD, M.D. Published by Geo. S. Davis, Detroit, Mich. Pp. 185. Price 25 cents.

The volume before us is one of the Physician's Leisure Library Series for 1888. The translation is very well made. The book is most interestingly written. As is always true of what Dujardin-Beaumetz writes, much that is now in physiology, as well as what is now in the therapeutics of the diseases discovered, can be found here. The various chapters bear the following titles: The Liver from a Therapeutic Standpoint, Chologogues, Treatment of Biliary Lithiasis, Treatment of Jaundice, Treatment of Engorgements of the Liver; Treatment of Inflammations of the Liver, Treatment of Hydatid Cysts of the Liver.

MISCELLANEOUS.

A TRAINING SCHOOL FOR NURSES has been opened in connection with the General Public Hospital at St. John, N. B.

DR. H. S. PIGGINS, who for a number of years has been practicing his profession at Caledonia, Minn., has removed to Duluth.

DR. FRANCIS J. GOULD, who died of yellow fever in Jacksonville, Fla., was a native of Lexington, Mass., and a graduate of Harvard, class of 1850. He was 60 years of age.

DR. JOSEPH O'DWYER, the originator of intubation of the larynx, has been appointed Professor of Diseases of Children in the New York Post-Graduate Medical School and Hospital.

MILK SICKNESS.—Isaiah Everly, of Patricksburg, Ind., died of milk sickness on November 1, his widow is seriously ill, and cattle have perished from the disease, which prevailed twenty-five years ago on the same farm.

NO EPIDEMIC AT DEMARARA.—A report from the U. S. Consul at Demarara to the Department of State says that there have been but two cases of yellow fever there, and that his bills of health while showing that the disease exists does not make it appear that it is epidemic.

CHARLES H. PHILLIPS, for many years a prominent manufacturer of chemicals, of New York city, died suddenly of apoplexy, on Nov. 5. He was a member of the