

similar case was the ovaries for a small bleeding fibroid, the operator having no faith in other so-called *unscientific procedures*. If Apostoli has done nothing more than demonstrate the possibility of relieving the pain and hemorrhage in these cases, surgery should welcome his work, in the interests of humanity.

And now let me say a word about hemorrhage. I believe we have made mistakes in our technique, when we don't succeed in controlling the bleeding. I have seen cases come to the clinic who bled profusely after an examination. Indeed, I am sure one woman lost at least six ounces of blood. In these cases Apostoli uses the largest carbon electrode that is possible to be introduced into the uterine cavity, and endeavors to touch the whole internal surface of the womb. This treatment lasted about ten minutes, with the effect of completely arresting all hemorrhage for several days. About sixty ma. positive galvanism was given.

I have also attended Guignon at the Hôpital Neckar, but I am not pleased with the French methods of operating for stricture of the urethra. Seldom do they perform a primary urethrotomy, and are satisfied with the use of much smaller sounds than we in America; in fact, the French urethral surgeon practically disregards Otis's ideas of the normal caliber of the urethra.

H. E. HAYD.

PARIS, June 24, 1890.

—*Buffalo Med. and Surg. Journal.*

#### ANTISEPTIC TREATMENT OF WOUNDS.

Sir Joseph Lister, at the International Medical Congress in Berlin, gave an address on the present position of antiseptic surgery. In the beginning of his speech he alluded to the scavenger-cells or phagocytes discovered by Metschnikoff, the white blood-corpuscles which envelope parasitic intruders and render them harmless. He then spoke of the antiseptic treatment of wounds, declared his preference for sublimate over other disinfectants, especially cyanide of mercury, and drew attention to the degrees of dilution of sublimate which he had found advisable. The purpose was to avoid irritating the wound-surfaces as much as possible, for which reason one must use weaker solutions for the more sensitive tissues. In operations in the pleural cavity drainage was necessary, as well as the antiseptic bandage. He had given up the use of the spray some years ago; it could be of value at most only for the continuous disinfection of the operator's hands. It might easily do harm, because the motion of the air produced by it might carry off germs with it and convey them to the wound, not to mention that the use of spray sometimes led to the neglect of other antiseptic precautions. He advised the leaving of complicated contusion wounds open at first.—*The Lancet*, August 16, 1890;

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## THE USE AND ABUSE OF PEPSIN.

One of the most prevalent diseases of our day is that aggregation of symptoms grouped together under the name of dyspepsia. In these days nearly everyone has it, from the little babe overfed every quarter of an hour, covered with scabs and scales and writhing with colic, to the elderly men and women who eat many times more than they require in a half or a quarter of the time that would be required for mastication. There is dyspepsia from eating too often; there is dyspepsia from eating too much. There is dyspepsia from mental worry and dyspepsia from physical fatigue. There is dyspepsia from the counter lunch and dyspepsia from the vile boarding house cuisine. And the worst of it all is that very few doctors know anything about it. So that if the patient is a workingman or woman he must stay at home and fight his trouble out without relief, while his wealthier brother in misery can be ordered away and take his trouble with him under the fashionable title of malaria. Why the disease is so little understood is easy to understand. Pathologists are too busy