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PUERPERAL MANIA.

T. K. HOLMES, M.D., CHATHAM.

That form of mania following and depending upon childbirth and the puerperal state is of much interest, because of its frequency, danger, and liability to become chronic. The object of this paper is not to enter into a discussion of the subject very fully, but to invite attention to some points that I have found of much importance in the successful management of some of these cases. The views advanced are the result of the clinical observation of twelve cases of the disease which I have either had under my own care or have seen in consultation. Only those cases that have been examined with sufficient care to enable them to be of use in establishing the views advanced in this paper will be reported.

The chief causes of puerperal mania, as given by all authorities I have been able to consult, are heredity, moral influences, dystocia, anæmia, and eclampsia as predisposing; while as exciting causes are mentioned moral emotions, toxemia, albuminuria, and exhaustion. Clinical observation of a number of my cases leads me to the conclusion that there is another etiological factor of frequent occurrence that I have been unable to find mentioned by any writer. I refer to laceration of the cervix uteri. Doubtless it will occur to everyone that, as this accident, happens so frequently and no mania results, little reliance can be placed on it as a cause of puerperal mania. The same, however, is true of all causes mentioned above, the conditions existing without the supervention of maniacal symptoms.

The explanation of want of uniformity in results from uniform causes lies in the great diversity of material upon which these causes act. What would excite mania in one person might produce hysteria, melancholia, or neurasthenia in another. It may also be objected that a large number of these cases of insanity recover without having the laceration cured. This is true, but it will be admitted that the great majority of lacerations heal spontaneously in a few days or weeks, corresponding in time to the recovery of sanity in most of these cases; and even where they do not heal, they undergo change and become covered by mucous membrane, which lessens very much the local sensitiveness and favorably modifies the condition of the torn surface.

There are circumstances, moreover, connected with this form of insanity that lend plausibility to the view above stated as to causation.

Dr. Bucke has pointed out, in his book on "Man's Moral Nature," the strong probability that this has for its physical basis the sympathetic nervous system, and that disease of those organs exclusively, or almost exclusively, supplied by that system leads to perversion of the moral and emotional nature. This only requires to be done to a sufficient degree to constitute a form of insanity. He also calls attention to the fact that disease of the stomach,

ovaries, suprarenal capsules, and uterus, organs entirely—or almost entirely—supplied by the sympathetic system of nerves, produces disturbance of the moral and emotional faculties altogether disproportionate to the gravity of the disease, while other organs receiving a very small supply from the sympathetic—as the lungs—may be fatally diseased, as in phthisis, without causing even much depression of spirits, so that the hopefulness and cheerfulness of the consumptive have become proverbial.

The well-known changes that take place in the composition of the fluids of the body during pregnancy and the puerperal state, and the constant demands made upon the emotional nature by fear, anxiety, and domestic cares during pregnancy, are sufficient predisposing causes to render easy an outburst of mania upon the supervention of an exciting cause. The fuel is ready, and only requires the match to inaugurate the conflagration. It is not unreasonable to suppose that an accident so serious as a cervical laceration in an organ almost exclusively supplied by the great sympathetic should act as the match and set the system ablaze.

The foregoing considerations would be valueless unless confirmed by clinical experience, and it is with the hope of contributing confirmatory evidence of this kind, and so adding something—however slight—to the knowledge of this subject, that the following cases are reported:—

CASE I. Mrs. Jos. F——, of good family and personal history, was delivered of her first child on the 17th of Nov., 1869, and became maniacal on the 20th of the same month. I saw her first on the 14th of Jan., 1870, and then learned that she had not been sane since her child was three days old. She showed no love for her baby, took no interest in her domestic duties, and required to be kept under some restraint. There was a multiple laceration of the cervix, which, under the plan of treatment then practised, would have required several months to cure. Circumstances prevented this prolonged treatment from being carried out, so she was sent to an asylum, where, I believe, she died about two years afterwards without having recovered sanity.

CASE II. Mrs. H——, aged 25, was free from hereditary tendency to insanity, and had had an excellent personal and family history. Her health during pregnancy was exceptionally good, and her labor was apparently easy and natural.

The child was born on the 9th of Jan., 1874, and on the 13th she showed signs of melancholia and complained that her friends had lost all affection for her. She was morose and frequently cried, but no marked change was noticeable for three months, when she became worse, expressing herself doubtful of the legitimacy of her child and becoming suicidal. Other means failing a uterine examination was made, and a laceration detected. It healed rapidly under appropriate treatment, when all mania disappeared, and her health has remained excellent. She has borne two children since.

CASE III. Mrs Jos. R—— had her fourth child on the 28th of Oct., 1877, and was well until the 30th, when she suddenly became violently insane. Chloral was given to secure sleep, and at the end of two weeks she regained sanity, but continued in bad health and very nervous and despondent for the next two years, when I was led to examine the uterus, and discovered a stellar laceration. This was cured, and her health has been robust since. Two subsequent confinements have not caused any return of the symptoms of nervousness or insanity.

CASE IV. Mrs. Joseph B——, a primipara of good history, was delivered in November, 1877, and became maniacal within a week. I saw her first on Dec. 5th, when the disease had lasted about a month.

An anæsthetic was administered and an examination made, revealing a bilateral laceration of the cervix uteri. Copious douching of the torn parts with hot water produced almost immediate improvement in her mind, and by the time the laceration was cured the maniacal symptoms had entirely disappeared, and her health has remained good up to the present time. My friend, Dr. Murphy, also saw this case.

CASE V. Mrs. Thos. M——, of good history, was confined on the 29th of Jan., 1883, and within ten days became morose and silent, dis-

regarding her child and refusing to converse with her friends. During the summer she became worse, and several times escaped from home, and on one occasion spent the night wandering in the woods. I saw her first on Sept. 2nd, 1883, and found her morose and disinclined to conversation or to any domestic duties. She was emaciated and sleepless, and could not be persuaded to take medicine of any kind. A uterine examination showed a cervical laceration which, although slight in extent, was slow in getting well, owing to irregular attendance, as she lived a number of miles from town and could not be seen as often as necessary. Treatment was continued until Dec. 5th, with gradual improvement in her mind and in her general health, and as the local ailment was now well, the subsequent treatment was medicinal and hygienic, and by the end of Feb., 1884, she was as well as ever, and has remained so.

CASE VI. Mrs. F. G——, a patient whom I saw in consultation with Dr. Murphy on the 10th of Jan., 1877, and found her with a young baby and violently insane. A uterine examination was spoken of at the time, but it was not made owing to her unmanageableness. Dr. Murphy pursued the usual plan of treatment recommended in these cases until April 24th, when her husband, on his way to the asylum with her, called at Dr. Murphy's office. By the doctor's courtesy I saw her again at that time, and we succeeded in making an examination of the uterus, and found the cervix quite badly lacerated. The doctor informs me that the contemplated asylum treatment was abandoned, and that as soon as he cured the local lesion she regained sanity and has had no relapse up to the present time.

CASE VII. Mrs. Wm. T——. Was called to see this patient on the 16th of Nov., 1884, with the view of obtaining her admission to the London Asylum, and did obtain permission from the authorities there to have her sent.

At the time of my visit I explained to her husband the possibility that her mania, which began three months previously, and very soon after child-birth, might be due to cervical laceration. Before a vacancy in the asylum occurred, I examined her and found, as I had surmised, that the cervix was lacerated. The laceration was cured, and with the result of a complete restoration of her mental faculties, which has continued till the present time.

CASE VIII. M. D——, a primipara, age 21, unmarried, was confined in a Detroit hospital on the 3rd of May, 1885. The labor was difficult, and on the fourth day she became maniacal and escaped from the hospital, but was found two blocks away and brought back. She remained very insane until the middle of July, when improvement began.

Dr. McKeough examined her on the 28th of July, and found a small laceration, angry in appearance, and there was a copious cervical discharge. These have now been nearly cured, and while she is still rather morose, she has resumed her usual domestic duties and is in fair health.

CASE IX. Mrs. J. R——, age 20, a primipara, was confined on May 3rd, 1884, and became insane on the 6th. Under moral and medicinal treatment, she became more sane, and was able to be brought into town, a distance of fourteen miles, on June 7th, when an examination made by Dr. McKeough and myself revealed laceration of the cervix. This was cured, and her health, both mental and physical, has been good since.

CASE X. Mrs. H. E——, age 24 years, of good history, was delivered of her third child in March of the present year, and remained well, but sleepless, until the eighth day, when she suddenly became violently insane. She received careful and attentive treatment from the medical attendant, but made no improvement, and required constant watching and restraint. I first saw her on the 14th of June and performed trachelorrhaphy. Improvement since has been steady, and she is now in perfect health, both mentally and physically, (able to do most of her household duties.)

CASE XI. Mrs. J. R——, age 39 years, was delivered of her fifth child seven years ago, and became insane soon after, and was for some time an inmate of the Toronto Asylum. Since that time she has been well about one-third of the time, the attacks of melancholia lasting about four or five weeks, when there would be an interval of two or three weeks when she would be quite cheerful and apparently well. Her

brother is in the asylum, and her father was insane and died so.

On July 13th, 1885, I performed trachelorraphy. The laceration was bilateral and extended nearly to the vaginal junction. The case is still under treatment.

CASE XII. Mrs. E. R——, age 34, of good family history, had a miscarriage eight years ago, and was confined at full term, Aug. 18th, 1880. There was a small cervical fibroid tumor that rendered the labor difficult, and which I removed on the 8th of Nov. following. She became gradually more and more melancholy after the birth of the child, and was still worse after the removal of the tumor, being unfit to manage her household duties, and a source of great care and anxiety to her friends. There was a cervical laceration which slowly got well by the use of topical applications, and her mind recovered cheerfulness in part. In June, 1883, she was again delivered, made a good recovery, and has since remained quite well.

A clinical study of these twelve cases leads me to believe that cervical laceration is not an infrequent cause of puerperal insanity, and that until its etiological influence is known and settled the subject is well worthy the consideration of medical men.

The appointment of a specialist as consulting surgeon to each of our asylums would aid very much in the solution of this question, and if the views advanced in this paper be proved to be well founded and correct, it would be the means of restoring some to health and to their families who might otherwise spend their days in an asylum.

MODIFIED FORM OF TYPHOID FEVER.

BY G. L. MILNE, M.D., C.M., VICTORIA, B. C.

Some discussion has taken place lately as to the source and cause of typhoid fever and its various modes of attack, especially the recent outbreak in Plymouth, Pa., and its modified form in the beginning as described by Dr. L. H. Taylor, in the *Medical News* of May 16th, in which he states: "It broke out with great virulence, and some diversity of opinion existed; it was variously declared typhoid fever, typhoid malarial fever, typho malarial, meningitis, until its true nature was made manifest."

After reading his paper, I thought to submit this article on a modified form of typhoid fever which was prevalent in this city from last October continuing until the middle of April of this year, with a slight intermission in the month of December, when three weeks' frosty weather seemed to arrest its progress for a time.

The fever in the majority of cases was severe, especially in the first week; prominent symptoms of typhoid fever were absent, and if present, not severe; the most notable feature was that the death rate was low.

The number of cases I have kept record of is forty-four, with three deaths from fever, one from phthisis following the fever.

As to the cause of the epidemic various theories are advanced. No investigation was made by the authorities, but it may be safely attributed to the usual causes—impure water, contaminated milk, surface drainage, which is the system adopted here. No doubt the early wet fall, together with occasional sunshine and the mild weather which continues through the winter on the Pacific coast, all tended to propagate the disease.

I will give the history of a case which may be taken as a type of the disease:

Jan. 9th, 1885. M. N., a married lady, aged twenty-one. Two or three days previous to my visit complained of pain in back and limbs, headache. The day before I saw her, she had chills. Temperature at first visit $103\frac{2}{5}$ in the morning; pulse, 105. Evening temperature, 104; pulse, 110. Skin hot and dry. Tongue coated and moist. Bowels constipated. Wakeful.

10th. Morning temperature, $103\frac{3}{5}$; pulse, 100. Stools dark and offensive. Evening temperature, $104\frac{2}{5}$; pulse, 108. Slight deafness. Slight gurgling over right iliac fossa. No delirium.

11th. Morning temperature, $103\frac{3}{5}$; pulse, 100. Tongue moist. Bowels constipated. Evening temperature, 104; pulse, 108.

12th. Temperature and pulse continued the same for remainder of the first week.

16th. Temperature, $102\frac{2}{5}$; pulse, 85. Evening temperature, $103\frac{2}{5}$; pulse, 90. Bowels still constipated, although stools lighter in color.

No rash visible, deafness still continues, headache almost gone, sleeps better, slight pain in bowels, although not tympanatic. Patient remained much in the same condition during the second week with slight fluctuations of temperature.

23rd. Temperature morning, $101\frac{1}{5}$; pulse, 85. Evening temperature, $102\frac{3}{5}$; pulse, 90. Bowels constipated, sleeps well. No delirium. Tongue red, but moist. The only change worthy of notice during this week was the greater remissions in the morning temperature.

29th. Fourth week. Temperature morning, 99; pulse, 78. Evening temperature, $101\frac{3}{5}$; free perspiration. Bowels constipated. No tympanites. At the end of this week morning temperature stood $97\frac{3}{5}$; evening, $98\frac{3}{5}$. The temperature in a few days returned to normal. Patient very weak. Convalescence slow.

In comparing the usual course of typhoid fever with the history given, which may be taken as a type of the majority of cases, we find the absence of some of the prominent symptoms of typhoid fever, namely, delirium, tympanites, dry tongue, diarrhœa.

Having in these cases high temperature almost from the beginning, and in the majority of cases a low pulse rate as compared with range of temperature. The temperature also declining about the tenth day instead of being at its height, as in true enteric fever.

I may state that delirium occurred in only two cases; epistaxis, 4; hæmorrhage of the bowels, 2; rash, 10; peritonitis, 2; dry tongue, 3; diarrhœa, mild, 4.

Complications were as follows: Bronchitis, 12; pneumonia, 2; phlegmasia alba dolens, 1; coma, 1; phthisis, 1.

Deaths from the following causes: Heart failure, 2; coma in child, second day of fever, temperature in axila before death, 105; peritonitis, 1; one of phthisis, six weeks after the fever, had been phthisical previous to the fever. Relapses took place in two cases.

As to the treatment, cold sponging with an occasional antipyritic dose of quinine when fever ran high, but quinine had no control over the disease—its action only being temporary; cold sponging when the fever exceeded 102, and good nursing with fever diet, seemed the most essential. Treating other symptoms as they arose.

I have seen some good effects of calomel in the beginning cutting short the disease in some cases after free action of the bowels was obtained. By way of prophylaxis thorough disinfection was maintained.

No doubt, in various parts of America a difficulty often occurs in the diagnosis of fevers, especially where malaria exists, as in many of the Southern and Western States. But have we not epidemics of typhoid fever in non-malarious districts where typhoid is so modified as to change its usual course, in which case it may pass for remittent or simple continued fever?

Of late, authorities have endeavoured to introduce into the nosology of fevers, sewer gas fever, septic fever, etc., and no doubt upon good grounds, as these cases do occur.

From sewer emanations a fever exists similar to a continued fever, and septic fever is no doubt of the same character. The duration of the fever is shorter than that of enteric fever.

In an editorial, the *Medical News* of Sept. 22nd, 1883, it reads, referring to septic fever, "as a form of fever arising from decomposing organic matter received into the system of man." The occasion of the above article was due to an epidemic which occurred at Rye Beach, in which it is assured that there was absence of any source of typhoid poison having reached the inmates of the cottages.

Thus we have, at least, two kinds of septic fevers, which have been recognised of late as a cause of continued fever. Then we have the various forms of malarial fevers, which are said to produce continued fever, which are worthy of further investigation as differences of opinion exist.

At the meeting of the Maine Medical Association last year, Prof. J. T. Dana spoke upon undeveloped typhoid fever, taking the ground "that whereas in former years typhoid fever was definitely typically developed, it has now, in the greater part of the State, become of less severity, not so well developed, in fact, "a-typical." And also I quote from the report on medicine by the Wisconsin State Medical Society of 1883, which states as follows (*Med-*

ical News, Sept. 29, 1883): "The character of the fevers in the North-west were discussed at length, whether these were typhoid, typhoid malaria, or simple remittent. The conclusions being that they were chiefly of malarial origin, even though there may be intestinal hemorrhage and cases may reveal softened or disintegrated intestinal mucous membrane, or even some form of ulceration of Pyers' patches."

One would hardly come to any other conclusion under our present knowledge, from the pathological condition referred to above, that typhoid fever was the true cause of such lesions; and it is generally conceded that typhoid fever supplants malarial fevers if they co-exist, hence the mistakes in diagnosis.

Dr. Bartholow maintains that typhoid supplants malarial fevers during the period when populations increase in districts. He also states that typho-malaria is a misnomer and should be abolished, and assumes that where typhoid poison exists, malaria ceases to be active. Where malaria exists it is evident that difficulties arise in diagnosis. Intermittent, remittent, and simple continued fever would all tend to confound the diagnosis of typhoid fever.

In the Middle States of America, malarial fevers have been by some authorities classified intermittent, remittent and continued malarial fever. The profession, no doubt, would accept the first two named as being properly attributed to malaria; but continued malaria, in which it is self-limited and cannot be shortened, should be properly classified as typhoid fever.

Maury, on "Fevers of the Mississippi Valley," in the *American Journal of Medical Sciences*, April, 1881, maintains that continued malaria is distinct from typhoid fever; but as he was unable to obtain autopsies of his cases, cannot give the pathological condition in his fatal cases, but the abdominal symptoms were absent, and concludes that these would seem to bear no relationship to typhoid.

I quote the above to show that in various parts of the Continent fevers exist in a modified form, and that many authorities differ widely on the question of causes and classification of fevers. I believe differences exist on this coast as to the kinds of fevers prevalent. Recently, I have seen patients in this city who came in search of health, from San Francisco and California, that had been treated for typho-malarial fever, where considerable deafness remains and is likely to be permanent from the excessive use of quinia in this disease.

I have taken these extracts for comparison, in a geographical point of view, namely, from Maine on the Atlantic, and several Middle States, in order that we may compare them with the Nor hern Pacific Coas'. No malaria exists here, as this city may be said to be built upon a rock, being almost surrounded by salt water—the Straits Juan de Fuca. But still we find the same condition in the non-malarious districts, the same vacillation in the forms of typhoid fever.

In conclusion, the following are the chief points which I wish to draw attention to in this communication:—

1st. The peculiar mode of attack in this epidemic, the temperature being the highest on the second or third day of fever, and beginning to decline about the tenth day, with mild enteric symptoms and low mortality.

2nd. Although the sanitary condition of the city was unfavourable, the typhoid poison did not seem to cause a virulent form of typhoid fever.

3rd. The epidemic referred to was similar to the continued malaria of some writers who live in malarial districts; but as for this city and district, the presence of malaria must be dispelled as now exists.

4th. That the so-called typho-malarial and continued malarial fevers are misnomers, as in the presence of the typhoid poison malaria ceases to exist, and the continued malaria of some writers are no doubt cases of modified typhoid fever, as quinia, even in large doses, has no control over the fever, nor does it seem to check its progress.

5th. That epidemics of modified typhoid fever occurs in all parts of the Continent—the Atlantic coast and Middle Sta'es where malaria exists; and also on the Pacific coast where malaria is unknown. Taking the subject in a topographical and geographical point of view, the study of typhoid fever in a modified form is of the utmost importance, especially as to treatment.

6th. That the treatment of all continued fevers should be conducted as if true typhoid existed, no matter how modified the symptoms may appear. The death-rate under these circumstances would be very much reduced.

Selections.

ON THE OCCASIONAL LATENCY AND INSIDIOUSNESS OF GRAVE SYMPTOMS IN CONNECTION WITH THE PUERPERAL STATE.*

BY W. O. PRIESTLEY, M.D., LL.D., F.R.C.P., ETC.

When serious disease attacks the puerperal patient, it commonly declares itself within ten days after delivery, and indicates its presence by signs which are either unequivocal, or which at least are sufficiently marked to arrest the attention of the medical man, and to cause him to bestow more than ordinary care upon the symptoms. In reliance on this fact, women who have been delivered in maternity-hospitals are, if no untoward symptoms have appeared, allowed to leave after ten or fourteen days of convalescence.

But there are cases not unfrequently met with, in which the progress of puerperal disease is much more insidious, and in which the indications of what has being going on in the way of morbidity are not apparent until a much later period.

I have extracted from my notes the record of three or four cases, the details of which were jotted down long ago, but which were written out with more care than others of a like kind which have occurred in my later experience.

Case I.—Mrs. J., a young wife about 20 years of age, was delivered of her first child on January 21st, 1868. She had not been well before her confinement, but suffered then from no very definite symptoms. She was of lymphatic temperament, somewhat lethargic, and all the functions of the body were performed in a somewhat sluggish fashion. Her appetite was indifferent, her speech deliberate or slow, and, although she endeavoured to take exercise as a duty, there was no natural tendency to the cultivation of those active habits which, from an insurance point of view, are considered necessary to vigorous health.

When parturition came on, the pains were sluggish, and the labor lasted from early morning to half-past five in the evening; but there was nothing abnormal about it, nor was there any undue loss of blood afterwards. The uterus appeared to contract well enough to prevent hemorrhage, but it remained high in the abdomen, and, notwithstanding some manipulation, it continued to feel somewhat flabby and ill-defined in outline for some days afterwards. The patient was very anxious to nurse, and attempted to do so for some days; but the quantity of milk secreted was small, and eventually a wet-nurse had to be procured. She was on the sofa at the end of eleven days, and on the eighteenth day after her confinement was removed to another room on the same floor. There were no special symptoms up to this time, but she lost all appetite, and was listless in manner. She had occasionally an indefinite kind of flying pains about her, and a frequent sense of nausea, which culminated on the twentieth day in an attack of vomiting.

At the end of the third week, when it was thought she might begin to move about, she was indisposed to put down her feet and attempt to walk, saying she felt as if she had lost all power of walking. About this time she became impatient of light being admitted to her room, and preferred a darkened apartment. This phase passed.

On the twenty-eighth day she seemed better, and her monthly nurse left her, her engagement being at an end.

Soon after this she began to experience sharp pains in the limbs, and one wrist began to swell. Then other joints were affected, and she had indications of a general attack of acute rheumatism. The digestive organs also became thoroughly deranged, and there were repeated slight attacks of sickness, with nausea, constipation alternating with diarrhœa, and flushed face with quick breathing. The temperature rose, and the pulse was habitually 120. There were no signs of pelvic inflammation, but eventually the abdomen became excessively

* Read in the Section of Obstetric Medicine, at the Annual Meeting of the British Medical Association, held in Cardiff.

tympanitic, and no remedies gave more than temporary relief.

Dr. Playfair kindly took part with me in attendance on the case, when it became a more anxious one, and night as well as day attendance was required. Various consultants were called in, and among others the late Sir J. Y. Simpson was summoned specially from Edinburgh.

All efforts to save the patient proved to be unavailing, and she gradually sank and died on March 17th, about thirty-eight days after the birth of her child.

CASE II.—Mrs. W. was delivered of her second child on May 25th, 1868. Her confinement was natural, and she made, on the whole, an apparently favorable recovery afterwards. She failed, however, to nurse her baby, and seemed depressed and weak during her convalescence, complaining, from time to time, of flitting pain in her limbs, and being disposed to be somewhat hysterical.

I took leave of her at the end of the month, thinking her fairly well, but not strong. A few days later, on June 27th, I was asked to see her again. She had been out, and had resumed her household management, but now complained of severe rheumatic pains in her limbs, and she was so mentally depressed as to be quite unfit for her usual duties.

I prescribed some quinine for her, and saw her twice afterwards. Finding her not improving, I urged her to go out of town for change of air. This she did, but got no better, and the subsequent history proved that the seeds of mischief were slowly and insidiously developing in her circulation. She had not been long out of town before one eyeball began to swell, and it became the seat of excessive pain, from which there was no relief night or day. After a time there were evidences of suppuration being established, and eventually the eyeball burst, and entirely collapsed, thus entirely depriving the patient of the sight of one eye. After this she slowly recovered, and had no further indication of purulent infection.

This poor patient died in a subsequent labor, as the result of placenta prævia.

CASE III.—Mrs. R., aged 23, was delivered of her first child on October 2nd, 1865. The labour was tedious, and the medical man in attendance, after allowing the second stage to go on as long as he thought was compatible with the safety of the patient, summoned me in consultation, and I delivered with forceps. The uterus contracted fairly well after the removal of the placenta, and there was no great hemorrhage. Two or three days after delivery, it was noticed that the uterus was inordinately large, but there was no tenderness and no fever. At the end of a week the patient had slight rheumatic pains in the limbs and chest. These were attributed to neuralgia, to which she was liable. No other symptoms raising the suspicion of pending mischief were noticed until a fortnight after delivery, when, in attempting to leave her bed, the patient complained of acute pain in the calf of one leg, and had to go to bed again. That evening and afterwards she was feverish, and had intermitting and throbbing pain in the back of the leg, with accelerated breathing. I saw her in consultation on October 26th, and found that for two or three days previously she had suffered from slight rigors towards night, and her temperature and pulse were both higher than normal. On examining the calf of the leg, it was found to be the seat of a phlegmonous swelling, and I thought I could detect fluctuation in the centre. The late Mr. Campbell de Morgan made an incision on the 28th, nearly a month after the date of delivery, and a large quantity of pus escaped from a deep-seated abscess. After this the patient recovered, and had no further untoward symptoms.

CASE IV.—A. E. T., aged 23, was delivered of her second child on December 12th, 1870. The patient was of lymphatic temperament, and disposed at all times to be inactive in her habits. During the early part of her pregnancy, she had suffered a severe mental trial in the sudden death of her mother, to whom she was tenderly attached. As the result of this, she had become depressed in spirits, could rarely be induced to take proper exercise, and grew inordinately stout for her years. She went to her full time, and her labor was natural, except that the first stage was tedious, from sluggish and irregular uterine action, and she was not delivered until forty-eight hours

from the commencement of the pains. There was no undue loss of blood, and the uterus contracted fairly well, but was somewhat large and flabby. The after pains were slight; but, three days after delivery, she complained of sharp pain about the right hip, which was relieved by an opiate and a poultice. After this all seemed to go on well, except that it was remarked her feet were habitually very cold, and occasionally there were neuralgic pains down the back of the right hip and front of the thigh, for which quinine and an anodyne liniment were prescribed. At this time, frequent examination was made to ascertain if there were any tenderness along the crural vein, or in the calf of the leg, but none was found. There was no rigor, and no indication of feverishness; but, three weeks after the confinement, I noticed, on passing my hand over the hypogastrium, that the womb was larger than usual for the time that had elapsed since delivery. It was not tender, but gave me the impression of being imperfectly involuted.

At the end of the month, the patient began to take her meals in an adjoining room, and to go about as usual, with no other inconvenience than apparent recurring neuralgia, and a tendency to hysteria.

In the middle of the fifth week, when dressed to go to the christening of her child, she became very faint, and was got to bed with difficulty. An attack of vomiting followed, and she was sick the whole day. These symptoms subsided, and she seemed to be progressing favorably, when, about a week later, either in dining out or in going to the theatre, she got her feet wet, and complained all the following day of being ill, and was very cold, although she did not shiver.

On Monday, January 31st, just seven weeks after the birth of her child, she was seized with agonizing pain in the right groin and front of the thigh. She became flushed and feverish, and was obviously suffering acutely. On being summoned, I sent her to bed, and, on making an examination, discovered an inflammatory swelling, of the size of half an orange, in the right iliac fossa. The pulse was 130; the temperature 103°. The urine was dark-colored, scanty, and loaded with urates. Two or three days later, there was rheumatic swelling of both ankles, and the muscles of the legs were so painful and sensitive, that the weight of the bedclothes could scarcely be borne. Warm fomentations and sedatives relieved this condition of the lower limbs, and they were beginning to be movable again, when the wrists began to swell and redden, and the extreme sensitiveness was thus transferred to the upper extremeties. The two hands were rarely equally affected. There were constant variations in the relative amount of suffering in them, and an apparent sudden metastatis, without obvious cause, in the course of a few hours, from one side to the other. Both hands were wrapped habitually in cotton-wool, and sometimes one could be moved, sometimes the other. This variable condition lasted a week, when, having complained of pain and stiffness in the neck and shoulder the previous day, the patient was seized with a stitch in the right side of the chest, and could not draw a deep breath without crying out. Sir William Jenner, at this stage, saw the patient with me in consultation. Characteristic symptoms of pleurisy set in somewhat rapidly. There were immobility in one side of the chest, dulness on percussion, and absence of respiratory sounds. The temperature was now 105°, the pulse 140, and the aspect of the patient betokened serious illness. The treatment consisted of full and frequent doses of opium or morphia, the strength being supported with bark and small doses of nitro-hydrochloric acid; and sufficient nourishment and stimulant was pressed at stated intervals. The pain in the chest was soothed with large poultices. During the pleuritic attack, the pelvic swelling receded somewhat, and seemed likely to disappear; but as the chest symptoms improved, which they did in a few days from their onset, the inflammatory tumor again became more prominent, and gave indications of pointing. At this period, the general condition of the patient was grave in the extreme. The temperature was rarely below 104° or 105°; the respiration was labored and hurried; the countenance indicated great anxiety; the body was often bathed in profuse sweat; and the pulse was so rapid and running in character, as to be unaccountable. Sir William Jenner re-

marked that it was an awful pulse. He had fears that the patient might die suddenly; and Mr. Butt, the family medical attendant, stayed in the house at night, while Sir William Jenner and I made frequent visits in the day. The propriety of opening the abscess, which was obviously forming above the left groin, was frequently debated, and was on the point of being carried out when spontaneous bursting took place through the skin. This was on March 27th, and a large quantity of purulent matter escaped. This proved to be the crisis in the patient's condition. From that time onwards she began to improve; all untoward symptoms gradually subsided; and she went to her country-house convalescent on April 20th.

The practical points, so far as our present knowledge goes, are to be able to recognise, at the earliest possible moment, the indications of mischief in these obscure cases, and not to be thrown off our guard by underestimating the importance of symptoms, which, apart from the puerperal state, may be of trifling consequence.

1. Perhaps I may be permitted to dwell on the importance of securing a full and perfect contraction of the uterus after delivery, as a prophylactic measure. In many cases going wrong, it has been observed that the uterus was inordinately large, thus indicating a dilated cavity, in which clots or fluid, which ought to be discharged, are retained, and which may thus become the nidus for the possible development of diseased germs. Further, in an imperfectly contracted uterus, the sinuses or large veins remain full of clot, or of fluid blood, which is more or less apart from the general systemic circulation; and is thus, like the back-water of a stream, stagnant, and ready to become a source of peril. Clots should, therefore, always be carefully removed from the uterus, as they form for some time after delivery; and pressure, with other means, should be conjoined to promote full contraction.

2. The occurrence of a rigor at any part of the puerperal period should never be disregarded. It is nearly always the forerunner of some less or greater commotion in the system, although the mischief it portends may not be observed until the suspicion excited by its advent has well-nigh died out.

3. The presence of rheumatic or obscure pains in the joints or muscles, even if they be flitting or transient, should be taken as indicating a possible contamination of the blood-current; and the case should be watched the more closely if the patient be depressed in spirits, or if she be prone to be apparently hysterical. If, with these symptoms, there be no evidences of deviation in any special organ, the heart should especially be watched, with the view of ascertaining if there be any indications of deposits in its valves. The sudden appearance of a *bruit* with the heart-sounds may be the precursor of embolism either in the pulmonary or in the general systemic circulation. The temperature should also be carefully recorded, as it is probable that, in all cases of insidious puerperal disease, the thermometer will indicate some rise of temperature.

4. It should be remembered that patients who are inert in temperament, and who lead inactive lives during pregnancy, are more prone to puerperal ailments than others of more active disposition, and thus require more careful supervision.

5. The treatment of suspected cases should consist of putting the patient in the best possible hygienic conditions, and improving vitality by the administration of quinine and a good but judicious diet.

6. As it is probable that all germs of disease are imported from without, and that those of a less virulent character only find an opportunity of developing themselves in the bodies of women whose vitality is below the normal standard, it may be possible in many cases to prevent disease altogether by improving the health of the patient, and by the proper use of antiseptic precautions both during and after delivery.

Bromide of Arsenic for Pimples.—It will be a great relief to suffering thousands to learn, on as good authority as Dr. Piffard, that the bromide of arsenic is a cure for pimples. He recommends a one per cent. solution, of which one or two minims are to be taken in a wineglassful of water three times a day, on an empty stomach. The dose is to be diminished as the pimples begin to disappear.—*Med. Age.*

OVARIOTOMY IN BATTEY'S INFIRMARY.

We are satisfied that a large number of our readers have no idea of the magnitude of this special work done by Dr. Robert Battey, of Rome, and a detailed description of it will, we are sure, be of interest to them.

While in Rome some weeks since, we visited this infirmary, which is located on an elevation on South Street, overlooking the Etowah river. It consists of seven neat cottages of five rooms each, with beautiful gronnds surrounding them. The place presents quite an attractive appearance. The furniture is plain, but neat. The bedsteads are brass with woven wire mattresses.

Since January 1st of this year, Dr. Battey has averaged one ovariotomy each week. These tumors, after being removed, are preserved in arsenic, stuffed and carefully put away. In the collection we noticed twenty of very large size, the largest one weighing, when removed, fifty-six pounds.

The success that has followed the removal of these large tumors has been something wonderful—not one of the cases having died. The doctor attributes this success, in a great measure, to the antiseptic precautions that he observes with every case.

The operation we witnessed was in a patient 32 years old. She had been remarkably stout and healthy up to September, 1884, when she noticed an enlargement of the abdomen. This continued to enlarge rapidly, and very soon she was treated for "dropsy," with drastic purgatives until her general health began to fail, without any diminution of the enlargement. Since December 1st, she has not menstruated. She was admitted to the infirmary four days prior to the operation, and the only preparatory treatment given her was a compound cathartic pill, given two days previous to the operation and an enema of warm water given on the morning of the operation. She was not allowed any food the night previous to the operation or the morning of it. It will be seen that at the time of the operation the stomach was empty.

The patient was placed on a short table with her feet resting in a chair, and was etherized with Squibb's ether by Dr. George R. West, one of the assistants.

The strictest antiseptic precautions were observed throughout. From the time the patient was etherized and the abdomen exposed, until the operation was completed, a spray of carbolic acid 1 to 40 was kept constantly playing on her from a large steam atomizer.

The incision was made in the median line with an ordinary scalpel, down to the sheath of the rectus muscle, when the remainder of the tisues down to the peritoneum were divided on a grooved director with scissors. When the peritoneum was reached, all cutting was suspended until the bleeding points had been secured by forceps, after which the peritoneal sac was opened and a trocar thrust into the tumor, when four and a half gallons of fluid almost as black as tar escaped. There were numerous adhesions to the abdominal walls which were broken up with the hand, after which the pedicle was ligated with a stout silk ligature and the tumor removed. It weighed 47 pounds. On account of the adhesions there was considerable oozing of blood into the peritoneal cavity. This was arrested by packing the cavity with sponges, after which the cavity was thoroughly washed out with warm water and the wound closed with silk sutures. No drainage tube was used. The dressing consisted of a small piece of old linen spread with carbolic cerate placed over the wound, with a compress of uncarded cotton. Over this was placed an abdominal bandage of flannel, which completed the dressing. The entire operation, from the beginning until the patient was removed from the table, consumed one hour and five minutes.

The after-treatment, as we are informed by Dr. Battey, consists chiefly in doing nothing. He says that the only thing required is an occasional anodyne enema, and a great many do not require that. Dr. Battey is ably assisted in this work by his son, Dr. Henry H. Battey, Dr. George R. West, Mrs. Battey and his two students, Mr. Harry Huzza, of this city, and Mr. Glover. Mrs. Battey has entire charge of the nursing and general management of the patients after the operations, and, in our opinion, it is to her good nursing and kind and gentle treatment, more than to the strict antiseptic precautions, that the great success of the operations is due.—*Atlanta Medical and Surgical Journal.*

JACCOUD'S METHODS OF TREATING PHTHISIS.

Professor Jaccoud is a unicist, believing all forms of phthisis to be tubercular. Clinically, however, he makes the usual distinctions of pneumonic or caseous phthisis, chronic miliary phthisis, or the ordinary form, and acute miliary tuberculosis. Leaving out the last-named type, the forms of phthisis which are most curable are, first, the pneumonic, and next the chronic miliary phthisis. The different types of chronic phthisis may be arranged, as regards possibility of cure, as follows: First of all, arthritic phthisis, or phthisis in rheumatic persons; next, the primary, then the scrofulous, the innate, the hereditary, and finally the diabetic form, which is always incurable.

M. Jaccoud announces a certain novelty in his conclusions and views on treatment. We turn, therefore, with special interest to this latter subject, which he, aside from his chapters on prophylaxis, divides into four heads; the hygienic, medicinal, climatic, and the treatment with baths and mineral waters. But little stress is laid upon anything but the climatic and medicinal treatment, these including, of course, ordinary hygienic measures.

M. Jaccoud has studied personally and with care the subject of climates. He makes but two classes of climates, and his views are simple, clear, and, so far as they go, correct. Climates are either high and cold, or low with a steady and mild temperature. High climates have a positive therapeutic effect, low climates are simply negative in value in that they only enable the system to be put in good general condition.

The subject of the medicinal, hygienic, and dietetic treatment is naturally most interesting, since, after all, in the vast majority of cases the victims of phthisis must depend upon these.

In the initial period of phthisis, Jaccoud recommends as a general course of treatment milk or kumyss twice daily, cod-liver oil or glycerine, and arsenical granules. Three ounces of oil daily is the least amount that will do any good, according to Jaccoud. This is certainly an important statement, since all over the United States cod-liver oil is given in doses of only two to four drachms. Arsenic should be given in the form of granules of gr. $\frac{1}{64}$. Of these two are taken daily, and the number increased up to eight or ten. Glycerine may be substituted for oil, in doses of three to four tablespoonfuls daily. A drop of essence of mint and two drachms of rum or brandy may be added to it.

So much for general medicinal treatment; but our author attaches very great importance also to local indications. Counter-irritation over the affected part is always necessary, and the specially important thing is that it be kept up continuously. Jaccoud prefers to use Vienna paste. When cough is accompanied with habitual expectoration, pure creasote, in small doses, with the oil or glycerine, is recommended, and is believed to act upon the catarrhal as well as the pulmonary lesions.

Pyrexia is perhaps the most important single symptom to be opposed. According to Jaccoud this pyrexia is, generally speaking, either inflammatory or septic in origin. The symptomatic or inflammatory fever is usually best treated with quinine, about fifteen to twenty grains being given daily. In the absorption or septic, or as it is ordinarily termed, the "hectic" fever of phthisis, quinine is believed to be of no use, and in its place salicylic acid is very strongly recommended. Thirty grains are given on the first day, then twenty or fifteen on the second or third days.

We have not space to go further in description of Jaccoud's methods. In fact we do not find in them anything radically new. His judgment upon the value of inhalations and compressed air is on the whole favorable, and in accordance with present views. With regard to pneumonic phthisis, a strong point is made as to the necessity of early, continuous, and vigorous stimulation. Throughout the course of treatment the use of alcoholic liquors is advised.—*N. Y. Medical Record.*

TO PREVENT BUZZING OF EARS PRODUCED BY QUININE.—The distressing ear symptoms produced by the administration of quinine or salicylate of soda, are counteracted by the addition of small doses of ergot to the mixture.—*American Medical Digest.*

MILK DIET IN THE ALBUMINURIA OF PREGNANCY.

Tarnier's treatment (*Medical News*) of the albuminuria of pregnancy by an exclusive milk diet has counted in his hands, as well as in those of others, many successes, and it has received a very strong endorsement from Carpentier, among recent obstetric writers. Under this treatment it is usual to see the albumen lessen, in some cases disappear, and the symptoms which threaten eclampsia, such as headache, dimness of vision, indisposition to exertion, and drowsiness, cease, or become much mitigated. In some cases, however, it is important to conjoin with milk diet a hot bath once in three or four days. The temperature of the bath should be from 98° to 100°, and while in the bath or immediately after it, the patient should drink a tumbler of hot milk. A profuse perspiration usually follows, and the relief is prompt and positive. In one case, however, now under observation, a primigravida now in the eighth month, who has had albuminuria for at least four months, and who derives marked benefit from the hot bath, has also a very serious discomfort following it. There is unusual and violent activity of the fetus always occurring after the bath, so that she is for some hours unable to sleep—a very serious inconvenience, as the usual and most favorable time for the bath is just before retiring.

Valuable as most practitioners regard the milk treatment of the albuminuria of pregnancy, some entirely reject it. Pajot, for example, in a recent discussion held at the Paris Obstetrical and Gynecological Society, and reported in the *Journal of d'Accouchements*, May 5th, refers to it as a bitter pleasantry. One of his arguments against the milk treatment is that infants from six months to the end of the first year are peculiarly liable to eclampsia, and yet they are then on milk diet. Gueniot very well answered this argument by saying that those infants that have eclampsia are not albuminuric, and the milk diet in albuminuric pregnant women does not act upon the eclampsia, but upon the albuminuria; it is only indirectly by curing the albuminuria that it renders eclampsia much rarer. It is impossible to attribute infantile and puerperal eclampsia to the same cause.—*Weekly Med. Review.*

FRACTIONAL DOSES.

Dr. J. Lewis Smith recommends the following remedies as preferably given in small doses frequently repeated :—

Chlorate of potash, in large doses, sometimes causes dangerous nephritis ; given in doses of 5 to 10 centigrammes (1 to 2 grains) every half-hour, it is safe and useful.

Croton chloral acts infinitely better when given in 6 to 7 centigramme doses every half-hour in cases of neuralgia. Quinine hydrobromate and napelline, in small and frequent doses, spare the stomach and cure the neuralgia. 5 centigrammes of caffeine, every 20 or 30 minutes, relieve cases of migraine. Tincture of digitalis, in drop doses, every hour or oftener, acts well in heart troubles. Liq. pot. arsenitis, in drop doses, relieve alcoholic vomiting. Jaborandi, in large doses, in Bright's disease, is dangerous ; the fluid extract, in drop doses, hourly, gives relief without danger. Dr. Smith hesitates to use this remedy in uræmia ; but the nitrate of pilocarpine, 5 millegrammes, repeated every 15 minutes until salivation and sweating ensue, may be safely used. If depression be too great, we can give stimulants. One drop of tincture of nux vomica, given after meals, every tenminutes, relieves the headache when not due to central nervous causes.

Flatulence and epigastric pulsations of females at the menopause give way to centigramme doses of extract of Calabar bean every half-hour. Tincture of balladonna, in small doses every half-hour, act well in cases of nasal catarrh and bronchitis, with abundant secretion. Feebleness of the heart in pulmonary œdema is also relieved by this remedy. Calomel, a centigramme every hour for 10 or 12 hours, causes syphilitic cephalalgia to cease. Regurgitations of milk, in nursing children, cease when we give every quarter of an hour a teaspoonful of mixture containing 0·065 millegrammes of calomel in a glass of water with a little lemon juice.

To combat urticaria, salicylate of soda, 10 or 12 centigrammes in a spoonful of water is the best remedy, and does not disturb digestion. The eruption is sometimes due to large doses of copaiba, which would not have acted

thus if given in drop doses every half-hour. An excellent remedy for acute urticaria is veratrine—half a millegramme every half-hour. —*Journal de Médicine de Paris.* R. Z.

A VALUABLE REMEDY FOR HEADACHE.

The *Physicians' and Surgeons' Investigator* desires to call the attention to a simple, and at the same time wonderfully efficient, treatment for many kinds of headache.

"We lay no claims to originality, nor do we know who the originator was, but having used it for a year or more, and in many cases with remarkable results, we feel disposed to give it our indorsement, and desire to make it more generally known. The remedy is nothing more nor less than a solution of the bisulphide of carbon. A wide-mouthed glass-stoppered bottle is half-filled with cotton or fine sponge, and upon this two or three drachms of the solution are poured. When occasion for its use occurs, the mouth of the bottle is to be applied to the temple, or as near as possible to the seat of pain, so closely that none of the volatile vapor may escape, and retained there four or five minutes, or longer. For a minute or so nothing is felt, then comes a sense of tingling, which, in a few minutes—three or four usually—becomes rather severe, but which subsides almost immediately if the bottle be removed, and any redness of the skin that may occur will also quickly subside. It may be re-applied, if necessary, several times in the day, and it generally acts like magic, giving immediate relief.

"We believe this was the basis of a once popular nostrum. The class of headache to which it seems specially adapted is that which may be grouped under the broad term of 'nervous.' Thus neuralgic, periodic, and hysterical headaches are almost invariably relieved by it. True, the relief of a mere symptom is quite another thing from the removal of its causes, yet no one who has seen the distress, and even agony, caused by severe and frequently recurring headaches (and who has not?) but will rejoice to be able to afford relief in so prompt and simple a manner; besides, it is sure to secure the hearty gratitude of the patient if he has suffered long. As to the *modus operandi* we have nothing more definite than a theory to offer, and that is, that the vapor being absorbed through the skin produces a sedative effect upon the superficial nerves of the part to which it is applied. We know by experiment that its influence is not due to its power as a counter-irritant. We, however, know that it does act; and if we do not clearly see in what way it acts, that is no more than can be said of several other remedies which are firmly established in professional favor and confidence."—*Weekly Med. Review.*

PHOSPHIDE OF ZINC IN DYSMENORRHŒA AND STERILITY.

In Matthews Duncan's lectures on *Sterility in Woman,* he places dysmenorrhœa in the list of the best demonstrated sources of, or attendants on, such conditions. But, even if we consider dysmenorrhœa the cause of the sterility, the question of the treatment of the menstrual difficulty does not in many cases admit of ready answer. Certainly there are cases of dysmenorrhœa which may be rapidly and satisfactorily treated by dilating the cervical canal, this dilatation being by double-bladed dilators, rather than by other means. But there remains a large number of cases that present no indication for this method of treatment, and which, of course, are not benefited if it be tried. Now, some of these may possibly be cured by the use of phosphide of zinc, as recommended by Decoux in a recent number of the *Gazette des Hôpitaux.* Having found this medicine useful in many cases of dysmenorrhœa and of amenorrhœa, Decoux narrates a case where it twice proved effective in curing sterility associated with the former disorder. In addition to the success of this medicine in dysmenorrhœa, amenorrhœa, and sterility, he has found it remarkably useful in cases of hysteria, ataxia, anæmia, and neuralgia. He gives two granules of four millegrammes each, morning and evening. Only the crystallized preparation should be used, as the powder is inert. He states that its preparation is so difficult that, with a single exception, one scarcely finds in commerce any but an impure product, which is partly or completely ineffective.—*Med. News.*

IPECAC IN PNEUMONIA.

Dr. Veradini, chief of the Bologna Grand Hospital, has made a careful clinical study of the depressing effects upon the circulation of ipecac in true pneumonia. He concludes and formulates as follows :—

1. That large doses of ipecac were given empirically in fibrinous pneumonia by the leading physicians of the past century, on account of its depressant, antiphlogistic power.

2. That the employment of ipecac in large doses (2–4–6–8 grm.) does not have any evil effects, such as circulatory stasis, heart paralysis, and that nausea and vomiting seldom follow.

3. It is beyond doubt that such doses have a salutary influence in moderating the pulmonary congestion, in facilitating resolution, and that, too, without any risks to the patient.

4. The large doses produce effects directly opposite to the emetic doses or principles. Ipecac so given produces, as stated, pulmonary ischemia; while emetics, as experimentally proven, are attended by congestion or active hyperemia.

5. This comparative action of ipecac and of emetics on heart and lung can be demonstrated experimentally on animals with induced pneumonia.—*Weekly Med. Review.*

TINCTURE OF IODINE IN DIPHTHERIA.

Dr. Edward Adamson states that he has treated fifty-five cases of diphtheria by the internal administration of the officinal tincture of iodine, and has come to value it most highly. He claims that it promotes the separation of the membrane, checks the formation of new exudation, lessens the secretion of offensive saliva, destroys the fetor of the breath and corrects the morbid condition of the fauces, tonsils, etc. In the course of thirty-six hours he says there is generally such marked improvement as to be apparent to the patient.

The dose for adults was five to seven minims every one or two hours; and for children six to twelve years old two to three minims every two hours, in syrup of orange and water.—*Practitioner.*

LAPAROTOMY FOR INTESTINAL OBSTRUCTION.

In conclusion, I venture to submit to you these rules for your guidance in opening the abdomen for the relief of acute intestinal obstruction.

1. Make the incision in the middle line below the umbilicus.

2. Fix upon the most dilated or the most congested part of the bowel that lies near the surface, and follow it with the fingers as a guide to the seat of obstruction.

3. If this fail, insert the hand, and carry it successively to the cæcum, the umbilicus, and the promontory of the sacrum.

4. If this again fail, draw the intestine out of the wound, carefully covering it, until increase of distention on congestion, or both in one of the coils, gives an indication that the stricture lies near.

5. If there be considerable distention of the intestines, evacuate their contents by incision, and suture the wound. Never consider an operation for intestinal obstruction inside the abdomen finished until the bowels are relieved from over-distention.

6. Be expeditious, for such cases suffer seriously from shock. The whole operation ought to be concluded in half an hour.—*Mr. J. Grey Smith, British Medical Journal.*

CUTANEOUS POISONING, WITH RHUS TOXICODENDRON.—Aqua ammonia, diluted with water, is a useful application and an aqueous solution of corrosive. Sublimate has also been recommended, but recently I attended an extreme case which did not seem to yield to any of the popular remedies. I used the following :—

℞ Cupri Sulph. .... ʒii.
Aqua. .... ℥viii.

Apply to the surface of the body with a piece of sponge or soft linen three times a day. After one or two applications the pain and burning begin to subside, and in a few days all the alarming symptoms disappear. I have since used the same preparation on similar cases with good results.—*Peoria Medical Monthly.*

THE DIAGNOSIS BETWEEN INDURATED CHANCRE AND HERPES.

It sometimes happens that herpes of the penis presents itself under the form of a single patch of superficial ulceration, accompanied by some induration of the underlying tissues; there may be also a swelling of the inguinal glands, so that the diagnosis between this so-called chancriform herpes and some forms of indurated chancre is very difficult in the early stages. M. Leloir, however, calls attention (*Journ. de Connaiss Méd.*, April 2nd, 1885), to the fact that when a herpetic ulcer is pressed between the fingers a drop of serous fluid is squeezed out. This manipulation can be repeated several times with the same effect; in the case of chancre, on the contrary, a little fluid is seen on the surface, but the quantity is not increased by pressure. When the base of the herpetic ulcer is indurated, the hardened tissues can be flattened between the fingers, while, in chancre, no amount of pressure can change the shape of the nodule. This difference is explained by the fact that in herpes there is a localized œdema of the tissues, while in chancre the chief lesion is a hard infiltration, sometimes accompanied by sclerosis of the connective tissue and of the vessels.—*Brit. Med. Journ.*

Dr. Brown-Sèquard has been awarded a prize of 20,000 francs by the five French Academies. It is the custom to award such a prize every two years successively to a scientist, a man of letters, a philosopher, an artist and an archeologist. Every second year one of the five Acadamies selects a candidate, and, with the consent of the other bodies forming the Institute, award him the prize. This year it was the turn of the Académie des Sciences to choose the candidate, and M. Brown-Sèquard was selected.—*St. Louis Courier of Medicine.*

PERFORATING ULCER OF THE HANDS.

At the Surgical Society of Paris, June 10th, M. Terillon presented a mould of a case of perforating ulcer of the hands, similar in every way to the well-known perforating disease of the foot. These ulcerations rapidly healed when the hands were not used, but soon returned when the patient went to work. The patient was twenty-five years of age, syphilitic and tabetic. It was supposed that there was some central trophic lesion of the upper part of the spinal cord. All the symptoms of locomotor ataxia were present. Also complete anæsthesia about the ulcerations.—*Journal de Médicine de Paris.* R. Z.

Therapeutical Notes.

For Freckles.—Equal parts of lactic acid and glycerine make an efficient and harmless wash.

Mosquito Bites. — A solution of atropine (1 in 1,000) relieves itching and shortens the duration of the papulæ.

Nothnagel is quoted as saying that when salicylate of sodium fails in acute rheumatism, the benzoate of sodium will often succeed.

Genkin recommends the use of turpentine, ten drops to a teaspoonful of castor oil, in the treatment of dysentery, and states that he has produced better results than by using opium.

Dr. Cushing writes from Berlin to the Boston *Medical and Surgical Journal*, that vaginal injections after normal labors are now abandoned in all the institutions of repute in Germany.

Belladonna, combined with iodide of potassium, prevents the headache and coryza caused by the latter. In the case reported 80 grains of iodide were given daily and one grain of extract of belladonna at night.

Inodorous Iodoform.—The *Lancet* says that, according to M. Gillette, iodoform may be rendered inodorous by adding 1 part of sulphate of quinine and 3 parts of charcoal to 100 parts of iodoform.—*N. Y. Medical Journal.*

In subacute rheumatism, fluid extract of mauaca in doses of half a drachm to a drachm every four hours, is said to be a remedy of value. No unpleasant effects followed except slight dizziness in two cases.

COCAINE HABIT. — Dr. Love reports in the *St. Louis Medical Journal* a case of opium habit cured by cocaine, but found that when the cure was complete, the cocaine habit had been formed, which was as troublesome as the original disease.

Dr. Shattuck reports another case of cure of multiple sarcoma of the skin by hypodermic injections of Foster's solution. Four minims diluted with an equal quantity of water were first given, injected deeply in the thigh once a day. This was increased to six minims. The growths gradually disappeared, and a year after no return was noted.

Dr. Fordyce Barker's pill for hemorrhoids:

℞. Extract colocynth co .... gr. $1\frac{2}{3}$.
Extract hyescyami .... gr. $1\frac{1}{4}$.
Pulv. aloes socot............ gr. $\frac{5}{12}$.
Pulv. ipecac .... gr. $\frac{1}{12}$.
Podophyllin .... gr. $\frac{1}{12}$.
ℳ. Ft pilula.

Take one at bedtime and repeat in the morning if necessary.

COCAINE IN SEA-SICKNESS. — The following, according to the *Lancet*, is Dr. Manassein's (St. Petersburg) prescription for sea-sickness:

Muriate of cocaine.......... 0.15.
Rectified spirits of wine...... q.s.
Distilled water .... 150.0.

ℳ. A teaspoonful every two or three hours as a prophylactic.

A teaspoonful or dessert-spoonful every half-hour or hour during sickness.

BUTTERMILK AS A REMEDY FOR VOMITING.— Dr. J. H. Owings, of Deer Lodge, Montana (*Maryland Medical Journal*), states that he has used buttermilk for the purpose of checking vomiting for ten or twelve years past—in as many as fifty cases, he thinks—without a failure. He knows of no other remedy equally satisfactory, and regards it as especially serviceable in cases of severe vomiting after a prolonged debauch.

FOR EPISTAXIS.—Introduce into the nostril for a considerable distance upward, a piece of fine sponge cut to the size and shape necessary to enable it to enter without difficulty, previously soaked in lemon juice or vinegar and water. The patient is to be kept lying on the face for a length of time, with the sponge in place. This, says the *Lyon Medical*, "is the procedure employed by M. Sirederg for controlling epistaxis in typhoid fever patients."

SEDATIVE COUGH MIXTURE.—Dr. H. C. Wood recommends the following as the most efficient sedative cough mixture he has ever used:

℞ Potassii citratis .... ℥j.
Succi limonis,.................. ℥ij.
Syrup. ipecac., ... ʒss.
Syrup. simplic., ...q. s. ad ℥vj. M.

Sig. A teaspoonful from four to six times a day.

When there is much cough or irritability of the bowels, he adds a sufficient quantity of paregoric.—*Therap. Gaz.*

Dr. Cagnoli mentions in the *Moniteur Therapeutique* that, having as a patient a little boy with rheumatic fever, in whom salicylates produced severe gastric disturbance, he had recourse to compresses saturated with a ten per cent. solution of salicylate of soda and covered with oil-skin bound round the most inflamed joints. The next day pain and swelling had disappeared from these, and the power of motion had returned to them, while the joints which had not been so treated remained exactly in their previous condition. These latter were afterwards relieved in a similar manner.—*London Lancet.*

SALIX NIGRA AS A SEXUAL SEDATIVE.—Dr. F. F. Paine, of Comanche, Texas (*Medical Age*), speaking from five years' experience with this drug, states that during a practice of fifty years he has not used a remedy that has yielded more satisfactory results. He recommends it particularly as an anaphrodisiac and as a remedy for ovarian irritation, including certain cases of dysmenorrhœa. He gives teaspoonful doses of Parke, Davis & Co.'s fluid extract of the buds three times a day. He thinks it has something of a specific action on the nerve supply of the sexual apparatus in both men and women.

LACTATE OF QUININE.—This is said to be the most useful salt of quinine for hypodermic injection. It is very soluble, and is richer in alkaloid than any other salt. According to the *Lyon Médical*, at 15° cent. it is soluble in the proportion of one in three, while the sulphate is soluble 1 in 755 of water. The following formula is given :—

℞ Lactate of quinine 1 gramme; distilled water 4 grammes. Dissolve by gentle heat and filter; the solution should be neutral. Each syringeful contains 20 centigrammes of lactate of quinine. It causes neither pain, inflammation nor abscess. R.Z.

IDOIZED PHENOL IN THE TREATMENT OF WHOOPING-COUGH.—Rothe (*Memorabilien*) announces his continued satisfaction with carbolic acid as a remedy for whooping-cough, after fifteen years' experience with it. The formula employed is as follows :

Carbolic acid, Alcohol, } each	7½	grains.
Tincture of iodine.......	5	drops.
Peppermint water	750	grains.
Tincture of belladonna ..	15	"
Syrup of diacodium.	150	"

A teaspoonful is to be given every two hours, the administration being continued until the paroxysms entirely disappear.

In the *Vierteljahrschrift f. Dermatologie und Syphilis*, a report is made by V. Watraszewski of seventy cases of recent syphillis treated by subcutaneous administration of calomel. The amount used in each injection was 0.1 grm. of calomel suspended in mucilage. Only in a few cases was double the above amount given. The injections were made in the gluteal region, at intervals of seven, ten to fifteen days. The interval is determined by the degree of stomatitis developed. As a rule three injections sufficed to cause all manifestations of the disease to disappear. A fourth injection was, however, generally made. The seventy patients in all got 257. Only four abscesses developed. It is advisable to direct complete rest for several days.

THE

Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TO SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.*

TORONTO, OCTOBER, 1885.

THE SMALL-POX IN MONTREAL.

This disease which has been present in threatening proportions in Montreal for over three months is now making a harvest of deaths in that city, at the rate of fifteen or twenty a day. The Chairman of the Montreal Health Committee, Alderman Gray, says that there are about 800 cases at present in the city. Considering the magnitude of the outbreak, the equipment of the Montreal Board of Health appears to be of a very meagre description. The railway and steamboat corporations have appointed and pay three physicians, who attend at trains and steamers. Another physician has also been appointed to look after the interests of the "Wholesale Clothing Association," and is paid by them. So that the actual force employed by the Montreal Health Committee, and paid by them, in connection with *the stamping out of small-pox* in Montreal, are, one medical health officer—who, however, was not appointed to look after small-pox—two assistant health physicians, the hospital doctor, seven vaccinators, two placarders, and one disinfecter. The difficulty of the situation is made more apparent when we learn that in Montreal there are tens of thousands of unvaccinated persons, and that in many instances the people have strong prejudices against the performance of vaccination on themselves or children. Isolation of cases of the disease, or persons who have been exposed to it, is not properly attended to.

According to the admission of Dr. Larocque, ex-Medical Health Officer of Montreal, there are eight or nine thousand uncleaned cesspits in the city. The City Surveyor has also pub-

licly admitted that there are any number of old foul sewers reeking with abominations, which cannot be "flushed." We are also informed that unlimited quantities of filth have been piled up at the border-line of St. Jean Baptiste village, where a large proportion of the cases of small-pox has been found.

Under these circumstances a "Central Board of Health" has been recently formed, and certain regulations to prevent the further spread of small-pox have been framed and published in the *Official Gazette*, of Quebec. These regulations provide that Local Boards are to be organized, subject to the control of the Central Board, in all that pertains to the public health. The Central Board is to be notified when a case of small-pox occurs within the limits of a municipality. All streets, lanes, yards, privies, and public squares must be thoroughly cleaned at once.

Cases of small-pox are to be isolated either at home or in suitable houses. A placard bearing the words "Picotte—Small-pox" is to be placed in a conspicuous place on every house where there is a small-pox patient. It is strictly forbidden to convey a patient affected with small-pox, or any other contagious disease, from one municipality to another without a written permit from the Medical Health Officer of the municipality into which it is intended to convey the patient.

Funerals of small-pox patients must take place within twelve hours after death. The corpse is to be conveyed directly to the cemetery, and the funeral must be private.

All places infected with small-pox must be disinfected according to the directions of the Central Board.

Persons authorized by the Board of Health will have the right, within the limits of their respective municipalities, to visit all houses, factories, hotels, educational establishments, etc., to enquire whether or not cases of small-pox exist in them.

Local Boards of Health are to provide temporary lodgings for persons suspected of having small-pox. They are also to procure a suitable supply of vaccine, which they are to offer gratuitously to those who are not vaccinated, and those who need to be vaccinated.

The Provincial Board of Health of Ontario have found it necessary to take special precautions against the importation of small-pox into our midst. An Order in Council has been passed, giving them powers, to deal with the disease in the most thorough and effective manner, so as to prevent its appearance in any of our municipalities.

They have sent six physicians to Montreal, whose business it is to observe passengers by rail or boat leaving that city for the west. These gentlemen are instructed to board trains and steamers leaving Montreal, to observe where the passengers come from and their destination, to vaccinate unprotected persons, to detain cases of small-pox, and to cause the vaccination, isolation and detention of all persons entering this Province who have been exposed to the danger of infection, until the period of incubation be passed.

These precautions may appear severe, but a little reflection will convince everyone that in the management of this the most loathsome of all the zymotic diseases the safety of the people reposes on the enforcement of vaccination, isolation and disinfection.

And we feel quite confident that although enforcing these regulations with all due stringency, the Provincial Board of Health of Ontario regret that the commercial prosperity of Montreal should have received so rude a shock, and that, in common with all the people of this Province, they will be pleased to see all measures of precaution rendered unnecessary by the complete and effectual *stamping out of the epidemic.*

LAWSON TAIT'S OVARIOTOMIES.

Mr. Tait has published in the *Philadelphia Medical News*, Sept. 12th, a report of a remarkable series of one hundred and twelve consecutive operations for ovarian and parovarian cystoma without a death. The achievement is a marvellous and brilliant one, and is a credit alike to this distinguished operator and to modern abdominal surgery.

A few years ago they used to tell us in London that Mr. Tait's reports were unreliable. They persistently sneered at the young "radical upstart" from Birmingham. They first pre-

tended to ignore him, and then attempted to extinguish him; but still he lives, and now even his strongest opponents will scarcely deny that he stands in the front rank of abdominal surgeons.

In the present report, the residence of the patient, the name of her medical attendant, age, disease, nature and date of operation, are given. In the series he used no antiseptics, which he thinks by poisoning the patients do more harm than good. He attributes his success to the following: The non-use of antiseptics, increased personal experience, increased attention to all the minute details, cleanliness, and discipline in his hospital.

The series included—

Dermoid cyst	1
Cystic sarcoma	1
Abscess of ovary	2
Cystoma of one ovary	49
Cystoma of both ovaries	38
Parovarian cysts	21

Among the most serious cases were some of parovarian cysts, where the structures of the broad ligament had been lifted bodily out of the pelvis, and tumors presented neither pedicle nor free surface. They had, therefore, to be treated by Dr. Miner's Method of Enucleation. Mr. Tait thinks that parovarian cysts have a peculiar tendency to rotate on their axis and to become strangulated and gangrenous. This furnishes a strong argument against the old method of tapping such tumors. One of the most satisfactory features connected with the report is the fact that the operator did not leave incomplete any operation begun for ovarian or parovarian cystoma.

NEW NATIONAL MEDICAL ASSOCIATION FOR THE UNITED STATES.

It has been proposed to organize in the United States a Medical Association, corresponding to the Zurich Academy of Medicine, limited in numbers, and so honorable a body that membership in it would carry the highest reward that American physicians would have to hope for.

The proposal, which is heartily endorsed by the *N. Y. Medical Journal*, has been made on account of the unpopularity of the American Medical Association. Its position has not been strong for years, but its recent action at New Orleans has capped the climax; and the consequence is that a strong feeling prevails that this association "must go" if it be not thoroughly reorganized.

PROF. HANSEN-GRUT AND THE INTERNATIONAL MEDICAL CONGRESS.

Prof. Hansen-Grut, of Copenhagen, who was President of the Opthalmological Section at the last meeting of the Congress, has been expressing his views on the muddle in a letter to a New York physician, which appears in the *N. Y. Med. Jour.* He thinks the Congress has no interest in American codes, but that the profession as a whole should be admitted to all its rights and privileges.

He gives a very delicate hint that the members of the profession of the old world may not, under existing circumstances, attend the meeting. As he expresses it: "the way across is long, the fear of the sea is strong."

THE DOMINION MEDICAL ASSOCIATION.

The recent meeting in Chatham passed off very successfully. The members of the Association are greatly indebted to the profession of the town and vicinity for the great liberality shown in the arrangements made for their entertainment. No expense or trouble was spared in the getting up of the dinner, and private hospitality was extended on a most elaborate scale. All the members present appeared to enjoy the meeting thoroughly, and all carried away with them pleasant recollections of Chatham and its inhabitants.

We congratulate Dr. Holmes on his election as President. We are convinced that the choice is an excellent one. He will do honor to the Association which has so signally honored him.

Quebec is to be the next place of meeting.

We publish elsewhere a short report of the proceedings.

Dr. Covernton will deliver the opening lecture in the Trinity Medical School.

MANAGEMENT OF THE MEMBRANES IN NATURAL LABOR.

In most of the standard works on obstetrics we are taught that the membranes have fulfilled their physiological mission when cervical dilatation is completed, and that their persistence after this only retards the progress of the labor. If such be the case, the rule follows of necessity that they should be ruptured by the accoucheur if nature be unable to accomplish it. During the past year some protests have been entered against this theory, especially by Byford, of Chicago, and Moses, of St. Louis.

It should not be overlooked that, before the completion of normal labor, not only is dilatation of the cervix required, but also dilatation of the vagina, vulva, and perinæum. This process is not perfectly understood; but to one who watches intelligently the process of parturition it will be apparent that the perinæum and all soft parts superficial to the cervix become gradually changed. They become soft, œdematous, and dilatable, while a copious secretion of mucus is poured out from the mucous membrane of the vagina, before they are stretched directly by the child or bag of membranes. If this condition of softening and dilatability does not occur before the membranes are ruptured, we are apt to have rigidity of perinæum and vagina, and as a consequence a rupture of one or both during delivery, because they are not prepared for the stretching of the advancing head.

We believe, therefore, that it should not be considered that the usefulness of the membranes has departed when the cervix is dilated, but rather that it continues until the perinæum and vagina are dilated or dilatable. Our rule should be to leave the membranes intact, if it is our good fortune to be able to do so, until this condition exists, and then we can proceed to rupture, if necessary, at once.

It is true that we may save time by valiantly adopting vigorous measures at a more early period, such as puncturing membranes, and applying forceps and dragging the child through an unstretched vagina over a rigid perinæum; but in so doing we are apt to produce serious injuries to our patients. We should ever watch nature's efforts and methods, and only endeavor to assist her when such assistance becomes actually necessary.

THE INTERNATIONAL MEDICAL CONGRESS.

The new committee met in New York, Sept. 3rd, and made some concessions to public opinion, though not so many as we hoped to see. They amended the rule of membership so as to give representation to societies in special departments, and allow the so-called new code men to become members of the Congress without the privileges of holding any offices. There was apparently no direct effort made to bring back the eminent men who have withdrawn from the organization. Until this is done it is hardly possible for the proceedings of the committee to command the respect and confidence of the medical world, which is looking on with fear and trembling.

Among the most important acts of the last meeting was the election of Dr. N. S. Davis, of Chicago, to the office of Secretary-General. This will meet with general approval. The committee will get a fair support in New York, particularly from the Bellevue men. The name of Austin Flint, sen., will be worth much among the shattered fragments that remain. Many able men in different parts of the Union will assist. We may derive what comfort we can from these considerations; but, after all, the broad, sad fact remains that the cream is principally gone, and we are left to feast on skimmed milk.

TORONTO SCHOOL OF MEDICINE.

The extensive alterations in the school building are quite completed, and the large addition is now ready for the work of the session. Among the new rooms now available will be a large dissecting-room, well ventilated, and well equipped. It can scarcely be surpassed in any part of the world. The new museum will be none too large for the really fine collection of specimens now contained in the building. We fear that graduates and other friends of the school do not fully appreciate the magnitude and character of the collection, nor the great value of the work done by Dr. Oldright during the last fifteen years in connection with this museum. The laboratories and other new

rooms are well furnished, and exceedingly well arranged.

As we go to press preparations are being made for a conversazione, to be held in the school building on the occasion of the opening of the new wing, on the evening of October 1st. The programme is to consist of an opening lecture for the session, by Dr. W. W. Ogden, a concert under the direction of Mr. Theodore Martens, music by a string band, refreshments, etc. It promises to be a brilliant and successful affair.

PRIVATE HOSPITAL FOR WOMEN.

On the 9th of Sept., St. John's House, 44 Lumley St., a Private Hospital for Women, was formally opened by the Bishop of Toronto. It is one of the several branches of work now carried on by the Sisters of St. John the Divine, a sisterhood of the Church of England, established here about a year ago. After the short opening service, the friends of the hospital were shown over the building, and for comfort, cleanliness, and a certain home-like air about it, nothing more is to be desired. There is nothing suggestive of the ordinary hospital; on the contrary, it reminds one of a large, airy, well-arranged, and hospitable private house, the Sisters having the happy faculty of making friends, as well as patients, feel perfectly at home.

During the summer months, while the Sisters were ministering to the wants of the wounded in the military hospital at Moosejaw, the house was rearranged and done over thoroughly, so that our medical friends outside of Toronto need not have the slightest hesitation in advising their patients, when sending them to the city for medical or surgical treatment, to enter St. John's House.

Two fair-sized rooms on the ground floor are set apart for free patients. These rooms will accommodate six or eight beds, some of which are already endowed. A large room upstairs is for patients who can pay a small sum towards the expenses of their food, attendance, etc., while the rest of the house will be private, for patients who are able to pay from $7.00 to $15.00 per week, according to size, location, etc., of the room selected. This is, of course, exclusive of fees for medical attendance, or surgical operations, each patient being at liberty to select her own physician.

Contagious, infectious, or incurable diseases will not be admitted.

Any day between *three* and *five* visitors will be shown over the hospital by one of the Sisters or the Mother-superior, to whom all letters, as to admission, price, etc., should be addressed.

A private hospital, and especially one for women, has been spoken of for several years. We are the more convinced of the success of this one, from the fact of the Mother-superior having been specially trained for this work during a long residence in some of the hospitals of New York.

SUPRA-PUBIC LITHOTOMY.

This method of cutting for stone has gained a new and powerful advocate in Sir Henry Thompson. The *Medical News* in referring to it very properly claims considerable credit for America in connection with this mode of operating. The papers of Dr. Dulles on this subject, which appeared in the *American Journal of Medical Sciences* a few years ago, excited great interest in the Profession of this continent. In properly selected cases it is now recognized generally as a good method of operating. Sir Henry asks:—"What is the best cutting operation for hard calculi (urates and oxalates) which weigh from about two ounces and upwards, as well as for those not quite so large, which are so peculiar in form (as occasionally but very rarely happens) that the lithotrite fails to grasp or retain them? I think there is no doubt about the answer, viz., that it is the supra-pubic and not the lateral operation."

In this connection we are reminded that the old countries learned an important lesson in rapid lithotrity as first systematically carried out by Bigelow of America. In both instances it required years for Sir Henry to fully learn the lesson, and, like a wise and practical man as he is, he finally did learn it; but after a style perhaps not peculiar to himself he takes care to give as little credit as possible to others, and reserve as much as possible for Sir Henry.

DRUNK OR DYING.

The *British Medical Journal* reports an unfortunate mistake which recently occurred in London. A drunken cabman, having fallen, was taken to St. George's Hospital, and then to the workhouse in Buckingham Palace Road, but no serious injury being detected, he was refused admission at both places. The man was then taken to the police station, where Mr. Samuel Benton found that his pupils were uneven, and concluded that he had sustained serious injury. The man died in a few hours, and a post mortem examination revealed a fracture of the skull. The coroner's jury attempted to censure the house-surgeon of St. George's, but were prevented by the coroner.

It is sometimes impossible at once to decide as to the gravity of an injury to a drunken man, but the possibility of making a very grave mistake should always be borne in mind, and should make us extremely careful in making an examination and giving a decided opinion as to diagnosis or prognosis.

Dr. Goodell, at a recent meeting of the Obstetrical Society in Philadelphia, said he had performed the operation of rapid dilatation of the cervical canal, with his uterine dilator for dysmenorrhœa and sterlity in two hundred and nine cases, without a dangerous symptom in any instance, and with a large average of success.

HIGH-TONED HOME FOR INEBRIATES.—A new home for inebriates was opened last month in England. It is situated in Twickenham, a village on the Thames, about ten miles out of London, in the old building known as "High Shot House," built in the reign of Queen Anne, and at one time the residence of King Louis Philippe. The number of patients will be restricted to twelve, and none but males shall be allowed the privilege of entering these royal precincts.

BRITISH DENTAL ASSOCIATION.—The meeting of this association was opened at Cambridge, England, on August 27th; there are 562 members. The next meeting will be held in London, August 19, 20 and 21st, 1886, under the presidency of Sir Edwin Saunders.

Meetings of Medical Societies.

THE DOMINION MEDICAL ASSOCIATION.

The eighteenth annual meeting of the Dominion Medical Association took place in Chatham, on the 2nd and 3rd of September. The meeting was opened on the morning of the 2nd by the retiring President, Dr. Sullivan, who spoke of the change of place of meeting rendered necessary by the recent trouble in the North-West. He then referred to the Medical Department of the Expeditionary Force, and spoke in high terms of the bravery and self-sacrifice of the Ambulance Corps.

Dr. Sullivan then introduced Dr. Osler, the President elect, who took the chair amid applause.

Letters of regret were read from Dr. Bergen, Surgeon-General of the Canadian Militia forces, and Dr. Brodie, President of the American Medical Association. Dr. Bray, of Chatham, then came forward and read the following address of welcome:

"*Mr. President and Gentlemen of the Canada Medical Association:*

"To-day it is my pleasing duty, on behalf of the medical profession of Chatham and vicinity, to welcome you on this your first visit to our town. I can assure you, while I appreciate the honor thus conferred on me, I cannot conceal the fact that to some one better able to do so should have been allotted this pleasant task. But while there are many who would perform this duty much better than I, there is not one who appreciates the honor more, or extends to you individually and collectively a warmer welcome.

"It will be in the recollection of those who attended the meeting in Montreal last year, that by some it was thought presumption on the part of myself, and those associated with me, to ask you to come to Chatham, and I now begin to think that perhaps they were right, knowing the character of the receptions that have been accorded to this Association by such cities as London, Hamilton, Toronto, Kingston, Ottawa, St. John, Halifax and Montreal, and all I have to offer in apology is, that while

those cities have more facilities for making the visits of the Association pleasant and the entertainments on a grander scale than we can hope to do, this fact remains, that in no place that you have ever met did you receive a more heartfelt or genuine welcome than we offer to you to-day; and I assure you the pleasure afforded us medical men by your visit will only be exceeded by the honor you have conferred on the town; and while Chatham has on many occasions extended a welcome to distinguished visitors, never before has she had the honor of securing such a body of representative men as are now assembled, embracing as they do the most distinguished members of the medical profession from all parts of the Dominion, as well as the United States. Particularly are we fortunate at this time in having amongst us those medical officers who have so lately been engaged in overseeing the medical department of the army, ministering to the sick, and binding up the wounds of those gallant volunteers, of whom Canada has so much reason to be proud. Gentlemen, I will not detain you longer, but again bid you welcome."

Mr. R. S. Woods then read an address in behalf of the citizens of Chatham, which was warmly received.

A number of medical men were then elected members of the Association. Dr. Yeoman's report on Climatology and Public Health was read by the Secretary.

The first part of the programme in the afternoon was the address by the President, Dr. Osler, Prof. of Clinical Medicine in the Pennsylvania University, Philadelphia. The following *resumè* is taken from the Chatham *Planet*:—

"It was an exhaustive and elaborate, but highly interesting sketch of the history and progress of medical education in Canada. He urged that every effort should be made to elevate the standard of Canadian medical education. The matriculation examination should be made more stringent and a thorough knowledge of each subject should be demanded. There should be uniformity in the curricula of the different schools, and a complete control of the licensing power should be held by the members of the profession. There should be but one portal through which every candidate would have to pass. The example of Ontario in having one medical board before which every candidate must appear might well be followed by the other Provinces of the Dominion. The greatest care was necessary in selecting examiners, who should be men thoroughly and especially qualified in the subjects for which they were chosen. He urged continued interest in maintaining the thorough equipment of our medical schools. He could not see the necessity for establishing and maintaining the medical schools for women, and predicted their early failure. In conclusion he briefly traced the history of the Canadian Medical Association from its first meeting in Montreal in 1867, and from the continued interest and increased attendance he felt confident of its future success."

Dr. Grant, of Ottawa, in an eloquent manner, proposed a vote of thanks to Dr. Osler for his interesting address.

The Association was then on motion divided into sections.

THE MEDICAL SECTION

was organized by the election of Dr. Harrison (Selkirk) as President, and Dr. Duncan (Toronto), Secretary.

Dr. J. A. Grant (Ottawa) then read a paper on Aortic Aneurism, showing the specimen.

The paper was discussed by Dr. Osler, Dr. Ross (Montreal), and others. Dr. Ross drew particular attention to the importance of the dragging upon the trachea in thoracic aneurisms as a symptom of great value.

After adjournment for lunch, Dr. Worthington read an account of a case of Epidemic Cerebro-Spinal Meningitis, extending over one hundred days, ending in death.

In the discussion which followed, Dr. Macdonald, of Hamilton, remarked that the course of disease in this case much resembled that of purulent infection. Other members agreed with the essayist; some, however, considering it malarial.

Dr. Arnott, of London, read a paper on the Sources of Malaria, and, after discussion, was followed by Dr. Holmes, of Chatham, on Puerperal Mania. Dr. Holmes considers that many cases are caused by laceration of the cervix. In many of the cases he quoted from his own experience, the healing of these lacerations,

whether by operation or otherwise, was followed by the disappearance of the mania. Unfortunately, there was no discussion on this paper, as the Section adjourned for the evening at the close of the paper.

SURGICAL SECTION.

Dr. Edwards, of London, was elected Chairman.

Dr. Carstens, of Detroit, read an account of a fibroid removed by laparotomy.

Dr. Fulton, of Toronto, read a paper on Subperiosteal Amputation, and cited a number of cases in which he had practised this method of amputation during the past six years, both in hospital and private practice, with most satisfactory results. This method was first advocated by Walther seventy years ago, but was first put into practice by Ollier in 1859. With the introduction of antiseptic surgery the operation was revived, and now promises to take a prominent place amongst surgical operations. Dr. Fulton described the operation in detail, and stated its advantages, the chief of which are: 1st. The cut end of the bone is covered by the tissue physiologically fitted to protect it. 2nd. The bone does not become adherent to the end of the stump. 3rd. The medullary cavity is closed in rapidly and effectually by new bone. 4th. Danger from the spread of inflammation or suppuration to the bone is guarded against. Experiments on animals have shown that a flap of periosteum rapidly closes the medullary canal and prevents the occurrence of osteo-myelitis. The operation is especially adapted to cases in which the medullary canal is in a soft and unhealthy condition, such as frequently met with in amputation for diseased bones and joints. The reader of the paper was strongly convinced of the utility and value of this method of amputation.

Dr. Shepherd, of Montreal, read a paper on Excision of the Tongue by Scissors, with preliminary Ligature of the Lingual Arteries. He said that in excising the tongue for malignant disease, besides the necessity for avoiding hemorrhage, it was important that diseased structures in the neighborhood should be removed, and he held that the operation of excision of the tongue with preliminary ligature of the linguals facilitated this removal without adding much to the risk of the operation. It was now the opinion of surgeons of experience that whatever operation for excision of the tongue was practised the mortality was the same, the result of the operation depending more on the after-treatment than the particular method of operating. Still, certain operations enabled the surgeon to more completely remove the diseased structures than others, and thus the disease was less liable to recur. He considered that in excision of the tongue it was as important to remove diseased glands in the neck as it was to remove diseased axillary glands in extirpation of the breast, and felt strongly that the operation of the future was the one which provided for the removal of the diseased glands. The reader of the paper then described the operation, and particularly dwelt on the various steps in the ligature of the lingual artery, and described the difficulties and dangers that the operator was liable to meet with. Three cases of malignant disease of the tongue with involvement of the submaxillary and cervical glands were reported, in which the operation described had been put in practice. One died of gangrene of the lung, the other two made good recoveries, case three living for nearly a year and a half after a most extensive dissection of the neck and submaxillary region.

Dr. Shepherd said that the after treatment was most important. In his cases the patients had been fed entirely by the bowel for four days after the operation, and the mouth in all the cases was drained through the neck incisions by a large rubber tube. Billroth's method of stuffing the mouth with iodoform gauze was strongly recommended as offering the best chance of escape from the great danger in excision of the tongue, viz., septic disease of the lungs.

The advantages of the operation were summed up as follows:

1. The diseased structures, and especially the glands, are easily discovered and removed through neck incisions.

2. The removal of the tongue is bloodless, and there is little fear of secondary hemorrhage.

3. Drainage of the mouth can be more thoroughly carried out.

4. The tongue is more rapidly and completely removed by scissors than by any other way, and the tissue is not bruised, as when the ecraseur is used.

5. Few instruments are required, and these of the simplest kind.

Dr. Wm. Gardner, of Montreal, then read the report of a case of Double Uterus with Atresia and Hæmatometra of the Left Chamber.

The patient, a tall, thin, delicate-looking girl of eighteen, was admitted to the gynæcol gical service of the Montreal General Hospital with a history of intense periodic pain in the loins, hip and hypogastrium, extending over nine months. She had been fairly healthy till two years previous, when she began to grow rapidly and to menstruate. Flow moderately painful, scanty; one napkin; intervals three to six weeks. The periodic pains alluded to came on each afternoon or evening, and lasted several hours, with an interval of complete relief. Had noticed for some time a swelling of the lower part of abdomen; no bladder symptoms; appe ite small; no vomiting; constipation troublesome. Palpation of the abdomen detects an elongated, smooth, very firm tumor, extending from the anterior superior spine of ilium of pubes. Two smaller projectives attached to the larger one extend towards the right side of the pelvis.

Internal Examination Conducted under Ether.—Hymen entire, but perforate. Immediately on entering the vagina the finger meets a very firm, smooth, at one point slightly elastic mass, evidently the lower part of the hypogastric tumor already described. On the left side the vaginal wall is pushed down by the tumor to near the orifice. On the right side, and behind, the finger can be swept around the tumor to the upper part of the pelvis. No trace of vaginal partition can be detected. The only sign of an opening is a very faint linear furrow. A small aspirator needle was pushed into the tumor, and a small quantity of thick chocolate-colored blood escaped, thus clearing up the diagnosis. A bistoury was introduced, and a free incision made. Fifty fluid ounces of thick, tarry blood escaped. After partial emptying of the sac it was easy to feel the os of the left patent chamber of the uterus. Double drainage-tubes were inserted within the opening and stitched to the edges, the ends protruding from the vagina. Irrigation every two hours with weak carbolized fluid was ordered. Within the first twenty-four hours the temperature ran up to 103°, but at the end of another day became normal; very little pain. Patient did perfectly well for a week, but on the eighth day the tubes ulcerated out. Within twenty-four hours the temperature rose to 101°. Patient being again etherized, a portion of the wall of the sac was excised, the tubes again inserted, and irrigation resumed. But the temperature and pulse continued to rise. Three days later a rigor, followed by profuse sweating; then increase of pain, abdominal distension, left infra-mammary pain, and pleuritic friction; vomiting, at first of mucus, then of coffee ground-like fluid; death nineteen days after operation.

At the autopsy, recent general peritonitis with profuse exudation of lymph. Bicornuate uterus; left chamber measures one and three-quarters inch; the interior of the right chamber of the size of a hen's egg, its lining stained with thickish brown fluid. Right ovary somewhat enlarged, otherwise healthy. Left fallopian tube sacculated, the sacculi containing the same tarry fluid. Another similar sacculated collection of the size of an orange, situated at the outer extremity of the left fallopian tube, its walls formed by the fimbriated extremity, broad ligament and false membrane. Other hæmatoceles were found about the left broad ligament and left border of the uterus. The left ovary could not be distinguished.

Dr. Gardner remarked upon the great rarety of the case. Exactly similar ones had, however, been described by Professor Olshausen, of Halle, Dr. Galabin, of London, and Dr. John Homans, of Boston. The diagnosis must of necessity be attended with difficulty much greater than when menstruation is entirely absent. The prognosis of all such malformations is grave. The mortality hitherto has been very great. The treatment resorted to in this case, he believed to be (so far as it went) the best that could have been adopted, but he regretted that when the condition of the patient became so desperate, he had not opened the abdominal cavity, removed the left fallopian tube with its sacculi, opened the other hæmatocele collections, and

put in a drain. In view of certain recently published remarkable cases of acute and chronic peritonitis from various causes, similarly treated with success, he believed it to be possible that the patient might have been thus saved.

Olshausen's case was treated by three successive tappings of the tumor through the vagina. Mild peritonitis followed the third tapping, but the patient recovered perfectly, subsequently married, and bore three children.

In Dr. Homan's case, being in doubt as to the nature of the tumor, he opened the belly, clamped and removed the closed uterine chamber containing the altered menstrual blood together with a diseased and distended tube and ovary, and introduced a drain. The patient recovered.

Dr. Galabin's case was treated similarly to Dr. Gardner's, but less efficiently, on account of the intractability of the patient and her friends. She died within a fortnight.

The specimen was exhibited to the section and excited much interest.

The evening was taken up by a dinner given by the medical profession of Chatham and vicinity to the Association. The attendance was large and an excellent feeling prevailed Dr. Holmes performed the duties of chairman with his usual ability, and the addresses were listened to with delight by the large audience present.

On Thursday morning the Association opened its session with Dr. Sullivan in the chair.

The report of the Nominating Committee was read and adopted without change.

Meetings of Sections then took place.

MEDICAL SECTION.

Dr. Graham presented a specimen of Dissecting Aneurism, and gave a short history of the case.

Dr. Wilkins then read a paper giving an account of some experiments he had made in innoculating rabbits with tubercle. The experiments were all successful. A number of beautiful preparations were shown under the microscope, illustrating the various steps in the process of innoculation.

Dr. McKeough then read a paper on the use of Pilocarpine in Puerperal Eclampsia. We hope to give the paper in our next issue.

A very interesting discussion took place on the treatment of Puerperal Convulsions. Two points were prominently brought out.

1. That cases varied in character, and that consequently no set rule for treatment could be laid down.

2. That the principal object of treatment should be to remove the source of irritation.

Dr. Stewart, of Montreal, read a paper on Anterior Polio-Myelitis Chronica occurring in children, in which he related a case of this rare condition. He gave the points of diagnosis between this disease and the ordinary infantile paralysis, and the different courses pursued by the two diseases.

The prognosis in the former affection is very favorable if proper treatment be employed. He recommended the use of the Galvanic and Faradic currents.

Dr. Bethune, of Wingham, exhibited an interesting specimen showing a parasite removed from an abscess in the thigh.

Dr. Osler made some very interesting remarks on Typhlitis and Perityphlitis, giving the results of a number of post-mortem examinations.

Dr. Whiteman, of Shakespeare, read an exhaustive paper on Pelvic Cellulitis, in which he gave the history of several cases.

SURGICAL SECTION.

Dr. Park, of Buffalo, made a verbal report of a very interesting surgical operation, the removal of the larynx for carcinoma. The patient, an elderly man, a physician, had suffered for years from laryngeal trouble, which ended in epithelioma of the vocal chords. On Jan. 28th, Dr. Park removed the larynx. The operation was successfully performed, and the parts afterwards healed up rapidly. Gussenbaure's tubes were afterwards inserted, and the patient can now speak quite easily and distinctly.

Dr. Park exhibited the specimen as well as Gussenbauer's tubes.

Dr. Atherton then read the notes of two successful cases of Laporotomy performed for the Removal of Uterine Myoma. (The paper will be published in next number.)

Dr. Rutherford, of Chatham, read an interesting paper on Supra-pubic Urination.

The Association then adjourned to meet in

Quebec next year. The following are the officers elected for the coming year:

President—Dr. Holmes, Chatham.

Vice-Presidents — Ontario: Dr. Sloan, of Blyth; Quebec: Dr. Colin, Lowell, Quebec; New Brunswick: Dr. Earl, St. Johns; Nova Scotia: Dr. Wickwire, Halifax; Manitoba: Dr. Brett, Winnipeg.

General Secretary—Dr. J. Stewart, Montreal.

Local Secretaries — Ontario: Dr. Wishart, London; Quebec: Dr. Bell, Montreal; New Brunswick: D. Lunan, Campbelltown; Nova Scotia: Dr. Almon, Halifax; Manitoba: Dr. Good, Winnipeg.

Treasurer—Dr. Sheard, Toronto.

DERMATOLOGICAL NOTES.

Dr. G. H. Fox, in his remarks at the recent meeting of the American Dermatological Association on the treatment of psoriasis, dwelt upon the excellent results which he obtained from the use of chrysophanic acid. He only used it when there was an absence of redness in the psoriatic patches. If a case presented much congestion he restricted the diet, cutting off meat altogether. He at the same time used purgatives and diuretics, if necessary. Under the preparatory treatment the patches would lose their congested condition, and chrysophanic acid could be used with success. He thought that much of the ill success of the chrysophanic acid treatment was due to its being used when there was much congestion of the patches. He has abandoned the tar treatment altogether. The chrysophanic acid he applies either in collodion or liquor gutta-perchæ co.

Dr. Heitzman spoke of the good results which he had obtained from the tar treatment, and thought that in some cases it was more prompt in its action than chrysophanic acid.

Dr. White read a very interesting paper on the treatment of lupus vulgaris by the use of parasiticides. He first asserted his belief in the identity of lupus and tuberculosis, so far as their causation is concerned. He thought that the experiments of Koch, in producing tuberculosis by the innoculation of lupus bacilli, confirmed this theory. He was thus led to use parasiticides, and had found very beneficial results from the uses of bichloride of mercury, applied locally, either in solution of two grains to the ounce or in the form of ointment.

Dr. Hardaway, of St. Louis, to whom is due the credit for introducing electrolysis as a treatment of port wine mark, read a paper upon that subject. He now uses one instead of a bundle of needles. His success in some cases has been very satisfactory, while in others little improvement resulted from this form of treatment.

It was generally conceded that the treatment of dilated vessels in rosacea was much easier and more satisfactory than in superficial nævus.

Dr. Sherwell, of Brooklyn, read a paper on the etiology of psoriasis, in which he gave the views of the various Schools of Dermatology. He did not advance any new theory.

The general impression produced by the discussion was that we have yet to learn the etiology of this very common disease. The only facts yet made out are (1) its being hereditary; (2) its being produced by irritation in those who are predisposed to it.

Dr. Robinson read a very exhaustive paper on the histology of tinea tricophytosis and favus. The principal point he made was that in tinea, the parasite was frequently found in the rete, having undermined the corneous layer, whereas, in favus, the growth takes place on the surface of the corneous layer and does not appear in the rete unless the corneous layer has been destroyed by pressure and ulceration. The paper showed a very large amount of accurate work.

Dr. Denslow, of St. Paul, read a paper in which he reported several cases of the cure of acne by the dilatation of the urethra by sounds. In his cases there were contractions of the urethra.

Dr. Heitzman introduced several practical points in the treatment of skin diseases. He spoke of the advantage of using LeClanche's battery in the electrolytic epilation of superfluous hairs.

Dr. White recommends for seborrhœa of the scalp the following: ℞ Acidi salicylic, ʒss-ʒi; sulph. precip., ʒss-ʒi; vaseline, ℥i.—To be applied each night.

Dr. Heitzman spoke of the treatment of freckles with the following ointment: ℞ Precip. alb. Mayisterin bismuth, 3·50; glycerin, 30.

Dr. Stellerwagon, in an exhaustive paper, demonstrated the uselessness in dermatology of many of the oleates. In the discussion which followed there was a general consensus of opinion that the oleates of mercury and copper were the only preparations of this class of any value. The latter is very much inferior to other parasiticides, and the former is of value only in certain conditions of parasitic disease. For general use ointment is much superior to the oleate.

Book Notices.

The Technology of Bacteria Investigation.— By CHARLES S. DOLLEY, M.D. Boston: S. E. Cassin & Company, 1885.

European investigators have hitherto done the lion's share of the work in the study of bacteriology. Dr. Dolley urges upon his American *confreres* the necessity of being up and doing, if they wish to add their quota of discovery in this important study. He gives explicit directions as to culture, staining, mounting, etc., and describes the methods followed by all the eminent foreign pathologists. The literature of this subject is briefly but fully given, and a valuable chapter on "Formulary" concludes the book. Microscopists will find it very useful for reference in their investigations.

A Treatise on the Science and Practice of Midwifery. By W. S. PLAYFAIR, M.D, F.R.C.P., Professor of Obstetric Medicine in King's College, etc. Fourth American from Fifth English edition. With notes and additions by Robert P. HARRIS, M.D. Philadelphia: Lea Brothers & Co.

Playfair's Midwifery is the best known work on this subject among Canadians. As a text-book for medical students we think it the best available. It is useful not to students alone but also to obstetricians, among whom it is a favorite. Five English and four American editions show its popularity in the Old and New Worlds better than any words of ours possibly can. The American editor has made some additions, especially as to the use of forceps, with patient on her back; describing American instruments; objecting to the use of stimulants for wet-nurses and convalescent paturient patients; and favoring the more frequent resort to Cæsarian section by the German methods.

A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits. By WM. ROBERTS, M.D., F.R.S. Philadelphia: Lea Brothers & Co.

The fourth edition of this very valuable work is now before us. It is one of the most exhaustive treatises in our language, and will be of great value to the general practitioner as a book of reference.

In these days, when disease of the kidneys is of such frequent occurrence, it is of great importance that the physician should have a thorough knowledge of the subject, so that he may be able to diagnose the condition early, and thus treat it with greater success.

This work is divided into three parts. The first part is devoted to the physical and chemical properties of urine, and to the various alterations which it undergoes under different circumstances of health and disease, in so far as they seem to have a practical bearing.

The second part treats of a number of affections which may be put under the head of urinary diseases, viz: diabetes insipidus, diabetes mellitus, gravel and calculus, and chylous urine.

The organic disease of the kidney forms the subject of the third and largest part of the work.

This edition contains the very latest information with regard to parasitic disease of kidneys and micro-organisms in urine. Under the heading of Bacteruria, a description is given of the organisms sometimes found in recently voided urine. He divides these cases into three groups, (1) Bacteruria, associated with incipient putrefactive changes in the urine; (2) Bacteruria, with ammoniacal fermentation of the urine; (3) Bacteruria, without decomposition of the urine. Cases of the latter condition Dr. Roberts thinks are not at all infrequent.

The book is well got up in all respects, and should be in the hands of every practitioner.

The following is the very favorable criticism made by the *Brit. Med. Journal* of Dr. Robinson's work on "Dermatology," notice of which will be found in our advertising columns:

"Another substantial book on dermatology, in the shape of an octavo volume of upwards of 600 pages, reaches us from America, affording additional evidence, if that were required, of the zeal and energy of the school of dermatology which has sprung up in New York during the last decade. The author has already earned the reputation of being a sound pathologist, and the memoirs from his pen on dermatological subjects are invariably referred to by European writers, who discuss the questions to which they refer. The part that he has taken in discussions regarding the so-called dysidrosis, and the pathology of psoriasis and sycosis, have marked him out as a writer of force, and as an observer of considerable originality. His name is sufficient to call attention to any work on dermatology of which he is the author.

"The book before us is characterized by conciseness, clearness, and, we must add, occasionally, dogmatism. It is remarkable for an entire absence of repetition—a feature alone which distinguishes it from many other similar works. This special quality renders the book useful to the general practitioner, who will find the chapters on treatment clear, precise, and short, but yet embodying the results of extensive reading and considerable experience. There is so much original work in the book, that it is impossible to do more than to indicate a few points which are of special interest from the pathological side."

Tabulæ Anatomicæ Osteologiæ. Editæ a CAROLO H. VONKLEIN. Artium Magistro Medicinarum Doctore. Editio Emendata. Cincinnati Lithographic Co. MDCCCLXXXV.

This osteological atlas, dedicated rather pedantically in Latin to his "Amicissimo Collegæ," Carolo A. L. Reed, Editori, Ephemiredis, "Clinical Brief and Sanitary News," etc., etc., comprises thirty-two plates each containing a greater or less number of figures representing every portion of the human skeleton. There are nearly three hundred illustrations accurately showing every bony elevation, depression, ridge, hollow, muscular insertion, foramen, tuberosity, fossa, impression, sinus or canal ever imagined and described by the anatomist. The work is a hand atlas, and many of the illustrations are necessarily much less than life size, but the engraving has been beautifully done, and is much truer to nature than the almost diagramatic woodcuts found in some anatomical textbooks. Even the sesamoid bones, and phalanges have been as minutely delineated as the larger and more important parts of the skeleton. The student will find it a reliable guide when he begins his study of anatomy, while to the surgeon it will prove no less useful for reference. The dentist too will find it valuable. The references are all in Latin, the author being ambitious to reach "every physician, surgeon, dentist, and medical student in the civilized world," as he states in his introductory, in order to do which it is necessary to sell the work at a trifle. We hope Dr. VonKlein will succeed in his object; he has evidently devoted great pains, patience and money to the work, and secured accurate and beautiful engravings by the best artists.

Personal.

Dr. Oliver Wendell Holmes reached his seventy-sixth birthday in August.

Dr. Paul Vogt, Professor of Surgery at the University of Greifswald, died in July.

Dr. Osler, of Philadelphia, will deliver the next course of the Cartwright lectures.

Dr. Horace Bascom (Toronto) and Dr. D. Gow (Trinity) have been admitted Licentiates of the Royal College of Physicians, London.

Dr. Charles O'Reilly, of Toronto, has spent the last four months in Great Britain and the Continent. He has combined work with pleasure, and made a careful inspection of the principal hospitals of the old world. He expected to sail for home with his family, Sept. 17th, and reach Toronto about Oct. 1st.

Miscellaneous.

There are 11,249 members in the British Medical Association.

A new edition of the *British Pharmacopœia* was published Sept. 1st of this year.

Squibbs Ephemeris says it costs about six cents a grain to manufacture hydrochlorate of cocaine.

The tenth annual meeting of the Ame ican Gynæcological Society was held in Washington, Sept. 22nd, 23rd and 24th.

The New York Board of Health furnished vaccine virus to vaccinate people all along the Canadian border of the State.

The Atlanta *Medical and Surgical Journal* reports three deaths in Baltimore which occurred from trichinosis following the eating of uncooked ham.

The honour of nobility has been conferred on the eminent surgeon, Dr. Richard Volkmann, Professor of Surgery in the University of Halle.

Death of Lord Houghton.—The sudden death of Lord Houghton, which recently occurred in England, is said to have been caused by angina pectoris.

Miss Alcott remarked during a trip on an ocean steamer: "They name ships Asia, Persia, and Scotia, I wonder why it doesn't occur to somebody to name one Nausea."

To Remove the Paint Smell.—Place a few pieces of charcoal in a shallow dish in the painted room, and no smell of paint will exist in a few hours time.—*Medical Summary.*

A case of dorsal dislocation of the femur of six weeks' standing was lately reduced under chloroform by Bigelow's method after several trials; adhesions had first to be broken up.

Fissured Nipples.—Dr. Du Bois, of Philadelphia, says the application of balsam of Peru to fissured nipples is very beneficial. It should be applied after nursing, about four times daily.

Mr. Lawson Tait has joined the army of anti-vivisectionists in England. He says "that vivisection is not only useless in solving riddles, such as we have to deal with, but that it is absolutely misleading."

Dr. Buck, of London, says that if a patient be not thoroughly under the influence of chloroform, any irritation of the fifth nerve will produce slowing of the heart and final stoppage, through the pneumogastric nerve.

The Boston *Medical and Surgical Journal* reports Dr. Partington as saying, on hearing of the wholesale withdrawal from the International Medical Congress, that he feared that the Congress was likely to be merely a sexual one.

One of the orders recently issued by a leading Russian railway company is, that one of the guards on every train shall always be a Feldscher, *i.e.*, a party who has had some surgical training, such training being received generally in the army.

A Death from Hydrophobia.—The *British Medical Journal* reports a death from genuine hydrophobia, carefully investigated by Dr. Danford Thomas, in a laborer, aged 54, in which the period of incubation was between four and five months.

We have a royal medical practitioner in the person of Prince Ludwig Ferdinand of Bavaria, son-in-law of Queen Isabella of Spain, who obtained the degree of Doctor of Medicine at Munich last year, and is now practicing at Nymphenburg, Bavaria.

Chatham has the honor of furnishing two medical presidents; one being Dr. Tye, president of the Ontario Medical Association; the other, Dr. Holmes, president of the Canada

Medical Association. It is said also that there is still much excellent material for presidents left.

Baron Léon de Leuval, of Nice, has offered a prize of 3000 francs for the best instrument (easily carried), constructed according to the principle of the microphone, for improvement of hearing. The prize will be awarded at the fourth international Congress for Otology, to be held at Brussels, in September, 1888.

A FRUITFUL WOMAN.—In the *Lyon Médical*, July 12, is recorded the case of a woman who had had 27 children, 25 of whom were living and healthy. In one year this woman had five children: 3 born January 2 and 2 on Dec. 27. Out of 27 children, six only were girls. The woman was 68 years and the husband 63 years old. Three daughters are married and following in the steps of the mother: one aged 34 has nine children, another has five, two of them twins.

The chair of Practice of Surgery in the College of Physicians, of New York, is about to become vacant through the resignation of Dr. H. B. Sands. There are several applicants for the important position, and it is proposed that they shall enter a competitive test for the honor, each to deliver a course of lectures, and a committee of the faculty to decide on their comparative fitness. This is a hopeful sign of the times, and the profession will greet it with joy.—*Med. Age.*

BOOMING DOCTORS.—An example of a new style of *working up* the doctor in a western town has come under our notice. A druggist gets out a printed fly-sheet, extolling the qualities of his drugs, dye-stuffs, paints, oils, etc., and also the transcendent abilities of the doctor who has "rented the office over my drug store." This is said to be done entirely without the knowledge of the doctor, who, however, shows his gratitude by giving a certificate, which appears in another fly-sheet, highly recommending the druggist's "Cream Flake Baking Powder."

The following combination, recommended by Dr. Fothergill, will be found a useful diuretic:

℞. Pot. citrat., ... ʒiiss.
Spt. juniper co., ... ℥j.
Tr. digitalis.................. ʒiiss.
Inf. buchu ad., ... ℥viij.

M. Sig.—One or two teaspoonfuls three or four times a day.—*Medical and Surgical Reporter.*

A DRUGGIST'S MISTAKE.—An extremely sad case recently occurred in Hoboken through the mistake of a druggist who had had a large experience, and was usually extremely careful. A prescription was presented with ten grains of quinine to the dose; but sulphate of morphine was substituted, and two young women lost their lives thereby. When such mistakes recur so frequently, it seems strange that druggists are not compelled by law to take steps to avoid them. All medicines which are poisonous in large doses should be kept in separate compartments, and also in bottles of a peculiar shape and color.

A correspondent narrates the following as an actual occurrence: A young man, fresh from college, whence he came with honors and medals, was sent by his father, a practitioner of fifty years' standing, to attend a case of labor. The woman was in the throes of labor, but the young man on making digital examination found the os undilated. After waiting an hour, another examination showed no improvement. He then applied belladonna ointment, and sought to use forcible dilatation. But another hour passed by, and in spite of faithful work on the part of mother and doctor there was no dilatation. Becoming alarmed, the young man went after his father for assistance, but before he returned with the old man the child was born. He could not understand how such a thing could have happened. The old gentleman on examining the child discovered how it all was. The child's anus was red and patulous, and was liberally besmeared with unguentum belladonnæ. The worthy son of the noble sire had struck a breech presentation, and had actually mistaken the anus for an undilated os.—*Med. Age.*