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## The Northern Lancet.

*Gleanings from the Journals of the World all that is new in Medicine, Surgery and Pharmacy, placing monthly before its readers in a condensed form Medical, Surgical, Obstetrical and Pharmaceutical advances in both hemispheres.*

WINNIPEG, JULY, 1889.

### A CASE OF COMA DUE TO CEREBRAL ABSCESS;

SUCCESSFUL EVACUATION OF THE ABSCESS BY THE TREPHINE; DEATH.

By A. MARMADUKE SHIELD, M.B., F.R.C.S.,

Assistant Surgeon, and Surgeon in charge of Aural Department, Charing-Cross Hospital.

The majority of cases of cerebral abscess are secondary to caries and necrosis of the cranial bones, and especially to such affections of the petros portion of the temporal bone. The abscess will generally be found in the temporo-sphenoidal lobe, and more early in the middle lobe of the brain, or the cerebellum. These cases are usually associated with long-standing otorrhea. They may also be complicated by meningitis and pyæmia, and thus render a difficult diagnosis still more embarrassing. In most cases, inquiry will elicit that there have been premonitory symptoms. The pains spoken of by patients, too often by doctors, as "neuralgic," are, in truth, due to chronic basal meningitis, localised to the region over the inflamed and diseased bone. The symptoms of cerebral abscess are known to be dubious and misleading in the highest degree. When the collection of pus is found in the temporo-sphenoidal lobe, the symptoms are exceedingly vague. This portion of the brain has few certain motor functions. Post-mortem examinations may reveal disease in it for the first time. In a remarkable paper by Mac-ewen, two cases of abscess in the temporo-sphenoidal lobe, treated by operation, are related. The first case was unsuccessful. The patient was *in extremis* at the time of operation, and in this respect resembles the case I am about to narrate. At the necropsy, the whole lobe was found to be destroyed, and the neighboring convolu-

tions implicated in encephalitis. The second case was successful, and is one of the most interesting in a remarkable series, as indicating the possibility of localisation of abscess in the temporo-sphenoidal lobe by a careful process of exclusion conducted by a careful and competent observer. The details of the case about to be described are as follows:

A woman, aged thirty-two, was admitted into Charing-Cross Hospital, on Sept. 26th, 1888, in a condition of profound coma. The only history obtained of her case was to the effect that she had been under the care of a neighboring practitioner for "pains in the head," that these had lately got worse, and that since the morning she had been drowsy and stupid. On examining the right ear, pus was found in the meatus, and a foul odour was apparent on close investigation. The auditory canal being cleaned, the tympanic membrane was found to be quite destroyed, and protuberant granulations were abundant. The pupils were equal, somewhat dilated, not acting to light. There was no squinting, and optic neuritis was not looked for. The face was dusky and congested, the respiration slow and stertorous, the skin burning hot to the touch, and the temperature 104°. There were no evidences in the lungs, joints, or skin of general pyæmia; no tenderness or œdema in the mastoid region, or fulness down the course of the jugular vein. The pulse was regular and compressible, 120 to the minute. Free leeching was tried without benefit. The case was watched for about three hours. The coma was obviously deepening and the patient in a condition of impending death. About 6 P.M. I operated. The right side of the head was shaved and carefully cleansed with strong carbolic acid. A large flap, with its base downwards, was formed above and behind the auricle, the vessels being twisted. A large trephine was applied at a spot one inch above and a quarter of an inch behind the external auditory meatus. On removal of an exceedingly thin disc of bone the dura bulged strongly, did not pulsate, and no suppuration could be detected beneath it. A small trocar and cannula was now passed downwards and forwards

in the substance of the temporo-sphenoidal lobe for about one inch. On withdrawing the trocar greenish pus exuded, and on enlarging the aperture with a director about half an ounce of very fetid pus escaped, mingled with broken down cerebral debris. A tube was gently inserted into the abscess cavity, which was washed out with warm antiseptic lotions. The flap was replaced and carefully sutured, the tube being brought out through an aperture in its base, and the parts dressed antiseptically. The stertor was somewhat lessened by the operation, and slight movements of the limbs were afterwards noticed; but it may be generally said that no marked improvement resulted. The woman died at 2 A.M. on the following day. A post-mortem examination was refused.

Notwithstanding the unsatisfactory termination of this case, I have thought right to record it. In such an important surgical proceeding as trephining for cerebral abscess, it is meet and right that all cases should be related. In the absence of a post-mortem examination, we can only conjecture the cause of the failure of the operation. Meningitis, encephalitis, or the bursting of the abscess into the ventricular cavities, are possible and probable explanations. The operation was, in fact, undertaken too late, the general paralysis indicating a condition that is too rarely relieved by the trephine in cases of pressure by pus or blood.

Mr. Barker, in a paper on the subject of Ear Disease and its Cerebral Complications, alludes to the comparative frequency of temporo-sphenoidal abscess, and the tolerance of that region of the brain to surgical interference. Treating of the regions affected, he speaks thus: "Nine-tenths of them (abscesses) will be found to lie within a circle with a radius of three quarters of an inch, whose centre lay one and a quarter inch above, and the same behind the auditory meatus." In the same paper it is pointed out, with truth, that subdural supuration is often most difficult to certainly differentiate from abscess. But this, too, may be reached and relieved by operating in the same region, which is probably the best situation to choose. It cannot be too

strongly impressed upon us all that the symptoms of cerebral abscess may be readily overlooked and misunderstood. It is only by the general symptoms of vomiting, delirium, optic neuritis, and the like that we may suspect abscess in the temporo-sphenoidal lobe; localisation symptoms are quite exceptional. Percussion of the skull might be of some use, and fixed pain, or œdema of the soft parts, are valuable guides when present.

### HYOSCIN IN INSANITY.

BY THOMAS DRAPES, M.R.,

Resident Medical Superintendent of the District Asylum  
Ennisceorthy.

It is now some two years since Dr. Mitchell Bruce, in an article in the *Practitioner*, drew attention to the value of hyoscin as a cerebral sedative. That so powerful a remedy has as yet come but little into general use in this country is probably due to the fact that it has constantly been confounded with hyoscyamine—as evidenced by a correspondence in the *Journal* last year—a drug which, though isomeric with both hyoscin and atropine, has quite distinct therapeutic effects from either. Many have abandoned the use of hyoscyamine on account of the dangerous symptoms which have been observed to result from its action, and, being under the erroneous impression that the two drugs were identical, have refrained from the use of hyoscin.

In what follows I shall confine myself to the delineation of the one distinctive action of the drug, which places it in quite a unique position as regards others of a similar class, namely, that of a safe, certain, and rapid cerebral sedative, unattended in the vast majority of instances by any unpleasant results. It is incomparably superior to the older sedatives, such as morphine and chloral, and none of the newer ones, in my opinion, approach it in value as a remedy for controlling paroxysms of furious excitement and turbulent maniacal outbreaks. The following cases will illustrate its action:

CASE I.—Male J. R., aged 26; acute mania; excitement day and night for

some weeks, with sleeplessness, notwithstanding sedatives. On August 24th last, at 4 p.m., injected  $\frac{1}{100}$  gr. of hyoscin and put him to bed; no effect; at 10 p.m.  $\frac{1}{100}$  gr. injected, after which he slept five hours. 25th.  $\frac{1}{100}$  gr. injected; three hours' sleep. 27th. No hyoscin; passed a sleepless night. The drug was given on several other occasions with good result, the largest dose being  $\frac{1}{50}$  gr., followed by five hours' sleep.

CASE II.—Female, C. F., aged 47; chronic mania, with periodic outbreaks of violence. During one of these, after having been for three nights turbulent and excited, I visited her in single room at 10 p.m. Found her standing on the floor, vociferating loudly, threatening everyone who came near her. While held by attendants,  $\frac{1}{100}$  gr. of hyoscin was injected. In ten minutes she was perfectly quiet and slept well that night; kept quiet for four nights; on the fifth again very noisy;  $\frac{1}{100}$  gr. injected with similar results.

CASE III.—Female, M. W., aged 36; paroxysms of violence, during which she uses most abusive and foul language for a whole night together. In one such attack, when at its acme, I injected  $\frac{1}{100}$  gr. of hyoscin; in fifteen minutes she was tranquil, and remained so for several nights, sleeping some hours each night.

CASE IV.—Male, J. H., aged 45; acute mania, sleeplessness, hallucinations, violence refusal to eat; on opening his door on morning round, he stepped out naked in the corridor, with expression of dismay and limbs trembling; would not lie down; had taken no breakfast, and had been shouting and vociferating all morning. Injected  $\frac{1}{100}$  gr. hyoscin. He was asleep in fifteen minutes, and on waking drank a quart of milk and egg and did not refuse food after.

CASE V.—Female, A. K., aged 49. Acute case of recurrent insanity, resembling most acute delirious mania in the first part of its course. Had been in asylum six years previously, when she got a quantity of chloral, laudanum and morphine before sleep was produced. Present attack of one week's duration; violent, with suicidal impulses; refusal of food. At 12 o'clock on night of admission I found

her lying across her bed with half her body on the floor, eyes staring and muddy, looking like a woman blind-drunk. Broad awake, but could not be got to utter a word. Pulse 112. Took five attendants to undress her, as she is a large, heavy woman and struggled violently. 10th. Condition unchanged, ate nothing. At 4 p. m. gave her, with great difficulty and in spite of most furious resistance, about three-quarters of a pint of milk and egg with oesophageal tube. 11th. Has not slept since admission. Looking very wild and moaning, but no articulate word. One pint and a half of fluid got down with the tube under the same violent resistance as before. The attendants were nearly exhausted at the close of the administration. At 3 p.m. I injected  $\frac{1}{200}$  gr. of hyoscin. She soon fell asleep, and on waking drank voluntarily a pint of fluid, and spoke to attendant. At 10 p. m. I could hardly believe she was the same woman. She spoke quite rationally, remembered being here before, and said she knew her head (mind) was very bad. She then began moaning;  $\frac{1}{150}$  gr. injected, and she slept about five hours; then began moaning again, with occasional shout; passed her urine about the floor up to this. 12th. took food herself: Pulse 100. In evening  $\frac{1}{100}$  gr. hyoscin; slept till 5 a. m. Allowed up. On 15th pulse had come down to 68, and she went out walking. Recovery uninterrupted and rapid. The effect of the drug in this case was almost startling.

CASE VI.—As this case exhibits, in what may be called a typical manner, the tranquillising effects of hyoscin, I give it with a little more detail. Female, A. P., aged 58. Chronic mania, with paroxysms of excitement and violence, during which she kicks, bites, and strikes, if she gets the opportunity. On December 22nd she was in seclusion for this reason, where she kept talking incessantly at the top of her voice, pouring forth volleys of abuse, etc. At 10:30 a. m.  $\frac{1}{150}$  gr. hyoscin injected. 10:32 a. m. Voice subdued; talking in a low conversational tone, raising voice occasionally, but not to full extent. 10:35 a. m. Silence, broken by low fragmentary utterances. 10:38 a. m. Absolute silence for some minutes, after which she talked a little in a low voice. At 10:45 a.m.

I opened her door, and found her half lying on bed, looking a little languid. Pulse 88. Mouth a little dry, but probably due to continuous talking. She spoke quite rationally, asked me the time, complained of lightness of her head. I got her to lie down without any difficulty and settle for sleep. Half an hour after she was perfectly quiet, and soon fell asleep, and remained so the entire afternoon, and did not again become excited for that occasion.

The psychical effects in this case was remarkable, and it is by no means a solitary instance, showing, I think, that the drug has, to a certain degree, a direct culmative influence on ideational disturbance, apart from its sleep-producing properties. The contrast, after a twenty minutes' interval, between the loudly vociferative and blasphemous tirade and the quiet subdued converse which ensued was sufficiently striking to warrant some such inference.

The foregoing cases, [which might be considerably multiplied from my notebooks, sufficiently indicate the value of the drug. Its uniformity of action is one striking characteristic, and control of excitement, clamour, or violence, may be confidently anticipated from its administration. This it is which justifies the use of the term "certain," which I have applied to it. As to its rapidity of action, I think the instances adduced prove this to demonstration, ten to twenty minutes usually sufficing to induce tranquility. And as to safety, I can only say that I have not as yet seen any symptoms follow its use, such as to cause the least anxiety.

Giddiness is occasionally, not often, complained of; this more by women than men. It is the only subjective symptom I have been able to elicit. Patients have not complained of dryness of the mouth, which is so constant and distressing a symptom after the use of hyoscyamine and atropine. Free perspiration frequently occurs, wherein hyoscin also differs markedly from its isomeric alkaloids. The pupils become moderately dilated under its influence, and the pulse is generally reduced in frequency. I have not once seen any dangerous symptom arise. Hyoscyamine cannot be said to

present such an innocuous record. I may add that I have used it merely as a hypnotic in cases of insomnia without excitement, and found it answer admirably. In fact I invariably carry it with me on my nightly round, and in most cases where I used to give a morphine injection, I now give hyoscin.

As to mode of administration, having tried its effects when given by mouth and found them unsatisfactory, I now always give the drug hypodermically. The particular preparation I have used from the first was Ferris & Co.'s liq. hyoscin. hydrobrom. There are probably others equally reliable, but I mention the one of which I have had experience myself. The strength of this solution is 1 in 400, but for subdivision of dose it is better to dilute this with an equal quantity of distilled water, 1 drachm of each at a time, as the dilute does not keep as well as the stronger solution; of this diluted solution, 1 in 800, 5 minims represents  $\frac{1}{100}$  grains, a very safe average dose to commence with hypodermically. But this may be rapidly increased to 8 minims ( $\frac{1}{100}$  gr.), or more, if found insufficient.

#### EPIDEMIC OF TYPHOID FROM MILK AT STIRLING.

Dr. McFadyen, M.D., C.M., Medical Officer of Health for the Burgh of Stirling, gives the following history of this interesting outbreak:

"A sharp outbreak of typhoid fever occurred here recently, causing a good deal of alarm and discussion. It was entirely confined to one side of the town, and every case reported to me could be traced clearly to a common origin. The history of the outbreak is interesting, as affording another instance of the extreme danger to the community of a contaminated milk supply.

"On February 19th I was called to see a boy, 8 years of age, the son of a farmer, Mr. M., whose farm is situated rather less than a mile outside of the town, and who carried on an extensive dairy business. No typhoid fever was known to exist in the district at the time, and I diagnosed the case as one of simple enteritis,

I attended this patient up to March 14th, at which time he had quite recovered. On March 29th I was called to see two of the boy's sisters, stated to have been ill for two or three days, and found them suffering from well-marked enteric fever. This led me to believe, in connection with the facts to be subsequently detailed, that the boy's illness was also enteric fever, although the severity of the abdominal inflammatory symptoms and pain had led me to suppose it was enteritis. On diagnosing typhoid fever in the cases of the girls, I at once ordered the supply of milk to the customers of the dairy to be stopped, but there is reason to believe it was not stopped before April 1st. The farmhouse where these cases occurred is a well-built, but not particularly well-designed, structure, erected within the last few years, and supplied with the town water, which is a water of exceptional purity. At the distance of a few hundred yards stands the old farmhouse, an antiquated structure occupied by farm servants, among their number being a married son and daughter of Mr. M. About the same date as I was called in to see Mr. M's daughters I was asked to see a boy, aged 5, a grandson of Mr. M's, residing in this old farmhouse, and I found him suffering from typhoid fever. I found also that there were several people ill in this house, and three medical men in attendance. The cases turned out subsequently to be cases of typhoid fever.

"The water supply of this old farmhouse was very bad, foul alike to sight and smell, and proving on analysis to be extremely impure. It came originally from a well on the other side of an exceedingly foul stream, known as the 'Raploch Burn,' across which it is carried by an iron pipe, terminating just beyond the 'burn' in lengths of common agricultural drain piping, by which it is conveyed to the house, and received in a hole dignified by the name of 'the well.' This 'well,' it is stated, is often found to contain dye stuff. Dye stuff being a specialty of the Raploch Burn, which is never free from something of the kind, this shows beyond possibility of doubt that there is a direct communication between the house 'well,' and the

'burn,' which is a stream of extreme filthiness, even for the neighborhood of a town. It turned out on inquiry that there was constant communication between the two houses, and in particular that the boy originally affected was in the habit of going daily to his sisters at the old farmhouse, and frequently drank the impure water above referred to.

"The sanitary arrangements of the new farmhouse were not satisfactory. There was a water-closet upstairs, the soil-pipe from which came down inside the house, and was continued through the middle of the house and carried to a ditch at the back. The drain was a badly-jointed, inefficiently constructed one, passing close to the milk-house. I consider it probable that this drain was polluted by the first case, and that this polluted all the milk which was allowed to stand overnight in the milk-house.

"Two additional cases occurred in the house afterwards, and there occurred in all the town of Stirling, so far as I know (there is here no compulsory notification of diseases), some forty or fifty cases, the last reported case having taken ill about the beginning of May. All these cases appear to have been directly and indirectly connected with the supply of milk from Mr. M's dairy.

"There have been four deaths in the burgh during the period referred to registered as due to enteric fever; one of these was a patient in the old farmhouse, and another a married sister of Mr. M. living in the neighborhood. Eight cases were removed to the Fever Hospital, one of which proved fatal. It is noteworthy that several large families were supplied with milk direct from the byre, and no case occurred in these families. All the cases which occurred were supplied with milk which had been kept overnight in the milk-house. In one case, the child of a retail dairyman, who got milk from several sources, was the only one of a family of seven who drank Mr. M's milk. All the rest of the family escaped. In another family, living in the same tenement as the last-mentioned, two daughters and a servant drank Mr. M's milk and took the disease; four others in the same house drank milk from a different source

and escaped. Many cases that occurred were so mild that had they occurred at any other time they would probably have escaped notice." —*British Med. Jour.*

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### INTOLERANCE OF ANTIPYRIN.

As antipyrin is at the present time so frequently prescribed for numerous ailments, I think it might be interesting to describe a case of intolerance of the drug, which in some respects differs from any which I have seen recorded.

On May 31st last, I prescribed for a case of sciatica, occurring in a man aged about 50 years, five grain doses of antipyrin, to be taken three times daily. He took the first dose (which, he says, was not quite a full one), at about 11:30 A.M. He instantly experienced a sensation of tingling and burning in his gums, which rapidly extended to the throat and nose, accompanied by sneezing, running from the eyes and nostrils, dizziness, complete loss of vision, a feeling of numberless pins pricking him down each side of the neck, tightness in the throat, and dyspnoea. His wife came to his assistance about one minute after he had taken the dose, and saw that his face was much swollen and "black." The pin-pricking sensation extended rapidly down the right side of his chest and abdomen, and was particularly severe in the right side of the scrotum and right testicle, and was also felt in the legs and feet—severely in the right and slightly in the left.

He next experienced a sensation as if the contents of his throat and abdomen were being forcibly drawn upwards towards his throat, and the right testicle towards the abdomen; so that, he says, he "was drawn in a ruck," and, being no longer able to stand, he fell on the floor. He trembled violently all over, and had cramps in his right arm and hand.

I was hurriedly summoned, and arrived at 11:45 A.M., fifteen minutes after he had taken the dose. I found him sitting on a chair with his head resting on the back of it, declaring he was unable to remain in a recumbent posture. His face was of a dusky red color; his nose, lips, and eyelids were so swollen as to render

his features quite unrecognisable; eyes suffused and running, breathing hurried and difficult; he was trembling violently all over, and the fingers of his right hand were clenched in the form of a claw. Pulse scarcely perceptible.

I at once gave him some brandy, when he immediately expressed himself as better. He spoke in a thick, husky tone of voice, and complained of dizziness and a fullness in the throat. I looked into his mouth and found the soft palate red and swollen, the uvula swollen to an enormous size and œdematous; the back of the pharynx was also swollen and red. No rash appeared on the skin.

The symptoms gradually subsided, with the exception of soreness and a sense of fulness in the throat, difficulty of swallowing, huskiness of the voice, and dizziness—all of which continued, more or less till bedtime. He complained for some hours of a peculiar taste in his mouth, coming on at intervals, which he compared to "the sulphur gas in the chemical works" in which he had been employed. The following day, with the exception of a slight headache and loss of appetite, he had completely recovered.—*B. M. Journal.*

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### ABDOMINAL SURGERY IN ITALY.

At the Sixth Congress of the Italian Society of Surgery, held at Bologna in April, under the presidency of Professor Loreta, the majority of the papers read referred to questions of abdominal operations (*L'Union Médicale*, No. 68). Signor Ceccherelli dealt with the subject of surgical treatment of tubercular peritonitis. He has had four successful cases, and collected details of eighty-six, with fifty-two recoveries, twenty-five deaths, six cases of improvement, and five in which the results are unknown. He said that operation was useless in the *dry form*, owing to the universal adhesions; but that its value lay in the treatment of the *ascitic form*, the "cure" being attributed to the evacuation of the fluid provoking an adhesive peritonitis, with fibrous transformation of the tubercles. Nevertheless, he admitted that the "cure" was

only temporary, life being perhaps prolonged for eighteen months or two years. Professor Ruggi gave statistical results of 115 laparotomies, with only eight fatalities—viz., salpingectomy (one death in fifteen cases), supra-vaginal amputation for fibro-myomata (five deaths, twenty-four cases), laparo-hysterotomy for sarcoma (one case fatal), and extirpation of parametric cyst (two cases, one death). He discouraged the use of intra-peritoneal injections of sublimate, attributing one death to its absorption. *Battey's operation* was advocated by M.M. Clement and Bassini in cases of metrorrhagia and uterine tumours which resisted other measures; but M. Bottini would restrict it to cases of "grave hysteria," asking why, in cases of uterine lesions, since the abdomen must be opened, the uterus itself should not be removed. Trombetta and Durante claimed for electrolysis a superiority in such cases over oophorectomy. M. Postempski analysed twenty cases of laparotomy for the treatment of penetrating wounds of the abdomen; of eighteen in which the intestine or mesentery were injured there were only three deaths, and a case of wound of the liver and one of the bladder also recovered. The same surgeon recorded a successful case of radical cure of a diaphragmatic hernia (the omentum protruding through a wound in the diaphragm) in spite of pneumothorax. M.M. Durante and Trombetta gave details of two cases of extirpation of the cæcum, where chronic perityphlitis had been mistaken for cancer. One case recovered. M. Bassini mentioned a successful case of extirpation of the colon for adenoma. Splenectomy was performed by M. d'Antona on a child of three years, who recovered from the operation, but died from tubercular meningitis five months afterwards. M.M. Fussi and Ceci had also had successful splenectomies. Loreta's operation of dilatation of pyloric stricture has been again twice successfully performed by him. The criticism passed by M.M. Bottini and Putti that the measure could only afford temporary relief, since all strictures return after mechanical dilatation, was met by M. d'Antona, who affirmed that the pylorus could not be compared to the

urethra or œsophagus, but rather to other sphincters which do not contract after dilatation; and M. Poggi stated that in all the instances of Loreta's operation the results were permanent.

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#### SUPPURATION OF THE SALIVARY GLANDS.

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An interesting and important contribution has recently been made to the pathology of the remarkable form of inflammation of the salivary glands—most commonly the parotid—which sometimes occurs in the course of specific fevers or septic inflammations in other parts. The association of parotitis with abdominal inflammatory disease is well known. The condition has generally been attributed to metastasis or pyæmic infection; but this is not the conclusion arrived at by A. Hanau (Ziegler's and Nauwerck's *Beitrag*, Bd. iv., Hft. 5) in his paper on "The Origin of Suppurative Inflammation of the Salivary Glands." He describes five cases of the disease, all but one being cases of parotitis, occurring in (1) pneumonia, (2) pyo-salpinx with peritonitis, (3) phthisis with thrush, and (4) a specimen of bilateral "metastatic parotitis" in pyæmia. The fifth case was one of suppuration of the submaxillary glands with perityphlitic abscesses. The histological examination of these specimens showed that the inflammation commenced in the ducts of the gland, and masses of micrococci could be seen mingled with the pus, which filled these ducts and destroyed the gland substance in the more advanced stages. Hence it was inferred that the gland was infected from the mouth, and that its involvement had nothing to do with metastasis from a primary focus elsewhere in the body. The cases are therefore comparable with purulent infiltration of other glands—e.g., pyelonephritis, acne, and mammary abscess in the puerperal state. Further reasons for this view are adduced in the fact that, in some cases—e.g., pneumonia and typhoid—there may be no primary suppurating focus, and also in the presence of septic cocci in the inflamed parotid, whilst the primary disease may

be due to a different microbe. The disease only occurs in severe cases, and there is no essential difference between so called metastatic parotitis and that following on stomatitis (Virchow, Orth). Then the affection is often unilateral, and if bilateral the two glands are probably not involved to an equal extent, as is the case with a disease of systemic origin—e.g., nephritis. In the less advanced degrees of inflammation the suppurating foci are distributed as in pyelonephritis. Moreover, it is observed that parotitis is often preceded by vomiting and by other conditions tending to make the buccal cavity impure, the most dangerous being cases of fecal vomiting; whilst in some cases there is a direct connexion with stomatitis or the rash, even where clinically some support might be given to the metastatic doctrine. Dr. Hanau points out that in health Garre has shown the presence of some pathogenic organisms such as the staphylococcus aureus amongst those found in the buccal secretions, and states that these microbes increase in number in the fertile state. It is possible, too, that in septic conditions such organisms may pass out of the blood vessels into the mouth. At any rate, in conditions where the flow of saliva is checked there will probably be an accumulation of such organisms and the main salivary ducts be blocked, the position of Steno's duct favouring the involvement of the parotid gland. In an appendix the author refers to a thesis by H. Muller on the Etiology of Parotitis (Halle, 1883), where there was clear evidence of infection from the mouth. Hanau also adds a case of acute inflammation of the sublingual gland, where he could trace the course of micro-organisms through the duct walls into the surrounding lymphatic tissue.

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#### DEATH OF MR. IRVING BISHOP, THE MIND READER.

Much interest has been felt in New York in the incidents pertaining to the death of Washington Irving Bishop the famous mind-reader. Mr. Bishop was at the Lamb's club, at dinner, and during the evening gave exhibitions of his sin-

gular powers. About 1 A. M., a gentleman who was very sceptical as to Bishop's mind-reading pretensions was selected as the subject of the experiment. This gentleman was requested to select some word, and to do so he took up a book, when his eye fell on the word "Townsend," which he selected for the test. Bishop placed one of his hands on the gentleman's forehead, and almost immediately wrote the word correctly on a piece of paper, beginning with the last letter and spelling backwards. He was then securely blindfolded and the book handed to him, when he turned the leaves over rapidly till he came to the page from which the word had been taken, and then he put his pencil on the name. Almost immediately after performing these feats Bishop passed into a cataleptic trance. As he was known to be subject to attacks of this kind, and had even been charged with simulating them for the purpose of creating a mysterious effect, no great alarm was felt. In about fifteen minutes he recovered, joked about his seizure, and gave some further exhibitions of his powers, and at their close passed into a trance state, during which his body and limbs became perfectly rigid. He was placed in bed, and a physician, who had attended him previously, with an assistant, took charge of him. Several times during the night and morning Bishop recovered consciousness, but would soon lapse into a cataleptic rigor. At 8 A. M. one of the physicians decided that death was inevitable. Electricity and other means were now employed, but without effect, and at 12.10 P. M. he was pronounced dead, the cause being coma. The body was placed in a tight box and removed to an undertaker's. Bishop had at some time expressed a wish to have his brain examined after death. The consent of his friends present having been obtained, a necropsy was made at a quarter before four o'clock, scarcely more than three hours and a half after death. Nothing was found to account for his singular death. The brain was large for a man of his size. The mother of Bishop arrived on the following day, and immediately declared that her son had been

killed by the necropsy. She had known him to remain in a cataleptic state all day, and recover. The coroner was therefore summoned to investigate the circumstances of his death. The two attending physicians and the physician who made the necropsy were held to bail to await the result of the inquest. A second necropsy was made by experts, and the brain was minutely examined. A hæmorrhagic effusion was found at the origin of the pneumogastric nerve of sufficient extent to cause immediate death, in the opinion of those who testified. The other organs were healthy. Dr. Spitzka, a very reliable authority on the anatomy and pathology of the brain, stated at the inquest that hysterocatalepsy was very rare in America; he had known but two cases on record where minute hæmorrhage at the base of the brain was discovered after death from catalepsy. In each of these cases the lesion was the same as in this case, and the death was the same. This made the third case, and the cause of death on the certificate was, in his opinion, correct. The physicians who assisted at the necropsy were all of the opinion that life was extinct at that time. The verdict of the jury was "Death from coma." The physicians were exonerated from all blame, but were mildly chided for being over-zealous in making a necropsy so soon after death.

#### SUCCESSFUL RESECTION FOR RUPTURE OF INTESTINE.

On the morning of Wednesday, May 22nd, Mr. Croft operated on a boy aged fourteen for ruptured intestine without external wound. The case promises to be completely successful. Fifteen hours and a half before Mr. Croft saw the boy the latter had been kicked by a horse in the region between the umbilicus and pubes. Acute septic peritonitis was diagnosed, and laparotomy was immediately performed. A rupture of about three-eighths of an inch in diameter was discovered in the small intestine. It was believed to be in the lower end of the jejunum or upper part of the ileum. The contusion about the rupture was nearly an inch across. The opposite wall of the gut was also contused. The parts were

bathed in feculent inflammation products. A segment of the bowel was cut out; this was about two inches and a quarter long at its unattached border, and about half an inch at its mesenteric border. An enterorrhaphy was carefully completed, Lembert's sutures in a single row being employed—about thirty-five sutures in all. The peritoneal cavity and all tainted surfaces were carefully purified with warm boracic solutions. The abdominal incision was closed in the usual manner. The temperature before operation had been 103.6°; it fell in three hours to 98.2°, it rose during the night to 100.4°, and afterwards steadily declined. Since the night of the second day it has been normal or subnormal. The sutures were removed from the abdominal wound on the seventh day, when the boy was taking an ounce of fluid nourishment by mouth. He may now be pronounced convalescent. We believe that this is the first successful case of operation for this description of injury on record, and congratulate the surgeon on his success. Our readers will recollect that we drew attention to a case (*vide* THE LANCET, vol. i. 1887, p. 537) in which Mr. Croft operated for a similar condition, and an artificial anus was formed, but the operation to cure the fistula some weeks later proved unsuccessful, and a fatal result ensued. The success of this operation depends largely on the early diagnosis and prompt treatment of the rupture. It is unnecessary to comment on treatment other than by operation; the injury is almost invariably fatal.—*Lancet*.

#### THE TREATMENT OF PERITYPHLITIC ABSCESS.

Dr. Robert F. Weir, in a paper read before the Medical Society of the State of New York (*Medical News*, April 27th), urges, from his own experience and study of recorded cases, that in the large majority of cases the abscess, which is due to inflammation or perforation of the cæcal appendix, is *intra-peritoneal*. His conclusions are given as follows, and are stated to be "based on observations of 100 post-mortem examinations, and from thirty-two personal operations for so-called perityphlitic abscess."

1. That all such abscesses originate in the peritoneal cavity, and there develop to an appreciable size before invading extra-peritoneal tissues or viscera. 2. That, as stercoral accumulations or cæcal perforations are so rarely met with as causes of perityphlitic tumour or abscess, they should not be considered from a clinical view in any given case. 3. That, in an attack of perityphlitis originating, as it generally does, as a perforation, or as a gangrenous condition of the appendix vermiformis, all use of purgatives or enemata is in the beginning of a case to be avoided, and the immobilisation of the patient is to be insisted on, and aided, if necessary, by anodynes. 4. That if a tumour be found, it be opened by a lateral incision as soon as symptoms, constitutional or local, indicate the formation of pus. 5. That if symptoms indicating an increase of the local peritonitis, such as the persistence of vomiting, spreading pain, abdominal resistance, and temperature elevation, continue, with or without the formation of tumour, for forty-eight hours, the danger of the disease is greater than the proposed lateral or median laparotomy, which should then be immediately resorted to. 6. If a general peritonitis be suspected, corroboration can often be obtained by abdominal aspiration with a fine needle employed in places other than in the right iliac fossa, and particularly by a deep, hypogastric puncture into the pelvis, the bladder being first emptied. However, if left in doubt, it is better to operate. 7. [Sub judice.] That if general suppurative peritonitis be found at a laparotomy, lateral or median, avoid too much handling of the intestines, and trust to either temporary irrigation with large glass tubes (Tait's), or to permanent or repeated irrigation and fluid distension of the abdominal cavity. 8. [Sub judice.] To meet the obstruction symptoms due to septic paralysis of the bowels, which often persists after a laparotomy for suppurative peritonitis, saline purgatives and repeated washing out of the stomach should be resorted to, even though vomiting be present to a marked degree. Enterotomy may also, in exceptional cases, be entertained.

## CANADIAN ADULTERATIONS.

The Blue Book just issued by the Department of Inland Revenue in Canada contains some facts of a nature to arouse renewed interest upon the part of those engaged in fighting food adulteration. One hundred and ninety-four samples of spices were analysed, and the result showed 111 adulterated; 85 samples of coffee showed 23 adulterated, and 3 of doubtful quality. The Commissioners say, while the adulteration of spices is not so serious to public health, yet it is a commercial fraud, and is so serious in extent that they urge upon the Government the licensing spice mills which shall call for inspection. The following list of articles cannot fail to be of interest to every advocate of pure food: Coming to the details of the analyses, some interesting particulars are noted. The adulterations of butter are specified as follows: "Excess of salt," "mouldy and unfit for food," "excess of water," "water and salt," "beef fat," "a small amount of foreign fat," etc. In milk the chief adulterations are by removal of butter fat and addition of water. Cream of tartar is shown to be adulterated by "tartrate and sand," "sulphate of lime," "phosphate of lime," "starch of farina," "quartz of silicious matter," "starch," "flour," "traces of phosphoric acid," etc. The adulteration of coffee is largely by roasted grain and chicory, and "burnt starch"; also "roasted corn" and "roasted beans," and occasionally "burnt sugar" and "starch." The adulteration of coffee, the analyses show, is very large. Drugs also show a considerable adulteration, either by dilution with water, or by weakness in some of the ingredients. The adulterations of spices appears to have been carried on to a very serious extent. As already noted, out of 194 samples, 111 were adulterated, 5 were doubtful, and only 78 genuine. Among the forms of adulteration may be noted: Turmeric, flour and turmeric, starch and turmeric, starch, turmeric and cayenne, flour, starch, maize and other starch, wood fibre, wheat flour, clove stalks, roasted grain, pea starch, cassia, cinnamon, cassia and starch, glutinous paste, cayenne, mustard husks,

starch granules, magnetic sand, cereal, starch, millings and excess of sand flour, earthy matter and sand, sulphate of lime, flour and cayenne, flour and corn starch, roasted corn and bread crumbs, etc., etc., almost *ad libitum*. The adulteration of mustard is on a large scale. Out of 55 samples analysed, only 21 are classed as genuine or good, and even of these a number contain foreign substances to a small extent. The principal adulterations of mustard are flour and turmeric, turmeric and starch, starch, cayenne pepper and salt, cayenne and salt, cayenne and turmeric, wheat and tapioca flour and potato starch, wheat fibre, turmeric, potato, arrowroot, etc., etc. Indeed, as regards spices, it would seem as if the purchaser, in about three cases out of five, would be pretty certain to get the adulterated article.—*American Analyst*.

### “BILIOUS ATTACKS.”

BY ANGEL MONEY, M.D., F.R.C.P.

The bilious attacks occurring in neurotic individuals are very different paroxysms from those seen in habitual or occasional over-feeders. A clean tongue—often “geographical” or desquamating too freely in patches,—a scanty high-coloured lithatic urine, a sallow face, white motions, dilated pupils, low spirits, and absence of energy, constitute the clinical entity in many cases of “bilious attacks.” These are very common in neurotic children with dainty appetites, in whom to suppose that irritation and vascular engorgement of the viscera, from over-feeding, exist, would be ridiculous. A sharp purge to these patients may do more harm than good, though it is possible to set the viscera working again by such sudden means. An inadequate liver may be the cause of a toxæmia, and the poison in the blood may have a selective action on the mental centres, originating lowness of spirits—melancholia; this is the view most favoured by the laity, but it is often incorrect. In truth, a mutual tension between the viscera and the brain exists—reciprocity rules the realms of the human body as it does the social organism. The truth appears to be that the viscera

may go wrong as the result of being under-charged with nervous energy, and they simply cease to work effectively because of defective nervous energisation. The correct treatment is not a dose of castor-oil, but a tablespoonful of wine at once and a teaspoonful of syrup of the hypophosphites thrice a day for one week.

### SUPRA-CLAVICULAR HERNIA OF THE LUNG.

Professor Chotel, of Brussels, reports an interesting case of supra-clavicular hernia of the lung occurring in a child of about three years of age. The child came into the hospital for a large cold abscess of the left thigh; this was operated upon by scraping out and subsequent drainage. A short time afterwards it was observed that a tumour had formed over the left clavicle, about the size of an orange. The skin covering it was not reddened or discoloured. The tumour was not tender; on percussion it gave a tympanitic note, and was found to be completely reducible; on auscultation, a soft vesicular murmur was heard, together with somewhat prolonged expiration, indicating the existence of pulmonary emphysema; the tumour was soft to the touch, giving a sensation of false fluctuation, such as is sometimes noticed in white swelling of the knee. It appeared suddenly, and seemed to be likely to increase in size, as whenever the child cried or moved about it became larger. It was situated immediately behind the clavicle, extending into the space between the scapuli; laterally its boundaries were indistinctly marked; it extended upwards to about three fingers' breadth above the clavicle. The diagnosis made was that of pulmonary hernia; the only affection with which it could be confounded was localised subcutaneous emphysema, or a serous congenital cyst; it was, however, quite evident, from auscultation and percussion, as well as from the history and complete reducibility of the tumour, that it must be a pulmonary hernia. The child, when admitted into the hospital, was very thin and weak, and during the treatment of the abscess chloroform was required, which

produced a serious amount of syncope, artificial respiration having in consequence to be kept up for some considerable time. Professor Chotel suggests that the energetic movements then made, when the lung was rapidly distended, may have caused it to force its way through the lax connective tissue and the weak and wasted muscles of the supra-clavicular region. The treatment adopted was very simple. Reduction was made, and maintained by means of a piece of cardboard well padded and fixed by a spica bandage. In this way a complete cure was obtained. Professor Chotel is not aware of any other case of pulmonary hernia occurring in a child. Indeed, the condition is rare even in adults.

### RUPTURE OF THE POPLITEAL ARTERY; SUCCESSFUL TRANSFUSION.

BY A. R. ANDERSON, F.R.C.S.

L. H.—, aged fifteen, was admitted into the Nottingham General Hospital on June 30th, 1888, suffering from a swelling above and around the knee. He stated that a month previously he had his right knee crushed between two colliery trams. Directly afterwards the parts about the knee became painful and much swollen, and he was unable to walk or to move the limb. He was attended at home for four weeks, and then came to the hospital. On admission, the lower third of the thigh was much swollen, the skin tense and slightly oedematous, and on the inner side was a circumscribed red patch where the integument was distinctly thinner, as though an abscess were pointing there. The part was distinctly hot. There was slight oedema of the leg and foot. There was an evident fluctuation over the inflamed spot in the thigh. Pain was great and movement of the knee impossible, although it was evident that the joint itself was not implicated. He lay with the limb flexed and on its outer side. For two days the boy was treated with hot fomentations, and then an incision was made on the inner side over the red patch, and some turbid serum and blood-clot escaped, but no actual pus. A

counter-opening was made on the other side and a drainage tube inserted; this was on July 2nd. The wounds were dressed antiseptically daily, and some further broken up blood-clot came away, but nothing of note occurred. On July 10th, without any warning, a very violent hæmorrhage took place. The bed was soaked with arterial blood; the boy blanched and gasping for breath. Jactitation was well marked. There was a death-like pallor; skin cold and sweating. He was almost pulseless—indeed, it was only in the larger vessels that it could be felt, it could not be made out in the radials. The femoral was instantly compressed, and a Petit's tourniquet applied; ether was injected under the skin, and brandy given, but with scarcely any effect. The boy appeared to be sinking, and was to all appearance moribund. The opposite femoral and both brachials were temporarily compressed, in order the better to supply the heart and brain with what blood remained in his body. He showed no signs of rallying, however, under this treatment, the heart's actions being tumultuous, irregular, and intermittent, and it became apparent to all that unless something was done promptly he would soon be beyond the reach of surgical aid. Transfusion was the only method of treatment which held out any prospect of success, and, as there was no proper apparatus at hand for the purpose, I operated in this way: A small cannula from a pocket trocar was attached to an indiarubber tube, and to the other end of the tube a glass funnel. The solution used was two grains of chloride of sodium to the ounce of warm water (temperature 100°), and eighteen ounces of this was allowed to flow into the median basilic vein, with marvellous and immediate effect. The action of the heart became stronger, quieter and more regular, the jactitation ceased, and the pulse, which had previously been imperceptible at the wrist, became restored. Within two hours he sat up in bed and asked for his tea. The tourniquet was kept loosely applied over the femoral, and the part carefully watched during the night for further bleeding. None occurred, and the next morning he had rallied so far so as to make a deliberate

operation practicable. Mr. Wright, senior surgeon to the hospital, enlarged the wound on the inner side of the thigh, exposing a cavity reaching behind the femur, and containing debris of blood-clot, etc., and at the bottom lay the popliteal artery, which was found partially ruptured, and from this the hæmorrhage had evidently proceeded. A ligature was placed on both sides of the wounded spots, the cavity well cleansed out, a drainage-tube inserted, and the wound closed. There was but little blood lost at the operation; the patient, however, again passed into an alarming state of pallor and pulselessness at the wrist, preceded by irregular, tumultuous cardiac beating, and restlessness. Seeing that death was again impending, with the consent of those present I introduced twelve ounces of the same solution into the median basilic vein of the other arm, with marked benefit as before. On July 13th, two days later, the wound was dressed and he had rallied fairly well. From this time improvement took place daily. At the end of a week he was put on a course of iron. No further hæmorrhage occurred, the wound healed without interruption, and he was discharged cured on Sept. 1st.

### TREATMENT OF CONSUMPTION.

Being part of the Croonian Lectures delivered at the Royal College of Physicians, London,

BY T. LAUDER BRUNTON, M.D.

The most important result which could be obtained by the local use of antiseptics would certainly be the cure of consumption, and numerous have been the attempts to destroy the tubercle bacillus in the lung by means of antiseptic remedies, either inhaled or conveyed to the lungs through the blood. Carbolic acid, salicylic acid, aromatic oils of various sorts, and especially eucalyptus oil, have been employed as sprays or inhalations, and iodoform has both been inhaled and applied by insufflation, especially in cases where the tubercle has affected the larynx. In laryngeal phthisis these insufflations are certainly of use, and even where the disease is confined to the lung a certain amount of amelioration of the symptoms have followed the use of antiseptic mea-

asures. It has not been shown that any real cure has been effected by them, and this is not at all wonderful when we consider the difficulty of applying them locally in such a way as to destroy the bacillus without affecting the delicate structures of the lung itself. But the idea seemed feasible that one might be able to introduce into the blood some substance which, during its excretion by the lung, would have an antiseptic action and destroy the microbes without damaging the pulmonary tissues. Accordingly, the treatment of phthisis by enemata, containing sulphuretted hydrogen diluted with carbonic acid, was suggested and largely employed for a short time. It was stated by Claude Bernard that sulphuretted hydrogen is very rapidly eliminated by the lungs; so rapidly, indeed, that hardly any passes into the left side of the heart and the arterial system. Therefore the risk of poisoning by enemata of the gas ought to be very small; yet Orfila had shown many years before that enemata of sulphuretted hydrogen might cause poisoning very rapidly. A case of poisoning by the formation of this gas in the intestines has been recorded by Senator, and experiments by Cash and myself on the absorption of gas from the intestines confirmed Orfila's results. The practice, therefore, seemed not to be without risk, and the occurrence of a fatal case, as well as the smallness of the beneficial results which have been obtained from it, have caused the practice to fall into disuse.

The principle, however, appears to be rather a good one, and the direction in which one would now look is for some substance which would undergo slow decomposition in the intestines or in the body generally, and give rise to volatile antiseptic products which would be slowly but constantly eliminated by the lungs, so that during the whole twenty-four hours the tubercle bacilli would be exposed to its action. Though a volatile substance which would be excreted by the lungs is most likely to be beneficial, yet perhaps it is not absolutely necessary that it should be volatile. A soluble substance circulating in the blood might be efficacious if it possessed a specific power to destroy the tubercle bacillus.

without injuring the tissues of the lung or acting as a poison to other organs of the body. Such properties are said to be possessed by helenine, which M. Korab found to destroy tubercle bacilli when kept in contact with them. This is a form of camphor which occurs along with alantolic acid and alantolic acid in the root of elecampane (*inula helenium*). These are all, like other forms of camphor, antiseptics, arresting putrefaction, but having in addition a special power to destroy tubercle. The experiments of Marpmann appear to show that the latter two substances may possibly be useful, as animals to which they were administered did not die when inoculated with tubercle, while others similarly inoculated and which did not receive the medicine died. They have no injurious action upon man, and, after their prolonged administration to phthisical patients, the tubercle bacilli disappeared from the sputum. In cases of phthisis where I have prescribed helenine the patients appeared to improve.

In a most suggestive paper by Dr. Burdon Sanderson he mentioned the destructive effect which phenyl acetic and phenyl propionic acids had been shown by Klein and Lingard to exert upon the bacillus tuberculosis. In consequence of this, Dr. Theodore Williams tried these substances in cases of phthisis, and apparently with very good results. They may, however, sometimes cause sickness and discomfort in the patient, and are not quite so well borne as helenine. Further trials are required in order to establish the utility of any of these substances, and to ascertain whether other remedies, having a similar character, may not be discovered and found to be more efficacious.

#### SULPHONAL IN MENTAL DISEASE.

Dr. Liborio Lojaco, assistant in Professor L. Bianchi's *clinique* for mental diseases at Palermo, has recently reported the results of some experiments which he has made with sulphonal on patients suffering from different forms of insanity. The drug was always exhibited in a single dose in water or syrup, from 1 to

1½ gramme being given to women and lads in the evening, and 2½ grammes in the daytime. In men the evening dose was from 1½ to 2½ grammes. The physiological action of the drug began to show itself in half an hour at night and in an hour during the day. It produced no great effect on the respiration or on the pulse, though there was a considerable increase in the blood pressure. Digestion and temperature were unaffected, while neither the sensibility nor the various reflexes were modified in any way. In only one case, a woman suffering from melancholia, to whom large doses (2 to 3 and 4 grammes) were given three days in succession, did any unpleasant after-effects occur; she was troubled with sickness after meals and a feeling of prostration for one day. It was never necessary to increase the dose owing to patients becoming habituated to the drug, nor did it appear to have any cumulative action. The first effect observed was that the patients became quiet, and soon sat down or went to bed; this was shortly followed by sleep, which, in the daytime, was often light and easily broken, but at night was sound and natural. The effect was found to vary according to the strength of the dose and the time at which it was given. Thus, while 1 or 1½ gramme given during the day produced little effect, the same quantity exhibited at night produced sleep lasting from five to eight hours. Two grammes during the day induced broken sleep for a few hours, but at night made the patient sleep quietly the whole night through, and sometimes even the following night. In some patients suffering from insomnia a single dose of 2½ grammes given at night produced tranquil, refreshing sleep for two, three or more nights running. In no case did the drug fail in its effect, the largest quantity required having been 2½ grammes at night and 4 grammes in the day. In addition to its power of inducing sleep the drug had a marked effect as a general sedative. In cases of acute maniacal or hysterical delirium and epileptiform convulsions the paroxysms were either prevented or greatly mitigated; in chronic forms of insanity the effect was much less marked.

## THE NORTHERN LANCET.

## DEATH OF HONORABLE JOHN NORQUAY.

The announcement of John Norquay's sudden and most unexpected demise gave a shock to the people of Winnipeg, and indeed to those of the whole Province, which the death of no other man in our midst could have caused. In the prime of life, seemingly in perfect health up to a few hours before his death, the loving husband, affectionate father, constant friend, and ablest mind in this Province was summoned to his last long rest. The sad news, when circulating, was received with incredulity; out, alas, it proved too true, and the land of his birth will know that burly form no more. His friends, and they were many, will miss the merry smile, the kind and genial greeting and the eminent social qualities which distinguished the ex-Premier of Manitoba. To know Mr. Norquay intimately was a privilege, and those that so knew him will ever mourn his loss. Politics make many enemies, but we believe the bitterest enemy that in his public career he made, will recall with regret every unkind expression ever used against him, and, while dropping a veil over his few faults, will remember with vividness his many and commanding virtues. None can deny that death has removed from amongst us the most prominent of Manitoba's citizens, one who by his own unaided merit raised himself from a comparatively humble position to be the head and director of the Government, a position which he retained with honor and benefit to the Province for many years; and though the ordinary revolution of politics lately relegated him to the shades of Opposition, all knew that it could be but for a time, and that the master mind of the Province would soon again occupy the foremost place, and, profiting by the experience of the past, would consolidate his party in Government. But, it was not to be. "Man proposes, God disposes;" and it was His will that our kind and honored

friend should be called in the flower of his age, the vigor of his manhood, and the acme of his usefulness, to that shadow land from which none return. It remains for us to bow in humble submission to the Divine will and to accord our heartfelt sympathy with the widow and children our deceased friend has left behind, to mourn his loss.

The circumstances attending Mr. Norquay's death as given by Dr. Blanchard, are: "I saw him at one o'clock on Friday, the 5th ult., he then complained of attacks of pain extending across the upper part of the abdomen, with occasional cramps in legs and feet, both of which he had suffered from during the night. His bowels had moved naturally on the previous day, and his urine was also passed naturally that morning. One or two attacks of vomiting occurred previous to my visit. Pain began the previous night, and was sufficiently acute to prevent sleep, but his sons were not aware of it until the morning, when he expressed himself as feeling better. Towards mid-day the pains increased in severity, and vomiting occurred. When I first visited him he was in great distress, rolling about the bed with each recurrence of pain. Owing to his great corpulence there was extreme difficulty attending any accurate examination of the abdomen, though not at the time unnaturally distended. There was no evidence of heart-disease. Respirations were slightly increased in frequency. The treatment pursued was injection hypodermic of  $\frac{1}{4}$  grain of sulphate of morphia, which eased him considerably, and which so eased the pain that he fell asleep. I then ordered a turpentine enema, and on his awakening, a dose of castor oil and brandy. I visited him again five hours later and found that the morphia had given but temporary relief; that the injection had not operated; the retching was more frequent, with marked failure of the heart's action; the respirations deep and rapid, characteristic of heart's failure. From this time Mr. Norquay, notwithstanding all remedies applied, rapidly sank and expired at 9.30.

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 POST-MORTEM.
 

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Dr. Blanchard held a post-mortem on the remains of Mr. Norquay on the following day, with Drs. Benson, Ferguson and Chown assisting.

The abdomen greatly distended. On examination of the abdomen, a portion of the ileum attracted notice, within about three feet of the ileo-cæcal valve, on account of its intense congestion. On lifting up this portion, a twist of the bowel was discovered. Below this part the ileum was completely collapsed and contracted, while above it the bowel was greatly distended. In the midst of the twisted portion there was a diverticulum of the intestine, forming a sac, about two inches in diameter and four inches in length. This portion and the portion of bowel above were distended with undigested food, chiefly orange pulp. The strangulation was evidently recent, not having produced any inflammatory exudation. The other abdominal viscera appeared to be fairly healthy.

On examination of the thorax, nothing abnormal was discovered. The heart, as might be expected, had a deposit of fat over the surface, but the muscular tissue was normal. The valves and the great vessels appeared normal, and the organ of normal size.

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 BANFF.
 

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A call to Calgary enabled us to fulfil a long-existing wish, viz., to pay a visit to Banff and to personally enquire and judge of its attractions, more particularly in a hygienic aspect. We have had numerous opinions expressed to us from time to time, the balance of them largely in favor of Banff, but before giving a report of it as an invalid resort to the medical world, we decided that no possible statement should appear in this journal which might hereafter prove unsupportable or misleading to any of our professional confreres who might desire to send their patients there. Though the distance from Winnipeg, in this vast continent, is not much regarded, yet the journey, in point of space, is a very respectable one, covering, with the return,

a run of over two thousand miles. This, in days gone by, would be prohibitory to the great majority of people, but now, when taken on a railway, perfect in all its arrangements, and, we believe, foremost among the world's iron roads for the perfection of its details in every particular, it may be accomplished, not alone without inconvenience, but without fatigue. The luxurious carriages, sumptuous dining cars, and cuisine which, both as regards quality and cooking, are unsurpassed by the best hotels in Europe or on the continent, rob a railway journey taken on the Canadian Pacific of all and every unpleasantness, while the courtesy of its officials, from the highest to the lowest, must be a striking feature to all who travel in this independent hemisphere of the globe. The train arrives at Banff in the night time, an arrangement which, if it was possible to alter, would be of benefit to the Park, as there can be little doubt that travellers on their way to or from the Pacific Coast would be induced to lay off and view the many attractions which Banff Park presents. The accommodation in the Park for tourists is ample, and in excess of present requirements, the magnificent hotel built by the directors of the Canadian Pacific being capable of accommodating two hundred guests. This hotel is furnished in a very luxurious manner, and its internal economy is conducted in that completeness which characterizes whatever this corporation undertakes. The building is charmingly situated on the banks of the river, and close to as beautiful a piece of combined mountain and water scenery as artist's eye can revel on. The Dominion Government are spending large sums in laying out broad roads in various directions in this magnificent National Park, comprising an area of two hundred and sixteen square miles. Among other improvements, have been built two Swiss chalets, one protecting the entrance to a natural cave with a natural excavation of about 35 feet in diameter, where the water bubbles up from the rock in several places, with such force as to lift the body of the water to the surface. Adjoining this cave there is also a natural excavation called the pool, with

medicinal properties of greater strength than those contained in the cave water, and also of a higher temperature. These chalets are fitted up with every comfort for the accommodation of bathers, male and female. The temperature of the water at these places, to which it is now conveyed in pipes from its exit in the Sulphur Mountain, about two miles distance, ranges from 105° to 115°. This mountain where the springs are situated has an altitude of 4,500 feet. An attendant, attentive and civil, has the care of the cottages, and attends to the wants of visitors. The cave, pool, and cottages are open to the inspection of all visitors free of charge, when not occupied by bathers. Close to the exit of the springs on the mountain is an establishment lately owned by Dr. Brett, but purchased by Mr. Wright, who now conducts it. It is situated on a great eminence, but has the advantage of being close to the springs, and the water necessarily is of a higher temperature. The Banff Sanatorium has an unrivalled situation close to the river, which is here spanned by an ornamental metal bridge. Seemingly close at hand, though in reality at two miles distance is the Cascade Mountain, its peak being 5,400 feet high. The Banff Sanatorium was built at large expense, and its genial and popular proprietor and medical superintendent, Dr. Brett, is daily adding to its great natural attractions and beautifying the grounds, of five acres in extent. The house has accommodation for a large number of visitors, besides which there are numerous canvas houses, well furnished and floored, erected in various picturesque situations for the accommodation of those desirous of inhaling this glorious mountain air in all its health-restoring perfection. Here resort the rheumatic cripple, the sufferers from liver and kidney disease, the syphilitic in all stages, the asthmatic, and incipient consumptive, flocking to bountiful nature's health restorer, and all ("for the exception proves the rule"), under the judicious direction of the able medical superintendent, expressing themselves in terms of gratitude for the restoring effect, of the air and waters of Banff, on their several ailments. That this place is destined to

become a familiar resting place, apart from its hygienic elements, for those in search of amusement, or of passing their holidays among surroundings of the most attractive character, it is safe to infer. But we further feel sure that the more the medical profession become acquainted with its merits as an invalid's station, they will the more largely avail themselves of its curative surroundings, in the treatment of those diseases for which it is applicable. The analysis of the Banff waters give: total solids, per 100, 1,000 parts; calcium sulphate, 56.85; magnesium sulphate, 32.39; calcium carbonate, 3.29; sodium sulphate, 15.60; sodium carbonate, 35.73; silica traces, organic matter traces. No. 1 hot spring: sulphuric anhydride, 51.26; calcium monoxide, 24.48; carbon dioxide, 16.47; magnesium oxide, 16.47; sodium oxide, 27.53, with traces of silica and organic matter in 100,000 parts of water and hydrogen sulphide, 1.154. The various springs vary slightly in temperature and chemical composition. In connection with Dr. Brett's sanatorium there is a well appointed livery, where guests can procure vehicles at a very reasonable price. On the river, swarming with trout, are boats, canoes and steam launches, while the mountains abound in the mountain goat, wild sheep, deer, and various colored bears. To the stricken in search of health, the weary in search of repose, the tutor in search of a quiet place where he can coach his pupils for the various exams. among the healthiest surroundings, the alpine climber, the followers of Walton, or to the man who is ever happiest with the gun or the rifle on his shoulder, and the artist searching for bold mountain scenery—to all, Banff will afford the realization of what they are in search of. Space will not admit of our further enlarging on its merits but we unhesitatingly invite our medical confreres to send their patients there, knowing the result will be grateful to both.

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Dr. AGNEW's letter in this issue is very much to the point. If the College of Physicians and Surgeons of Manitoba are powerless to protect their members from

the inroads of quacks, who, by subterfuge keep within legal bounds, then it is time that the whole profession in the Province should bring all their influence to bear to get such a serious condition of affairs altered. A man registering as if with the intention of practising in the Province, and then, selling his privilege to the Orvilles, Kergans et alia, is guilty of infamous conduct; and if the executive of this corporation lack the power to remove such men from their lists, then so far as the interests of the profession are concerned, the existence of this college is an expensive and useless incubus. We received a very peremptory demand to register as a member, and forward \$25 dollars to the Registrar. But, being registered under the Imperial Act of 1858, which specially provided for all men so registered being enabled to practise medicine and surgery, or medicine or surgery, according to qualification, in any part of Her Majesty's dominions, felt disposed to dispute the power of this College, but, on the principle of supporting the institutions of the country one lives in, abandoned this intention and paid the fee, at the time we did not conceive it possible that the idea of giving the followers of Hanneman a seat on the council of this college and a direction in the affairs of orthodox practitioners of medicine and surgery could ever be entertained, but, not only has this been entertained, but it is an accomplished fact; and men belonging to colleges, which consider the connection of their members with the administerers of globules, as disreputable find themselves pitchforked into this unpleasant position, through the neglect of the executive of the Manitoba College of Physicians and Surgeons in not warning the members of their body of the proposed amendment, admitting the practitioners of Homeopathy to have representation in the council and thereby rendering those men who belong to European colleges and have registered here liable to expulsion, in consequence, of their identifying themselves with a college partially governed by Homeopathic practitioners. The position is a very serious one, and to show the extraordinary concessions granted to the

disciples of Hanneman we publish the amendment to the Manitoba Medical Act assented to 18th May, 1888, in extenso. We especially call the attention of our readers to the clauses 2 and 7, and in subsection of the Act, clause 2, and further, our readers will perceive by clause 11 that the council are empowered to erase the name of a person guilty of infamous conduct, on the application of three registered practitioners. Are not there three righteous medical men in this city who will take up the case of the Kergan crew, who, we are informed, defy the law under the ægis of a man who has succeeded in registering here for the sole purpose of admitting his confreres into the Province? Let not this be said, but take action at once and compel the executive to exert that authority which this amended Act endows them with, and, let the whole profession in the Province seriously consider the position they are now placed in by this Homeopathic inroad. This journal will help them to fight the battle in every way possible: let them then not be behind hand in taking steps to dis sever this connection so insiduously thrust upon them, and allow the council of their College to be polluted by the followers of a visionary whose methods of practice they hold in contempt and believe to be disreputable to orthodox medicine.

#### AN ACT TO AMEND "THE MANITOBA MEDICAL ACT."

*Assented to 18th May, 1888.*

Her Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Manitoba, enacts as follows:—

1. In addition to the members composing the Council of the College of Physicians and Surgeons of Manitoba, as provided in chapter 31 of the Statutes passed in the forty-ninth year of Her Majesty's reign, the licensed practitioners in Homeopathy in the Province shall be entitled to have representation in said Council, and to choose an additional member or additional members thereof as hereinafter provided.

2. The Lieutenant-Governor shall appoint a registered Homeopathic practitioner to be a member of the said Council, who shall hold office until the next election of members of said Council, under sub-Sections 3, 4 and 5 of Section Six of said Act, unless his place shall in

the meantime become vacant by death or resignation.

3. At the next election and at all subsequent elections of members of the Council under the said Act, the Homeopathic practitioners who shall be licensed and registered under said Act shall be entitled to elect a representative or representatives as follows:—Until the number of Homeopathic registered practitioners in the Province shall reach more than fifteen, they shall be entitled to elect one representative, and after the number shall exceed fifteen they shall at the first election thereafter be entitled to elect an additional representative, and upon their exceeding thirty they shall at the first election thereafter be entitled to elect an additional member, and so on, so as to entitle them to elect an additional representative for every additional fifteen registered practitioners in the Province, and in all cases only a registered practitioner shall be eligible for election as a Homeopathic representative.

4. The manner and time of holding the elections for Homeopathic representatives shall be as far as applicable those prescribed by the By-laws of the Council for holding the election of other elected members, and the Council shall by By-law make any further provisions that may be requisite for the holding of such elections, and in default thereof the Lieutenant-Governor shall prescribe such provisions as he may deem proper for such purpose.

5. In case of the death or resignation of any Homeopathic member of the Council before the number of representatives shall be as many as three, the Lieutenant-Governor shall appoint his successor to hold office until the next succeeding election of members; and upon the number reaching three then in case of such death or resignation the remaining Homeopathic members of the Council shall fill the vacancy.

6. The provisions of said Act applicable to members elected under said sub-Sections, with the exception of the provisions as to filling of vacancies, shall apply to such Homeopathic representatives, and all the registered Homeopathic practitioners in the Province, and they only shall be eligible to vote for Homeopathic representatives, and no Homeopathic member of the College shall be allowed to vote for any other than Homeopathic candidates or representatives.

7. Any person who was actually practising medicine, surgery or midwifery according to the principles of Homeopathy in this Province for five years prior to the first day of May, A. D. 1888, and at such date the holder of a diploma from a medical College recognized or which may be recognized as hereinafter mentioned may within six months after this Act shall come into operation apply to the Lieutenant-Governor in Council to be registered under this Section, whereupon the Lieutenant-Governor shall appoint one or more registered Homeopathic practitioners in the Province to examine him as to his qualifications and the course of studies taken by him and upon such Homeo-

pathic practitioner or practitioners certifying to the Registrar of the Council that he or they approve of his qualifications, such person shall, upon payment of the usual fees and the fees connected with such examination, be entitled and shall be admitted to registration under the said Act.

8. The following sub Sections are hereby added to Section 24 of the said Act.

(1) Until a Homeopathic Medical College for teaching purposes is established in Manitoba, in the cases of candidates wishing to be registered as Homeopaths, the full time of attendance upon lectures and hospitals required by the University Statutes may be spent in such Homeopathic Medical Colleges in the United States or in Europe as may or shall be recognized by The University of Manitoba.

(2) Every candidate who at the time of his examination signifies his wish to be registered as a Homeopathic practitioner shall not require to pass an examination in either Materia Medica or Therapeutics, or in the Theory or Practice of Physic, or in Surgery or Midwifery, except the operative practical parts thereof, before any examiners other than Homeopathic examiners, who shall from time to time be appointed by the University of Manitoba.

9. No duly registered member of the College of Physicians and Surgeons of Manitoba shall be liable in any action for negligence or malpractice by reason of professional services requested or rendered unless such action be commenced within one year from the date when in the matter complained of such professional services terminated.

10. Section nineteen in this Act is hereby amended by inserting therein after the word "court" in the second line thereof the words "either before or after the passing of this Act and either before or after he is so registered," and also by inserting after the word "felony" in the fifth line thereof the words "or misdemeanor."

11. The Council may and upon the application of any three registered medical practitioners shall cause enquiry to be made into the case of a person alleged to be liable to have his name erased under this Section, and on proof of such conviction or of such infamous or unprofessional conduct shall cause the name of such person to be erased from the register; provided that the name of a person shall not be erased under this Section on account of his adopting or refraining from adopting the practice of any particular theory of medicine or surgery, not on account of a conviction for a political offence out of Her Majesty's dominions nor on account of a conviction for an offence which, though within the provisions of this Section, ought not in the opinion of the Council or the committee hereinafter named, either from the trivial nature of the offence or from the circumstances under which it was committed to disqualify a person from practising medicine or surgery.

12. The Council may order to be paid out of any funds at their disposal such costs as to

them may seem just to any person against whom any complaint has been made which when fully determined is found to have been frivolous and vexatious.

13. Where the Council direct the erasure from the register of the name of any person or of any other entry the name of that person or that entry shall not be again entered on the register except by the direction of the Council or by the order of a Judge or of a Court of competent jurisdiction.

14. If the Council think fit in any case they may direct the registrar to restore to the register any name or entry erased therefrom either without fee or on payment of such fee not exceeding the registration fee as the Council may from time to time fix, and the registrar shall restore the same accordingly.

15. The Council shall for the purpose of exercising in any case the powers of erasing from and of restoring to the register the name of a person or any entry, ascertain the facts of such case by a committee of their own body not exceeding five in number, of whom the quorum shall be not less than three, and a written report of the committee may be acted upon as to the facts therein stated for the purpose of the exercise of the said powers by the Council.

16. The Council shall from time to time appoint, and shall always maintain, a committee for the purposes of this Section, and subject to the provisions of this Section may from time to time determine the constitution and the number and tenure of office of the members of the Committee.

(a) In any case to be tried or enquired into outside of the City of Winnipeg, in Council may appoint a special committee whose powers and authorities shall be as provided in this Act.

17. The committee shall meet from time to time for the despatch of business, and subject to the provisions of this Section and of any regulations from time to time made by Council, may regulate the summoning, notice, place, management and adjournment of such meetings, the appointment of a Chairman, the mode of deciding questions and generally the transaction and management of business, including the quorum, and if there is a quorum the committee may act notwithstanding any vacancy in their body. In case of any vacancy the committee may appoint a member of the Council to fill the vacancy until the next meeting of the Council.

18. The committee under this Section may for the purpose of the execution of their duties under this Act employ at the expense of the Council such legal or other assessor or assistant as the committee may think necessary or proper; and the person whose conduct is the subject of enquiry shall also have the right to be represented by counsel, provided that all meetings of any such committee when held for taking evidence or otherwise ascertaining the facts shall be held within the judicial district where the member complained of resides or the alleged offence has been committed unless he shall personally or by a counsel or agent consent to have the enquiry held elsewhere.

19. At least one week before the first meeting of the committee to be held for taking the evidence or otherwise ascertaining the facts a notice shall be served upon the person whose conduct is the subject of enquiry, and such notice shall embody a copy of the charges made against him or a statement of the subject matter of the enquiry, and shall also specify the time and place of such meeting; the testimony of witnesses shall be taken under oath which the Chairman or acting Chairman of the committee is hereby authorized to administer, and there shall be full right to cross examine all witnesses called and to call evidence in defence and reply. In the event of the non-attendance of the person whose conduct is the subject of such enquiry the committee may upon proof of personal service of the notice aforesaid in accordance with the provisions of this Section, which proof of service may be by statutory declaration, proceed with the subject matter of the enquiry in his absence and make their report of the facts without further notice to such person.

20. No action shall be brought against the Council or the committee for anything done *bona fide* under this Act notwithstanding any want of form in the proceedings, but any person whose name has been ordered to be erased from the register may appeal from the decision of the Council to any Judge of the Court of Queen's Bench for Manitoba at any time within six months from the date of the order for such erasure, and such Judge may upon the hearing of such appeal make such order as to the restoration of the name so erased or confirming such erasure or for further enquiries by the committee or Council into the facts of the case, and as to costs as to such Judge shall seem right in the premises.

21. The appeal may be by summons served upon the registrar to show cause and shall be founded upon a copy of the proceedings before the committee the evidence taken the committee's report and the order of the Council in the matter, certified by the registrar, and the registrar shall upon the request of any person desiring to appeal furnish to any such person a certified copy of all proceeding, reports, orders and papers upon which the committee have acted in making the order complained of.

21. The said Manitoba Medical Act is hereby amended by adding the following Section: "No member of the College of Physicians and Surgeons of Manitoba who is in arrears for his annual fees or any part thereof shall be entitled to vote at elections for members of the Council or be eligible for election as a member thereof."

## CORRESPONDENCE.

EDITOR NORTHWEST LANCET.

SIR,—Dr. Henderson, President of the Ontario Medical Association, in his address to the Association, says:—

"It is with sincere regret that I have to admit that our noble profession is dis-

graced by the action of certain quacks, some of whom term themselves British Surgeons; others are called American Specialists, who, by means of startling advertisements and printed circulars, promise to cure consumption, cancer, and other fatal diseases. Whilst they assure another class of patients that they are seriously ill, when really their ailments are of a trivial nature."

I see, by recent advertisements, that we in Manitoba are again to be blessed (?) with a visit from some of those peripatetic humbugs, who by promise of free consultation, and other lures, manage to get their hands into the pockets of not a few of the more ignorant of the people, and not a few of those who ought to know better.

My object in writing is to call the attention of the president of the College of Physicians and Surgeons to the presence of these charlatans. If these men have not secured registration in Manitoba, why is not the law invoked to put a stop to their nefarious work, and if they in some underhand way have obtained registration, why are not steps taken to cancel that registration? Cannot the medical profession learn something from the legal? If an attorney disgraces his profession by unprofessional conduct, his name is at once struck from the roll. Why should the honor of our nobler profession be trailed in the dust, and members of it disparaged in the eyes of the unthinking public by harpies such as these?

Our Government ought to be sufficiently paternal to protect, not so much the profession as the public. If the law is not sufficient in its present state, let it be so amended, that visits of the genus quack, whether hailing from India or Detroit, will be impossible.

A. AGNEW.

Winnipeg, July 15th, 1889.

### BOOKS.

We have received the June number of the Journal of *The National Association of Railway Surgeons*, edited by O. B. Stemen, M.D. Besides containing much matter of general interest to the profession the lines of specialism are still further opening up, by articles read at

the meetings of the association, entitled, Railroad Injuries of the eye; Railroad Stretchers; The Whistle Signal; Heating and Ventilation of Railway Cars; Water Supply and the care of Clozets; Transportation of Passagers with Contagious Diseases; Railway Surgery; and though last not least in importance the establishment of railway hospitals. All these subjects are cogently dealt with, and, it would appear that the contention held by this association, viz.: That a Railway Surgeon must have a special training to adapt him for the exigencies of his calling has good foundation. The objects of the association are to promote acquaintance and fraternal relations among railway surgeons; to secure interchange of ideas and the adoption of the best methods to the developement and improvement of railway Surgery; and to establish it as a special branch of the Chirurgical Art. Praiseworthy desires: we wish the Association and its Journal all and every success. The subscription for membership and Journal is \$3 annually.

### ALDEN'S MANIFOLD CYCLOPEDIA.—

This most admirable work has now reached its sixteenth volume, the whole series up to the present issue being obtainable for the small sum of eight dollars. We cannot too strongly recommend to our readers the purchase of this one of the most valuable publications of the present day. A compendium of useful knowledge obtainable in no other work is sold at such a low price, and any library possessing it will have all that is required as a work of reference.

### MISCELLANEOUS.

THE *Glasgow Herald* for May 27th contained a long letter from Professor Klein, F.R.S., upon the transmission of disease through the consumption of meat. The communication is of much interest, and in it Dr. Klein points out in clear language the facts regarding tuberculosis in cattle, and its transmission to man by the consumption of flesh or milk; and also refers to other communicable diseases—e.g., actinomycosis, foot-and-mouth disease, and the "Hendon disease." As

regards the latter, he affirms that cows with an infectious eruption on the teats and udder, and showing well-marked visceral disease, should be excluded from the market.

**HYDRATE OF CHLORAL IN TETANUS.**—Dr. Stavridis records a case in the *Gazette Medicale d'Orient* of a case of traumatic tetanus which recovered on being treated with large doses of chloral. The patient was a young married woman three months pregnant. After having had a tooth extracted she felt indisposed, and suffered from slight attacks of closure of the jaws. Six days later she aborted, and on the twentieth day very decided symptoms of tetanus presented themselves, accompanied by severe pains in the head and in the spinal column, with closure of the jaws and complete rigidity of the muscles of the neck and back. Twenty-two grains of chloral were given every three hours in water, and this treatment was continued without intermission for twenty days, causing no inconvenience with the exception of a slight erythema over the whole surface of the body. At the same time the symptoms became ameliorated. The quantity of chloral was then reduced, first to three-quarters and then to a half. The whole of the symptoms had passed off on the thirtieth day. It was remarkable that the wound in the gum did not heal as long as there were any signs of the disease, but as soon as these had all passed away it cicatrised rapidly.

**MENTHOL AND SAFFROL IN HEADACHE AND NEURALGIA.**—Dr. C. L. Dana employs menthol in doses of from five to twenty grains internally in migraine, in supra-orbital neuralgia, and in headache, occurring in neurasthenic and anæmic persons, also in sciatica, and states that he has found this treatment exceedingly useful. The drug produces a feeling of warmth, and strengthens the action of the heart without quickening it to any great degree; it also increases the arterial tension. In anæmic and weakly individuals, in whom antipyrin is not devoid of danger, Dr. Dana is disposed to prefer menthol for curing neuralgia. Another remedy which he has used in headache and sciatica with equally good results is

saffrol, the dose he gives being twenty drops.

**CREOLINE INJECTIONS IN DYSENTERY.**—Dr. N. P. Ossovski of Tobolsk in Siberia communicates to the *Vrach* an account of a series of trials he has made of creoline injections in dysentery. The plan adopted was to place the patient on all fours, so as to relax as far as possible the abdominal pressure, and then, by means of a long, soft gutta-percha tube passed up the rectum, to inject slowly a  $\frac{1}{2}$  per cent. solution, or rather emulsion, of creoline, allowing this to remain as long as possible, which was in most cases from five minutes to half an hour, but occasionally several hours. The injection was repeated twice, and sometimes three times, a day, and in the great majority of instances very soon produced a marked improvement in the patient's condition, the tenesmus, blood, and number of stools becoming less or disappearing altogether. In some cases the dysentery was arrested, but a catarrhal condition was left. Here other treatment had to be resorted to, as injections of acetate of lead and tannic acid, together with cinchona and sulphate of soda. Creoline injections were in no case found to produce any undesirable symptoms, though they were employed in children of under a year old, one of whom was suffering from cholera, and though they were used by Dr. Kolokoloff, a colleague of Dr. Ossovski's, of a strength double as great as that mentioned above.

**BIRDS AS CARRIERS OF THE CONTAGION OF DIPHTHERIA.**—The following note, taken from the *Journal de la Santé*, may be found of interest: "Dr. Bild, who has been in practice for the last thirty years in the principal town of an island of Greece—the Isle of Skiatos,—had never seen in that place a case of diphtheria. In June 1884, however, Dr. Paulinis was called to see seven children who were affected at the same time with diphtheria; five died. The epidemic invaded the whole town, and in five months 125 persons were affected, of whom thirty-six died. In investigating the cause of the sudden appearance of this malady, it was ascertained that in the quarter where the children had been affected, there was a

poultry-yard containing turkeys that had recently arrived by boat from Salonica. All these turkeys presented false membranes on the soft palate, and all perished except one; the latter was attacked by paralysis of the feet, which completely prevented its walking." In commenting on this observation, Dr. Vallin remarked that it had already been shown that domestic fowls can transmit diphtheria to man. He would therefore recommend that rain-water falling from the roofs of houses should be diverted as far as possible from wells, as it contains the dejections of birds of all sorts which rest on the roofs. It is a popular idea that water from roofs is excellent. It is at least charged with putrescible excrementitious matter, which infects the wells. It has never been proved that this water does not convey the seeds of diphtheria, or that the fowls of the poultry yard do not sow the seeds of this disease on the dung-heaps of farms.

**DRY INJECTIONS IN GONORRHOEA.**—Dr. J. Zeisler introduces dry powders into the urethra in acute gonorrhœa and claims encouraging results. The instrument used is a canula with an internal spiral so arranged that dry powder can be forced out of the end of the canula. This instrument is intended to reach to the membranous portion of the urethra. Before using this method the urine is passed and the urethra syringed with a weak alkaline solution. The canula is then covered with glycerine and inserted and the powder distributed. If properly executed, the whole operation will cause very little inconvenience to the patient. In the beginning the mildest possible powders should be used, such as calomel, 1 part; bismuth subcarbon., 2 parts; boric acid 12 parts. With the decrease of inflammatory symptoms the powder can be made more astringent by an addition, in proper proportions, of alum or subnitrate of bismuth. No complications have arisen during this treatment and the duration of the disease has in all cases been shortened.—*Med. Record.*

**DAMAGES FOR DEATH FROM INEBRIETY.**—A man in New York drank to intoxication in a saloon, and was drowned on

his way home in a small stream. His widow sued the saloon-keeper for damages. The jury brought in a verdict for the widow, and, on appeal to the Supreme Court, the judgement was confirmed. The judge said the evidence was clear that the death of the plaintiff's husband was caused by his intoxication, arising in whole or in part from the liquor furnished by the defendant. The law in this case was the Civil Damage Act of 1873, of New York State, which provides as follows: "Every husband, wife, child, parent, guardian, employer, or other person who shall be injured in person, property, or means of support by an intoxicated person, or in consequence of the intoxication, habitual or otherwise, of any person, shall have a right of action against any person or persons who shall by selling or giving away intoxicating liquor have caused the intoxication in whole or part."

**ANÆSTHETIC MIXTURES.**—From a series of articles by Mr. Geo. M. Foy on anæsthetics, we extract the following:

A. C. E. Mixture.	parts.
Alcohol sp. gr. 838	1
Chloroform sp. gr. 1,497	2
Ether sp. gr. 753	3
Billoth's Mixture.	
Chloroform	3
Alcohol	} of each
Ether	
The Vienna Mixture.	
Chloroform	1
Ether	3

By weight, Mix.—*Dublin Jour. of Med. Science.*

**SIR SPENCER WELLS ON CREMATION.**—Sir Spencer Wells deserves credit for the pains he takes to disseminate a knowledge of the arguments for cremation in this country, and of the success which this method of disposing of our dead meets with. It is impossible to deny the strength of the arguments in favor of cremation as a most effective and prompt way of reducing the body to its mineral elements, which can be carried out now at Woking at the small cost of 10s. per body. Sir Spencer Wells argues that, however light the covering of the dead

body, it burial in earth is objectionable, for the reason that infective germs are so preserved and carried about by water or air, to operate injuriously when favorable meteorological or social states occur. The rapid growth of populations, and especially of urban population, due to a greater prevalence of peace and a more satisfactory sanitary system, invests this question with ever-increasing importance. The religious objections have been completely answered by men like Lord Shaftesbury and Bishop Fraser. There is evidence that the number of cremations is increasing, in Italy and England, as in the week preceding Sir Spencer Wells' speech there had been three cremations at Woking; while in Italy, in the three years 1886, 1887 and 1888 there were 119, 155, and 202. Dr. Parkes thought that for maritime nations much was to be said for burial at sea, but we are a long way off such a solution of a very serious question, which strangely under-rates the sentimental objections.

**TABES DORSALIS.**—At the last sitting of the Berlin Society for Diseases of the Mind and of the Nerves, Professor Bernhardt reported his recent experiences of the "suspension method" in the treatment of dorsal tabes. Professor Bernhardt has tried it with nineteen patients, some of whom were suspended by him more than twenty, others from fifteen to twenty, times. They almost always stood the treatment well. The impression which this new method made on the minds of the patients was evidently very favorable, and though this circumstance must be taken into account in judging of the results, indisputable improvements were observed in the majority of cases. Some of the patients, indeed, declared that they were not conscious of any good effect; but Professor Bernhardt observed, as have Charcot and others, that most of them could walk better, and were decidedly improved in general condition,

**FRACTURE OF THE THYROID AND CRICOID CARTILAGES; RECOVERY.**—An interesting and rare case was recently exhibited by Dr. Sokolovski at the Warsaw Medical

Society of a woman in whom the anterior portion of the thyroid and both halves of the cricoid had been fractured through an accident with the strap of a mill. The immediate symptoms were severe pain in the throat, cough, and the expectoration of a considerable quantity of blood, also marked dyspnoea. Tracheotomy (inferior) was performed the second day. During the fourth week portions of the necrosed cartilage came away. After two months both halves of the thyroid were removed with forceps, and it was found that no trace of the cricoid remained, the posterior wall of the glottis being formed by the anterior mucous coat of the œsophagus. The patient made a good recovery, and was soon able to swallow food without difficulty. It is noteworthy that the condition of the larynx was accurately ascertained on the second day after the accident by means of the laryngoscope, and also that cases of fracture of the cricoid are almost invariable fatal. Dr. Sokolovski refers to the researches of Mr. Arbuthnot Lane and Mr. Durham as mentioned at the Pathological Society (See *The Lancet*, March 7, 1885). He also states that he has been unable to find more than one recorded case in which recovery took place after fracture of the cricoid—a case under the care of Freulich. He does not seem to have been aware of the case under Mr. Manby, of Wolverhampton (see *The Lancet* Jan. 9th, 1886).

**VAPOR OF STEAM AND SULPHUR IN DIPHTHERIA.**—T. Wyld Fairman, of Auckland, N. Z., highly extols inhalations of steam under a tented bed, improved by placing a sheet over an opened umbrella fastened to the head of the bed, and burning a teaspoonful of sulphur in the apartment every hour.—*Edinburg Med. Jour.*, Feb. 1889.

**LONGEVITY IN IRELAND.**—Among the deaths recorded during the quarter ending March were nineteen centenarians. Seven were aged 100 years, one each at 101, 102 and 103, two at 104, one at 105, two at 107, one at 109, two at 110, and one at 111 years respectively.