Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- ☐ Coloured covers / Couverture de couleur
- ☐ Covers damaged / Couverture endommagée
- ☐ Covers restored and/or laminated / Couverture restaurée et/ou pelliculée
- ☐ Cover title missing / Le titre de couverture manque
- ☐ Coloured maps / Cartes géographiques en couleur
- ☐ Coloured ink (i.e. other than blue or black) / Encre de couleur (i.e. autre que bleue ou noire)
- ☐ Coloured plates and/or illustrations / Planches et/ou illustrations en couleur
- ☐ Bound with other material / Relié avec d'autres documents
- ☐ Only edition available / Seule édition disponible
- ☐ Tight binding may cause shadows or distortion along interior margin / La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure.

- ☐ Coloured pages / Pages de couleur
- ☐ Pages damaged / Pages endommagées
- ☐ Pages restored and/or laminated / Pages restaurées et/ou pelliculées
- ☑ Pages discoloured, stained or foxed/ Pages décolorées, tachetées ou piquées
- ☐ Pages detached / Pages détachées
- ☑ Showthrough / Transparence
- ☑ Quality of print varies / Qualité inégale de l'impression
- ☐ Includes supplementary materials / Comprend du matériel supplémentaire
- ☐ Blank leaves added during restorations may appear within the text. Whenever possible, these have been omitted from scanning / Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été numérisées.

☑ Additional comments / Commentaires supplémentaires: Continuous pagination.

THE

Canadian Medical Review.

VOL. III. TORONTO, JUNE, 1896. No. 6

Original Communications.

Diseases of the Oral Mucous Membrane.*

BY E. HERBERT ADAMS, M.D., D.D.S., TORONTO.

A VERY large proportion of the micro-organisms of disease at present known to medical science have been found in the oral cavity. One authority alone (Miller, of Berlin) has isolated over one hundred different kinds of bacteria.

Among the nutrient material which bacteria find in the human mouth are saliva, buccal mucus, dead epithelial cells, tooth cartilage, the dental pulp, exudation of the gums and accumulations of particles of food. Many mouth bacteria in neglected mouths are carried with the food into the stomach, there to produce many complaints of the digestive tract, for all processes of fermentation and putrefaction depend on the presence of micro-organisms.

The mouth serves as a breeding place for the specific germs of many diseases. Among these are diphtheria, syphilis, tuberculosis, pneumonia and typhus.

*Read at meeting of Toronto Medical Society.

Diphtheria bacilli have been found in the saliva of healthy people, thus proving that the saliva is not inimical to the life of this dread germ. Mild and even advanced cases of diphtheria and the various forms of tonsilitis are not unfrequently found in patients occupying the dentist's chair.

The pneumonia coccus is also found in the mouths of healthy people, while a primary tuberculosis of the mouth seems to indicate that the tubercle bacillus occasionally finds a favorable abode in the fluids of the mouth.

The mouths of consumptives, too, who are expectorating much, are peculiarly prone to contain immense numbers of these germs, and dental instruments may easily be the means of transferring the germs to the mouths of healthy persons.

In regard to syphilis, leaving out sexual intercourse, the great majority of infections from this disease take place from the oral cavity. The oral fluids seem not only to be non-destructive to the syphilitic germs, but to serve as carriers of the poison.

Many cases are recorded of syphilis being transmitted by dental instruments. L. Duncan Bulkley (on "The Dangers Arising from Syphilis in the Practice of Dentistry") has enumerated many such cases. Dalles, Otis, Lancereaux, Giovanni and others have recorded cases where chancre of the lip occurred two or three weeks after dental operations. Lydston, Roddick and Parker have recorded cases of syphilis following tooth extraction.

Dentists and physicians themselves have been inoculated by scratching their fingers on a patient's tooth. Bulkley relates thirty cases where syphilis was caused by tooth-wounds, by bites and blows on the teeth. Veritable epidemics have occurred by infection with saliva of syphilitic patients. In several cases recorded a large number of persons have been inoculated by tattooing, the instrument used having been moistened with the saliva of a syphilitic person.

In view of these facts, it is of the utmost importance that dentists should exercise greater cleanliness in their instruments, and should be more practically experienced in reference to the manifestations of disease in the human mouth.

And now, let us consider some of the more common diseases of the oral mucous membrane:

Stomatitis, inflammation of the mouth, is due to mechanical, chemical and bacterial causes. As mechanical causes are the sharp edges of broken and carious teeth and ill-fitting dentures, etc., chemical irritation may come from highly-spiced foods, alcoholics, tobacco chewing and excessive smoking, or from acids or alkalies, etc., taken

into the mouth. Mercurial stomatis may occur from the use or abuse of mercury in medicine. Infection of various kinds plays an important part. There is usually redness, swelling and increased secretion. Here and there little vesicles appear which burst and leave superficial ulcers. It may be acute or chronic.

The treatment is absolute cleanliness of mouth, etc. Listerine, one in four, one or two teaspoonfuls of a 1 per cent. solution of permanganate of potash to a glass of water, a 2 per cent. solution of chlorate of potash, or a 1 or 2 per cent. solution of carbolic acid are useful mouth-washes.

If there are superficial ulcers they are touched with strong carbolic or lunar caustic. In this way healing will be aided.

Ulcerative Stomatitis, as the name signifies, is a disease of the oral mucous membrane, with superficial necrosis and the consequent formation of ulcers. The disease is frequently epidemic in jails and other public institutions.

The disease usually attacks the gums of the lower jaw first, gradually spreading thence to neighboring portions of the lips and cheeks. The tongue and palate are generally not much affected, though often the seat of a simple catarrhal inflammation. The gums are swollen, spongy and red, and bleed easily. The breath is very offensive. It is very difficult to take nourishment. There may be marked constitutional symptoms. There may be moderate elevations of temperature, particularly in children. If not treated, disease sometimes becomes chronic.

The treatment is similar to simple stomatitis, and consists of antiseptic mouth-washes, etc. It is important to administer laxatives if necessary, and to keep the stomach in good healthy condition. Brilliant results can be often obtained by judicious treatment.

Aphthæ, or Aphthous Stomatitis, is a name given by physicians to several distinct things. Many doctors and dentists call every disease aphthæ in which there are white spots on the buccal mucous membrane, greyish white and of small size, unless made larger by the confluence of several into one another. They usually have a narrow red areola and are most numerous on the edges and dorsum of the tongue and on the frænum, but they also occur on the lips and cheeks. In addition to the genuine aphthæ there are almost always the signs of a common stomatitis.

The disease occurs chiefly in children, and at the time of the first dentition. The disease is not rare in adults. Many individuals seem especially liable to it, and very frequently have little white and often very painful spots here and there on the tongue, or elsewhere in the mouth.

The treatment is antiseptic washes and local application to the ulcers of carbolic acid, nitrate of silver or nitric acid. Care should be taken in making strong applications only to touch the diseased part.

Thrush is a disease principally of children, and is produced by a bud-fungus, the saccharomyces albicans. In adults it occurs with rare exceptions, only after exhausting diseases.

The infection is caused by inhalation of germs from the air, or more commonly by contact with affected objects. Uncleanly sucking bottles afford an excellent medium for the development of bud-fungi, which are rather widely distributed. The growth of the fungus is as a rule restricted to the mucous membrane.

In an acute case of thrush the mouth is hot and the patient feverish. The inflamed surface presents numerous characteristic whitish patches which often coalesce. If the growth is abundant it is easy to scrape off the upper layers and make the diagnosis by aid of a microscope.

The treatment is chiefly prophylactic—good air, food and cleanliness in nursing and in mouth and feeding bottle.

The bud-fungi do not flourish in an alkaline media, and wiping the mouth on a cloth dipped in an 8 or 10 per cent. solution of bicarbonate of soda is all that is necessary in mild cases. A solution of borax one in thirty is also good. Honey should not be added to the borax as is often unwisely done.

Acute Glossitis, or inflammation of the tongue, is generally due to the sting of a bee or a wasp, or a severe burn or cauterization. A severe case in my own practice occurred last summer. A boy was eating bread and jam, and in doing so a wasp, which was also indulging in the jam, was taken into the mouth. A severe sting in the tongue resulted. In a few minutes the tongue was enormously swollen and protruded from the mouth; the entire cavity of the mouth was filled with the swollen mass. The pain, too, was intense and much anxiety was entertained by his father lest the larynx should also became swollen and fatal dyspnœa result. A 5 per cent. solution of cocaine immediately relieved the pain, and sucking of ice soon lessened the swelling.

Mucous Patches in the mouth are an affection belonging to secondary syphilis. They occur generally during the middle and later period of secondary syphilis, but may occur at any time during the secondary stage. They may even occur very early, associated with the affection of the throat and other parts of the interior of the mouth, with the first outbreak of the eruption and with the falling out of the hair.

Mucous patches are usually multiple, and generally accompanied by other signs of secondary syphilis. Occasionally, however, a single patch occurs on the border of the tongue, and for the time, at least, no other sign of syphilis is present. They may occur on the mucous membrane of the lips, cheek, palate, tongue and tonsils. On the tongue they may form on any part, on the dorsum, borders, tip, or under aspect; but they occur more frequently on the borders than elsewhere. They may be met with at any age, for they belong to the congenital as well as to the acquired syphilis; but they are more often seen on the tongues of young adults than at any other period of life. They may be found in both sexes, but are more often observed in men than in women.

The appearance of mucous patches varies greatly. The typical mucous patch is generally rounded or oval in form, and without irregular edges. They are, however, often modified much by external irritants or rubbing against the teeth. It is sharply defined, and is generally greyish white in color. Immediately beyond the border of the patch the tissues are quite natural; there is no redness or swelling unless there is accidental inflammation. Occasionally the patches under the tip of the tongue, and in places where they are little disturbed or irritated, are warty in appearance, of a dead white color, and slightly elevated.

The patches usually begin as a small, slightly raised, white grey spot, and as it causes no pain, is often unnoticed for some time. Several small patches may coalesce, and thus form a large, irregular patch. If untreated, they may last months, with little apparent change. The *diagnosis* is comparatively easy. To those who have seen them, the patches themselves are characteristic. In doubtful cases, the accompanying signs of syphilis are important. They may be mistaken for aphthous stomatitis, cucomata or wandering rash.

In aphthæ and mucous patches there are white patches, but the white patches of aphthæ belong almost exclusively to children, or to adults suffering from severe illness, while the white patches of syphilis occur almost exclusively in adults who are in good, or at least not in bad health. The white patches of aphthæ are surrounded by bright red areolæ; those of syphilis are peculiarly free from any sign of surrounding inflammation, unless they have been irritated or are accidentally inflamed. Aphthous ulcers are acute, mucous patches are chronic. The presence of other secondary signs of syphilis are of course a crucial test.

Under the heading of leucoma, leukoplakia, psoriasis, ichthyosis,

tylosis, keratosis, plaques, opalines are understood white and bluish white patches and plaques, affecting for the most part the tongue. These may be generally called under the one head *leucoma*, meaning a whiteness or white opacity of the surface of the tongue. The *smokers' patch* belongs to the same class of disease, and is probably only an early stage of these affections.

The diagnosis of mucous patch from leucoma depends partly on the difference in the color of the patches, which are not pearly like leucomatous patches but greyish white, as if they had been painted over with a nitrate of silver stick. Mucous patches occur more often on the borders, leucoma patches on the dorsum of the tongue; mucous patches are much more often deeply ulcerated than leucoma patches. Leucomas when thick and white and raised, and therefore more likely to be taken for mucous patches, are as a rule much harder and drier than mucous patches. Leucoma usually runs a very chronic course; mucous patch a fairly acute course.

The treatment of mucous patches is local and general. The general treatment is principally mercury in the form best adapted to the patient, together with hygienic treatment.

The local treatment is often brilliant in its results, and a ten grain solution of chromic acid is perhaps as productive of as good results as anything. At the same time, all sources of irritation in the mouth, such as a carious tooth, etc., should be removed.

Tertiary syphilitic plaques are comparatively rare, and have been little described, but are supposed to be the cause of the deep fissures and furrows one sees in old disfigured tongues following tertiary syphilis. The diagnosis is easy, especially as there are usually other signs of syphilis present. The treatment is iodide of potash, five or ten grains three times a day.

Pyorrhœa Alveolaris is a disease with which the general practitioner is not, as a rule, specially familiar, and yet it has attracted probably more attention among dental surgeons than perhaps any other disease of the oral cavity with the exception, of course, of decay of the teeth. It is a disease the pathology of which is still a matter of dispute, but is probably of a parasitic nature and has been variously known under the names of phagedenic pericementitis, Riggs' disease, blennorrhœa gingivæ, periostitis alveolo dentalis, symptomatic alveolar arthritis, etc. It consists in a chronic suppurative inflammation of the periosteum with more or less severe inflammation of the gums and necrosis of the alveolar process of the diseased teeth. It begins, as a rule, slowly and with a slight redness of the gums at the neck of the tooth which cannot be distinguished from a simple inflammation of the

gums, such as is often caused by tartar. In the majority of cases tartar is actually present. Soon the suppuration of the membrane surrounding the tooth causes a separation of the tooth from the gums, and the gums appear swollen and dark red or bluish red in color. Pressure on the loose gums causes a discharge of pus. As the process advances the margin of the alveolar process becomes absorbed and decomposed, and the gums may recede, exposing the root of the tooth. A loosening of the teeth now becomes noticeable, which, if not properly treated, causes the teeth to drop out of their sockets, or to become so troublesome as to make removal necessary. The length of time required to produce such serious results varies from a few weeks to many years.

It is generally a disease of adult life, but not invariably so, and many claim that it is a systematic disease, and it has been frequently observed as a concomitant in rheumatoid arthritis, mollites ossium, scrofula, catarrh, rachitis, etc. Others claim that it is undoubtedly a local disease merely. This much is certain, that it is very much aggravated by local irritants such as particles of food wedged between the teeth, tartar, broken sharp edges of teeth, etc., and that the removal of all such untoward conditions are imperatively necessary for contending against the disease.

The prognosis is almost always unfavorable in the end. In the front teeth a marked improvement can be made, if not a perfect cure, but it is necessary to keep track of the case by appropriate treatment two or three times a year as there is a pronounced tendency to recur. The chance of preserving the molars is much less hopeful.

Many consider the prognosis of this disease as always unfavorable. Personally I do not agree with this view, and certainly in the cases which have come under my observation, the disease has been almost invariably arrested in its course. It is always well to employ systemic treatment if there is any general debility or signs of systemic disease.

The local treatment consists in a thorough cleansing of the roots of the teeth. Thoroughness in the removal of deposits is all important in treatment, and to secure perfect success smooth-edged scalers should be used. In advanced cases an incision should be made in the gums parallel to each root, and the root cleansed after which dilute nitric or sulphuric acid should be applied. Antiseptics and astringents are also of great importance and should be continuously used, and where there are pockets of pus between the gum and the root they should be syringed with an antiseptic solution after each meal.

Clinical Notes.

Extra-Uterine Pregnancy Operation.*

BY J. SPENCE, M.D., TORONTO.

MRS. L——, aged 34, married twice; the mother of one living child. Her first husband was a rough sailor. During two years of married life with this husband she suffered from recurring attacks of vaginitis, which were no doubt gonorrhœal. Was a widow for ten years. Was married to second husband a little over a year. Her menstrual periods were regular, the last beginning December 24, 1895, on which occasion she suffered much more pain and had a greater loss than usual. She was obliged to go to bed but got up Christmas day, which was the second day of her illness. She was very ill in February, had frequent attacks of vomiting and faintness. She suffered most in the night, vomiting much more continuously than during the daytime; said she had to take some food before rising in the morning to prevent fainting.

I saw the patient, for the first time, on the 4th April, the present month. I found her in bed, pale and distressed looking. She complained of pain in pelvic region and constant attacks of vomiting, inability to eat and so on. On examination I found slight fever, a hard swelling in the pelvis easily felt, especially on the right side, rising considerably above the brim of the pelvis. There was tenderness over the abdomen.

On vaginal examination I found a soft patulous os diverted to the left side. The uterus was very hard and fixed. There was a very tender and hard swelling in Douglas' cul de sac, most marked on the right side. There was white desintegrated shreddy discharge in the chamber, which the patient said came away with great pain when she sat on the chamber to pass water. She said the discharge came in pieces and fancied they came from the bladder. At this time there were no symptoms of collapse. I strongly suspected extra-uterine gestation but was unable to make a very positive diagnosis. However, I advised her to go immediately to the hospital for operative treatment. At this time she would not entertain the idea of hospital treatment. I next saw her on the 14th, and found an exaggerated condition of all the symptoms, including very severe pain, more

* Reported at meeting of Toronto Medical Society.

marked swelling in the pelvis, more persistent vomiting and a considerable bloody discharge from the vagina. I urged her to come to the hospital. On the 22nd she consented to go into the Western Hospital. On the 23rd she entered and was seen by Dr. Macdonald and myself immediately after she entered. She was still vomiting and very weak. Assisted by Dr. Macdonald I operated at 10 a.m. 24th. We found dark blood clot showing through before the peritoneum was opened. The hæmorrhage had been large, was entirely intro-peritoneal, the pelvic peritoneum being full of clots and dark liquid blood in which the fœtus and placenta were lying unattached and came out at once. There appeared to be no new hæmorrhage. We tied off the adhesions and stopped bleeding points, flushing with hot saline water, and packed with iodoform gauze and dressed wound in the ordinary way. The patient took chloroform well and came from under the effects without pain or vomiting. She kept about the same till 3 a.m. on 25th, and then began to sink. She died about eight o'clock, twenty hours after the operation.

The *post-mortem* showed the dressing almost dry in the cavity, and we believed that an earlier operation would likely have saved the life of our patient.

TYPHOID FEVER.—Dr. Louis Henry, Melbourne, Australiã, in the *Medical Age* for 11th May, 1896, claims that meat broths and milk greatly favor the growth and development of the typhoid bacillus. It is of little use to employ intestinal antiseptics while such nourishment is supplied to the patient. Instead of meat, broth, eggs and milk he orders fruit acid, fruit pulp, and vegetable infusions. The results obtained from this method of treating the patients have been very gratifying. Many acid fruits contain some nourishment, which is sufficient for the patients to sustain life during the early period of the disease. The dietary consists, in addition to the above, of barley water, rice infusion and oatmeal water. As a jelly, Iceland moss is recommended. Towards convalescence a combination of ground malt, wheat flour, potassium bicarbonate and water is of much value. This is warmed and stirred until it becomes thick. In a short time this becomes thin, and should be boiled and strained through muslin. A mixture of quinine, gr. ss. to gr. i. in chlorine is preferred as an intestinal antiseptic. For heart failure ether is frequently repeated. Strychnine is given hypodermically up to gr. $\frac{1}{30}$, and atropine by the mouth.

Society Reports.

Toronto Medical Society.

The regular meeting was held May 14th, 1896.

Injury to Flexor Tendons.—Dr. PETERS presented a butcher whose right hand was in a semi-flexed condition. Some months previous the patient had attempted to drive the knife he held in the hand down into the block, the little finger being lowest on the handle. His hand slid down over the blade. The flexor tendons were severed of the little, middle and ring fingers. The tendons were stitched at the time of the accident. The wound healed well, but there followed only limited movement of the fingers. He complains of pain when he endeavors to straighten the fingers. The most serious condition, however, is his inability to flex the fingers. Dr. Peters thought there would be no danger in operating by incision to ascertain the condition of affairs. If the ends of the tendons were already approximated, no harm would be done; and, if not, a longitudinal incision might be made and the ends brought together, even though there might be a subsequent adhesion of the sheath with the tendon.

Erythema Multiforme.—Dr. MCPHEDRAN presented a child from the Sick Children's Hospital suffering from erythema multiforme. Was admitted 24th March. A week before a rash came out over its limbs, extending over the face and the trunk. It was itchy and patchy. Gradually grew worse. It appeared first as an erythematous eruption, becoming afterward bullous. There was a great deal of irritability of the conjunctiva and of the larynx, the latter causing a troublesome cough. The temperature was variable (chart shown), running as high as 105. Beside the bullous condition, numerous vesicles were to be seen.

The Aikins Splint.—Dr. PETERS gave a demonstration of Aikins' splint in treating fractures of the humerus. This splint, he said, was devised by Dr. W. T. Aikins, and was the best splint for any and all fractures of the humerus he had yet seen. He had seen no similar splint described in any work in surgery. The material used was ordinary hoop iron 1⅛ inches wide. Heavier or lighter strips might be used, depending on the age of the patient. Sufficient of the band was taken so as to make a posterior arm extending from the shoulder to the elbow, a continuation of the arm at the shoulder being bent down and across the chest eight or ten inches, and a continuation at

its bend at the elbow along parallel to the forearm, flexed at right angles, for several inches, say to the wrist. In the original splint the upper limb ran along the acromion process and spine of the scapula for five or six inches. The lower limb, running parallel with the forearm flexed, should be, say, three-quarters of an inch away from the arm, so that when the upper limb is made firm to the chest and shoulder extension may be made from the lower limb by bandaging the forearm tightly to it while extension is being made on the muscles that run parallel to the humerus. This was the great feature about the splint. It allowed nature's splints—the muscles, fasciæ, skin, blood vessels and nerves to act as factors in the retention of the fragments in their proper position. The advantage this splint had over others was, that it might in all cases be applied immediately, though the fracture might be accompanied by a great deal of swelling, or even be a compound fracture. The inflammatory condition of the wound might be treated as readily with the splint in position as though there was nothing applied to the arm at all.

To make the application of the splint plain he applied it to a subject in the presence of the members. He pointed out that it should be well padded in all points, and made perfectly comfortable. To retain it to the chest and shoulder the best thing was a good wide strip of adhesive plaster, each strip which was used should first make one complete turn around the limb of the splint before being attached to the skin.

Dr. OLDRIGHT spoke of the value of this splint in treatment of fractures of the surgical neck. By its aid the lower fragment could be prevented from being drawn inward by the pectoralis major and the latissimus dorsi. He had used the apparatus and could speak in the highest terms of its efficiency.

Dr. CAMERON said that by putting the arm into the flexed position there was danger of exaggerating the carrying angle, which would interfere as much with the carrying angle as though it were straight. Normally the arm and forearm should be in parallel planes when the arm is flexed.

Locomotor Ataxia.—Dr. B. E. MCKENZIE presented a man aged 52 who had lived, so far as was ascertainable, a regular life, excepting in the use of tobacco. He had suffered from ulcers of the toes, which for a number of years would not heal. They had now healed, however. About a year ago his right knee began to swell. This was accompanied by œdema of the leg. A marked knock-knee was produced by the increased swelling in the tuberosities of the tibia. The patient was unable to walk without assistance, nor could he stand

with his eyes closed. The Argyle-Robertson pupil phenomenon was present. The patellar reflexes were absent.

The opinion of members present was that this was a case of locomotor ataxia, with a Charcot's joint.

Dr. HAY read a paper on "Observations of Abdominal Surgery from a Model Sanitarium."

Editorials.

Dispensary Practice.

ATTENTION has been called, in England and in the larger cities of the United States, to features of this form of practice that call for and have received the unmistakeable reprobation of the medical journals of those countries. In this city these same features that call forth the condemnation of the press are easily discernible, and doubtless in other centres of population in Canada they exist to a greater or less degree.

We have in Toronto many free dispensaries, and as the years go on they are becoming more noticeably active. Without enumerating them we may say that there are nine or ten in this city, all of which have been started and are supposed to be carried on for the special purpose of affording medical relief to the poor; in other words, to those unable to pay a physician for his advice and treatment. We are not at present able to say how many people are treated per diem in these places, but we know that the number is very large.

That a great deal of good is done to the deserving poor no one can deny, but on the other hand can any one assert that the cases of fraud and imposture that come under the supervision of the dispensary attendants are not too numerous. For example, a woman who had been prescribed for, in order to pay the nominal sum of five cents charged for her medicine, presented a five dollar bill to the person appointed to receive the money, and waited for her change. Another woman in disrobing carefully laid down a valuable gold watch and chain before she could undergo the necessary auscultation required. The writer has received two dollars for visiting a patient who had been receiving free attendance at a city dispensary. This patient was willing and able to gratify her desire for a little change of treatment.

We have shown enough to satisfy the most skeptical that there is a tendency to abuse our charities. To the general practitioner this

condition of affairs is very oppressive, but the only way apparently in which relief may be obtained is for the prescribing physician to discourage the attendance of patients who have the visible means of paying a moderate consultation fee. Is it to be expected that any relief will come from the specialist, who is constantly on the look-out for "chances in his line?" We feel satisfied that once having sounded the alarm by directing attention to this form of imposition, others will do their best to see the evil abated.

The Treatment of Phthisis.

THE introduction of cod liver oil was thought to mark a distinct step in advance in the treatment of phthisis. It was claimed that the use of this agent lengthened the lifetime of those affected with phthisis very materially. This statement is well sustained by the experience of everyone who has given the oil a fair trial in suitable cases, where it was well borne. But a cure it is not. Much of the good accomplished by the oil can be secured by good nourishment, such as milk, meat, eggs, etc. The value of good nourishment only became a matter of much attention since the date when the oil came extensively into use, and has now very largely supplanted it in the treatment of phthisis.

The extreme importance of fresh air in these cases has only within recent years claimed its full share of consideration. One of the advantages that comes from change of climate is due to the fact that the sufferer is enabled to live more in the open air.

Whether change of climate ever really cures a case of bacilliary phthisis or not is a disputed point. For our part we believe that a high, dry, sunny climate, such as New Mexico, does effect a positive cure in some cases where the bacilli are present, but where the lungs are not seriously damaged. In cases not so favorable as the above, life is greatly prolonged. If, however, change of climate is sought, and the person returns, he usually fails in health very rapidly on his return.

In 1882 Koch made his great discovery of the tubercle bacilli. Since then the whole line of thought on phthisis has been changed. Much attention is now paid to prevention. This is certainly in the right direction. No more excuse can be made for carelessly leaving around the sputum of phthisical people than for carelessly disposing of the stools of a cholera victim. Prevention is one of the great features in the treatment of phthisis.

Then comes the newer remedies. It is too soon yet to say how far they can destroy the bacilli. One thing can safely be said, that guaiacol and creasote and their preparations are of much service in the treatment of these patients. There is every reason to think that ere long some agent, serum or drug will be discovered that shall be able to control the germ of the disease. Be this as it may, much can be done and is being done to prevent the spread of the disease. Every effort should be made to enlighten the public on the great importance of prevention.

Ontario Medical Association.

THE Windsor meeting, to be held on the 3rd and 4th of June, bids fair to be an excellent one in points of attendance, scientific work and entertainment.

At its inception the founders outlined the objects of the Association to be: The cultivation of the science of medicine and surgery, the advancement of the character and honor of the medical profession, the elevation of the standard of medical education, the promotion of public health, the furtherance of unity and harmony among its members, and the forming of a connecting link between the various city and county societies and the Canada Medical Association.

For sixteen years these objects have been persistently pursued and the results have been most gratifying. Still there is much to be done. To this end every member of the profession should identify himself with this body. The present meeting, it is hoped, will add a greater increase in membership than ever before. There are now nearly one thousand members. If half of these attend this year, and two hundred new members are added to the Association, it will be wonderfully strengthened.

The railways are making special arrangements for the conveyance of delegates. The rate will depend on the way the members of the profession "turn out." If three hundred attend the rate will be single fare.

The entertainment, we are assured, will be unprecedented.

THE medical department of the University of Buffalo will, it is announced, institute a four years' course, to begin with the coming session.

THE physicians in North Carolina are taxed ten dollars a year.

* * *

DR. R. A. REEVE has been elected Dean of the Medical Faculty of Toronto University.

* * *

DR. RICHARDSON'S CASE.—In the extreme anxiety that prevails at present at the City Hall, the Board of Control have came to the conclusion that the services of Dr. J. H. Richardson, jail surgeon, can be dispensed with. With this decision we do not agree. Dr. Richardson has had an extensive experience of forty years as jail surgeon, and has rendered valuable services to the city in the past. There is a great difference between economy and parsimony. If the work is to be performed by the medical health department, it simply seems that more help will have to be engaged. We fail to see what good could come from any such change. We hope Dr. Richardson will be retained.

* * *

CANADIAN MEDICAL ASSOCIATION.—On August 26th, 27th and 28th next, there will be held at Montreal the meeting of the Canadian Medical Association. This promises to be one of the most important that have ever been held, owing to the fact that something definite will be done in the matter of Inter-provincial registration. Each province is sending one or more delegates to meet with the Association committee on the day preceding the meeting, and no doubt good will be accomplished. The scientific side of the programme promises well, and there will be distinguished Canadians and Americans to take part, many of whom have already promised. We all know too well how our Montreal friends can entertain, so that we can feel confident of the success of the social side of the programme.

* * *

THE CAUSES OF DEATH OF PROMINENT PERSONS.—Dr. Michel has been looking up the subject, and has collected many interesting facts. The following he believes to be accurate. Lord Bacon died of pneumonia, aged 65; Ben. Johnson, apoplexy; Benjamin Franklin, abscess of lung, aged 84; Washington, acute laryngitis, aged 67; Edward Gibbon, hydrocele, aged 57; Napoleon, cancer of stomach, Thomas Gray, gout, aged 54; Bobbie Burns, rheumatism, aged 37; Byron, heart disease, aged 36; Martin Luther, gastritis; Cromwell, intermittent fever; Sir Walter Scott, apoplexy; Shelley, drowned; Keats, consumption; John Milton, gout, aged 65; Sir Isaac Newton, stone in the bladder; Voltaire died of strangury, probably due to enlarged

prostate. Very much has been said, says Dr. Michel, by ecclesiastics, about the agony of his last days, as though it was a judgment for his outspoken agnosticism. In the days of 1778, when this condition received no treatment worthy of the name, what physicians would doubt that the last days of Voltaire, who died when he was eighty four years old, of strangury, must of necessity have been agonizing?

* * *

SPIVAK advises inquiry into the condition of the nose and throat in the treatment of gastric affections, claiming that a catarrhal condition of these regions forms a nidus for various forms of pyogenic bacteria, which gravitate toward the stomach and cause injurious fermentative processes.

* * *

THE EARLY DIAGNOSIS OF PREGNANCY.—Dr. C. F. Noble, of Philadelphia, in *Philadelphia Polyclinic*, May 16th, gives the following as reliable signs by which to diagnose pregnancy during the first three months and even by the end of six weeks. The uterus is found enlarged and semi-fluctuating. The body of the uterus juts out boldly from the cervix at the front, both sides and behind. The enlargement is uniform and contrasts markedly with the size of the cervix. When the above conditions are found there is always pregnancy, as no other condition could give rise to them.

* * *

THREE WARNINGS TO OBSTETRICIANS.—Dr. J. M. Mabbott, of New York, in *New York Medical Journal*, April 11, calls attention to the three following rules: 1. Always warn a woman never to neglect any hæmorrhage during pregnancy. It is only too often that women pay no attention to hæmorrhages until the gravest injury has been done to the health. 2. Warn women not to handle the genitals after labor unless the hands have been rendered aseptic. The writer mentions a fatal case of sepsis due to this cause. 3. Warn the woman never to fall asleep with the baby at the breast. The child's face may readily roll under the breast and be suffocated. The author relates two cases where this accident happened.

* * *

CREASOTE IN TUBERCULOSIS.—Dr. W. F. Chappell, of New York, in *New York Medical Journal*, May 9th, remarks that he has treated thirty-two cases of tuberculosis of the upper air passages with creasote, locally applied, and administered internally. For internal use, he

prescribes beechwood creasote and compound tincture of gentian, equal parts in hot milk. In some of the cases, the amount of the creasote was increased until ninety drops daily were taken, and this without stomach irritation. For local use, he employs creasote in castor oil. For submucous injections, the physician should employ an automatic syringe. It is preferable to use a dropper, and place the creasote on the part desired, than to employ an applicator with cotton wool.

* * *

THE ACTIVE SUBSTANCE IN THYROIDS.—Dr. R. Hutchison, of Edinburgh, in *British Medical Journal*, March 21, reports his examination of thyroids was tested along with the thyroid tabloids. The sheep thyroids were separated into proteids, and proteid-free watery extracts. It was found that the proteid-free extract yielded no reaction when administered. The proteids were two in number. One was a nucleo albumin, the other a colloid substance. The nucleo-albumin produced no effect on a patient who reacted to the tabloids. When the colloid substance was given, the same effects were noticed as when the tabloids were prescribed. It is, therefore, this colloid substance that is the active constituent of the thyroid gland.

* * *

THYROIDS IN INSANITY.—Dr. Burgess, Verdun Asylum, Que., *Montreal Medical Journal*, May, 1896, concludes his interesting paper upon the above subject with the following views: 1. The forms in which it does most good are melancholia with stupor, puerperal and climacteric insanity, and incipient dementia. It is specially those cases where improvement has progressed to a certain point and then come to a standstill in spite of treatment. 2. It is contraindicated in cases of acute mania and melancholia, where the excitement is already rapidly reducing the weight. 3. It should not be employed where there is already existing disease of the great viscera. 4. Tolerance differs very much in individuals. Five grains, three times a day, was the usual dose, and in only a few cases was this increased.

* * *

CASE OF ACROMEGALY AND TUMOR OF PITUITARY BODY.—Dr. W. L. Worcester, of Danvers Lunatic Asylum, gives in *Boston Medical and Surgical Journal* the report of a case of acromegaly and enlarged pituitary body. The microscopical examination of the body showed it to be composed of spindle cells, supplied with thin walled blood vessels, and containing numerous nodules of calcareous substance.

Autopsies on such cases have not been very numerous, but there is enough evidence to show that the enlargement of the pituitary body is not a mere effect of this disease. This case was a sarcoma of the body, and was, no doubt, the cause of the acromegaly. There are now a number of cases on record that go to prove that the disease in the pituitary body is origin of the acromegaly.

* * *

THE EVIL EFFECTS OF EXPERT TESTIMONY.—Dr. Morton Prince, of Boston, in *Boston Medical and Surgical Journal*, April 30th, has a timely article on the injurious effects of expert testimony on traumatic neuroses. Many cases of hysteria arise from traumatism and are a frequent source of litigation. During the process of these cases, there is much medical examination. The woes, present and prospective, of the plaintiff are given with all the latest improvements. The terrible effects of organic disease of the brain and spinal cord are dilated upon in court. This must be far from beneficial to these patients. In some of these cases they do not recover from their hysteria or neurasthenia for a long time after the trial. No organic disease can be discovered. In these cases the delay in the recovery is due to the evil effects of the evidence given at the trial.

* * *

PTOMAINE, OR ALKALOIDAL POISONING.—Dr. Maurice A. Bruce, of Philadelphia, in *Philadelphia Polyclinic* for April, 1896, points out that deficient intestinal peristalsis causes fæcal stasis. This leads to an anæmic condition of the mucous membrane and insufficient gland secretion. These changes are followed by a catarrhal condition and decomposition in the chyme. Peptone itself has been shown to be a poison of considerable power. Febrin, when digested by artificial gastric juice, yields a poison known as peptotoxin. Some of these poisons act like curare, others like digitalis, atropin, or picrotoxin. The nature of alkaloidal products varies with the stage of decomposition. At first the poisonous action may be slight, at a later stage more virulent, but still later they may become broken up and inert. In atonic gastric catarrhs, with flabby, tooth-marked tongues, there may be given the following: Tr. nux. vom., ℥xv.; acid hydrochlor., dil., ℥xx.; essence pepsin, ʒss; tr. columbæ, ad ʒii. To be given before meals. In the neurasthenic, with over-secretion: Bismuth subgallate, gr. v.; salol, gr. iii.; ext. nux. vom., gr. ⅙. In capsule an hour after eating.

Medical Council Examinations.

FINAL EXAMINATIONS FOR MEMBERSHIP OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

H. E. Arkell, St. Thomas; J. F. Argue, Carp; J. H. Allen, Orono; G. S. Burt, Hillsburg; T. H. Bier, Brantford; T. C. Bedell, Picton; D. Buchanan, Galt; W. J. Beasley, Weston; J. F. Boyle, A. A. Beatty, Toronto; T. H. Bell, Peterboro'; W. G. M. Byers, Ganan oque; W. J. Beatty, Glencairn; Geo. W. Badber, Hartford; C. H. Brereton, Schomberg; F. X. Boileau, Sturgeon Falls; J. F. Basken, Dun Robin; T. H. Blow, South Mountain; G. H. Berry, Gananoque; B. G. Connolly, Trenton; D. T. Crawford, Thedford; H. Clare, Chapman; P. M. Campbell, Admaston; J. G. Cranston, Arnprior; F. B. Carron, Brockville; D. A. Cameron, Wallacetown; Jennie Brennan, Kingston; Geo. R. Deacon, Stratford; J. B. Deacon, Pembroke; Geo. A. Elliott, Owry; A. T. Embury, Belleville; J. J. Elliott, Brantford; Geo. H. Ellis, Dondela; C. Pindlay, Hamilton; A. E. Gardner, Belleville; Wm. Goldie, Ayr; Charles Graef, Clifford; Jos. Gibbs, Meaford; P. G. Goldsmith, Peterboro'; J. C. Gibson, Kingston; N. B. Gwyn, Dundas; A. J. Grant, Pembroke; W. J. Henderson, Little Britain; F. W. Hodgins, A. G. Hodgins, Lucan; E. S. Hicks, Port Dover; Geo. V. Harcourt, Port Hope; C. D. M. Heydon, Toronto Junction; W. W. Jones, Mount Forest; J. K. Kelly, Almonte; J. P. Lee, Toronto; D. P. Lynch, Almonte; Geo. Musson, Toronto; J. S. Morris, Oshawa; J. A. Marquis, Brantford; J. A. Malloy, Preston; W. J. O. Malloch, Meaford; A. H. Macklin, Stratford; H. G. Murray, Kingston; A. A. Metcalfe, Almonte; C. S. McKee, Peterboro'; A. S. McCaig, Collingwood; W. A. McIntosh, Simcoe; J. R. McRae, Lochalsh; S. H. McCammon, Kingston; J. P. McConnell, Toronto; W. H. Nicholl, Brantford; J. H. Oliver, Sunderland; J. R. Phillips, Northfield, Minn., U.S.A.; J. W. F. Purvis, Lyn; E. L. Robinson, Toronto; J. H. Rivers, Sarnia; E. L. Roberts, Lyndoch; J. A. Rannie, Chatham; H. H. Ross, Clinton; Christine Sinclair, Ottawa; J. A. Sutherland, Toronto; I. G. Smith, Ridgetown; F. C. Steele, Orillia; W. J. Stevenson, London; C. H. Thomas, Toronto; N. J. Tait, St. Thomas; J. S. Thorne, Belleville; Annie Verth, York; A. Webb, Kettleby; S. H. Westman, Toronto; E. B. White, Chatham; B. E. Webster, Kingston; W. H. Weir, Brantford.

PRIMARY EXAMINATIONS.

E. C. Ashton, Brantford; N. B. Alexander, Toronto; W. H. Bennett, St. Mary's; F. X. Boileau, Sturgeon Falls; J. T. Basken, Dun Robin; M. Baker, Simcoe; T. H. Blow, South Mountain; B. C. Bell, St. George; F. H. Bethune, Seaforth; Jessie Birnie, Collingwood; J. A. Butler, Toronto; G. H. Berry, Gananoque; D. A. Cameron, Wallacetown; J. G. Cranston, Arnprior; F. B. Carron, Brockville; M. Crawford, Toronto; F. Cahoon, Picton; J. W. Crane, St. Thomas; J. E. Charlesworth, Hespeler; J. B. Campbell, London; W. F. Cunningham, Walkerton; W. J. Clark, S. B. Clemes, Toronto; Jean Cruickshank, Weston: C. N. Callendar, Toronto; E. W. Delmage, St. Mary's; J. M. Dunsmore, Stratford; J. D. Deacon, Pembroke; H. H. Elliott, Frankville; George H. Ellis, Dundela; J. L. Easton, Thornton; M. P. Fallis, Toronto; W. S. Fadden, Kingston; E. L. Garner, Niagara Falls; T. A. Grange, Newburgh; Maggie Gould, Toronto; A. J. Grant, Pembroke; J. Grant, Beaverton; R. Howey, Owen Sound; J. G. Hossack, Walsingham Centre; J. J. C. Hume, Toronto; J. S. Hogg, Seaforth; G. A. Hassard, Manilla; G. H. Jackson, Exeter; J. K. Kelly, Almonte; C. A. Lang, Granton; A. S. Lovett, Ayr; R. W. Large, King; J. E. Lundy, Preston; D. P. Lynch, Almonte; T. H. Lawrence, Sheridan; W. Moffat, Carleton Place; A. A. Metcalfe, Almonte; J. P. Mitchell, Toronto; F. Moore, Heathcote; J. B. McMurrich, Toronto; D. McEwen, Maxville; J. McCrae, Guelph; A. McDermid, Coldwater; A. R. McKay, Dungannon; T. A. McDougall, Lucan; A. J. McDonald, Caledonia; J. R. Nixon, Ashgrove; C. E. O'Connor, Kingston; S. Paulin, Chesley; J. W. F. Purvis, Lyn; R. C. Redmond, Lansdowne; J. A. Roberts, Jarvis; G. A. Sutherland, Thamesford; R. H. Smith, St. Catharines; A. W. Spence, A. A. Shepard, A. D. Stewart, Toronto; C. M. Stewart, Ailsa Craig; W. A. Scott, Toronto; W. Stephens, Trafalgar; W. J. Tillman, London; W. C. White, Woodstock; George S. Willson, Tweed.

APPENDICITIS.—"I am not always in a great hurry to operate in appendicitis, but I am more inclined to wait for the more acute symptoms to wear off, and operate, if at all, after suppuration has taken place, or during the quiescent stage between the attacks. I wish my voice was strong enough, just here, to call a halt to the men who say, 'Operate at once—not this afternoon or to-morrow, but now,' in all cases when the disease is recognized."—*McGuire.*

Obituary.

Francis Rae, M.D.

VERY genuine regret is felt by the members of the profession in Ontario at the loss sustained through the death of Dr. Rae, of Oshawa, which occurred last month, resulting from apoplexy, at the age of 62. He was born in Fredericton, N.B., on July 3rd, 1833, of Scottish parentage, and some few years after that date the family moved to Stouffville, York County, where they settled permanently. Dr. Rae went through the usual course of a common school, Normal school and University education. In the interval between his public school and University course, he taught school in several places, chiefly at Stouffville and in Prince Albert. During this time he began the study of medicine, and took the degree of M.B. in 1865, and at once commenced the practice of his profession with the late Dr McGill, of Oshawa. He graduated in medicine the following year at Toronto University. He was coroner for the county from 1868; in 1882 was appointed to the Provincial Board of Health, and was Chairman of the Board for some time. He was surgeon to the 34th Battalion for years, and lately gazetted Surgeon-Major. All the important positions were held satisfactorily and filled efficiently. In politics he was a prominent Liberal. In 1887 he was the nominee of the Liberal party for a seat in the House of Commons, but was defeated. He took a lively interest in municipal as well as other matters. He was honored with the Reeveship of Oshawa from 1876 to 1880; and when the village had taken its stand among the towns, he filled the Mayor's chair from 1880 to 1886. He was a member of the Board of Education, and Chairman of the Board of License Commissioners for South Ontario, and had recently been appointed Registrar of the county.

In speaking of his funeral the Whitby *Chronicle* says: "No such spectacle was ever before witnessed in this county as the funeral on Monday afternoon. The many thousands who gathered to take part in the last sad rites, the sad faces betokening sorrowful hearts, the all-pervading humility of all, gave token of a feeling and an occasion not often witnessed in our poor lives. The trains from all directions were loaded, and from distances of twenty-five or thirty miles men drove in the burning sun of that hot day to witness the ceremonies. Lieut.-Col. Paterson summoned together the officers of the 34th Battalion and several companies of volunteers, lodges congregated

from all points, civic delegations from home and from other towns were present. Citizens on foot lined both sides of the procession all the way to the Union Cemetery, and the number moving must have been upwards of five thousand."

Book Notices.

Obstetric Accidents—Emergencies and Operations. By L. CH. BOISLINIERE, A.M., M.D., LL.D. Profusely illustrated. Philadelphia: W. B. Saunders, 925 Walnut Street. 1896.

This volume of 380 pages is not a treatise on midwifery nor a manual of obstetrics, but is a practical exposition of what the practitioner should do in the many perplexing cases of obstetric accidents and emergencies. Frequent references are made to French authorities, and also to cases occurring in the author's hospital and private practice extending over a period of forty years. The teaching is sound. The work is worthy of commendation.

* * *

Dietetics for Infants and Children in Health and Disease. By LOUIS STARR, M.D. Philadelphia: W. B. Saunders, 925 Walnut Street. 1896.

This is a very useful book. It contains printed instructions for diets in health and disease. The pages are so arranged that they may be torn out and given to the nurse or mother. The diets are arranged under headings to suit all ages from birth to childhood. The blanks the physician fills in to meet the conditions of the case. The last section in the book contains printed instructions how to make diluents and foods. The book will prove very useful to the busy physician.

* * *

Diagnosis and Treatment of Diseases of the Rectum, Anus and Contiguous Textures. Illustrated with 16 full-page chromo-lithographic plates, and 115 wood engravings. Philadelphia: The F. A. Davis Co., publishers, 1896. Toronto Agency: Watts & Co., 10 College Street.

This treatise apologizes for its existence as being "concise" and "practical," and adapted to the requirements of "students" and practitioners. Besides discussing the usual lesions, the author adds chapters on "Asepsis and Antisepsis," "Rectal Reflexes," "Railroading as an Etiological Factor in Rectal Diseases," and "Anti-inflection from the Intestinal Canal." Mr. H. W. Allingham, London, writes two chapters on "Cancer" and "Colotomy." The book is light.

Physical, Intellectual and Moral Advantages of Chastity. By DR. M. L. HOLBROOK, Editor of *The Journal of Hygiene and Herald of Health*, etc. New York: M. L. Holbrook & Co.; London: L. N. Fowler & Co.

It goes without saying that the advantages of chastity are immeasurably great in every respect, but little has been written upon the subject. On the other hand, the evil results of impurity are dealt with by every medical authority, as well as by the preacher and the alienist. This little work will repay its perusal by the practitioner. It deals with a subject of vital interest to the welfare of mankind, and the one great truth it endeavors to inculcate upon the physician is that no condition of health can justify advice calculated to inspire a patient with the thought that anything but degradation, both moral and physical, can result from unchaste living.

* * *

The International Medical Annual and Practitioner's Index for 1896. Edited by a corps of thirty-seven department editors—European and American—specialists in their several departments. 728 octavo pages. Illustrated. $2.75. New York: E. B. Treat, Publisher, 5 Cooper Union; Toronto: Watts & Co.

The fourteenth yearly issue of this valuable one-volume reference work is at hand; and it richly deserves and perpetuates the enviable reputation which its predecessors have made for selection of material, accuracy of statement, and great usefulness. The corps of department editors is representative in every respect. Numerous illustrations, many of which are in colors, make the *Annual* more than ever welcome to the profession, as providing, at a reasonable outlay, the handiest and best yearly résumé of Medical Progress yet offered.

Part I. comprises the New Remedies, together with an extended Review of the Therapeutic progress of the year.

Part II. includes a number of recent articles by eminent authorities: "How to Determine the Parasite of Malaria;" "The Diagnosis of Toothache and Neuralgia;" "The Remedial Value of Cycling;" "Sensory Distribution of Spinal Nerve Roots;" "Angio Neurosis;" "Life Insurance;" and "Roentgen's Method of Shadow Photography," illustrated.

Part III., comprising the major portion of the book, is given to the consideration of new treatment. It covers 500 pages, and is a retrospect of the year's medical and surgical progress.

The fourth, and last part, is made up of miscellaneous articles, such as "Recent Advances in Sanitary Science;" "New Inventions in Instruments and Appliances;" Books of the Year, etc.

The arrangement of the work is alphabetical, and, with its complete index, makes it a reference book of rare worth.

In short, the *Annual* is what it claims to be—a recapitulation of the year's progress in medicine, serving to keep the practitioner abreast of the times with reference to the medical literature of the world. Price remains the same, $2.75.

Selections.

PHIMOSIS.—This is a frequent agent in causing or aggravating diseases in children. The indirect disturbances from it by reflex are often extremely puzzling and by no means infrequent; it affects digestion very seriously at times. Prolapsus ani accompanies preputial inflammation, which will also give rise to symptoms resembling those of stone in the bladder. Phimosis will aggravate the symptoms of any coexisting disease and be responsible for slow recovery in many cases, and reflex disturbances from it are of sufficiently frequent occurrence to justify a physician in making an examination of every male child for this condition.—MARTIN, in *Medical News*.

* * *

TWO PATIENTS WITH LOCOMOTOR ATAXIA WHO HAD CONTRACTED SYPHILIS FROM THE SAME SOURCE.—Marie and Bernard (*Jour. des Prat.*, Oct. 26, 1895) relate the two following interesting cases: Two friends went together to Paris in 1869, and the same evening contracted syphilis from the same woman in the same way. In 1890, one had the first symptom of locomotor ataxia, the disease showing itself first by ocular disturbances. One year later the other showed symptoms of the same disease, which manifested itself in the same manner. Two years later both were suffering distinctly from locomotor ataxia, lightning pains and incoordination having made their appearance.—*Medicine*.

* * *

RESPONSIBILITY OF PHYSICIANS. A case recently decided by the New Jersey Court of Errors and Appeals has now laid down the rule that a physician is responsible for his own negligence. A physician, who had agreed to attend a woman in confinement, was absent from town when his services were needed, and in answer to the message sent another physician to act in his stead. Owing to the alleged improper treatment by the second physician, the child died. The physician who had originally been engaged was sued for the other's

negligence; but the court held that a physician is not responsible for the negligence of another acting for him, who at the same time followed an independent occupation of his own. This seems to be a unique way to evade paying a fee for medical attendance.—*American Medico-Surgical Bulletin.*

* * *

Uremic Aphasia.—The uremic poison is capable of causing many curious manifestations, most of which are essentially of nervous origin. It is admitted that the differentiation of uremia from apoplexy dependent upon cerebral hemorrhage, embolism or thrombosis is at times one of the most difficult in clinical medicine. An excellent illustration of this fact is afforded by a case reported by Rendu *(Presse Médicale)* at a recent meeting of the Société Médicale des Hôpitaux. A man, 56 years old, on returning to consciousness some hours after the occurrence of an apoplectic seizure, presented aphasia and right bracial monoplegia, together with a systolic cardiac murmur. Several days later, without appreciable cause, the patient was seized with intense dyspnœa and Cheyne-Stokes breathing, while the urine was scanty and albuminous. Bleeding was at once practised and the blood found to contain an excess of urea. The patient now improved —the dyspnœa subsided, the somnolence gradually grew less, the aphasia yielded and the monoplegia disappeared.—*The Philadelphia Polyclinic.*

* * *

Guaiacol Carbonate in the Treatment of Typhoid Fever.—Dr. Arthur J. Hall, of Washington, in a letter published in the *Journal of the American Medical Association*, discusses the so-called Woodbridge abortive treatment of typhoid fever. At the meeting of the Mississippi Valley Medical Association at Hot Springs, in 1894, he says, Dr. Woodbridge, as the result of several years' experience with this treatment, recommended three special formulæ containing guaiacol carbonate to the extent of thirty-three and a third per cent. Dr. Hall says that he has tried the Woodbridge treatment in a number of cases with excellent results, and that he believes that many of the statements regarding the amelioration of symptoms are well founded. But the same excellent results have occurred when guaiacol carbonate was used alone or in conjunction with mild laxatives and enemata when they were indicated. He believes that the good results obtained should be credited to the guaiacol carbonate alone, since the other ingredients (thynol, menthol, eucalyptol, podophyllon, and calomel) were in more or less constant use before the latter had been placed upon the market, and had failed to accomplish similar results.—*N. Y. Med. Jour.*

A NEWSPAPER PICTURE OF DR. PLAYFAIR.—The London *Star* thus describes the defendant in the suit which has recently caused so much excitement in London: "Dr. Playfair, the defendant in the case which is now exciting so much attention, is one of the most distinguished of living gynæcologists. The public rush to his consulting room, and his house in George Street, Hanover Square, is the resort of much talent, some rank, and a certain amount of fashion. Dr. Playfair is below the middle height, not especially attractive in appearance, and wearing thick, disfiguring glasses. In manner he is urbane, and he has a habit of rubbing his hands softly together in a way that suggests that his treatment would be gentle."—*Medical Record.*

* * *

THE LACK OF PROFESSIONAL BUSINESS.—It is safe to assert that there is an ominous decline of patronage in every department of professional work. Very few if any of the hitherto successful practitioners are overworked. The falling off of receipts averages from a third to a half of those earned in previous years. Hard times explain this in a great measure, but not altogether. The average number of sick is no less than formerly, but there is a growing disposition to avoid the so-called calamity of adding a doctor's bill to the other general and pressing expenses of household necessities. The man who formerly paid the physician a modest sum gets advice free in the dispensary, or pays a small bed fee in some of the many so-called hospital charities, and has his medical and surgical advice thrown in free of extra charge. Many of the larger hospitals are run on the cheap boarding-house plan and openly compete with the family physician by reducing medical service to the lowest level of volunteer gratuity. Promiscuous prescribing on the part of laymen is an outbreak of hereditary taint from grandmothers, and needs only the slightest provocation to bring it into full recognition as the manifestation of an alarmingly prevalent evil. Worse than all, however, are the penny-a-line prescriptions contributed by medical men and paid for by the column, always to mislead and often to harm the ignoramus who takes them at their face value. Many apothecaries, when they have not curealls of their own, peddle the doctors' prescriptions and dodge the law by refusing to do more than sell a medicine. The patients themselves do the same thing with their friends, and one prescription may serve an entire community. The intelligent layman would scorn the imputation of ignorance of the fashionable drugs. He has his own remedy for grippe, headache, and rheumatism; his own cough mixture, his own mineral water, and his own tonic. His good doctor started him in the business and he naturally claims his rights as a free and independent citizen.—*Medical Record.*

Miscellaneous.

SANMETTO IN URINARY DISEASES.—Sanmetto is my medicine for all bladder and urinary diseases. I have used it in cases of fifteen years' standing where other physicians and medicines had failed, such as catarrhs, or any irritation of either bladder, urethra or tubes running from kidney to bladder, in gleet resulting from gonorrhœa or excessive drinking, or any other form of irritation of urinary organs.

Seymour, Iowa. E. H. JONES.

* * *

HOW EUNUCHS ARE MADE IN EGYPT.—According to M. Lortet, as we learn from the *Gazette hebdomadaire de médecine et de chirurgie* for April 19th, little boys from seven to ten years old are selected for one of two horrible modes of mutilation. By the first of these methods, the entire external genitals are slashed off with one stroke of a razor, as close as possible to the pubic arch, and the little fellow is at once immersed up to his neck in fine dry sand to check the hæmorrhage. After four or five days, the victim is brought forth from the sand, and a few greased rags are applied to the wound. By the other method, the parts are crushed off with a noose of packthread. The child's sufferings, it is needless to say, are dreadful. After this procedure, he is not buried, but the seat of mutilation is simply dressed with the bark of certain species of *Acacia* that are rich in tannin. Whichever method is employed, two-thirds of the children die as the result of it. —*N. Y. Med. Jour.*

* * *

THE *London Lancet* of March 28th, 1896, says editorially:—"Antikamnia is well spoken of as an analgesic and antipyretic in the treatment of neuralgia, rheumatism, etc., etc. It is not disagreeable to take, and may be had either in powder or tablet form, the latter being made in five-grain size. It is described as not a preventive of, but rather as affording relief to, existent pain. By the presence in it of the amine group it appears to exert a stimulating rather than a depressing action on the nerve centres and the system generally. If this be so, it possesses advantages over other coal-tar products."

The concise endorsement of the *Edinburgh Medical Journal*, which appeared in the January issue, is equally interesting. "This is one of the many coal-tar products which have lately been introduced into medicine in Scotland. In doses of three to ten grains, antikamnia appears to act as a speedy and effective antipyretic and analgesic."

Yeast Nuclein in the Treatment of Hip-Joint Disease.

IN the *American Lancet* Dr. Charles W. Hitchcock, of Detroit, remarks that not all cases of hip disease are, with any fair promise of success, amenable to conservative treatment. Cases long neglected, in which erosion of the joint structures has already occurred, together with suppuration and resulting fistulæ, are not encouraging instances for non-operative measures. An early diagnosis is of the utmost importance, that the case may be taken in hand before gross and irreparable damage has placed it beyond the reach of any save the most heroic treatment.

The nucleins, says Dr. Hitchcock, are among the newer remedies that may do much as an aid to tissue-building, more especially as they are said to influence cell metabolism so as to bring about a healthy resistance to disease processes.

The germicidal properties of nuclein, he continues, have been demonstrated, and Vaughan and McClintock have shown that the germicidal constituent of blood-serum is a nuclein. Parke, Davis & Co., he says, have rendered yeast nuclein accessible to the prosession. They make it for Dr. Vaughan, and according to his formula; the solution which they supply is about a one-per-cent. solution. Of this solution of yeast nuclein, from five to sixty minims may be administered at a time. The dose may be increased gradually and cautiously from the initial dose (which may appropriately be about ten minims), regard being had to the febrile reactions, which may be decidedly marked and are to be looked out for.

He then gives the following report of a case: March 30, 1894, I first saw Miss L. C., aged twenty years, of English parentage and in this country only about two years. She is one of a family of six children. One sister died at ten months, and one sister, aged nineteen years, has of late had what is reported by letters from her home as "dropsy of the knees." The father and mother are both living and are healthy, so far as I can learn. One maternal aunt died of consumption. The patient herself is of medium size, rather rosy complexion, and somewhat delicate in appearance. The young lady gives a history of having been always well until December, 1890, when she fell on a sidewalk and struck on the left hip. The following month she fell on the ice on the same hip, which, she says, "has seemed weak" ever since this second fall, though she was able to be about as usual and tried to persuade herself that she had no serious trouble. She went to the World's Fair in the fall of 1893, and each day's sight-seeing tired her greatly. Her left knee would pain her at

night and the hip would ache; but she would not give up to it. Later, after her return home, her hip began to pain her intensely after every walk. The first pain was in the knee, and more or less still continued there, but the hip now grew so exquisitely sensitive and painful that all use of the leg had to be given up, and for three weeks before I saw her (March 30th) she had not walked at all. She was obliged to lie on the back or right side, and I found the left leg well flexed and adducted. Any attempted passive movement of the leg seemed to give great pain, and the whole region about the hip joint was so sensitive that even the lightest pressure of the finger could scarcely be borne, though at the same time the sensitive area presented nothing on inspection to attract notice. Any attempt, with the patient on her back, to extend the leg, quickly caused an arching of the pelvis to correspond to what little extension could be endured.

June 1st I applied a plaster-of-paris cast enveloping the entire left leg from the ankle up, and extending around the pelvis. The patient had not borne the confinement to bed and hospital well; she did not eat or sleep well, and was getting thin, although the hip was now very comfortable. She therefore decided to leave the hospital, which she did on July 6th.

On July 4th, under chloroform, I injected from two to four drachms of a ten-per-cent. iodoform emulsion into the joint cavity. I took this opportunity to completely flex the leg on the thigh, and the thigh on the body. There was no adhesion or resistance in either joint, and no feeling as of erosion or thickening about the hip joint. During her stay in the hospital the temperature varied from normal to 100°, but the most of the time between normal and 99.2°. The pulse varied from 76 to 110. Malt, hypophosphites, cod-liver oil, and other remedies had been given, but had not been well borne.

Extension hardly seemed called for, but I had a Thomas splint made for her—to thoroughly immobilize the joint. This she continually wore during the day, and with no discomfort save the awkwardness in sitting.

September 1st I began the systematic use of yeast nuclein, and the improvement almost from the first has been noticeable and extremely gratifying. The remedy has been administered hypodermically, and the site chosen was the region immediately around the affected hip joint. The first few injections were made daily, but the reaction seemed to me so marked that I found treatment on alternate days to be more satisfactory.

From September, 1894, to January, 1895, the case was under constant supervision and care, and correct and detailed reports were

kept noting the patient's temperature, general condition, and especially the amount of nuclein solution which was injected at each visit. At the beginning twelve minims only were used in each twenty-four hours, this being gradually increased to fifty minims with the happiest results. There were at times some pain and a burning sensation at the site of the injection. The temperature each afternoon was about 99° to 99.4°, on one or two occasions going as high as 101.2°. At the time of the last-named date the patient experienced no pain whatever in the hip, and expressed herself as feeling as well as ever. The nuclein was temporarily stopped, and I do not consider it accomplished all a continuance of it might do. The improvement has been most gratifying since I began giving the nuclein, and I think there can be no doubt that her comfort has been due, in a large degree, to this remedy. It was given with the idea that her case was probably tuberculous, and for this suspicion the family history affords us more or less ground. The nucleins are said to be of avail in incipient tuberculosis, and this seemed a good case for their use, which is, of course, as yet largely empirical. The disease process in this case certainly seems to have been held in abeyance. Whether the action of the nuclein in such a case is simply to enable the cellular elements to resist encroachments of bacilli, or whether we may hope for so strong a germicidal action as to destroy entirely the bacilli, is, I judge, a question concerning which one can, as yet, only speculate. This patient understands that she is forbidden to step on her left foot or use the limb, before next summer, and the day may then be still further postponed. I do not yet regard, or now report, the case as one of recovery, but it seems to me especially interesting as showing gratifying improvement under the use of an agent, quite new as yet, which may have a wide field of use. I hope eventually to have the young lady walking without apparatus of any sort and an evidence of what conservative treatment may accomplish, even in a somewhat unfavorable case.

In a postscript written in January, 1896, Dr. Hitchcock adds: This patient was kept under frequent observation until May. She has been very happy and grateful for her relief from pain, and it has been delightful to see her evident joy in her ability to walk without suffering. This excellent result I attribute very largely, if not entirely, to the long and persistent use of nuclein.—*N. Y. Medical Journal.*