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Original Communications.

OBSTETRICS AND GYNECOLOGY.

By A. LAPHORN SMITH, B.A., M.D., Lecturer on Gynecology in Bishop's College, Montreal.

The Journals of the last month are remarkable for a pretty general attack on ergot as at present used in the practice of obstetrics. Some observers such as Blanc (*Annales de Gyneec.* (March, 1888), going so far as to say that its administration retarded involution. We are glad to see this view controverted by Drs. G. E. Herman and C. O. Fowler (*Brit. Med. Jour.*) who in two series of cases in which the uterus was measured externally, on successive days, found that the uterus diminished more rapidly in size in those treated with ergot continuously during the fortnight following parturition. Dr. F. W. Putham (*in Med. Summary*) expresses our own views very concisely as follows; he says: first I adopted a rule in all cases of multiparous women, whom I had not previously attended and knew, to inquire particularly as to the character of their previous labors, and especially to ascertain if there had been any difficulty of this kind. If there was a history of considerable flooding, or if there was actually post partum hemorrhage, I invariably administered the ergot.

Second, in all cases where there seemed to be a hemorrhagic tendency in the family.

Third, in all cases where the uterus did not firmly contract within a reasonable space of time, the amount of time to be determined by the circumstances attending each particular case; and

in all cases where the uterus contracts well at first, but soon relaxes sufficiently to permit of a considerable hemorrhage.

Fourth, in all cases of after hemorrhage.

These four indications are believed to cover the majority of cases of labor which may be termed normal at the completion of the second stage at least.

Professor Pajot of Paris says: Never give ergot when there is anything in the uterus. The value of this advice will be appreciated when we think of the cases of laceration of the perineum of the cervix uteri, and even of the uterus itself, which have resulted from its administration before the parts were at all capable of allowing the head to pass.

With regard to the routine administration of ergot, we think the practice a good one, in cities at least, because the natural contractions are nearly always defective, owing to bad hygienic surroundings; and this has been our custom in the 326 cases which have been the sum of our experience extending over nearly ten years without a death, if we except a case of heart disease in which the dying woman incidently gave birth to an eight months foetus. Neither in any of these 326 cases have we had any hemorrhage, a fact which we attribute to routine administration of a drachm of ergot as soon as the child had been delivered. We have generally found that gentle frictions over the abdomen were very effective in bringing on firm contractions, in cases where not having the ergot with us were obliged to wait until a supply was procured.

Apart altogether from the question of ergot, there is nature's means of securing firm contractions, which we fear is wilfully or ignorantly ignored; we

refer to the effect of placing the child to the breast almost as soon as born, or at any rate as soon as washed. Dr. King in an excellent paper (*Amer. Jour. Obstet.*, April, 1888) says: "with the civilized woman, when the child is born, it is immediately taken away from her by another,—the nurse or physician. The barbaric woman, on the contrary, is able to rise and take care of the child herself, and so do the animals. I have thought it not improbable that this apparently trifling difference may have a very material influence in creating the necessity for artificial aid in placental delivery. We have learned by experience that pressure upon and kneading the uterus and the application of the child to the breast secure uterine contraction and promote expulsion of the after birth. The very means which nature has provided and designed to promote placental expulsion are, in the civilized female, taken away from her, and hence the necessity of some artificial substitute, which is supplied and rightly supplied by the hand of the accoucheur."

The same writer makes a very valuable remark with regard to drainage, which we think is but little put in practice by the majority of practitioners. He says: "from the necessity of recumbency for some days following delivery, drainage from the uterus and vagina, by gravitation, is interfered with in the civilized woman. On the contrary, the uncivilized woman as well as the animals, after natural labor, are able to rise up and walk, and thus promote drainage by gravitation."

As long ago as ten years we were recommended by one of the oldest practitioners in this city, Dr. Hingston, to allow our parturient patients to sit up for a few minutes several times a day while they were emptying their rectum or bladder, so that at the same time they might drain their uterus and vagina of the clots and bloody serum accumulated in them by the dorsal recumbent posture. And we have never had any cause to regret following this advice.

While the death rate of midwifery cases has fallen very considerably, indeed to almost nothing in private practice, it is still considerable in hospital practice; the difference we believe to be due, not to an unfavorable state of the health of women in these latter, on the contrary the hospital cases generally come from a much more robust class than those in private practice, but rather to the presence of students and nurses who cannot be induced to believe in aseptic midwifery, and who

will without compunction go directly from the dead house or surgical ward to the bedside, and even into the vagina of the parturient woman. In the Feb. number of this Journal we called attention to the growing conviction in the minds of the most advanced obstetricians, that the less the woman was fingered during her confinement the less likelihood was there of septic complications. But if it is bad enough for her to be examined by the careful and educated physician, how abominable it is to have her examined by the ignorant and unscientific nurse whom we most often find in great demand when a confinement is on the tapis. As an instance of the danger from this source, we might mention that when we began practice we were once summoned to see three sick children in the east end of the city, and whom we at once pronounced to be suffering from scarlet fever. Their grandmother, who had one of them on each knee, remarked that she was sorry that she could not stay to help their mother to nurse them as she had just been sent for to attend on a lady in the west end, whose labor had already begun; of course I took immediate steps to prevent her from starting on her murderous errand.

If, however, the death rate has considerably fallen, the same cannot be said of the number of minor accidents, such as laceration of the cervix and perineum, which have certainly increased. Now, although Emmet, when he first wrote on lacerations of the cervix, proved by his statistics that the medical man was not in these cases to blame, we have noticed what is somewhat remarkable, that among English women, nearly always confined on the left side, the laceration is nearly always to be found there; while among French women, who are nearly always delivered in the dorsal position, the laceration is either by bilateral, or at least it will be found on the right side. In other words the laceration is generally found on the side where the attendant has had the best opportunity of pressing and stretching the cervix with his right index finger.

Dr. King calls attention to another evil of frequent vaginal examinations in the following words: "One of the means which nature has provided to facilitate the transit of the head through the vaginal canal and vaginal outlet, viz.: the luxurious layer of lubricating mucous, has been repeatedly disturbed, broken up, and withdrawn by the examining fingers of the obstetrician."

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, February 3rd, 1888.

JAS. PERRIGO, M.D., PRESIDENT, IN THE CHAIR.

Drs. Spence and Laberge were elected members.

Amyotrophic Lateral Spinal Sclerosis.—Dr. STEWART showed a case of amyotrophic lateral sclerosis. The patient, a man aged 34, always enjoyed a good health until his present trouble began, which was about a year ago. The first symptom complained of was a feeling of pricking, coupled with a cold sensation in the ball of the left thumb. Shortly afterwards, wasting of the thenar eminence was noticed, and this was quickly followed by wasting of the interossei of the same hand. At the present time there is very marked atrophy of the left thenar and hypothenar eminences, and of all the interossei of the same side. There is slight wasting of the flexors on the anterior surface of the forearm and of the biceps and deltoid of the same side. The spinati, as well as the rhomboids and pectorals, are also the seat of marked atrophy. There is slight wasting of the corresponding muscles of the right hand, arm and shoulder. The atrophic muscles are subject to fibrillary twitchings; many apparently normal muscles are also subject to these twitchings. He complains of "waves of twitchings" passing through his head (scalp). The muscles of the lower extremities are very frequently the seat of these troublesome twitchings. The left hand and shoulder atrophic muscles exhibit a modified reaction of degeneration, the contractions being very slow while the A S Z < K S Z. During the past ten days there has been a gradually increasing loss of power in the left lower limb. This has now attained a degree almost sufficient to prevent the patient going about. The degree of paralysis varies considerably from day to day. The paralyzed muscles are neither atrophied nor hypertrophied. They are, however, in a constant hyper-tonic state. There is marked exaggeration of the knee-jerks. Ankle clonus is present. The biceps and triceps reflexes of the upper extremities are marked also.

The integument over the wasted districts is constantly covered with a profuse, clammy perspira-

tion, and at times a papular rash appears, but usually only lasts a few hours. There is no atrophy of any of the facial muscles. There is no history of heredity. The case is evidently myelopathic in origin. It is a well-marked example of Charcot's "Amyotrophic Lateral Sclerosis."

Pathological Specimens.—(1) *Potts' Curvature.*—Dr. JOHNSTON exhibited for Dr. Roddick a case of very extensive caries of the vertebræ with psoas abscesses. The caries involved the bodies of all the dorsal vertebræ and a large retro-thoracic abscess had formed in consequence, but without giving rise to any symptoms. The bodies of the last dorsal and first and second lumbar vertebræ were completely destroyed, causing a marked angular curvature. The psoas abscesses were perfectly symmetrical; passing in front of the psoas tendon below Poupart's ligament, they had in each case passed backward and inward, reaching to the fold of the buttock near the lesser trochanters. On the left side the abscess had passed down to the popliteal space when it was opened by Dr. Roddick; Dr. Bell had subsequently opened it above in the left gluteal region. There was no tuberculosis anywhere, and the walls of the abscess showed no tubercles. The pus contained no tubercle bacilli.

(2) *General Tuberculosis.*—Dr. JOHNSTON showed another case of vertebral disease, where the bodies of the second and third lumbar vertebræ were infiltrated with extensive caseous areas. A small tuberculous abscess had formed in the right side, at the level of the third lumbar body. This had involved a small vein opening into the vena cava inferior. There was acute miliary tuberculosis of both lungs, which had caused his death. The patient had been under Dr. Ross with symptoms of deep-seated pain referred to the right sacro-iliac articulations.

Nephrotomy.—Dr. SHEPHERD related a case of nephrotomy for hydro-nephrosis which was followed by death in two days. The following is the history of the case: C. W., aged 66, a tall, thin man, who had always been healthy, though there was a tuberculous family history, was suddenly seized some two years before with acute pain in the left renal region, which passed down towards the bladder. It was relieved by opiates, and afterwards for a time he felt fairly well. He had a second similar attack of severe pain a month or two afterwards. After this he began to urinate more frequently, and occasionally the urine was

bloody. He, however, attended to his business, and was in fairly good health. About a year ago he noticed that his urine was thickish, and that he made it more frequently. This was benefited by treatment, though up to four weeks ago, when he had to take to his bed, he was continually growing weaker and losing flesh. His urine was never free from sediment, and he had occasional attacks of painful and frequent micturition. He had a chill some time in October and took to his bed; his micturition now became more painful, pain greatest at point of penis, and the deposit in his urine was increased in amount. His urine was still occasionally bloody. Dr. Shepherd first saw him in December; he was then in a weak condition, passing his urine painfully and frequently. There was a large amount of pus in urine; nearly one-sixth of whole amount passed (45 oz.) daily was pus. Urine perfectly sweet; specific gravity 1010, alkaline, and containing a slight amount of albumen. He also complained of severe and continuous pain in his bladder. On examination, the bladder was found to give no evidence of stone, but patient had a moderately large prostate. On examining the region of the kidney, pressure below the last rib on right side gave rise to severe pain, and there was a distinct fullness to be felt there. This fullness and pain on pressure did not exist on the left side. Under ether, a tumor could be made out in the region of the right kidney. This was aspirated, and some three or four ounces of clear fluid drawn off, which had no urinous smell, but on chemical examination proved to be almost pure urine. No pus was evacuated. After each examination patient passed large quantities of bloody urine. The patient's condition not improving, and, in fact, growing much worse, operation was suggested. For some time Dr. Shepherd was in doubt as to which kidney was manufacturing the pus, the right kidney, on aspiration, giving clear fluid and the history of renal colic being on left side. However, as the pain and tumor existed in the right, it was determined to explore this side. This was done on Jan'y. 22nd, Drs. Fenwick and Ross assisting. There was considerable fat, but the kidney was easily reached, and on examination the pelvis and calyces were found much distended with fluid; about six ounces was evacuated. From the condition of the kidney it was pretty certain that the large amount of pus did not come from this kidney, and only clear fluid was evacuated on incision. The exploration fail-

ed to detect any pockets of pus. It was supposed that the wrong kidney had been cut down upon, and that the suppurative disease existed in the left. The wound was sutured and a large drain placed in it. The patient recovered well from the operation, but secreted no more urine, and died uræmic two days later.

Autopsy by Dr. W. G. Johnston twelve hours after death.—A very strong urinous ammoniacal odor noticed about the body, which was well nourished. In abdomen the kidneys did not project below the edge of the floating ribs. A rubber drainage tube in a wound in left lumbar region. Pelvis of left kidney moderately distended. Ureters on each side distended to about size of forefinger. Both kidneys showed marked hydronephrosis, with dilated pelves and calices, papillæ flattened. Renal substance atrophied and microscopically showed extensive cirrhotic changes, but was free from any appearance of acute inflammation, and the collecting tubules are not dilated. No calculi present. The pelves and ureters contained opaque purulent-looking fluid; but the mucosa nowhere eroded. Bladder contained about 10 oz. dark urine, was sacculated behind prostate gland, the middle lobe of which was greatly enlarged. The lateral lobes also slightly enlarged, but soft. Muscular coat of bladder greatly thickened, and trabeculae prominent. The mucosa, on the contrary, very thin and atrophic, nowhere ulcerated, but showed deep slaty pigmentation.

Dr. JOHNSTON thought the most interesting symptom was the presence of what appeared to be pus in the urine; that is to say, a dense cellular deposit not accompanied by much mucus. This was always laid down as a sign by which suppuration in the kidney can be distinguished from catarrh of the bladder, and in this case had materially influenced the diagnosis. Here, however, there was no true pus present in the sense of a product of suppuration accompanied by necrosis. The anomaly was probably explained by the condition of the bladder mucosa, which showed a marked atrophy, while in most cases of cystitis following prostatic obstruction he had found the bladder mucosa greatly thickened and hypertrophic. This atrophic mucous membrane being unable to secrete any considerable amount of mucin, had made the appearance of the urinary deposit very misleading.

A Case of Diabetes.—Dr. KENNEDY reported a case of diabetes in which a daily analysis of the

urine had been made from Oct., 1886, for ten months. The patient was a female aged 28 years. The tables recorded quantity of urine, specific gravity, amount of sugar, urea, etc., including drink and food taken. At commencement of treatment the average daily amount of sugar was seven ounces. Codeia was first given with benefit, but lost its effect during second month, at which time the patient's condition became serious. On Dec. 1st, 1886, nitro-glycerine was given and continued with slight intermission for five months; its action was markedly beneficial, as the patient continued to improve. So far as Dr. Kennedy was aware, this was the first time the remedy had been used in this disease. Jambol was given for a short time as an additional remedy, but not continued. Iron, strychnine, etc., were given for the anæmia, etc. A strict diabetic diet was followed with saccharine as a sweetening agent. In July, 1887, no medicine was given, as the patient was almost well, and during the last week of this month the condition was normal, with no sugar. At the present time the patient is perfectly well. During the ten months the patient passed 52 lbs. of sugar.

Discussion.—DR. RUTAN said that this case deserved more than a passing notice. There was probably not another case recorded in which such an accurate and thorough analysis of the urine had been made. A daily quantitative estimation of the most important constituents of a delicate patient's urine extending over a period of ten months should reveal something of interest. It is important to note the fact that whenever there was a sudden decrease in the percentage of sugar, there was an increase in the acetone group of excreta, and this was accompanied with the most alarming symptoms. Whether there is any relation between quantities of sugar and acetylacetic acid excreted has not been determined, but there are few who believe that the symptoms of diabetes are due to the sugar or to the want of proper assimilation of carbohydrates. If these acetone products do not of themselves produce the coma and toxic symptoms of diabetes, their appearance during and preceding coma is a remarkably common coincidence. In a recent case of sudden diabetic coma, the urine examined for Dr. Howard looked only a trifle pale, had no acetone odor when fresh, specific gravity 1.020, only 2.7 per cent. of sugar, but was highly acid, acidity = 1 to $\frac{27}{100}$ of a grain of oxalic acid per ounce, and was loaded with acetylacetic acid. In

another case, a life insurance candidate recently examined, no sugar reaction was obtained by Fehling's solution, but the acetone reaction was marked; specific gravity was normal. Two days later this patient's urine gave 3 per cent. of sugar and no acetone; specific gravity 1.028. The specific gravity of diabetic urine is no index to the quantity of sugar, nor, indeed, if acetone be found, is it in relation to the total solids, as the acetone and alcohol resulting from the decomposition of acetylacetic ether would greatly lower the specific gravity. No work can be done of much clinical interest regarding acetonæmia or diacetonæmia, till a more convenient method of estimating acetone be found than that recommended by Sal-kowski.

Dr. MILLS wished to express his appreciation of these tables. Analyses of the urine so accurate, complete, and continued daily over so long a period were, he believed, without a parallel. It would be difficult to say what their value might be ten years hence, when the subject of diabetes was better understood. The physiological experiment of puncturing the floor of the fourth ventricle was unsatisfactory, and must necessarily be so if we were correct in crowding so many "centres" into this region. Vaso-motor effects follow it in time, but we are learning more and more that nutrition is less dependent on blood-pressure than has been supposed. From the results of the urinary analyses in this case and others, it was clear that in diabetes the nutritive processes were profoundly disturbed. Why should we suppose that sugar production was dependent on only one set of chemical reactions in the body when it is now known that sugar or allied bodies can be made in the laboratory by a variety of processes, even a variety of syntheses? May not diabetes originate in aberrant metabolism in different organs? It is impossible, at all events, to have for any length of time one colony of cells (organ) disordered without widespread evil in the economy. Should not diabetes be regarded as a complication of disorders starting either as a more or less general disturbance of the nutritive process? Or, if we confine the term to that derangement of one organ which leads to excessive production of sugar, regard it as the starting point only, instead of fixing the whole attention upon this and treating the disease as if it consisted wholly in derangement of one set of processes resulting in excess of sugar. It looks as if the chemists, physiologists and

pathologists must unite in the investigation before the present partial and unsatisfactory views of the actual condition would give place to broader and truer ones.

Dr. BULLER said that the color rings observed by the patient when looking at a light were probably due to a slight conjunctivitis, and were not characteristic of the disease.

Stated Meeting, February 17th, 1888.

JAS. PERRIGO, M.D., PRESIDENT, IN THE CHAIR.

Extra-Uterine Foetation (Tubal); Rupture; Abdominal Section; Recovery.—Dr. WM. GARDNER related the case, while Dr. W. G. JOHNSON exhibited the specimens—a degenerated foetus and a chorionic villi—under the microscope. The patient, aged 29, was married last July. She had an early miscarriage in October, for which she was attended by Dr. A. A. Browne of the city. After this she menstruated twice, the last time on the 2nd December last. Towards the end of the month she had morning sickness for a few days. During the early part of January a colored bloody vaginal discharge appearing, lasting nearly a fortnight. About the middle of January she was seized with violent pelvic and abdominal pain, with most alarming collapse, during which for many hours she was almost pulseless. From this in a few days she partially recovered, but soon there were recurrences of pain, faintness and symptoms of peritonitis. Her physicians, Drs. Browne and George Ross, recognizing the nature of the case, requested Dr. Gardner's opinion, and after examination he fully concurred in their diagnosis of ruptured extra-uterine foetation. The next day, the symptoms continuing alarming, it was decided to open the abdomen. The right fallopian tube was found expanded into a friable mass, in which the foetus was found imbedded in clots. On attempting to ligature this it tore away, so that it was not tied. The pelvis was full of clots. These were scooped out, and then the cavity was washed out with a forcible stream of water from Lawson Tait's large blunt trocar carried to the dependent parts. A drainage-tube was then inserted and left for eight days. For the first nine days the course of the case was perfectly favorable. Then evidences of cystitis appeared, and have continued to be rather severe and attended with some fever. There seems no reason to doubt that recovery will ultimately be

complete and permanent. Dr. Gardner remarked that such a case as this well illustrates the triumphs of the modern extensions of abdominal surgery, and for this particular one we owe all that is worth knowing to Lawson Tait, whose remarkable results in a long series of such cases are now well known. The diagnosis will not always be easy, but given sufficiently alarming symptoms the abdomen must be opened and the condition found dealt with as may be necessary; and it is a great satisfaction to know that in the hands of competent surgeons the operation itself cannot be said to be a source of danger.

Discussion.—Dr. JOHNSTON said that in examining the specimen sent, amongst a large amount of blood-clot he had found a small, firm, fleshy mass $1\frac{1}{4}$ inches long, which appeared to be a thick-walled sac torn open. In one spot a typical area of chorionic villi was seen. Within the sac, attached to one wall, was a small mass covered with a smooth membrane (amnion). This appeared to be a blighted and degenerated foetus, of which only the eye spot and the intestines were distinctly recognizable.

A microscopic specimen of the villi was exhibited, showing this structure to be quite typical.

Dr. GEO. ROSS had been called to see the patient, and had found her after the attack almost pulseless, in extreme pain, temperature subnormal, and very pallid. He had strong suspicion of hemorrhage in the peritoneum and peritoneal inflammation. There was a reasonable expectation of the patient rallying from that attack, but the danger of recurrence was very great. Dr. Brown had early arrived at a diagnosis from the symptoms of tubal pregnancy. He heartily congratulated Dr. Gardner on the very successful result in this case, and said that as far as he knew it was the only case in Canada of early diagnosis of extra-uterine pregnancy and successful operation for the same by abdominal section.

Dr. SHEPHERD asked if opinion was not now in favor of the belief that all intra-peritoneal pelvic hæmatocele were due to ruptured tubal pregnancy.

Dr. GARDNER, in reply, stated that they were not always due to extra-uterine pregnancy. He had operated for a pelvic hæmatocele, which was part of a general condition. They may also be caused by rupture of varicose veins, etc. Mr. Lawson Tait treats all large hemorrhages in married females as if due to extra-uterine pregnancy. Electricity would not have availed here, and can only be of use while there is life in the foetus.

Carcinoma of the Stomach and Liver.—Dr. GEORGE ROSS exhibited the stomach and a portion of the liver from the case, and related the following history: The patient, aged 55, had been under observation for four months, and had never had any gastric symptoms, but suffered from profuse diarrhoea and had a haggard appearance. Examination had shown a hard mass in the left hypochondrium, which moved with the diaphragm; the liver was not enlarged. There was no pain after eating, and no vomiting. The diarrhoea was controlled and the patient ate and drank well, but had continuous pain in the epigastrium. The hard nodule in the left hypochondrium rapidly increased in size, and it looked as if the left lobe of the liver was the seat of the tumor, but its origin was always doubtful. Later the patient developed albuminuria, and amyloid casts were found in the urine. The patient gradually sank. Dr. Johnston found at the autopsy a large fungating cancerous ulcer, occupying an area nearly four inches in diameter on the anterior surface of the lesser curvature of the stomach. Neither the pyloric nor œsophageal opening was obstructed. The base was deeply fissured, and had extended into the inferior surface of left lobe of liver to nearly one inch of the superior surface. No secondary deposit. Nature of growth scirrhus. Amyloid disease of glands in portal fissure, stomach and intestines marked, and the kidneys slight; spleen amyloid, but not enlarged.

Calculous Nephritis.—Dr. JOHNSTON presented from Dr. Bower of Waddington, New York, a specimen of calculous nephritis, where the entire renal substance was destroyed, the kidney consisting of a series of suppurating sacs, each containing a calculus of uric acid with phosphatic incrustation; a large calculus blocking orifice of the ureter. The other kidney had been greatly shrunken and disintegrated apparently from pyelitis, but contained no calculi. The symptoms were persistent pyuria, and towards the close uræmic coma.

Peritoneal Cancer.—Dr. BOWER also exhibited a specimen of secondary carcinoma of the peritoneum. The growths, whose microscopical characters were those of encephaloid cancer, were all situated beneath the peritoneal coat of the intestines, soft and vascular, ranging in size from a pea to an egg. The seat of primary growth was uncertain.

Pharmacology of Arsenic.—Dr. STEWART read

a paper on this subject, which appeared in the April number of the JOURNAL.

Discussion.—Dr. BELL could recall at least three post-mortems he had seen in the Montreal General Hospital while house surgeon, and in each case there were well marked inflammatory lesions. He was surprised to hear from Dr. Stewart that in none of his cases were there any inflammatory lesions.

Dr. REED could remember one case of poisoning from Paris green in which there was no gastro enteritis.

Dr. MCGANNON of Brockville referred to a case of arsenical poisoning, where the poison, Paris green, had been found in the stools and vomit. Patient died in seven hours. No post-mortem was allowed.

Dr. SHEPHERD said that if Dr. Stewart's statement was accepted, viz., that arsenic did not kill by the violence of its inflammatory action, but by the lowered blood-pressure, then we must change our method of treatment of such cases. The point was a new one to him, as he thought that in all cases death was due to inflammatory action. He still had confidence in the use of arsenic in certain diseases of the skin, viz., psoriasis and bullous eruptions, and in these cases had used it extensively, but had never seen the erythema or staining produced; this might be due to the difficulty of detecting erythema or staining when chrysophanic acid was employed.

Progress of Science.

MR. JONATHAN HUTCHINSON ON THE ABORTIVE TREATMENT OF SYPHILIS.

The early treatment of syphilis by small doses of mercury long continued is by no means a new method, many surgeons having carried it out for years past. There are, however, some who still use mercury on the old lines, and Mr. Jonathan Hutchinson has done good service in directing the attention of the profession to the subject, and pointing out the splendid results which may be obtained by the early and persistent use of mercury in small doses.

Mr. Hutchinson communicated his views to the members of the Medical Society of London, on the 28th ult., in a paper, the chief points of which are as follows:—

“For many years past I have been in the habit of assuring patients who came to me with indurated chancres, but without any other symp-

toms, that they would in all probability wholly escape the secondary stage. As years have gone on I have found myself holding out this hope with increasing confidence. My treatment has been almost uniform, and has consisted in giving mercury in the form of grey powder in one-grain doses three times a-day, at least, and more frequently if the symptoms did not quickly yield. I have always told the patient that he must take these pills for six months at least. The results have also been very uniform, or have varied chiefly according to the period of the disease at which the treatment was begun. The effect of the medicine in softening the induration is usually quite evident within a week, and may be expected to be complete in the course of a month or a little more. After this the patient remains without symptoms till the end of the course, except, perhaps, some slight persisting enlargement of the inguinal glands. At the end of the six months, if the treatment is left off, there not very infrequently follows in three weeks or a month an erythematous general eruption. This eruption is never severe, never becomes papular or scaly, and always vanishes in a few days if the mercury is resumed. It is never attended by failure of health, and but rarely by sore throat. On account of its frequency after six months' courses, I have lately been in the habit of continuing the treatment for nine or twelve months, and am willing to admit that it might be wise to continue it for still longer periods. I must state that, in a certain proportion of cases, sores, in the mouth or scaly patches in the palms, or a liability to transitory erythematata on the skin have occurred, but they have generally been in connection with some special kind of irritation.

"The statement which I wish to make quite clear is this: that I believe that it is quite possible by the early and continuous use of mercury, to suppress the secondary stage—in other words to make it abortive. In exceedingly few cases where it has been possible to use mercury without interruption in this way have I known a well-characterised secondary eruption or a typical sore throat to occur. In cases where diarrhoea or a sudden pyalism have caused the course to be interrupted, the success has been less complete; but where the patient is careful, and can bear the drug, I may repeat that I believe that it is easily possible to prevent secondary symptoms. This assertion is not by any means the same as saying that it is possible to cure syphilis, for it does not concern itself with the tertiary stage. It is desirable, I think, in order that we should arrive at sound conclusions, that we should take our problem in parts. In making the proposition which I desire to submit to you this evening, that mercury is a specific antidote for the syphilitic virus, and that by its use the disease may be made abortive, I will divide my argument into several parts.

"The first statement shall be one with which

all will agree. It is this: That in cases in which induration is well characterised and considerable, it always yields quickly and definitely to the influence of mercury. The very rare apparent exceptions to this which we witness occur to those who in a peculiar manner resist the influence of mercury. We never see sores remain typically hard when the patient is under the influence of mercury.

"The next is that in cases in which high temperatures have been observed in syphilis they always abate under the influence of mercury.

"Thirdly, I believe that all will agree that when a patient receives no treatment until his eruption is well out, the use of mercury will usually in the most definite manner cause the eruption to disappear. There is but little less certainty about this than there is as to the disappearance of induration in the sore, and the exceptions occur only when the treatment disagrees, and has to be interrupted.

"If these several propositions be true, if mercury always causes induration when present to soften down, fever when present to subside, and an eruption when present to disappear, I cannot think that any will see much improbability in the assertion that if used before the fever, rash, &c., have shown themselves, and steadily continued, it will prevent their development. It would be extraordinary if these symptoms should develop *de novo* under the very conditions which all but invariably secure their removal when extant.

"The practical questions which come, then, before the surgeon are these—In what manner and at what stage ought mercury to be given so as best to secure its antidotal efficacy? The verdict that mercury given in short courses is not preventive of the development of syphilis has been recorded in unmistakable terms by the surgeons of the past generation. Mr. Judd, indeed, whose reports are full of interest, and contain proof alike of ability and of candour, thought that such courses favoured the absorption of the virus, and made the disease eventually more severe. His courses were, however, of a fortnight, a month, or six weeks at the most, and were always attended by free pyalism. The modern introduction of the small-dose system, with the avoidance of pyalism, makes it necessary that we should investigate the whole question anew. I do not suppose that there is much difference as to the special preparation of mercury which is employed, though it will not do to take this for granted. Some of the records of M. Diday as to his failures to prevent symptoms would add to the suspicion that the iodide of mercury, as employed by him, is less efficient than the mercury only, in the form of grey powder. The great point is that a preparation should be used which can be pushed without producing symptoms which necessitate its temporary discontinuance. Its efficacy may be taken as proved by the prompt disappearance of the primary induration. The dose which is efficient

to this result will, if steadily persevered with, probably be efficient in preventing the development of other symptoms.

"I must admit that the gross total of cases of primary syphilis which have been under my care has not been so large as that which falls to the share of specialists, particularly those holding hospital appointments. More patients come to me in the secondary or later stages than in the primary. Still, my experience has been considerable, and justifies, I think, the general statements which I have ventured to make to you this evening. It is to be clearly understood that I have been speaking only of cases in which the duration was characteristic, and in which an interval of from five to seven weeks had occurred since the exposure. I have never allowed myself to diagnose a sore as infectious, or to begin mercury, except under these conditions.

"There is another class of cases which bear testimony, which is, I think, very valuable as regards the antidotal efficacy of mercury. I allude to those in which the patient comes under care with his rash fully out, and having as yet had no treatment. The possibility of aborting the rest of the malady in these is less certain, yet I think we may generally expect it with much confidence. If such patients will take mercury their symptoms will disappear, and if they will continue it there will be no relapses.

"In conclusion, I may express my hope that it will have been clear to all that my object in this paper has not been to claim credit for any particular method of treatment, far less to make boast of personal success. My wish has been to draw attention to a clinical fact which, although hitherto much ignored, or even denied, must have been for long more or less under the cognizance of all engaged in the treatment of syphilis according to modern rules. The fact to which I refer is that the early use of mercury does not only greatly shorten the duration of the primary phenomena, but that it also much modifies, and in many instances entirely prevents, those of the secondary one. I have indeed ventured to assert that, when circumstances favour the febrile stage of the exanthem, syphilis may be rendered wholly abortive. If we can accept this proposition, I feel sure that we shall have gained a step in the orderliness of our future work, and in reference to this the following problems seem to lie before us:—What plan of treatment is most successful in suppressing the febrile or secondary stage? Does the suppressing of this stage tend to prevent what are called reminders, or those minor, and for the most part local, symptoms which often intervene between the febrile stage and tertiary phenomena? Are those in whom the febrile stage has been aborted by artificial means more or less than others liable to tertiary phenomena? Is it possible by anticipatory treatment to prevent or abort the phenomena of the primary stage; and, if this be done, what is the influence upon the

further course of the disease? It has been well said that all men use syllogisms, whilst but few have studied logic; and in like manner I may remark that most of us have been practising more or less completely the abortive treatment of syphilis, though without giving it that name."
—*London Hospital Gazette.*

THE HYGIENE OF PHTHISIS.

From a paper on the above subject by Dr. F. L. Flick, and published in the *Philadelphia Medical and Surgical Reporter*, we make the following selection:—

"Pulmonary gymnastics are powerful weapons against phthisis, and should be especially used by those who are unable to extricate themselves from the unhygienic surroundings and circumstances in which their necessities have placed them. Though the use of a gymnasium is very desirable for practising these, it is not necessary. The principle involved is ventilating the unused air-cells, and any combination of forced respiratory movements that will thoroughly inflate the lungs will accomplish this. Gradually filling the lungs with air whilst retracting the shoulders and extending the chest, or taking a deep inspiration whilst extending the arms above the head, and expiring whilst placing them parallel with the body, are two simple exercises which do all that is necessary, and can be taken without interfering with the most busy life, or causing fatigue. A habit should be made of thus ventilating the unused portions of the lungs, and it should be done at times when the purest air can be secured. The most practical germicide that we as yet know of for the bacillus tuberculosis is fresh air; or, more correctly speaking, it furnishes the least favorable habitat for its development. A better oxygenation of the blood is, moreover, secured by such exercises, the circulation is stimulated, and, indirectly, the digestion and assimilation improved.

"As regards the hygiene of phthisis, when the disease is once established, it is based upon the same principles as that for its prevention. Sufficient nourishing food and sufficient fresh air,—these are the *sine qua non*. The prime object in every case of phthisis should be to secure a good digestion and assimilation. Every thing that is done should be done with this object in view. Good, nourishing, and easily digested food should be taken in abundance, and every care taken that the stomach be not deranged by indiscretions in eating and drinking, or by overloading. As soon as the body begins to be nourished, the lungs will improve. As an aid to digestion, outdoor exercise is very important. Without it the system cannot be made to use up a large quantity of food. Inasmuch as warm climates offer greater inducements to keep invalids out of doors, and make bedroom ventilation a little more agreeable, they are highly commendable

to consumptives; but they are by no means essential to their well-being. A cold climate will do just as well, if the patient has the courage to endure the discomforts entailed by it. It is much better that a consumptive have home comforts in the worst climate in the world than that he be compelled to undergo the tortures of boarding-house or fourth-class hotel life at a health resort. In all warm climates the houses are built for warm-weather use, and no provision is made for the stray blizzard that occasionally comes along. Though the temperature may be very equable from day to day, there is always a marked variation between day and night. In consequence of the rapid radiation of heat, the houses become cool and damp during the night, against which there is likewise no provision, except in first-class modern hotels. In many places suitable food is difficult to obtain, even at the most extravagant prices. All in all, the average person who has consumption had better remain at home unless his home is in a large city, and then he should go into a neighboring contry, where he can secure home comforts and plenty of suitable food, let him dress warm, take outdoor exercise whenever he can, eat plenty of light, nourishing food, take ample rest and sleep, and he will get along much better in his native hearth than he would with small means in the most model consumption climate. It is important that the entire body be warmly clad in cold weather. Either silk or woollen clothing ought to be wore next to the skin. The circulation should be kept equable throughout the whole body, hence the extremities ought never to be allowed to become cold. When the feet get cold, the lungs become congested. Rubbing the body with a coarse towel has a good effect in equalizing the circulation. The ancients recognized this fact, and laid stress on it. *Balneum alienum est*, says Celsus. Sponge baths, if carefully taken, will do good. They should, however, be taken in a warm room, and followed by a rest. Sea-voyages used to be highly recommended in the early days of medicine, and theoretically, at least, ought to be beneficial in the first stages of the disease. The ocean offers a pure atmosphere, and frequently the salt air stimulates appetite and improves digestion. In the advanced stages of the disease, they are, however, impracticable, and should never be attempted.

"Gypsy life, or travelling through the country by easy stages, and camping out, is most beneficial to consumptives, even in advanced stages. The ancients had their patients carried from place to place in chairs. In the territories most remarkable cures are brought about by this mode of living. Persons unable to walk are hauled in wagons on improvised beds, and it is astonishing what a revivifying effect constant exposure in the open air has. But, though much can be done to ameliorate the condition of the consumptive, the most important duty of the medical profession

at the present day is to lend its aid in bringing about such a change in public and private hygiene as to give the disease less chance for development."

CONSTITUTIONAL CAUSES OF THROAT AFFECTIONS.

By S. W. LANGMAID, M.D., Boston.

The N. Y. Med. Jour., December 24, 1887.—While I would not be understood as undervaluing the minute and systematic description of morbid appearances and functional peculiarities of the upper respiratory tract, I would suggest that a most interesting and important lesson to be learned from such observation and description is, that all that is morbid in this region has underlying causes which may be external to the body but may be *intrinsic*, and the exhibition of natural or acquired idiosyncrasies of the individual.

It has sometimes seemed to me that our attention has been too commonly fixed upon the local morbid phenomena of diseased throats, and, again, that we are prone to consider climatic conditions as causes rather than factors in the production of such disease.

That atmospheric conditions do affect the respiratory mucous membrane no one doubts, but why such atmospheric conditions are operative at one time in the same individual, and innoxious at another time, is well worth our consideration.

That a pharyngitis may be the tell-tale of a poisoned or morbid condition of the general system is evident, when we think for a moment of the pharyngeal exhibition of acute diseases, of scarlatina, of measles, of typhoid fever, of syphilis, of phthisis, of sewer-gas poisoning.

Who can deny the morbid conditions of the system which, although as yet not well understood, are known some way to be due to wrong functioning in the chylipoietic system may be the *focus et origo* of many intractable faucial inflammations? That such is the case, I have enough evidence to direct successful treatment. The congested, excessively irritable pharynx of alcoholism is so well marked as to make a diagnosis unquestionable.

We must look further than the laryngoscope will enable us to see if we would rightly comprehend the causes of the congested naso-pharynx of the young adolescent. We must consider in young persons how much the process of the second dentition has to do with the stimulation of neighboring parts.

The enlarged submaxillary or cervical glands do not always indicate a scrofulous diathesis; at any rate, the abstraction of the decayed molar will frequently result in the disappearance of the obtrusive glands. And so it is with the enlarged tonsil.

I think I shall voice the experience of many when I say that one of the most intractable diseases which we are called upon to treat is chronic recurring coryza. In many cases the treatment

first advocated by our own members—the destruction of the supersensitive areas in the nasal chambers, or the removal of obstructing erectile tissues—seems to constitute a cure, but in other cases no allowable destruction of the mucous membrane or underlying structures seems to more than modify the severity of the seizures and the frequency of their occurrence. In such cases we must look beyond the mucous membrane.

Let him who has tried to banish with sprays and pencilings the long-existing sensation of a “lump in the throat, which rises and threatens to choke” his patient, try the exercising power of a dose of castor oil, and he will be surprised to learn that an overloaded colon has been trying to tell its story as stories are told—by the throat. How often will the paroxysmal cough be banished by the same procedure.

In my experience the magic effect of quinine upon an inflamed throat has been clearly shown in a few cases of former residents of a malarious climate, exhibited, I must confess as a *dernier resort* when local applications had failed.

The familiar designation of one form of pharyngitis would seem to imply that Nature herself set the limit to unrestrained sermonizing.

“Clergyman’s sore throat” exists to-day and teaches its lesson to those of us who study it, although it has long ceased to masquerade in our nomenclature in clerical habiliments.

It is a pharyngitis with the descriptive prefix *follicular*, viz., long continued, chronic. But such a pharyngitis is not peculiar to the sacred teacher. Its origin is not by any means in the necessary use of the voice. The sedentary, studious life, with resulting disordered digestion, together with other conditions inseparable from the profession of the priest, are quite enough to produce a throat affection which has been considered peculiar to clergymen.

Local treatment is the nature of *repair*; the constitutional and hygienic treatment must be in the direction of renewal of normal processes. The swollen and congested mucous membrane, the hypertrophied tonsils, the elongated uvula, and the prominent follicles must be regarded as symptoms only. The pain and discomfort, the spasm of the glottis, or the recurring vocal disability will not be banished for any length of time unless the underlying constitutional abnormality is removed.

AFTER-PAINS.

By THEOPHILUS PARVIN, M.D., LL.D., Prof. of Obs. and Diseases of Women and Children Jeff. Med. Coll. of Phila., Pa.

Va. Med. Monthly, October, 1887:—By many practitioners, after-pains, if not excessive as to suffering or as to continuance, are regarded as beneficial—evil bringing good, hurt that causes healing. They claim that they are dependent upon uterine contractions, which secure thorough emptying of the uterus and normal retraction of the organ, and thus hemorrhage is guarded

against, and uterine involution promoted. At least partial confirmation of this view is given by the well-known fact that these pains are more severe, other things being equal, after a rapid labor, or in case the uterus has been greatly distended as by pluriparous pregnancy, or by polyhydramnios. It is not my purpose to dispute this opinion as probably just in many cases. Nevertheless, it does not apply to all; and to make this position good, an inquiry must be made into the cause or the causes of these pains.

Almost all recent writers upon obstetrics explain after-pains as resulting from retained clots, or a clot, which the uterus endeavors to expel—a view almost the opposite of that which, in a past age, was held to explain the ascent of water in a pump; nature abhors a vacuum, so now the uterus abhors a plenum.

But without further reference to the etiology of after-pains, I wish to suggest that in some cases the affection is of purely nervous origin. How often the obstetrician is reminded of the great differences in the response which the womb gives to irritant causes! Thus one pregnant woman is exposed to the greatest mental or physical shocks without miscarriage resulting, while in another it is produced by the most trivial causes; the induction of premature labors is in one case effected within twenty-four hours by the introduction of a flexible bougie in the uterine cavity, while the same mean, conjoined with alternate vaginal douches of hot and cold water, may be used in another for a week before the desired result is accomplished. Now, the simplest and the true explanation of these different effects is found in the relative irritability of the uterus in different subjects—the organ is normally irritable in one woman, excessively so in a second, defectively so in a third. So, too, I believe that in some cases violent and tormenting after-pains may be the expression of excessive irritability of the uterus, and that just as we may have vesical or rectal tenesmus without any inflammatory change, and without there being in either bladder or rectum anything more than a drop or two of urine or of mucus requiring expulsion, so there may be a tormenting and very painful uterine tenesmus when the uterus has nothing to expel, and only the normal lochial flow passing off. Holding this view, I cannot regard after-pains as in all instances beneficent, but only evil. Of course I know that the use of quinine for the relief of after-pains is by no means new, but I believe it, in combination with opium, is the best treatment in case this suffering is caused by excessive irritability of the uterus.

When rheumatism seems to have finally settled in a certain joint, try this: Wrap around the affected part several thicknesses of flannel, first soaking them in cod-liver oil. Encase this in oiled silk; and each day remove the silk and pour on a teaspoonful of the oil.—PROF. WAUGH.

THE TREATMENT OF RETAINED PLACENTA.

By GEO. F. HULBERT, M.D., late Supt. Female Hosp.,
St. Louis, Mo.

Weekly Med. Review.—1. The treatment of retained placenta is to be determined by the conditions present, as regards presence or absence of hemorrhage and the period of gestation.

2. Before the third month. Uterine contraction being always present, with slight hemorrhage; ergot, hot vaginal antiseptic douche, rest, good food, with pronounced hemorrhage or evidence of decomposition, curette, ergot, hot intra-uterine, at first, vaginal afterward, douche—rest, good food.

3. After third month, to and at term (a) inertia and no hemorrhage; manipulations tending to excite uterine contractions, as kneading of body and fundus by hand on abdomen; insertion of two fingers in vagina, supporting and elevating the uterus if necessary, fl. ext. ergot, hot douche; electricity, in the order named. These failing, delay with work is proper for a reasonable time, the limit being an hour. Then insertion of the hand into uterus and deliver as in inertia with hemorrhage or adherent placenta.

(b) Inertia with hemorrhage; where hemorrhage is slight and relaxation is of moderate degree, ergot, kneading, hot douche, electricity. No delay is proper save for the execution of the above means; these failing the rules for the next condition are imperative. When relaxation and hemorrhage is pronounced, ergot, kneading of uterine body, insertion of hand into uterine cavity, and complete, clean, and effectual delivery of secundines, followed by hot intra-uterine antiseptic douche, and if necessary use electricity, hot vinegar, then stronger but less desirable styptics, should they be demanded.

4. When the retention is due to irregular contractions, ergot, mechanical stimulation by hand to the part demanding it. This not availing, insertion of hand and complete delivery, as in inertia with hemorrhage.

5. When adherent placenta is found, immediate separation by the fingers and delivery of entire contents of uterine cavity before withdrawal of hand, followed by hot intra uterine antiseptic douche.

The above is our creed, and in the forging will be found the reasons for the faith that is in us. I am satisfied they are based upon our understanding of scientific application of our knowledge and experience.

One word regarding "pulling on the cord," I advise no one to do it or not to do it, for the reason that I cannot impart the degrees of the pull, in pounds or any other exact measure; furthermore it is a very ineffectual means of delivering the placenta. I can only say that pulling on the cord is a natural and common practice with me. As far as the danger from

inversion is concerned, that can be prevented by an intelligent handling of the uterine body with the hand on the abdomen. Any evidence of inversion will be readily perceived. Common sense and ordinary judgment will guide in the force applied.

TREATMENT OF QUINSY.

Northwestern Lancet.—Dr. F. P. Atkinson says in the *London Practitioner*: The effervescing citrates will be found useful in allaying not only this but all other kinds of glandular inflammations, and I order twenty grains of bicarbonate of potassium to be taken with fifteen grains of citric acid every four hours in a state of effervescence. Guaiacum, which has long been known to be beneficial in throat cases, is best given in the form of lozenges made up with black-currant jam, in accordance with the directions of the pharmacopœia of the Throat Hospital, Golden Square. One of these lozenges should be sucked frequently. Iodine, when applied locally in cases of glandular inflammation, is known either to reduce the enlargement or to hasten suppuration, according to the stage in which it exists; and a gargle, containing from twenty to twenty-five minims of the tincture to the ounce of water, will be found particularly useful. This may be used by taking a little in the mouth and shaking the head from side to side. Port wine is an essential part of the treatment, and it is necessary for the patient to take from four to six ounces in the course of the day, besides plenty of beef tea and milk. By this method resolution is almost always brought about, and the patients are, with scarcely a single exception, able to resume their usual duties about the fourth day. The usual duration under the old methods of treatment was almost always from nine to ten days. I would particularly urge upon those who are willing to give the above-mentioned method of treatment a trial not to be discouraged if the patient complain of feeling no better or even worse for the first two days, but to persist with it all the same, and they will be certain to meet with the success they and their patients desire. Though the bowels are almost always confined, it is not advisable to administer aperients, since as soon as recovery takes place they are moved as regularly as possible, without any extraneous assistance. When suppuration has commenced in the tonsils (which may be looked for about the sixth day, and made out by great throbbing in the ear on the affected side), it is best to omit the effervescing citrates and guaiacum lozenges, and depend upon the iodine gargle, together with the port wine and beef tea. Suppuration is by this means hastened and suffering curtailed. In conclusion I would ask those who put this method of treatment on trial, to keep a record of their cases, and after a time make a report both of the successful and unsuccessful ones, so that we may arrive at really truthful conclusions concerning the disease.

PHYSICIANS AND DRUGGISTS.

The Indiana Legislature has passed a law declaring that "From and after the passage of this act, no pharmacist, druggist, apothecary or other person, shall refill more than once prescriptions containing opium or morphine, or preparations of either, in which the dose of opium shall exceed one-fourth grain, or morphine one-twentieth grain, except with the verbal or written order of a physician.

A violation of the law is declared a misdemeanor, punishable by a fine of not less than ten or more than twenty-five dollars.

Would not a similar law be in order in California? Such a law would not only benefit the apothecary, and the physician, but the patient. The prescription might be carried still further, and declare that *no prescription* should be filled a second time without the consent of the physician. It is this repetition of formulas, that not only detracts from the physician's fees (richly earned) but from his reputation—e. g. A physician writes a prescription for bronchitis; it relieves, and the prescription is given by the druggist to a patient suffering from aortic aneurism. It does not relieve, and the physician is considered of no account. Every medical man will understand the proposition. It is this "quacking over the counter," this assumption of medical knowledge gleaned from prescriptions, and from superficial reading of quack advertisements, that calls for reprobation. Let us instance a case not two hours old. A young man called for advice for gonorrhœa. He says: "I always take any patient who comes to the store. I have the prescriptions of several good physicians and I give them the medicine prescribed—first one, then another. By and by they get well; or they don't—but I don't seem to have the same luck with myself. I tried first one and then another, and really I am worse off every day. Now I come to you to get well.

Dr.—But if I give you my prescriptions you will use them for others.

P.—Yes, of course, I *must* do it, to bring business, so that my employer may keep me.

Dr.—Would you place the prescription on file?

P.—Not if I know it! My boss would be as wise as I, and use my knowledge, and discharge me as not being a better physician than himself. Don't he keep *his private formula* from me? He locks up his formula book, and I only do the rough work. He would not employ me if I could not prescribe for people who ask for advice in his absence. If I go to him, he looks in his book, and advises me what to give, and I give it. If it don't cure, we try some other doctor's prescription. If they don't get well, no matter,—we sell the medicine, and charge big prices.

Dr.—But suppose you sent them to a physician?

P.—Well, he would furnish medicine perhaps, and we would loose both goose and feathers. We

like to get prescriptions for tough cases, and then we gain so much more; but doctors have dropped to it, and don't trust us more than they can help. Why, doctor, you would be astonished to learn how many physicians furnish their own medicine. Every doctor seems to have a pocket case, and if we get a prescription nowadays, it don't amount to anything. The doctors are shy of us, and don't send as many as usual. Now, doctor, I'll tell you something: All of your good prescriptions are put up as our own medicines, and advertised for the cure of the diseases for which you prescribed them. The store is full of them. Of course, I mean yours and others. If it was not for these, we would not be able to pay expenses.

Dr.—Well, my boy, my bill for you is—and I shall furnish medicine—to prevent you from using my prescriptions in the store.

P.—But, doctor, I have no money, but will send you patients enough to pay twice my fees. Will that do? other doctors will do that.

Well—no—commissions of that kind are not acceptable. You had better try some other physician.

This is no fancy sketch, but a verbatim conversation. Will any one ask why doctors keep the medicines they prescribe? They do not *sell* them, perhaps, but *give*, then the patient *must* return for a repetition of medicine, *and fee*.—*Pacific Record, San Francisco.*

CONTRIBUTION TO THE STUDY OF
HYDRASTIS CANADENSIS.

Givopiszew, of St. Petersburg, has recently made an elaborate study of this old American remedy, with the following results:

1. Aqueous extracts of hydrastis, even in large doses, are not poisonous to warm-blooded animals.

2. Hydrastis produces cardiac depression and consequent reduction of arterial tension.

3. It always produces uterine contractions. The aqueous extract is to be preferred for this purpose. The contractions of the pregnant uterus near term are most powerful, those of the virgin uterus weakest.

4. Large doses of hydrastis may induce premature labor after the fourth month.

The author sums up the clinical uses of hydrastis as follows:

1. Hydrastis is an excellent remedy for uterine hemorrhages due to inflammations or misplacements of his organ; also for profuse hemorrhages occurring about the menopause.

2. The uterine contractions produced by hydrastis are weaker than those produced by ergot.

3. The use of this drug is followed by no untoward symptoms. It produces no gastrointestinal disturbance, but, on the contrary, will frequently relieve dyspepsia.—*Bulletin Gen. de Therapeutique.*

THE HARM OF MODERATE DRINKING.

It is very well known that hard drinking surely kills; it is equally well known that moderate drinking is usually injurious. There are, however, two forms of the latter habit: in one, the individual drinks moderately and only at his meals, in the other, he drinks over a bar, taking a "nip" of whiskey, a "cocktail," "fizz," etc., in accordance with the idiosyncrasy of his palate, his geographical location, or personal associations. These last-named indulge in what our continental brethren call "nipping" or "pegging," and the practice of nipping has been apparently shown by Dr. Harley and others to be injurious to health and life.

Dr. Harley gives the following telling statistics:

Death-rate of men between the ages of twenty-five and sixty-five.

MEN EXPOSED TO THE TEMPTATIONS OF "NIPPING."

	Liver diseases.	Urinary diseases.
Commercial travellers.....	61	44
Brewers	96	55
Inkeepers, publicans, vintners, barmen, and waiters.....	240	83

The comparative death-rates of men of the same age engaged in other industries, not exposed to the temptation of "nipping," are, again, as follows:

DEATH-RATE OF MEN NOT EXPOSED TO THE TEMPTATIONS OF "NIPPING."

	Liver diseases.	Urinary diseases.
Gardeners and nurserymen...	18	39
Printers.....	28	30
Farmers and graziers.....	41	31
Drapers and warehousemen...	35	37

In addition to the above Dr. Harley cites the following statistics of beer, which apply to Prussia:

PROBABLE DURATION OF THE LIFE OF MEN.

Age.	In the liquor trade.	Not in the liquor trade.
25.....	26.23	32.08
35.....	20.01	25.92
45.....	15.19	19.92
55.....	11.16	14.45
65.....	8.04	9.72

Further statistics are given, showing the extraordinary excess of mortality from liver disease among innkeepers, bar-tenders, vintners, waiters, and publicans, as compared with persons in other occupations. The ratio is as six to one.

To all this it may be said, on the other hand, that nothing lies like figures, and that, after all, the mortality rate is not greater, for example, in a whiskey-drinking country like Scotland, than in presumably temperate regions like certain

States of New England or the West. It is more than probable that Dr. Harley's figures point to the truth; but the question rises, in view of the pretty even range of mortality in countries of temperate and "nipping" habits, whether, if liquor is taken away, some other death-producing agency does not set at work? We believe that the medical profession must, at any rate, accept the fact that "nipping" shortens life.—*N. Y. Medical Record.*

TREATMENT OF WARTS.

The methods of treating warts have undergone quite a revolution in the past few years. Everyone almost has employed nitrate of silver or nitric acid for their extirpation, and removal by the knife or ligature has also been a favorite procedure. Of late, however, it appears that the same end is obtained by internal medication. We were told not so very long ago, that by taking small doses of carbonate of magnesium daily, the warts would disappear. In a late number of the *Bristol Medico-Chirurgical Review*, Mr. Bingley G. Pullin gives a short account of the beneficial results he has obtained by giving arsenic internally. In the first case detailed, a young lady of 17, the hands were the seat of the warts, and a mixture containing liquor arsenicalis three minims, twice a day, was given, and in about a week the warts had disappeared. In another case of a boy of eight, two minims of liquor arsenicalis was administered twice a day: in two weeks all the warts but one had disappeared, and this was easily removed by the fingers. In a third case in a patient four years of age, one minim of the same drug effected a cure in about ten days, two doses of the medicine being given daily. Mr. Pullin says that he has treated a number of other cases with equally gratifying results, and he very pertinently remarks that in treating young children, especially, a painless method is of the highest advantage. The plan is one which is certainly worth trying. Another advantage, which is not mentioned, is the avoidance of sores. There is one point in connection which must not be forgotten. In all the cases reported, it was only the hands which were involved, or at least those are the only implicated parts which are mentioned. The question which naturally arises is, will this method act so favorably upon warts in other regions? If so, it would be of the highest value, for many persons are affected with warts of the face, neck, scalp, etc., who leave them go untreated on account of the terror which they have for the knife and caustics.—*St. Louis Med. and Surg. Journal.*

TIGHT LACING LESSENS THE FLOW OF BILE, at least in rabbits. Such is the conclusion arrived of by Dr. W. J. Collins after a series of experiments. The unfettered action of the diaphragm is essential to the normal flow of bile.

UTERINE HEMORRHAGE.

BY WILLIAM GOODELL, M.D., Prof. Gynecology Univ. Penn., Phila., Pa.

Va. Med. Monthly.—Suppose a woman about fifty years of age, who has borne children, comes to you with the statement that at the age of forty-five the menses ceased, and that she had no discharge of blood from the vagina from that time until six months ago, when she again began to lose blood, what would you suspect? You should suspect cancer of the cervix. Why? Because as a result of her labors a laceration of the cervix has probably happened, and carcinoma has developed in the cleft of the tear. I will venture to say that in ninety-five out of a hundred cases this diagnosis would be correct. [That was my suspicion in a case which I had placed under the care of Dr. James B. Hunter, of this city, who found only fungoid degeneration, and cured the patient by dilating and curetting the uterus. An almost identical case occurred in the practice of Dr. A. P. Dudley, who presented the material removed by the curette to the N.Y. Path. Soc.—Ed.]

Suppose, however, that a woman, also about fifty years old, has not borne children, and that the menses have not ceased but have continued and increased in quantity, what then should pass through your mind? You should infer that the hemorrhage is probably due to one of two factors—either to a fibroid tumor, which is the more common, or to a polypus. The fact that she has not borne children would tend to eliminate the suspicion of carcinoma; for it is exceedingly rare to find cancer of the neck of the uterus in sterile women. I have, however, seen this in two instances, one of which, however, tends to strengthen the rule. This was the case of a lady, about sixty years of age, who had a large fibroid tumor of the womb, which in the process of enucleation had forced open the os to the size of a silver dollar, and was protruding from it. I wrenched the tumor off and removed it. Cancer subsequently developed in the cervix, which had been injured by the long protrusion of the tumor. The second exception came to my notice a few months ago. It was that of a married lady who, I am sure, has never borne a child. She had a cancer of the neck of the womb, from which she died. Carcinoma will sometimes attack the fundus of the uterus in the sterile, but this is also very rare.

THE MEDICAL TREATMENT OF NOCTURNAL EMISSIONS.

In a recent number of the *Wiener Medizinische Blätter*, Dr. Thor, of Bucharest gives some particulars as to the effect of antipyrin in cases of nocturnal emissions. Lupulin and camphor had been justly abandoned in such cases. Cursch-

mann states that the sedative effect of lupulin on the genital organs, in spite of all the recommendations, was not proved. As to camphor, it has, according to his opinion, no better effect. Fürbringer is of the same opinion. Zeissl recommends it in the first place, as do Purgsz, and other writers. The effect of nux vomica arsenic and atropine is also often uncertain. Among all the remedies hitherto employed, bromide of potassium or bromide of sodium was the most useful. Diday recommends it to the exclusion of every other drug. Bromide of potassium, from two to five grammes in a glass of water, taken just before going to bed, will, according to his experience, exert a prompt effect and check the pollutions. The prolonged use of the preparations of bromide, however, as is well known, produced an acne-like eruption, and the use of the remedy had, for this reason, often to be discontinued. Dr. Thor states that he has found antipyrin an excellent substitute for the bromides. He gives it in doses of from half a gramme to one gramme, to be taken by the patient a short time before going to bed. In seven cases it had proved very successful, and checked the pollutions. No disagreeable after-effects were observed. In "neuroasthenia sexualis," in the sense of Beard, antipyrin could also be used with good results; but the dose had, in these cases, to be sometimes increased from one gramme to two grammes a-day.—*British Medical Journal*; Feb. 18, 1888.

THINKS THE STANDARD FOR MATRICATION IS TOO HIGH.

The following letter from a member of one of the learned professions—a "Fizishan" practicing in a western town—was sent to us by a wholesale firm with whom the doctor desired to establish trade relations. The writer is evidently a gentleman of manifold attainments, and some pleasing surprises in the way of novelties in medicine and perfumery may be expected when the new laboratory is in working order.

The letter is printed *verbatim*.

"Sir, as i am goin into Patant medison this spring quite extensive i have ben advised to right to you and geat a catlog of you drugs and i ame goin to keep other medison as well as make my own and all kinds of perfumery to day i am makin 7 kinds of medisons and i can make as meny as will sell and i determan run a wholesale business and if you will send me a catlog of druges and if i can do bter with you than i can in Montral i will deal with you alltogether i remain youres Truly

PROFF. ———.

"I send you a refernce from a drugist at home i hav delt with evry sence i commençè to make medison."—*Com. Phar. Journal*.

STERILITY IN THE MALE.

Dr. Belfield emphasizes the fact, largely ignored in practice, that potency does not secure fecundity. Natural desire, complete erection, copious and well-timed ejaculation, and intense orgasm, may all be exhibited by an absolutely sterile man. The responsibility for a childless marriage is popularly, and but too often professionally, attributed to the wife; investigation of the husband is omitted, or limited to ascertaining that the act is normally performed. The wife is treated; intra-uterine applications are made, pessaries applied, the cervical canal enlarged; yet no conception takes place, because no normal spermatozoa are deposited.

In every case in which medical advice is sought as to barrenness in marriage, the first examination should be directed to the semen, no matter how vigorous and potent the husband may be. Sterility without impotence may be due to the absence of normal spermatozoa from the semen—azoospermism; or to the failure to ejaculate—aspermatism. The most frequent cause of aspermatism is urethral stricture; a contraction which may offer no serious obstruction to urination, may from the compression during erection prevent passage of semen. Gross suggested that the occlusion is produced wholly or partly by spasmodic contraction of the urethra at the sensitive point. A contracted meatus or tight phimosis in the same way might prevent the discharge. Other causes are congenital defects or malformations, inflammatory occlusions, concretions formed in the seminal vesicles or prostate, etc.

Azoospermism is the most frequent cause of male sterility, and is by no means rare. This cause was assigned by Kehler to fourteen out of forty childless marriages. The most frequent causes are bilateral obliteration of the epididymis and vas deferens; bilateral orchitis; arrest of growth of the testicles—the latter common in cryptorchids. Of eighty-three cases of double gonorrhœal epididymitis, seventy-six were afterwards without sperm-cells in the semen. The facts cited show that childless marriages are often referable to the male.—*Indiana Md. Journal.*

THE UTILIZATION OF ANTISEPTICS.

We often neglect the use of antiseptics because they do not happen to be in convenient form at the time of need. The following method I have found to be of practical utility.

1. *Bichloride of Mercury Solutions.*—R. Corrosive sublimate, gr. 232; muriate of ammonia, gr. xx.; aqua, ʒ j.; glycerine, ʒ iij. Rub the bichloride and ammonia together in a wedge-wood mortar, until thoroughly fine; then add the water, after this the glycerine. The ammonia is simply added to produce greater solubility of the mercury. Keep in a bottle with the prescription pasted on. One drachm of this solution contains $7\frac{1}{4}$ grains of the bichloride. One pint of water added to one drachm of this solution gives 1-1000.

One drachm of the solution added to two pints gives 1-2000. One drachm to three pints gives 1-3000, etc. The 1-1000 solution may be used upon the skin preceding a surgical operation, and for washing the hands, towels, instruments, and to wash out the wound the first time after the operation. The 1-2000 is used in irrigating and to rinse the sponges. The 1-5000 may be used as a vaginal wash and for abdominal operations.

2. *Boracic Acid.*—We have the crystals and the impalpable powder. A solution of boracic acid may be kept for general use. R. Boracic acid, cryst., ʒ jv.; thymol, pulvis., gr. x. Dissolve the boracic acid in a pint of boiling water. Dissolve the thymol in an ounce of alcohol, then mix the two and add glycerine ʒ ij. This solution may be used with compresses on wounds, and may be diluted by adding one to eight parts of water, according to the case. The impalpable powder I use in surgical operations by means of a pepper box, applying it with impunity. In the extirpation of tumors, I fill in the cavity and rub it into the walls of the cavity; I inlay gauze muslin with it and apply as a dressing.

3. *Oil of cade.*—I regard this as an excellent dressing in surgical wounds. My method of using is as follows: I saturate cheese cloth with a mixture of one part of cade to three parts of pure olive oil, wringing out the gauze to dryness. A sheet or two of this over the wounds protects the parts and corrects all foul discharges. The adhesive process or the granulating process proceed nicely under its use.—*Am. Med. Jour.*

WART CURED BY ELECTRICITY.

By A. L. SMITH, M. D.

A. B., medical student, æt. 19, had a large "seed" wart on the back of the last phalanx of the right index finger, which had come there years ago, and for which he had tried the usual well-known remedies, such as nitrate of silver, nitrate of mercury, and various acids, without effect.

I passed a steel needle attached to the negative pole of the galvanic battery well into the substance of it on three different occasions, at intervals of three or four days, with the result that in three weeks' time the wart was entirely gone, leaving so little mark behind it, that it is now almost impossible to see where the growth had been situated.

COCAINE IN OPERATION FOR HYDROCELE.—Dr. Petit writes to *Le Concours Medical*, that before injecting the following solution into the *tunica vaginalis*:

Take of

French tincture of iodine..... 45 parts
Iodide of potassium..... 2 parts.
Distilled water..... 100 parts.

He first injected:

Hydrochlorate of cocaine..... $2\frac{1}{2}$ grs.
Distilled water 5 drs.

In this way no pain was experienced from the operation.

ARTIFICIAL FEEDING OF INFANTS.

Dr. A. JACOBI, of New York, in a paper on the "Therapeutics of Infancy and Childhood," published in the *Archives of Pediatrics*, says:

The principal substitutes for breast-milk are those of the cow and goat. The mixed milk of a dairy is preferable to that of one cow. Cow's milk must be boiled before being used. Condensed milk is not a uniform article, and its use precarious for that and other reasons. Goat's milk contains too much casein and fat, besides being otherwise incongruous. Skimmed milk, obtained in the usual way, by allowing the cream to rise in the course of time, is objectionable, because such milk is always acidulated. The caseins of cow's and woman's milk differ both chemically and physiologically. The former is less digestible. There ought to be no more than one per cent. of casein in every infant food. Dilution with water alone may appear to be harmless in many instances, for some children thrive on it. More, however, appear only to do so; for increasing weight and obesity are not synonymous with health and strength. A better way to dilute cow's milk, and at the same time to render its casein less liable to coagulate in large lumps, is the addition of decoctions of cereals. It has been stated before, that a small amount of starch is digested at the very earliest age. But cereals containing a small percentage of it are to be preferred. Barley and oatmeal have an almost equal chemical composition; but the latter has a greater tendency to loosen the bowels. Thus, where there is a tendency to diarrhœa, barley ought to be preferred; in cases of constipation, oatmeal. The whole barley-corn, ground for the purpose, should be used for small children, because of the protein being mostly contained inside and near the very husk. The newly-born ought to have its boiled milk (sugared and salted) mixed with four or five times its quantity of barley-water; the baby of six months equal parts. Gum arabic and gelatin can also be utilized to advantage in a similar manner. They are not only diluents, but also nutrients under the influence of hydrochloric acid. Thus in acute and debilitating diseases which furnish no, or little, hydrochloric acid in the gastric secretion, a small quantity of the latter must be provided for.

THE TARIFF ON SURGICAL INSTRUMENTS.

Perhaps the statement of a few facts will assist the reader in realizing the extent of the grievance, and the justice of the plea, for which we ask cooperation.

1. Physicians are at the mercy of instrument-makers in regard to price, make and quality of finish because of the lack of sufficient competition.
2. The price of instruments made in this coun-

try is out of proportion to that paid for similar instruments on the continent of Europe.

3. Surgical instruments and appliances are so costly that but few doctors entering the profession can provide themselves with an outfit adequate to carry on a general practice. At present prices it is impossible for a country physician's income to sustain his investing in costly instruments, and as a result many simple cases, such as retention of urine, foreign bodies in nose or throat, deep-seated abscesses, etc., all of which could be relieved at once with the proper instruments, must either die from the immediate cause or from the effects of time lost in seeking skilful manipulation, or else they are frequently crippled and disfigured because the most intelligent help, though patiently given, is itself crippled for want of proper instruments.

4. The cheaper grades of instruments are either antiquated or so poorly made that they may prove a cause of failure in operations, sapping, as it were, the natural inclinations to surgery in its inception.

5. European instruments are from 25 to 75 per cent. cheaper than ours, and their introduction into the market will enable the mass of doctors to buy those of prime necessity, will bring down the price of home-made appliances, and oblige the makers to use good material and put a better finish to their work.

6. The removal of import duties on surgical and other instruments used by the profession, and on medicines in general, will produce the same results, as we all know it did on the article of quinine.

—*Southern Practitioner*.

SAVANNAH, GA., January, 1888.

TREATMENT OF COLDS.

Dr. Whelan gives the following as a specific prophylactic and therapeutic remedy:

R. Quiniæ sulph.....gr. xvij.
Liquor arsenicalis.....Mxij.
Liquor astropinæ.....M.j.
Extract gentianæ.....gr. xx.
Pulv. gum acac.....q. s.

To make twelve pills.

Sig.—One pill every three, four or six hours, according to circumstances.

In early colds, the nose and pharynx being alone affected, it aborts at once.—*London Medical Record*.

Dr. Duncan, in the *London Lancet* gives three cases of entire relief from vomiting in uterine pregnancy, by painting the roof of the vagina and the cervix with a fifteen per cent. solution of cocaine. In one case the vomiting returned after a week, when a small plug of cotton wool soaked in the solution was introduced into the cervix for a few moments. The vomiting did not again return.

HOW TO TREAT THE EYE, WITH CINDER, OR DUST, IN IT.

R. W. St. Clair writes the *Med. Summary* as follows :

Nine persons out of ten, with a cinder, or any foreign substance in the eye, will instantly begin to rub the eye with one hand, while hunting for their handkerchief with the other. They may and sometimes do remove the offending cinder, but more frequently they rub till the eye becomes inflamed, bind a handkerchief around the head and go to bed. This is all wrong. The better way is not to rub the eye with the cinder in at all, but rub the other eye as vigorously as you like.

A few years since, I was riding on the engine of the fast express from Binghampton to Corning. The engineer, an old schoolmate of mine, threw open the front window, and I caught a cinder that gave me the most excruciating pain. I began to rub the eye with both hands. "Let your eye alone and rub the other eye" (this from the engineer). I thought he was chaffing me, and worked the harder. "I know you doctors think you know it all, but if you will let that eye alone and rub the other one, the cinder will be out in two minutes," persisted the engineer. I began to rub the other eye, and soon I felt the cinder down near the inner canthus, and made ready to take it out. "Let it alone, and keep at the well eye," shouted the doctor *pro tem*. I did so for a minute longer, and looking in a small glass he gave me, I found the offender on my cheek. Since then I have tried it many times, and have advised many others, and I never have known it to fail in one instance (unless it was as sharp as a piece of steel or something that cut into the ball, and required an operation to remove it). Why it is so, I do not know. But that it is so I do know, and that one may be saved much suffering, if they will let the injured eye alone, and rub the well eye. Try it.

GRAVITY AS AN EXPECTORANT.

It is claimed in *The Polyclinic* that in cases of pneumonia, where there is great embarrassment of breathing from accumulation of secretion in the bronchial tubes, great benefit may often be derived by inverting the patient and having him cough violently while in this position. It is easily accomplished by a strong assistant standing on the patient's bed, seizing the sick man's ankles, turning him with his face downward, and then lifting his feet four or five feet above the level of the mattress. If the patient, with his face over the edge of the bed and his legs thus held aloft, will cough vigorously two or three times, he will get rid of much expectoration that exhaustive efforts at coughing failed to dislodge when not thus aided by gravity. Life has been saved by repeated performances of this manœuvre in pneumonia accompanied with great cyanosis, due to inundation of the bronchial tubes with mucous secretion.

READ MEDICAL JOURNALS.

I secured a very important case, many years ago, and through this one case a number of others were brought to me. I never knew until months afterwards how I happened to be selected. It was in this way: One night, at quite a late hour, I was called to see the family of a prominent New Hampshire official, temporarily staying in our town, to whom I was a perfect stranger. After I had discharged myself, and quite a while afterwards, I learned that as soon as this gentlemen found that he required a physician, instead of asking the landlord of his hotel, or appealing to some drug store for the name of a doctor, he took a carriage and drove to the house of a postmaster. "I want a doctor," said he. "Tell me which one of the doctors of this city takes the largest number of journals." The postmaster referred him to me. As the gentleman was leaving the house he said to the postmaster: "A man who takes the journals of his profession is well read and up with the time, and that is the doctor I want, to treat me and my family."—*T. L. Brown, in the Medical Advanced.*

SOLUTIONS FOR WASHING OUT THE BLADDER.

Ultzman, of Vienna, uses the following with good results: For an irritable bladder, lukewarm water with a little tincture of opium; or solution of cocaine, $\frac{1}{4}$ per cent.; or resorcin, $\frac{1}{2}$ per cent.; or carbolic acid, $\frac{1}{16}$ per cent. When urine decomposes in the bladder, solutions of potassium permanganate, $\frac{1}{10}$ per cent., or 3 drops of amyl nitrite to a pint of water. For phosphaturia $\frac{1}{10}$ per cent. salicylic acid.—*Centralblatt für Chirurgie.*

FÆCAL ACCUMULATION.

Worrall ("*Australasian Med. Gaz.*," Dec., 1887) reports a case of fæcal accumulation, in a girl thirteen years of age, which presented the appearance of a solid tumor, hard and nodulated, distending and nearly filling the abdomen. The rapid growth and stony hardness of the tumor, together with the cachectic appearance of the patient, seemed to indicate a malignant growth, but laparotomy revealed the true condition of affairs. The patient recovered.

Professor Pancoast showed at his clinic, a few weeks ago, a case of restored hip-joint. In this case, that of a young woman, the femur had been dislocated into the thyroid foramen, and had there become ankylosed. The femur was much everted and displaced laterally, causing great deformity. Last spring Prof. Pancoast dislodged the neck of the femur, put the bone in place, and the operation has resulted in an excellent joint, with the leg in proper position.

SOME FORMS OF NEURALGIA
TREATED WITH THEINE.*

BY THOMAS J. MAYS, M.D., of Philadelphia, Pa.

In treating this case, neuralgia of the sciatic nerve, I would suggest the hypodermic injection of theine, the beneficial action of which in such cases you have repeatedly seen at this clinic. You will remember that in the experimentation which I did in working out the physiological action of this drug, I found that its analgesic or anæsthetic influence extends from the central origin of the nerve along its trunk to the periphery; therefore, in order to get its remedial effect, it must be introduced at the central seat of pain—that is, over the left side of the sacrum, and not below the hip or at the knee. Another fact was brought out during these experiments, and that is, that theine has practically no narcotic or stupefying properties, even in large doses, and seems to expend all its influence on that portion of the nervous system which is located below the seat of injection—leaving the more central parts intact. You will observe, therefore, that theine gives you the analgesic or anodyne effects of morphia and atropine without the central narcotic effects of the two latter agents. I now introduce half a grain of the drug under the skin directly over the origin of pain, and if the drug is at all indicated in this case, you will find that it brings relief in less than five minutes. Its introduction causes a little more pain than the injection of morphia, but I have never known it to produce any inflammation or abscess. The injection has now been made two minutes, and on being questioned, he expresses himself as being relieved. On being asked to sit down and then to rise, he says that he experiences very little discomfort in going through those bodily movements. In addition to the theine we shall order him ten drops of tincture of iron and one grain of quinine four times a day. We shall let him go now, and ask him to return to-morrow. As a rule, the pain never returns in its original force, and if the treatment is followed up, three or four more injections, administered every second day, will relieve him permanently. It is important, of course, to build up the system with tonics and good nutritious food. The action of theine seems to be most satisfactory when the pain is of a nervous rather than of a muscular nature, although I have seen it act very well in painful affections of the back, which are commonly believed to be of a myalgic character.

On account of the low solubility of theine, it is advisable to use it according to the following formula:—

Thein.,			
Sod. benzoat.,	aa	3j	
Sod. chlorid.,		gr.x	
Aquæ destillat.,	f	℥j	M.

Sig.—Six drops equal half a grain of theine.

Dose, from three to twenty drops.

*Extract from Clinical Lecture in *The Polyclinic*, June, 1887.

CHLORIDE OF AMMONIUM IN THE
TREATMENT OF DISEASES OF THE
LIVER.

Surgeon-General W. Stewart, in a communication on this subject to the *Lancet*, October 22, 1887, refers to a former communication of his in which he showed that, in hepatic congestion, a local depletion of the portal capillaries is effected by each succeeding dose of chloride of ammonium, and that this depletion, unlike that obtained by other measures, was not attended with depression. After stating that, with the exception of Professor Aitken, the other men in England who had used the treatment had not given the necessary attention to diet and management, without which successful results could not be obtained, he proceeds to detail the characteristic symptoms produced by the drug in hyperæmia of the liver. These symptoms occur shortly after the medicine is taken, in from five minutes to half an hour. Sometimes a shock is felt, as if "something gave way" in the side; at other times a succession of shocks is experienced in the hepatic region, accompanied, or not, by a pricking sensation ("pins and needles"), or, as if cold water were trickling down the side; or the action is described as that of "pulling" from one hypochondrium to the other, or from the margin of the right costal arch upward and backward, as if through the liver; or a "clawing," "working," or "gnawing" sensation is spoken of as felt by the patient. With the local actions excited in the liver and related parts motor impulses are similarly communicated to the muscles of the intestinal canal, thus increasing peristalsis.

In addition to the administration of the drug, the patient should be put to bed, and should have a urinal or bed pan constantly at hand. No solid food should be given; and wine, beer, or other alcoholic stimulants must be strictly prohibited. Small quantities of milk and beef tea are recommended, and the free use of barley water, as a drink. If diarrhoea exist, a pill of two grains of mercury and three grains of Dover's powder, repeated every two hours until four or five are taken, will be found the most effectual means of checking it, without the risk of setting up gastro-intestinal irritation. Looseness of the bowels does not, however, contra-indicate the chloride of ammonium. The only thing which contra-indicates the immediate use of the drug in acute cases is the existence of a combined hot and dry state of the skin, with pyrexia. Under such circumstances, its use should be preceded by a few small and frequently repeated doses of solution of acetate of ammonium, till the skin is rendered moist. Formentations or hot bran bags applied to the seat of the pain in the side will be of use in aiding determination to the skin generally.

The author gives the drug in doses of twenty grains three times daily.—*Reporter*.

A NEW METHOD FOR SUPPLYING THE CONTINUOUS OR GALVANIC CURRENT IN THE TREATMENT OF FIBROID TUMORS OF THE UTERUS.

BY A. B. CARPENTER, M.D., Cleveland, O.

Every physician who has had occasion to use electricity knows well the difficulty he has experienced in keeping his battery in working order.

Change in temperature, the dry and moist condition of the atmosphere, evaporation, polarization, the frequent inspection, renewal of the battery elements and fluids, together with the labor and expense incurred, has placed a tax upon the time of the busy practitioner, and made the operating of large batteries no trivial matter and withal a burden.

The treatment of fibroid tumors of the uterus, according to the Apostoli plan or method, necessitating, as it does, a large number of cells, has only resulted in increasing this burden, and, I venture to predict, that after the renewal, once or twice a year, of the battery elements, to say nothing of the labor in keeping the fluids in proper condition, will necessitate not a few physicians to discard this valuable form of treatment, and result in expensive plants falling into comparative disuse.

So long as electrolytic work was confined to the use of a small number of cells, the labor and expense of keeping in order was proportionately light; but with our increasing knowledge of the subject, together with the more general use of the milliampère-metre, whereby we are more intelligently, as well as accurately, informed of the strength of the current used, and thereby giving us the knowledge to administer this form of treatment in great strength on the basis of exact dosage, the task of caring for batteries, made up of from seventy-five to one hundred and fifty cells, impose a task that is something formidable.

Dr. F. H. Martin has called the attention of the profession to a small dynamo that he has had constructed, with a view to the supplanting of the cumbersome battery, and claims for it both the electrolytic and galvano-caustic currents. It is designed, to be run by an electric motor or any other convenient power. I had the pleasure of witnessing a test of the machine while on a visit to Chicago a short time since, and must say that it worked most admirably. I would venture the suggestion, however, that the noise made in running will be somewhat objectionable to it for office use.

The device which we have the pleasure of calling the attention of the profession to consists simply in that of using the current of the incandescent lighting system direct from the street wire passing the door—Thompson-Houston or Edison. We have the wire of the former system placed in our office, and by the means of a rheostat resistance sufficient to reduce the current to a minimum is interposed

then by the use of an ordinary switch-board, the current is increased or diminished according as resistance is cut in or out. A milliampère-metre is made use of, whereby the current is accurately measured while the patient is in the circuit.

The device is absolutely safe, as the entire voltage of the wire can be handled without the rheostat being used. My wire furnishes a very smooth continuous or galvanic current, with an electromotive force of one hundred and ten volts with a maximum strength of 11-20 of an ampère, equal to about eighty Leclanché cells. This current is constant, does not vary in voltage, and is always ready night or day, as the main line from which my connections are made is used for commercial purposes, and furnishes lighting for basements, dark shops, and rooms. This, I am informed, is the case in all large and in many small cities, so that little trouble will be met with in securing a wire with a day current. When a wire is once placed in our office, the task of caring for a battery of cells is at an end, and we have an apparatus that is at once always ready, reliable, economical, cleanly, and durable. The rapid introduction of the incandescent lighting system, together, will place within the reach of very many physicians this current for electrolytic work.

The charge for the annual rental of the wire is \$10, not including the cost of putting in, which, if the main line passes the door, should not exceed \$5. This device, as will be seen, does away with cells entirely, as well as the time, trouble, and expense of keeping them in order, and I venture to express as my opinion that we have a current superior to any that it is possible to have generated from chemical action, besides economy of room, which is not a small item in cramped quarters.

A word regarding the danger from contact with the electric-light wire. The Thompson-Houston or the Edison incandescent system of an electromotive force of one hundred and ten volts, and of a strength of 11-20 of an ampère, is harmless, and *must not be confounded with the arc system of Brush and others, as the strength of the latter is six ampères, and of course dangerous and must NEVER be used.*

For the purpose of meeting and providing against any unforeseen complications, as well as to anticipate criticism, I have placed at the office terminal of the wire a fuse box, the connections of which are so constructed that they will instantly melt, thus breaking the circuit, should anything unusual occur. Then if it is remembered that the entire voltage amounts to only about eighty Leclanché cells, I think it will be recognized that we have a current at once safe and practical.

I am under obligations to Mr. William D. Graves, of this city, for perfecting and superintending the construction of my apparatus, which, so far as I can now see, fulfils the object for which it was designed, viz., that of supplying the continuous or galvanic current, independent of battery cells.

I may say that I have had the apparatus in

daily use since its completion some weeks since, and my expectations have been fully realized by the simplicity and beauty of its action. The apparatus is not patented, and I shall endeavor to place the models in the hands of some reputable electric manufacturing company to insure the profession against extortion.

THE TREATMENT OF WOUNDS BY IODOFORM TAMPONS.

Dr. F. BRAMANN reports (*Archiv für Klinische Chirurgie*, Berlin, 1887) the results of treatment of wounds in Von Bergmann's clinic for some years past. The gauze employed is sterilized by means of steam at 212° , and after drying may be preg-nated with an antiseptic solution. The sterilized gauze is used in cases of trifling operations in small wounds. In larger wounds with more pro-fuse secretion, it was thought best to obtain what-ever advantage could be derived from the impreg-nation with corrosive sublimate, especially as the patients and operators are in immediate vicinity of an audience coming direct from the anatomical rooms. The cotton employed is of late years merely sterilized. The towels, gum cloths, sponges, etc., are treated in a like manner. The silk in sutures is wound on glass or metal spools, steri-lized by steam, and inclosed in metal caskets. The catgut used for deep stitches (stitches of relaxation), and for ligatures, is kept ten to fourteen days in a solution of 4 parts bichloride, 800 of alcohol, 200 distilled water. This is frequently renewed. The catgut is then changed to an alco-holic sublimate solution of 1 to 800 alcohol and 200 parts of water, and is taken direct from this. The preparation of the patient consists in giving full baths, washing the region of operation with soap and water, shaving the part, rubbing the skin with ether, and disinfecting it with from 1:1000 to 1:2000 solution of sublimate. The instruments are kept in a three per cent. solution of carbolic acid. During the operation the wound is often irrigated with 1:2000 bichloride solution. In operations in the abdomen, the pleural cavity, the mouth rectum and bladder, salicylic acid 1:1000, or boric acid 1:2000 is employed, and at the end of the opera-tion a solution of idoform in ether is generally used.

Next to strict antiseptis, the complete stoppage of bleeding is regarded as the chief agent in pro-curing union by first intention.

When the wound is dry, and the smallest bleed-ing vessels have been tied, the suture is applied with or without drainage, but only in those wounds which are considered absolutely antiseptic, and have not been infected through previous suppu-ration or contact with unclean materials. Among the cases treated in this manner are included all extirpations of tumors, removals of breasts, ampu-tations, osteotomies, etc.

In wounds where the bleeding can not be en-tirely stopped, the formation of a large clot is ob-

jectionable, not only on account of the pressure which it may make, as in fractures of the skull, but because of the risk of decomposition and blood poisoning. Although such clots may, through ab-sorption and organization into connective tissue, aid in the process of repair, they sometimes remain fluid for long periods, and during that time are a source of danger. Therefore when it is impossible to dry the wound absolutely, or where there is the least suspicion that it is not entirely aseptic, after thorough disinfection with 1:1000 bichloride solution, and with an ethereal solution of iodoform applied to the wound by means of a syringe, it is loosely packed with strips of iodoform gauze of several feet in length, and three to four inches broad. They are applied so that the larger part of each strip lies in the wound, and the ends come out at the angles. The sutures were formerly put in at this time, but this has been abandoned on account of the difficulty in keeping them disen-tangled, and of their adhesion to the iodoform gauze. The patient is now anæsthetized a second time for the application of the sutures. The tam-poned wound is covered with sublimate gauze and cotton, and an antiseptic bandage. If the secre-tions make their way through the dressings, the superficial layers are renewed, but the iodoform gauze is allowed to remain undisturbed for two days. If it is then removed by gentle traction on the ends hanging out of the wound, the latter is found clean, unirrigated, not reddened, absolutely dry, and it is only very exceptionally that a liga-ture is required. Careful suturing, with or without drainage, has resulted invariably in union by first intention, even in those cases in which, for any reason, as great weakness, or for the stoppage of bleeding from large vessels, the tampon has been left in from four to six days. His report of his result is extremely interesting, includes a large number of important cases, and appears to confirm his estimate of the value of this method.—*Ameri-can Journal of the Medical Sciences*.

REMEDY IN ACUTE CORYZA.

A correspondent from Prairie du Chien, Wis., Dr. A. F. Samuels, writes, recommending highly the following preparation in acute coryza :

R Pulv. camph.	-	-	3j.
Chloroform	-	-	3j.
Acidi benzoic	-	-	3 ss.
Adipis	-	-	3j.

To be applied ad libitum in the nostrils with the little finger. The above differs only slightly from a preparation which has been very favorably received of late in certain irritable conditions of the skin, consisting of equal parts of camphor and chloral, diluted with about ten times its weight of vaseline or lard. It is an excellent application on the skin, and we should expect it to give satis-faction also in the nose. Our expectation is increased by the experience of our correspondent.

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OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS, AND THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ART. II.—*Obligations of patients to their physicians.*

1. The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties toward the community, and who are required to make so many sacrifices of comfort, ease and health for the welfare of those who avail themselves of their services, certainly have a right to expect and require that their patients should entertain a just sense of the duties which they owe to their medical attendants.

2. The first duty of a patient is to select as his medical adviser one who has received a regular professional education. In no trade or occupation do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of sciences, the world ought not to suppose that knowledge is intuitive.

3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient

should also confide the care of himself and family, as much as possible, to one physician: for a medical man who has become acquainted with the peculiarities of constitution, habits and predisposition of those he attends is more likely to be successful in his treatment than one who does not possess that knowledge.

A patient who has thus selected his physician should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observances in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude upon his physician the details of his business nor the history of his family concerns.

6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinion as to their fitness to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even

fatal. This remark is equally applicable to diet, drink and exercise. As patients become convalescent, they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

7. A patient should, if possible, avoid the *friendly visits of a physician* who is not attending him—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for, although their modes of treatment may be attended with equal success when applied singly, yet conjointly they are very likely to be productive of disastrous results.

8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of a serious inconvenience to him.

10. A patient should, after his recovery, entertain a just and endearing sense of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgment can repay or cancel them.

SACCHARINE.

The article of sugar enters so largely into our ordinary diet that the diabetic patient and those suffering from polysarcia find it a terrible hardship to be deprived of it. The chemical curiosity of the laboratory, saccharine had not long to wait before being turned to useful account in the treatment of these two pathological conditions. Owing to its being excreted by the kidneys in exactly the same condition in which it is ingested, it can have no injurious effect upon the patient, and in any case the amount required to sweeten food is exceedingly minute. Mr. Dyer of Philip's Square showed us the other day some little tablets each containing one grain of saccharine, and one of which he assured us was amply sufficient to sweeten a large cup of coffee.

BICHLORDE OF MERCURY.

At the same time our attention was called to some capsules, each labelled. poison, packed in boxes of twenty-five, and each of which capsules containing enough corrosive sublimate to make, when added to one pint of warm water, a 1 in 1000 solution. We have for some time past been using tablets of the same size and strength in our obstetric and gynecological practice, and have found them very convenient, but these labelled capsules add the element of safety to that of convenience.

COMPOUND MEDICINES.

Sir Dyce Duckworth, M.D., of London, says: There is a great tendency now to employ concentrated preparations and to use drugs singly. This results from laboratory rather than from bedside research. There is less polypharmacy now than formerly, but I am satisfied that there is also less good prescribing than in my student days. The art of combining drugs has been much lost, and I think the practice of physic is by so much the poorer.

I have no doubt that these opinions will prove shocking in some quarters, but I simply state what I believe to be true. It is, I think, certain that some drugs are more effectual in combination with others than when given by themselves.

PERSONAL.

Dr. Rollo Campbell (M.D., Bishop's College, 1887) passed the first portion of the examination for the Licentiate Diploma of the Royal College of Physicians, London, on the 4th and 13th of this month. Last month Dr. Campbell was elected one of the attending staff of the Montreal Dispensary, and granted leave of absence.

Dr. McClure, late Superintendent of the Montreal General Hospital, intends to devote his life to the work of a Medical Missionary in India. Dr. McClure intends visiting England the first week in June, but will return to Montreal, before taking his final departure for the scene of his future labors.

Dr. Campbell, the Editor of this Journal, left for England on the 31st March by the Cunard SS. Umbria. He will return early in May. This will account for the want of attention which some business letters have received.

Dr. Gardner, Professor of Gynæcology, who has been quite ill, is, we pleased to know, on a fair way towards convalescence. At present he is sojourning at Atlantic City, U.S.

Dr. Clarke (M.D., Bishop's College, 1888) has left for Edinburg, where he proposes presenting himself for the triple Scotch qualification.

Mr. Jack of Bishop's College has been appointed Resident Clinical Assistant at the Western Hospital, Montreal.

NOTICES OF BOOKS.

We beg to acknowledge the receipt from the enterprising firm of publishers, Messrs. Geo. Davis & Co., of Detroit, a very neat and interesting little work entitled "A New Treatment of Chronic Metritis and Endometritis by Intra-Uterine Chemical Galvano Cauterizations," by Apostoli, of Paris, and translated into English by A. Laphorn Smith, lecturer on gynecology in Bishop's College, Montreal. The book contains chapters on electrical tools, operative procedure, general considerations, conclusions,

and appendix. The first part of the work is really an exposition of Apostoli's method of applying the continuous current, either positive or negative, according to the indications to fibroids as well as to other hypertrophic and hemorrhagic diseases of the uterus, while the appendix gives one a very fair idea of the uses of the interrupted current in the various functional derangements of that organ.

We clip the following reference to it from the *Cincinnati Medical Journal* for April: "Apostoli claims, and justly, too, that he has endowed intra-uterine therapeutics with one more arm, which is precise, mathematical, dosable, and localizable, which may be administered in the smallest doses and increased without danger, at the will of the operator. Owing to Dr. Smith's familiarity with the language, the translation is a most excellent one."

It is for sale by Ashford, bookseller, Dorchester St., Montreal, price \$1.00.

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