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THE  
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RAPID DILATATION OF THE CERVIX.\*

BY L. M. SWEETNAM, M.B (TOR.)

GENTLEMEN :

I HOPE to be able to interest you this evening for a short time in considering the subject of Rapid Dilatation of the Uterus.

In the evolution of the knowledge of uterine disease we have reached a point from which I believe we are justified in looking backward with considerable satisfaction upon what has been already achieved, and in looking forward with a sanguine spirit to what may yet be accomplished. More especially for the past quarter of a century, earnest, able and eminent men have been engaged, both in the old and new worlds, in the study of the uterus in health and disease, and unquestionably their efforts have enlarged our knowledge of this organ and increased our power of dealing with the diseases which attack it.

We are surely, if gradually, reducing the number of incurable diseases of the uterus, and thus enlarging the range of possible recovery.

The respect entertained by the profession and the public at large, for the work of the gynæcologist is daily increasing, while current gynæcological literature testifies to the great industry and patient skill employed in cultivating this special department of medical science.

The rapid dilatation in favor to-day had its

outcome from an instrument by Schatz (*metra noicter*); two intra-uterine stems connected by a metal crescent are inserted into the uterus by a special forceps. When the forceps is removed, the stems separate and dilate the cervix according to the tensile strength they possess.

The indications for rapid dilatation are:—

(1). Dysmenorrhœa with or without sterility, where this condition is associated with contraction at the external or internal os, or at any point in the cervical canal, or marked hyperæsthesia of the endometrium.

(2). Flexions of the uterus, whether this be consequent upon subinvolution or the thinning and softening of an ill developed organ.

As a preliminary step to intra-uterine applications, or a digital exploration of the cavity of the uterus, or the removal of growths.

Persistent vomiting, with or without pregnancy, in the absence of gastric and cerebral lesions.

*Preparatory treatment:* In view of the hyperæsthesia and congestion usually present, especially in cases of long standing, a little preparatory treatment is frequently indicated. A pledget of absorbent cotton saturated with a ten per cent. solution of Boro-glyceride in glycerine, applied twice a week, remaining in position for 24 hours, with a thorough use of the hot water douche in the interval, will in a few weeks very materially improve the condition of the uterus where the tenderness and congestion persist. Wylie urges the employment of a mixture of one part each of alum and Boro-glyceride to fifteen of glycerine, as a substitute for the ten per cent. solution of

\*Read at a meeting of the Toronto Medical Society.

Boro-glyceride in the preparation of the pledgets. In rare cases it may be necessary to spend six or even eight weeks in preparing the uterus for dilatation.

*The mode of operation:* While in Philadelphia last fall I was fortunate enough to see Dr. Goodell do the operation several times, and I shall briefly describe the operation as done by him.

The patient is thoroughly anæsthetized, and a suppository containing one grain of aqueous extract of opium is slipped into the rectum. She is placed in the dorsal position, the buttocks close to the edge of the table, the knees supported by assistants.

Goodell's bivalve speculum is introduced and the vagina swabbed out with a five per cent. solution of carbolic acid.

The uterus is steadied by a strong tenaculum, and the smaller dilator introduced as far as it will go. As soon as the cavity is reached the handles are gradually approximated and the instrument allowed to remain in position for two or three minutes. The small dilator being withdrawn, the larger one is introduced and the handles are then slowly screwed toward one another until the register on the cross bar marks at least one-and-a-quarter inches; as the operation owes its success to the thorough stretching, or even tearing, of the circular fibres; unless this is effected the improvement will be but temporary.

If the flexion is very *marked*, before full dilatation is reached the instrument is withdrawn and re-introduced, with its curve reversed to that of the flexion, and the dilatation completed. The speculum is filled with a five per cent. solution of carbolic acid; the instrument is allowed to remain in position for about ten minutes, when it is removed and a ten grain suppository of iodoform placed in position.

The operation should be done midway between two monthly periods.

Wylie employs hard rubber drainage plugs after complete dilatation. These are introduced at the time of the operation, and their retention secured by the employment of vaginal tampons of absorbent cotton saturated in bichloride solution (1-5000) and sprinkled with iodoform. On the third day the pledgets are renewed, and on the seventh the plug is removed for cleansing and reintroduced for say one or two weeks longer,

the patient remaining in bed. The same operator frequently repeats the operation two or three months later.

I have no hesitation in stating that done in carefully selected cases, few gynæcological operations yield to the operator so much gratitude, and to the patient and her friends so much of comfort and relief, as rapid dilatation of the cervix. Any of the long list of hystero-neuroses, and their name is legion, may develop as the result, direct or indirect, of stenosis (either by contraction or angulation) of the uterine canal.

After one application of the dilators I have seen the headache (often intense and prolonged) the nausea, palpitation, insomnia, and diarrhœa disappear as completely as though they had never had an existence, while the improvement in temperament was as decided as it was happy.

True, the symptoms do sometimes return, but fortunately in a comparatively small proportion of the cases operated on, and in some of these a more permanent relief may be secured by a repetition of the operation. Many who have employed moderate but not complete dilatation (or divulsion) will be able to recall cases of well marked hysteria, caused by the retention in the fundus of one or two drams of mucous, through the presence of a marked flexion, where a complete and prompt cessation of the symptoms occurred on the escape of this fluid, through the introduction of the dilator; many of these cases may be permanently relieved by means of the glycerine tampon, divulsion, use of the drainage plug, and temporary subsequent support, from a well fitting pessary or wool tampon. Of course many cases of flexion will recur despite the most careful and intelligent treatment, as they do after pregnancy; but what is claimed is that in many mild, yet pathological flexions, we have in dilatation a very safe, prompt, and successful form of treatment, if uncomplicated by serious disease of the uterine appendages.

Very frequently cases are met with where the desire for children, rather than the presence of the dysmenorrhœa, has prompted the patient to seek medical advice. Here even where sterility and dysmenorrhœa have been wholly due to the existing stenosis, whether by contraction or angulation, the prognosis as to probable relief of the sterility will depend entirely upon the amount of

change which has taken place in the structure of the endometrium and the connective tissue underlying it.

Several times I have met with a deposit of fibrous tissue near the internal os, hard as gristle, which promised to successfully resist the dilator power of the strongest instrument. In such a case the probability of successful conception would be very small.

*Results:* Goodell has operated upon some four hundred cases, with a percentage of recoveries from dysmenorrhœa of over seventy per cent., and about twenty per cent. of the married and previously sterile became pregnant.

He has had no deaths, and has met with no cases of serious inflammation following the operation.

Personally I have dilated eighteen cases to one and a quarter inches in diameter; in fourteen with an entire or almost entire relief of the dysmenorrhœa; three were somewhat relieved, and one is done too recently to enable me to speak as yet of the result. To this might be added a much larger number where moderate dilatation was employed before using the curette or applicator, and in none of these have I seen any pelvic trouble follow the dilatation.

The advantages claimed for rapid dilatation by means of branched steel instruments over those of Hegar, Peaslee, Tait, Hanks and others, are:—

1. It is accomplished at one sitting.
2. The small amount of traction made upon the appendages and existing adhesions, if there be any.
3. Any contained secretions come away between the blades of the dilator and are not driven on into the tubes.
4. Its beneficial influence upon slight flexions.
5. The glandular structures of the endometrium are not injuriously affected.
6. Its safety.

*Choosing an instrument:*—For ordinary office work, where the dilatation is simply preliminary to making an intra-uterine application, the Wylie dilator is perhaps the most convenient, as it is easily cleaned, but for complete dilatation you must have a large Goodell.

Dr. McGillicuddy, of New York, has recently caused to be made an instrument which instead of dilating laterally, operates antero-posteriorly,

and was specially devised for those cases of antiflexion occurring in virgins, in which there is a high degree of stenosis by angulation, with flattening, and at the same time marked widening of the cervical canal.

120 CHURCH STREET.

## NOTES ON ORTHOPÆDIC SURGERY.

BY B. E. MCKENZIE, M.D., TORONTO.

*ARTHRECTOMY:* *The American Journal of Medical Sciences*, quoting from the German, says: Sandler records several cases of operation upon the knee-joint in which the articulation was preserved and motion restored by the careful dissection of all the diseased synovial, ligamentous, and cartilaginous tissues. When the bone was found diseased it was gouged or scraped. His patients were of various ages and all recovered from the operation.

Like most other surgeons who practise arthrectomy, he prefers the straight lateral incision to the anterior curved one in those cases in which he expects to obtain motion. In a large class of cases of joint disease the operation is destined to supplement excision, and has already saved many joints which a few years ago would have been thought so hopelessly diseased that the only possible or justifiable operative procedure would be complete excision or amputation.

Dr. Louis S. Pilcher, in a paper read before the N. Y. Surg. Society on "Amputations for Joint Disease when Lung Tuberculosis Co-exists," states that of 174 cases operated upon, 15 per cent. of those below 10 years of age, 20 per cent. of those between 10 and 20, and 37 per cent. of those over 20, were complicated with tuberculous disease of internal organs. Local tubercular disease of other organs combines far more rarely in children than in adults with fatally progressing lung tuberculosis.

He relates a case which occurred in his own practice. Consulted in 1879 by a woman 37 years of age, because of slight lameness in right knee, first noticed after a slight bruise obtained 10 months previously. Patient's father and maternal uncle had died from tuberculosis pulmonalis. In 1882 physical examination showed a deposit at apex of left lung. At the same time condition of knee not greatly changed. During

the next two years joint suppuration occurred, and there was much discharge, pain and loss of sleep. Meanwhile the dormant pulmonary trouble was re-awakened, and the general symptoms, as well as physical examination, indicated a rapidly progressing lung tuberculosis. In August, 1884, the joint was opened for the purpose of making exsection; but finding the lower part of the shaft of the femur only a caseous mass, amputation was performed about its middle. The local result was satisfactory; in three weeks the patient was able to leave her bed, and soon resumed her household duties. Further progress in the lung tuberculosis was much hindered, cough diminished, appetite improved, and general strength increased. Two years and three months subsequent to amputation there was no extension of the lung trouble, the stump was firm and free from any sign of tubercular degeneration.

Another case, not in Dr. Pilcher's practice, was that of a young soldier with tuberculous caries of the meta-tarsal bones which was treated by resection, which was followed by synovitis of the periosteal sheath and suppuration of the tibio-tarsal articulation and concomitant pulmonary tuberculosis. After three months, the symptoms continuing unfavorable, the foot was amputated; rapid cure followed; the pulmonary symptoms abated, and, finally, disappeared, and robust health was regained.

In a third case, that of a young soldier with suppurating knee-joint disease and beginning pulmonary tuberculosis, arthrotomy was done, the pus evacuated, the fungosities removed, and the denuded bone scraped; this was followed by much suffering and more pronounced pulmonary symptoms. At the earnest request of the patient amputation of the thigh was done. Great improvement followed for one month, then the stump ulcerated, fever re-appeared, tuberculosis of the abdominal viscera declared itself, and finally death four months after the amputation.

Dr. Pilcher concludes with the following theses:

1. The probabilities of a spontaneous cure, or prolonged abeyance of a tubercular bone or joint trouble, as a result of expectant and palliative treatment—*e.g.*, improved hygiene and counter-

irritation—is much greater in children than in adults.

2. The probability of the presence or early development of lung tuberculosis in case of tubercular bone and joint affections is much greater in adults than in children.

3. Incomplete operations, as drainage and irrigation of joints, and resections in which all of the diseased tissue is not removed, are less likely to be followed by ultimate good results in adults than in children.

4. Operative interference of a radical character is justifiable at an earlier date in the history of a bone or joint tubercular affection, in an adult than in a child.

5. When a lung tuberculosis is present, and an operation for the relief of a co-existing bone or joint affection is indicated, as the result of such operation, the lung affection, while in some cases uninfluenced, is more frequently temporarily checked in its progress, and in some instances is apparently entirely removed.

6. Local relapse after an operation for an osteo-arthritis tubercular disease, lung tuberculosis existing, is exclusively conditioned upon incompleteness of the operation—the fact that somewhere tubercular tissue escaped removal—and not upon any influence exerted by the lung affection.

7. In any case of osteo-arthritis tubercular disease demanding operation, in which a doubt exists as to the possibility of removing absolutely all the diseased tissue by the more conservative methods of arthrectomy or excision, the co-existence of lung tuberculosis would be a circumstance that would add weight to the reasons for having recourse to the more radical operation of amputation.

8. After an amputation in perfectly healthy parts, as prompt healing may be expected in persons suffering from lung tuberculosis as after such an operation in a healthy person. Relapses at the stump do not occur even in persons with advanced lung disease.

52 NORTH STREET.

## RHEUMATIC PNEUMONIA.

BY DR. RAPHAEL HIRSCH, OF HANOVER.

Translated for the CANADIAN PRACTITIONER by Dr. W. Lehmann.

FROM the generally known frequency of heart affections as complications of acute rheumatism,

it is striking that the lungs are so comparatively seldom mentioned as being attacked by the rheumatic poison.

Whilst I could establish acute heart complications in 51 per cent. of all cases of polyarthritides rheumatica acuta occurring in the Würtzburg Clinic, pneumonia was observed in only 4 per cent. Lebert found pneumonia in only 1.3 per cent., and acute heart complications in 23.6 per cent. Roth found pneumonia in 7.5 per cent. of cases of acute rheumatism. My own more extensive recent observations, supported by the experience of Gerhardt, proves that pneumonic consolidation, chiefly in the lower lobe, occurs in cases of severe acute rheumatism much more frequently, but is generally overlooked. The reason for this phenomenon is plain, and is to be sought in the nature of the polyarthritides rheumatica begetting microbes; in the same way that rheumatism leaps over quickly from joint to joint as the—it is true, up to the present, still hypothetical—microbes in a short time disappear completely from one joint to reappear in another; so is it easy to imagine that the same infection may transitorily attack the lung without producing symptoms which would lead to an examination of that organ, since it proceeds only as far as the stage of engorgement and disappears again as quickly as it appeared. As a similar case has, so far as I know, never been described, I give the following case to show that the above condition really takes place in acute rheumatism.

A twenty-three year old merchant was taken ill January 16th, 1888, with frequent chills followed by fever and pain in the right side. Temperature 103.3; pulse full, 102; respiration 23 per minute; pain increased on deep inspiration. The physical examination showed, besides slight infiltration in the right apex, in the region of the right lower lobe, dull tympanic sound, crepitant rales, and vocal fremitus increased. The diagnosis of pneumonia in the first stage was made, and the characteristic expectoration, which was expected to follow, ordered to be preserved for examination.

January 17th.—No expectoration; temperature 102.4. Pain in the right side increased and extended more towards the spine; deep inspiration impossible. Auscultation and percussion

gave, besides the infiltration at the right apex, a negative result. On the other hand, the dorsal and lumbar vertebræ, and the right lumbar muscles, were tender on pressure.

January 18th.—Severe pain in the cervical vertebral joints and also in the left shoulder joint. The case further developed into one of general acute polyarticular rheumatism without heart complication.

We have here a case of polyarticular rheumatism beginning in the form of pneumonia of the right lower lobe, or, in other words, in our case the polyarthritides rheumatica acuta microbes located themselves at first in the right lower lobe and from there attacked the joints.

In my opinion a mixed infection is here not to be thought of. The short stay, only one day, of the exciting cause in the right lower lobe, corresponds exactly with the character of the rheumatic poison, and not at all with crupous pneumonia. We know now, from the observations of Leube and Weil, that there is such a thing as ephemeral pneumonia. Jürgensen also recently asserted that since his experience in the Polyclinic, he could not look upon cases of pneumonia lasting only one day, or a little longer, as of seldom occurrence. The present state of the knowledge of pneumonia clearly establishes the fact that the capability of producing it is not confined to one particular virus or microbe, but that up to the present time three have been found, viz.: Diplococcus, streptococcus, and bacillus pneumoniae, any one of which may be the exciting cause. And it will not be surprising if further bacteriological investigation establish still others, and shows that the polyarthritides rheumatica acuta microbe is the cause of the one-day pneumonia.

The clinical course might lead one to suppose it a case of pneumonia of malarial origin, but the symptoms with which the latter makes its appearance differ so widely from those of ordinary pneumonia as to leave no doubt. In the same way migratory pneumonia, which at its commencement shows such strong similarity in its manner of spreading to erysipelas, is to be excluded.

With respect to the above-mentioned case, as already said, the whole course of the disease goes to show that it is one of invasion of the

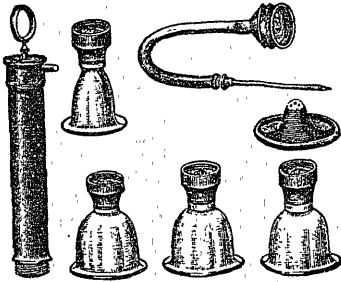
lung by the rheumatic poison, and that the lung was the *entreport* of the infection. The reason for the primary localization in the right lower lobe is, perhaps, because the right lung, on account of the infiltration at the apex, is to be looked upon as the *locus minoris resistentiæ*. To support this assumption, I merely mention the fact that in cases of acute rheumatism occurring in subjects who have previously suffered trauma of a joint, the affection is most apt to begin in the joint so affected.

152 SPADINA AVENUE.

### NEW CUPPING APPARATUS.

BY DRs. W. S. AND F. BLACK, UXBRIDGE.

IN reference to the apparatus here represented we would beg to submit to the medical profession the following considerations:—



1. As a *Cupping Apparatus*, it is easy of application and efficient in its results, being the only *perfect, cheap and durable* instrument of the kind in existence.

2. It places the effect to be produced entirely under the control of the physician, so that the operation may be completed with rapidity, or as slowly and gently as may be desired.

3. The nervous shock that is unavoidable in the old method of cupping, is thus obviated; and this instrument can, therefore, be applied with ease and safety to the most nervous women and children.

4. It can be gently applied to emaciated patients, and to bony parts of the body, without danger of inflicting injury; and near hairy parts without risk of setting fire to the patient.

5. The small cup can, therefore, be applied to the temples, the region of the ear, and the back of the neck, in cases of supraorbital and suboccipital neuralgia, and neuralgic and inflammatory affections of the ear.

6. As a *Breast Pump*, it affords a smooth, soft, yielding surface, which readily adapts itself to the tender nipple and breast.

7. The force is gentle and continuous, being entirely free from that interrupted action which renders the ordinary breast pump a source of irritation to a tender breast.

8. The action of the instrument being completely under the control of the operator, its force may be either increased or diminished with the utmost precision, as may be found necessary to produce the desired effect.

9. As an *Aspirator*, it is in every respect equal, and in some respects superior, to the most expensive aspirator in use.

10. The capacity of the cylinder and the structure of the piston greatly increase its power, while the substitution of an automatic valve for corks, that have to be opened and closed by hand, renders our instrument much more expeditious in its action.

11. By attaching suitable tubes to the lower end of the instrument, it is converted into an efficient *Stomach Pump*.

12. And by attaching the tube to the nipple at the upper end, fluid may be readily thrown into the stomach, or liquid nourishment may be administered in cases of stricture of the oesophagus.

### Selections.

*We are indebted to Drs. Acheson and Wishart for the translations from the French.*

**CARDIAC TONICS.**—Digitalis still holds its place as the most powerful heart- tonic which we as yet possess, and the most permanent in its effects. But there are good reasons for the zealous efforts made of late years to find some other means of strengthening the heart's action in cases of failure of compensation.

Strophanthus has been on trial for over two years, and it is difficult to decide in exactly what cases of cardiac disease it is preferable to digitalis. Nearly all observers confirm Fraser's original statements without adding any important new facts. However, Guttman maintains that it cannot compare, either as a heart drug or as a diuretic, with digitalis. On the other hand,

it was used in Bamberger's clinic with success.  
—*Dublin Journal of Medical Science.*

**DIMINUTION OF MEDICAL FEES IN IRELAND.**  
—The year 1888 has not been marked in Ireland by any red-letter event, but it has nevertheless been a year to be remembered by the profession, especially those who practise in the provinces. The upsetting of public quietness and prosperity which the land agitation has produced has been nothing less than calamitous for the doctors. The gentry, who were for all time the most valuable customers of the medical population, had come to be almost destitute of the necessaries of life, and therefore perfectly incapable of paying medical fees, while the classes into whose hands the profits of the land had chiefly passed had never been accustomed to pay the doctor, and did not dream of doing so, no matter how much money they might be possessed of. The result of the condition of affairs was that professional incomes, even of the metropolitan bigwigs, were reduced at least 30 per cent. all round, and in some cases almost disappeared altogether.  
—*Medical Press and Circular.*

**ANTIPYRINE IN CHOREA.**—Dr. Paul Chéron, in an article on the nature of chorea and its treatment by antipyrine, cites a large number of cases in which, in the hands of various physicians during the last year, this drug proved eminently successful. The patients were mostly children, and in various stages of the disease. The daily dose was from 30 to 75 grains, according to age, administered in capsule, or in solution in sweetened aromatic water (peppermint or chartreuse). After 4-6 days of this treatment, the disease begins to show signs of amelioration, and is cured in 10-48 days. Chéron maintains that the experiments with antipyrine in chorea have established its action on a sure basis. It does not cure all cases, but it seems to cut short the duration of many, acting as a sedative to the nervous system, while being at the same time perfectly innocuous.—*L'Union Médicale, Novembre, 1888.*

**MAN'S WORST ENEMY.**—“The bacillus of tubercle is,” say MM. Filleau and Léon Petit, “of all micro-organisms, one of the most refrac-

tory to the action of the most destructive agencies. It maintains its virulence after lying for forty days in putrid sputum, and for one hundred and eighty-six days away from contact with air. It can live at temperatures between 86° and 104° F. The most unfavorable conditions, though affecting its activity, do not compromise its existence, for it resumes its virulence whenever its surroundings become suitable. To render it inactive, it is necessary to have recourse to violent means, such as ebullition, steaming, or prolonged contact with antiseptic substances, such as ammonia, concentrated salicylic acid, absolute alcohol, or a strong solution of carbolic acid. Corrosive sublimate itself is powerless to disinfect the sputum (Schill and Fischer). The bacillus acclimatizes itself amid the most unfavorable surroundings. It complies with the exigencies of its condition, and even alters its shape, but without losing any of its virulence, of which it gives ample evidence whenever fortune favors it. Its polymorphism is not the least curious point in the life-history of this organism. Thus it is sometimes a short rod, sometimes a line—occasionally it splits, and forms spores—but it always returns to the bacillus in its complete form, with its virulence intact, whenever circumstances become favorable. ‘It knows how to suffer, but it never loses sight of its claims.’”  
—*New York Medical Record.*

**THE CONTAGION OF PNEUMONIA.**—At the close of a long discussion of the contagiousness of pneumonia, Netter draws the following conclusions (*Arch. Gén. de Méd.*): Acute pneumonia is a contagious transmissible affection. The contagion emanating from the sick persons owes its activity to specific pathogenic organisms, the pneumococci, which multiply in the pneumonic focus, and leave the body by different ways, but are especially abundant in the sputum. Contagion is possible long after the patient has recovered. One reason for this is that the germ continues to live in the pneumonic patient for a long time after the disease has disappeared, and may be found in an active state in the mouth. Another reason is the resistance which the vitality of the germs offers to desiccation outside of the human body. This raises the question whether isolation of pneumonic patients should



be practised. The author does not think this necessary, but would forbid the parents using linen that had been in use about the patient, staying continually in the room, or passing the night there. In hospital practice the pneumonic cases should be put in the smaller rooms, and not in the main ward. Especially should they be separated from cases of typhoid fever, measles, nephritis, diabetes, and acute affections of the respiratory tract. The sputum being the principal vehicle of contagion, should be disinfected. Linen and other articles should be disinfected in the same way as in the case of other contagious diseases. Disinfection of the oral cavity would certainly diminish very greatly the number of cases of pneumonia, by lessening the danger of a relapse and the risk of infection to other individuals.—*American Journal of the Medical Sciences.*

DR. LABBE reports three cases of acute lumbago upon which all other treatment had proved ineffectual, completely cured by one ten minutes' application of static electricity.—*Journal de Medicine.*

THE Russian peasantry use asparagus as a uterine hemostatic, making an infusion of the stalks with boiling water. It seems to cause an energetic contraction of the uterine muscles.—*Journal de Medicine.*

CREOLINE.—This useful anti-septic contains eighteen per cent. of naphthaline and ten per cent. of cresylic acid. Samples are generally much diluted with alcohol. The drug is of a blackish color, smells strongly of naphthaline and is alkaline in reaction. It is caustic and hæmostatic, coagulating albumen. This has led to its use in *post partum* hæmorrhage. When ingested, the urine will eliminate thirty grains in the twenty-four hours, rendering the drug practically non-toxic, and making it superior to iodoform, phenol, and sublimate, none of which can be ingested in similar quantity. It is also superior to nitrate of silver, iodine, and mercury, as it will not stain the instruments.—*Journal de Medicine.*

HYSTERIA?—An instructive case is reported in a late London journal. A young girl applied to a hospital for admission, for obscure abdominal pains. Repeated examinations failed to detect any appreciable cause for the symptoms, which were set down to hysteria. This diagnosis was apparently confirmed by slight improvement which ensued, when "disciplinary" treatment was adopted. The girl sank, however, and died. At the autopsy it was found that the cause of her death was melanotic cancer of the lumbar spine. We are sorry that no information is vouchsafed as to the nature of the "disciplinary" measures with which this dying girl was treated. We can imagine what would be meted out to a charity patient who was supposed to be shamming sickness in a hospital. A lively appreciation of the limitations of the diagnostic art, in the hands of resident physicians, should make one very slow in instituting such measures. And what is the true significance of a diagnosis of hysteria? Does it explain anything? Or does it not simply remove the difficulty one stadium away, and leave us still confronted by the question, "Why is she hysterical."—*Medical Times.*

THE MEDICO-LEGAL EVIDENCE OF CHILD-MURDER.—Hofmann (*Wiener klinische Wochenschrift*) reports the result of an official investigation by the faculty of the Vienna Hospital, in the case of a woman accused of child-murder, under the following circumstances: The mother, an unmarried woman, delivered herself of the fœtus in the night, extracting it manually from the vagina, without awakening a woman who slept in the same room. The fœtus was thrown into a canal, where it was found seven days afterward, presenting the following appearance: It was eight months advanced and well nourished. The left eye protruded, as in exophthalmus. Over the carotid and pneumogastric, upon each side, was a discolored, abraded surface, which apparently had resulted from the grasp, in throttling, of a human hand. The lungs floated in water, and the police surgeon who examined the body gave a diagnosis of feticide by strangulation. The hospital experts reversed the decision as fol-

lows: A careful examination of the bones led to the belief that the foetus was not as mature as supposed. No microscopic examination of lung tissue had been made, and its buoyancy in water might have been caused by the presence of gases of decomposition. The discolored surfaces upon the neck extended along the cartoids in such a manner that they might easily have been post-mortem staining from the bloodvessel, without violence. The mother undoubtedly made traction upon the neck in effecting delivery, but positive evidence of foeticide was wanting. The foetus was premature, and death had resulted naturally, possibly in utero.—*American Journal of the Medical Sciences.*

THE THERAPEUTIC USES OF HYPNOTISM.—Herter (*Boston Medical and Surgical Journal*) adopts Lieboldt's classification of trance in six divisions, preferring it to the arrangement of Charcot. Men and women are about equally susceptible to hypnotism. Although so much has been written on its use in hysteria, the indications for employing it are far from clear. It may be of service in some forms, but recovery, if secured, is not permanent. Hysterical paralysis, especially abductor paralysis of the larynx, hysterical amblyopia and amourosis, and hysterical convulsions are often decidedly benefited. One need never be discouraged by the first trial to secure hypnosis in a case of hysteria. Not much is to be hoped from it in hystero-epilepsy. The improvement in chorea is often rapid and marked, especially when the movements are general; a number of daily sittings, continued for months, being usually required. In insanity the results are not satisfactory. In delirium tremens the effect is often excellent, and the method finds a hopeful field in the treatment of the alcoholic habit. In masturbation it has been used with success; and in incontinence of urine in children it has, in the hands of Lieboldt, been employed with a large percentage of cures. Herter doubts whether it is of any real advantage in joint affections, though good can be expected in recent neuralgia, and he has succeeded in cutting short or mitigating the attacks in certain instances of migraine. The occurrence and duration of menstruation have been influenced by it in a few

cases. It is not to be recommended in surgery as a substitute for the ordinary anæsthetics, except in cases in which the latter are contra-indicated. In insomnia it can often be employed with good results, gradually substituting it for drugs. As regards the use of hypnotism in parturition, the author concludes that it induces sleep, and is in no way prejudicial to the uterine contractions; that it has no tendency to produce post-partum hemorrhage or any other bad result; that it is in no way comparable to chloroform in labor, and should only be used in the rare cases in which the usual anæsthetics are contra-indicated.—*American Journal of the Medical Sciences*

## Therapeutical Notes.

WHOOPIING COUGH.—Paint the pharynx four times a day with a five per cent. sol. of cocain.—*Veillard.*

FOR alopecia Prof. Bartholow recommends—  
 R. Extract. pilococarpus fluid, f̄j  
 Tinct. cantharidis, f̄ss  
 Liniment. saponis, f̄iiss. M.  
 SIG.—Rub in the scalp daily.

PROF. DA COSTA recommends for the sore throat of scarlet fever—

R. Thymol, gr. iv  
 Glycerini,  
 Aquæ destillatæ., āā f̄j. M.

SIG.—Use as a wash (dilute further if necessary).—*The College and Clinical Record*

FOR MIGRAINE.—(Ch. Liégeois):

Quinæ sulphatis,  
 Sodii salicylatis, āā, . . . . . 15 centigram.  
 Morphicæ hydrochloratis, ¼ centigram.  
 M. et ft. in cap. i.

Sig.—At the onset of an acute migraine, take one of these every half-hour till 4 doses have been taken. Immediately after the last take a granule containing ¼ milligram. of crystallized aconitine.

Generally from an hour and a half to two hours after beginning this treatment, the paroxysm disappears.—*Lyon Médicale, Décembre, 1888.*

## INJECTION FOR PURULENT OTITIS—Cozzalino:

R. Iodini pur. . . . . 35 centigr.  
 Potassii iodidi . . . . . 2 gram.  
 Ac. carbolicæ . . . . . 1 "  
 Glycerini . . . . . 50 "  
 Aq. distillatæ . . . . . 100 " M.

Sig.—Use as injection thrice daily in purulent otitis with bone lesions. If the injection causes pain, increase the quantity of water.—*L'Union Médicale, Décembre, 1888.*

## IN PULMONARY PHTHISIS Dr. Rouquette prescribes:

R. Creosoti,  
 Iodoformi, āā . . . . . 5 centigr.  
 Sodii arseniatis . . . . . ½ miligr.  
 Calcii chloridi,  
 Extracti opii,  
 Terpene,  
 Cupri acetatis, āā . . . . . 5 centigr.  
 Glycerini . . . . . q. s.  
 M. et ft. pil., i.

Sig.—1-3 pills daily during meals.—*Bul. de la Phthisie Pul.*

HYPHOSPHATE of lime is very useful in chronic catarrh of the air passages. It is also of value if taken at the commencement of a "common cold in the head," and occasionally helps to cut it short.

R Calcii hypophosphatis, gr. x to xv.  
 Spiritus chloroformi, ℥ viij  
 Tinct. cardamomi, ℥ xij  
 Aq. camphoræ, ʒ j  
 M. Fiat mist. t. d. s.

A glycerine clyster, it is now very generally known, is an extremely convenient, cleanly and apparently harmless method of emptying the rectum. Dr. Kroel, of Hamburg, has improved on the method by using suppositories made of cocoa butter and enclosing the dose of glycerine. Dr. Greenock, of Brighton, finds that a small piece of absorbent cotton soaked in glycerine is as effectual and more simple. Another correspondent of the *British Medical Journal* has found suppositories of glycerine and gelatin effectual, and they are certainly very clean and "elegant." DAWSON WILLIAMS, in *Medical Times*.

THE  
 Canadian Practitioner.

A SEMI-MONTHLY REVIEW OF THE PROGRESS OF  
 THE MEDICAL SCIENCES.

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. When a change of address occurs please promptly notify the Publishers, Messrs. J. E. BRYANT & Co., 64 Bay Street.*

TORONTO, FEBRUARY 15, 1889.

SIR MORELL MACKENZIE, PROFESSOR VON BERGMANN AND THE BRITISH MEDICAL ASSOCIATION.

THE most notorious surgeon in the world is Sir Morell Mackenzie, who may be described as a thorough Ishmaelite in professional relations. He has never been a favorite with the profession, and probably never cared to be. He has ever appealed to the public with all the wiles and strategies which are best known to ordinary quacks. His book recently published, which heaps in a cumulative fashion a large amount of concentrated abuse and ridicule upon Professor Bergmann, is generally condemned by respectable medical journals in all parts of the world.

To avoid censure from the College of Physicians, of which he had been a member for more than twenty years, he severed his connection with that body by resignation. We don't know at the present time what correspondence took place between him and the College, but we see by cablegram which appeared in the daily papers of February 8th, that he sent through his secretary a defiant and insulting letter which contained the following words: "I am further instructed to inform you that Sir Morell Mackenzie takes no interest whatever in the proceedings or opinions of the College of Physicians, and to request that as the representative of that body you will do him the favor to desist from further intrusion." We fancy the College will probably desist as requested.

It unfortunately happens that the British Medical Association has got into serious trouble over the matter. In a letter which appears in the *New York Medical Journal*, we are told that about the time when Mackenzie's book was published, a letter appeared in the *British Medical Journal* from the late Emperor, which was anything but complimentary to Professor Bergmann. As this is the official organ of the greatest of all medical societies, the British Medical Association, it appeared as if the Association were endorsing what many considered a breach of professional etiquette in publishing the remarks of a patient about one of his medical advisers.

It seems certain that the Editor of that journal has been at least imprudent, and many members of the Association have entered the most vigorous protests against his actions. The Council held a meeting, heard Mr. Ernest Hart's explanations, and replied to the memorialists that they regretted the appearance of the paragraph referred to. The protesters, however, want more than this, and ask for the publication of a formal apology in the journal. The matter is still under consideration by the Council, and their decision is looked for with considerable anxiety.

#### ABDOMINAL SURGERY IN TORONTO.

THE results in abdominal surgery in Toronto during the last few years have been remarkably good. The number of operations have got into the hundreds, and the rate of mortality under the recent aseptic methods is low. We are not in a position to give exactly the rates under the different surgeons, but believe that during the last five years they have ranged between five and ten per cent. One of our youngest surgeons has had three deaths in sixty operations, *i.e.*, a mortality of five per cent.

We regret that surgeons of this city, both general and special, show so little inclination to report their cases. Whether such disinclination is due to modesty or indifference, we know not; but this much we may say, the

medical journals are at their disposal, and we think the Profession of the Dominion would appreciate a change in this respect. We are pleased to notice that Dr. Temple has made a break, and has published brief notes of a large number of cases in the *Canada Lancet*.

The facilities for operating in Toronto are quite equal to any in the world. We have an annex to the General Hospital in the shape of an isolated pavilion, which is admirably adapted for such purposes. We have in addition a special hospital for women and two private hospitals. In a few months Dr. Walker's Sanitarium will be added to the list of private hospitals. Is Toronto destined to become the Birmingham of the continent—or something more? "We pause a little for reply."

#### FAITH HEALING AS A MEDICAL TREATMENT.

UNDER the above caption, Dr. C. Lloyd Tuckey, of Cavendish Square, London, has a most interesting paper in the *Nineteenth Century* for December. During the course of his annual holiday last August, he visited the town of Nancy, attracted there by a professional curiosity blended with scepticism and prejudice. He went coldly to investigate and came away with a developed power of scientific vision. About thirty years since Dr. Liébault, of Nancy, conceived the idea of employing suggestion combined with hypnotism as a therapeutic agent, not merely for the relief of so-called nervous complaints, but for the cure of the majority of diseases which afflict humanity. His system was taken up by Prof. Dr. Bernheim, of Nancy, who publicly demonstrated its success in his hospital clinique. Liébault's system is now practised by a considerable number of specialists and other medical men all over the continent. "Hearing for the first time of this treatment by suggestions, one may be inclined, if not to set the whole thing down as a delusion; at least to take for granted that the induced state is a form of hysteria attainable only by impressionable women or by men of unusually weak mental and physical

organization, to consider it useless as a means of healing or effectual only for those *malades imaginaires* who are always in search of some new medical dissipation and are prone to fancy cures as unreal as their ailments. Such a conclusion would however be entirely false. All physicians practising this system are agreed, that men, soldiers, out-door laborers, artisans of the most practical type, are if anything, more susceptible than women." Having still doubts, Dr. Tuckey visited Amsterdam, where Drs. Van Renterghem and Van Eeden carry on an extensive practice among the middle and upper classes; here he watched with great interest the practice of these physicians. "One is asked whether treatment by suggestion has power over all form of disease? Over some it has none. It cannot remove developed cancer or tumor. It cannot reconstruct what disease has destroyed nor do the legitimate work of the surgeon's knife, neither can it stay the course of small-pox, diphtheria, and other acute maladies. It frequently acts like magic on rheumatism, on paralysis, on hysteria. It has decided power over evil habits and vicious propensities. Dr. Liébault has counted among his patients many slaves of alcoholism. The doctors at Amsterdam told me they had treated many victims of the morphia craving with good results." Dr. Tuckey also describes the plan adopted to induce the hypnotic state, and discusses definitions and theories—but it yet remains a mystery, though Professor Charcot, of Paris, and others, are trying to make it clear—and closes his entertaining and suggestive article by stating that there is no physiological reason why the majority of people should not possess power to hypnotise, but that there are the strongest moral reasons why that power should be exercised only by approved persons and within strictly regulated limits.

#### THE ONTARIO MEDICAL COUNCIL.

THE next session of the Ontario Medical Council will be the last of this term. An election will follow, and it will be well for the profession to begin to consider the merits of

possible or probable candidates. The *personnel* of the Council, as at present constituted, is upon the whole very satisfactory, and it is unlikely that any radical changes will be made. It is just possible that there might be a slight improvement, but at present we leave the matter for the serious consideration of the various constituents, and rely with confidence on their verdict.

One of the most important questions for the Council to decide is that of reciprocity with the mother country. The last medical act of Great Britain makes provision for such reciprocity, and it would seem rather discourteous to close our doors against all British practitioners in good standing. It happens, however, that the actions of certain corporations in the Old Country in giving diplomas to our "three years' men" have been so questionable as to make the Council very cautious about agreeing to *unrestricted reciprocity*.

Unfortunately they have not a central examining board in Great Britain such as ours, and we dislike, notwithstanding our loyalty, to recognize her cheap medical corporations. The matter will probably be fully discussed at the next meeting of our Council in all its aspects. What the decision will be we cannot forecast at present, but it is morally certain that nothing will be done that will have the effect of depreciating the standard of medical practitioners in Ontario.

#### CORDIAL THANKS.

We extend sincere thanks to our exchanges for the kind and complimentary remarks which have appeared since our publishers announced the intention to issue this journal as a semi-monthly. From among the leading medical journals extending the courtesies we select the following:—

"Our excellent contemporary, THE CANADIAN PRACTITIONER, will be issued hereafter as a semi-monthly under the same editorial management that has won for it a leading place in Canadian medical journalism."—*Medical News* (Philadelphia).

"THE CANADIAN PRACTITIONER, one of the

handsomest of our exchanges, announces that, with the beginning of the new year, it will be published as a semi-monthly, instead of a monthly, as heretofore. We congratulate our Toronto contemporary upon a prosperity that warrants such an important change, and we wish it the continued success it so well merits, under the new departure."—*Buffalo Medical and Surgical Journal*.

"THE CANADIAN PRACTITIONER announces that hereafter it will be published as a semi-monthly. We congratulate our ably conducted and valued contemporary upon its progress and prosperity, and cordially wish its editors a continuance of the success of their journal."—*The Maritime Medical News*.

"THE CANADIAN PRACTITIONER has made a new departure significant of the success which has been the reward of its general excellence in matter, management and make up, as among the foremost representatives of medical progress, and particularly in the Dominion. Beginning with the new year, it will hereafter be published *semi-monthly* instead of monthly, as hitherto, but at the same price, \$3 per annum in advance."—*The Sanitarian*.

"THE CANADIAN PRACTITIONER will be published as a semi-monthly. With 1889, THE PRACTITIONER enters upon the fourteenth year of a life that has been marked by steady progress and bids fair, under the new order of things, to continue to increase its usefulness. We are glad to greet THE PRACTITIONER in its new form and wish for it continued success."—*University Medical Magazine*.

" . . . The size of the page, the quality of the paper, both of the inside and cover pages, and the excellent typography so characteristic of THE PRACTITIONER heretofore, will all be retained."—*The College and Clinical Record*.

" . . . THE PRACTITIONER is now about to enter on its fourteenth year; its history has been one of steady development. . . ."—*Medical and Surgical Reporter*.

OUR contemporary THE CANADIAN PRACTITIONER which has "clubbing rates" in that country in connection with the *Medical Press and Circular*, commenced this year as a fortnightly instead of as a monthly journal, at the same price as formerly. . . . THE

CANADIAN PRACTITIONER now stands acknowledged as the leading medical journal of Canada.—*Medical Press and Circular*, (London, England.)

" . . . We wish our enterprising contemporary every success."—*The Montreal Medical Journal*.

#### NOTES.

INFANTICIDE is not regarded as a crime in China.

THE first mention made of snow-blindness in literature is to be found in Xenophon's *Anabasis*.

AN International Congress of Physiology will be held in Basle, on September 10th of this year.

THE *Pacific Medical and Surgical Journal and Western Lancet* is now edited by Dr. Hodghead, of San Francisco; as "*The Pacific Medical Journal*."

THE CANADIAN PRACTITIONER thinks it unjust to compel the students to attend the same course of didactic lectures twice. Amen.—*American Lancet*. Yea; and let the profession say Amen.

DR. DUVAR, of Paris, has been unable to convince himself of the certainty of rendering labor painless by the use of antipyrin. Some relief was produced in three out of ten cases.

M. ESLENMEYER states that newly born infants of mothers addicted to the morphine habit, require to be treated accordingly: to begin by giving small doses of morphine, with a gradual lessening of the amount.

M. CHARCOT has shown that hypnotism is not a natural phenomenon, but a real experimental neurosis, which should never be brought about except by a physician who has a real curative end in view.

MR. ROBSON, a Dublin surgeon, was deprived of his diplomas and had his name removed from the Medical Register, because of his having permitted Warner, the "safe cure" man, to use his name for the sale of his concoctions.

DR. GURANOWSKI (*Deutsche Med Zeitung*) reports a case of soft chancre of the middle ear in a young servant girl. Auto-inoculation occurred in the nose from taking snuff with soiled fingers. During the treatment an acute otitis media developed on the left side.

OF the 2,000 children examined by Dr. Franklin Chappell, of New York, 1,231 were found to be suffering from some anatomical abnormality of the upper air passages; and in the majority of the cases there were symptoms of respiratory obstruction and catarrh.

THEODORE GILL says that science is a goddess who is rich in attributes, and ready to reward her worshippers, but coy in her gifts. She is generous only to those who worship at her shrine in sincerity and truth, and who supplement their prayers by continual labor and deeds.

*The Microscope* says: Mittman, of Wurzburg, has investigated finger-nail dirt for micro-organisms. In twenty-five cases examined, micrococci were present; then came diplococci: in eighteen cases bacilli; sarcinæ were found in three,—while moulds abounded.

THE ear affords excellent facilities for observation as to the general state of nutrition and circulation; and the degree of perfection in its form is a tolerably safe guide as to the descent of the individual from a sound and well-bred stock.—*Jonathan Hutchinson in Wood's Monographs.*

PROF. NEUMANN, of Vienna (*Medical Press and Circular*), relying on his vast experiences in the department of venereal diseases, has arrived at the conclusion that chronic gonorrhœa in man may infect the mucous membranes of the female genitals; such infections, however, had a sub-acute or slow course without, in many cases, giving rise to the slightest subjective disturbances.

NEW CUPPING APPARATUS.—We publish in this issue a description of a new cupping apparatus invented by the Drs. Black, of Uxbridge. It is a most admirable combination, including

as it does a cupping apparatus, breast pump aspirator, and stomach pump, each one of which appears to be perfect in action, and from the simplicity of its structure not likely to get out of order.

A CORRESPONDENT of the *Journal of the American Medical Association* says: A medical man of Belfast was tried at the Wicklow Assizes for defrauding an assurance company by certifying as a first-class life for insurance a man he examined, who died two months after of cardiac disease and dropsy. The prosecution contended that the existence of the disease was known at the time of the examination, and that he withheld this knowledge and certified falsely. The jury convicted and the prisoner was sentenced to six months' imprisonment.

AMAUROTIC AMBLYOPIA.—Many smokers, I believe, recognize periods during which the pipe disagrees with them, and they are for a time obliged to abandon it; and very curious symptoms, such as absolute suspension of the sexual appetite, etc., are sometimes, with confidence, alleged as consequences of its excessive use. But the cases which are of most interest are those in which, without any excess and in persons who have been for long thoroughly habituated, tobacco suddenly begins to act as a poison, without causing any distaste or any conspicuous derangement. They lose appetite and become nervous; and among the most conspicuous symptoms is a very marked failure of sight. It always affects simultaneously and equally both eyes. It begins very insidiously, and often having no other symptoms than diminution in acuity of vision, is often scarcely recognized by its subject until, at the end of six weeks or two months, he finds that he can only read the largest type.—*Hutchinson in Wood's Monographs.*

FEE BILL OF LOS ANGELES COUNTY MEDICAL SOCIETY.—Day visit, \$2.50 to \$5.00; night visit, \$5.00; extraordinary time, service or responsibility, extra charge. First consultation, \$5.00 to \$10.00; subsequent consultation, \$3.00 to \$5.00; attending physicians the same. Advice at office, \$2.00 to \$10.00. Opinion involving question of

law, \$50.00 to \$100.00. Post mortem examination, \$25.00 to \$50.00; but if for legal investigation, \$100.00 to \$200.00. Gonorrhoea or syphilis, \$25.00 to \$50.00 in advance. *Obstetrical*—Ordinary case, \$25.00 to \$50.00; turning or forceps, \$25.00 to \$50.00 additional. Embryotomy, \$100.00 to \$300.00. Tedious labor additional. *Surgical*—Capital operations: Amputation of leg or arm, ligation of artery when large, stone, removal of breast or large tumor, cataract, strangulated hernia, vesico vaginal fistula, cleft palate, etc., \$100.00 to \$500.00. Operations of secondary importance, \$25.00 to \$100.00. Minor operations, \$5.00 to \$25.00; after an operation, attendance at usual rates. The foregoing is intended as a general guide. If with patients of wealth, it is considered only proper and just that the physician or surgeon shall not be restricted by the foregoing table, but shall receive such increased compensation for his services as the greater means of the patient may render proper.”

AN EDITORIAL AMENITY.—*The Manitoba Lancet* pays the following tribute to the College of Physicians and Surgeons of Manitoba: “Fortunately for transgressors in Winnipeg, though there is a College of Physicians somewhere, the high pressure epoch in which we live has rushed it on to senility ere emancipated from the cradle, and the old lady is quietly snoozing in some unknown corner of the city, waking up occasionally to gobble any twenty-five dollar fees for registration which may be accruing, and then, like the python after his gorge, lapsing into a condition of inertia. The Colleges of Physicians in London and Dublin are live corporations, examining and licensing bodies, with powers to inspect and supervise apothecaries and chemists, and guard the privileges which diplomas and degrees confer on men who have obtained them—powers which are constantly used for the welfare of the profession and the public good. But here we have Orville’s, Kergan and his staff of peripatetic cure alls, and a host of others of the like species, prancing over the province and disfiguring the daily papers with their unprepossessing physiognomies and lying undertakings, which, however, extraordinary though it be, is found to

be sufficient to gull the public and to enable these pirates to glean all the dollars and cents which the culpably credulous can lay their hands on. We would suggest that the executive of the Manitoba College of Physicians wake up from their lethargy, and for the dollars that they collect from the profession make some feeble effort to show that they are not without life, even if it prove to be only of that low order enjoyed by the mollusc.”

#### LISTERINE.

We are indebted to Drs. McDonagh, Palmer, and Ryerson for the following:—

“AMONG the numerous preparations which have lately been presented to the profession to be used as deodorant or antiseptic applications, I have found none so generally useful as that called ‘Listerine,’ which is prepared and sold by Messrs. Lambert & Co., of St. Louis, Mo. Listerine is a colorless liquid containing the active principles of eucalyptus, thyme, mentha arvensis gaultheria, etc., and mixes readily with watery solutions of almost any ingredient. It may be used in diluted solutions (say 1–4 of water) either as sprays, injections, or washes, wherever there are septic discharges; and not only does it cause no irritation, but it is generally followed by very good results.”

319 CHURCH STREET. G. R. McDONAGH

“I HAVE used Lambert’s Listerine chiefly in diseases of the nose and throat during the last three or four years, with much satisfaction.

“It is a carefully prepared formula, and being essentially antiseptic, is of much value in surgical operations within the nasal cavities.

“It also forms a good menstruum for the solution of other agents which it may be desirable to convey in the form of spray to these parts.”

46 GERRARD STREET EAST. L. L. PALMER.

DR. G. S. RYERSON, of 60 College Avenue, has written:—I determined to try it in chronic suppurative disease of the middle ear, and the results justify me in saying that I regard it as an agent of great value in the treatment of these cases. I have also used it as a spray in cases



of muco-purulent nasal discharges, and think it of value here also."

W. Lloyd Wood, of Toronto, the reliable and enterprising pharmacist, is the Canadian agent for this preparation.

## Hospital Reports.

### CLINICAL REMARKS ON CASES UNDER THE CARE OF A. MCPHEDRAN, M.B.,

Lecturer on Clinical Medicine in the University of Toronto.

#### I.—CASE OF ACUTE BRIGHT'S DISEASE FOLLOWED BY PYÆMIA.

THIS man, aged twenty-one years, entered the Toronto General Hospital October 1st, 1888. His temperature was slightly subnormal when he entered and continued so during October; the urine was very scanty, at times as low as three ounces in twenty-four hours, and contained 75 to 80 per cent. by volume of albumen. No casts could be found. On November 5th his temperature rose to 105°; urine converted into solid mass on heating. No distinct chill at this or any subsequent period, but sweating was often profuse. Uræmic symptoms, especially coma, were often marked. The temperature was very variable during November and December, but bore no relation to the uræmic symptoms. In the latter month an abscess formed in lower part of calf of right leg. After its evacuation temperature gradually fell to normal, and has remained so since, with the exception of one short interval. Lately casts, granular and waxy, have been found in the urine, but no pus at any time. The urine has increased in quantity, till now he passes about a normal amount, the proportion of albumen being about 33 per cent. by volume, and he is restored to fair health.

The cause of the pyæmia in this case is obscure. Has it any connection with acute Bright's? The causation of acute Bright's disease itself is mysterious. Exposure to wet, cold, etc., usually assigned, is far from satisfactory; quite as much so as the assigning of this cause for pneumonia has proved to be. And just as the presence of a special poison, one or more varieties of cocci, has been proved necessary for

the production of pneumonia, so may it be found on further investigation that acute Bright's disease is always directly due to some specific organic poison. Dr. George Johnson published a paper last year in the *British Medical Journal*, in which he detailed some cases probably due to sewage poisoning. This view is supported by the researches of Lustgarten and Mannaberg, who found in the urine of most cases in the acute stage enormous quantities of streptococci, apparently most numerous in the most severe cases. Their number diminished as the quantity of urine increased, and disappeared with convalescence. Cultivated and injected subcutaneously they produced abscesses; injected into a vein, blood, casts, and streptococci appeared in the urine in three or four days. It is desirable that urine of cases of acute Bright's should be examined, to confirm or disprove the presence of such micro-organisms. If they are present in the kidney they were the possible cause of the pyæmia in this case, just as the microbes of pneumonia sometimes cause pyæmia, at least ulcerative endocarditis, which is but a phase of pyæmia.

#### II.—HYPERTROPHIC CIRRHOSIS OF THE LIVER.

THIS man, who is forty-seven years old, presents a very typical example of this rather rare disease. He first showed signs of illness last May, in slightly failing health without any marked symptoms. Jaundice gradually developed, and by the end of June is very intense, as it is now. He continued much the same all summer. The urine was of very dark port-wine color; the fæces very pale; considerable flatulence. He is still able to work as a laborer and support his family. The liver is very large, extending about three inches below the ribs; the margin is not rounded and the surface appears smooth, at least no inequalities can be made out through the abdominal wall. The gall bladder is felt in its normal position, extending about two inches below the liver; movable, hard, and somewhat irregular. The condition of the gall bladder indicates obstruction of the common bile duct, in which case the cirrhosis is *secondary* and the result of retention of bile. If there is occlusion of the duct it is probably due to cicatricial stenosis; as the jaundice developed gradually, and

there is no history of gall-stones, nor evidence of tumor occluding the duct by external pressure. There is considerable bleeding from the gums, due likely to the deleterious effect on the blood of the retained bile constituents.

It is to be noted that there is absence of such signs of portal obstruction as ascites, albuminous urine, hemorrhoids, enlarged spleen, dilated abdominal veins, diarrhoea, etc. These are present in all cases of advanced ordinary cirrhosis, in which the cicatricial tissue is formed chiefly about the branches of the portal veins in the interlobular spaces and affecting but little the hepatic ducts, hence jaundice is not marked.

In hypertrophic cirrhosis, such as this, on the other hand, the development of connective tissue is most active *within* the lobules and around the small biliary ducts, thus leading to retention of bile and leaving the portal circulation free, at all events till very late in the disease. The cause of the hyperplasia of connective tissue is quite uncertain; it is probably varied. The disease occurs in those who abstain from spirits as well as in those addicted to them. In cases of obstruction of the common ducts from any cause, the pent up bile causes dilatation of the small hepatic ducts and consequent hypertrophy of their walls and surrounding tissue; the bile also causes destructive changes in the hepatic cells. In accordance with general law, there is further connective tissue formation to fill up the gaps left by wasting of the cells. In this manner, by an excess of development of interstitial tissue, the liver may become greatly enlarged as in this case. Late in the disease the portal branches may be encroached upon and enlargement of the spleen and ascites result.

The disease is said not to last more than a year or two. True hypertrophic cirrhosis can seldom be distinguished from biliary cirrhosis resulting from obstruction in the larger biliary passages. Though there is nothing in the history of this case indicating obstruction, except the enlarged gall bladder with the pale color of the stools; these, however, render the existence of obstruction more than probable. The morbid changes in the liver in hypertrophic cirrhosis, and in biliary cirrhosis secondary to obstruction, appear to be, so far as at present known, identical.

The only treatment that offers any hope of benefit would seem to be an exploratory incision to remove, if possible, any obstruction that may exist in the large bile ducts. If that proved impossible, the formation of a biliary fistula would give some relief if obstruction exists in the common bile duct. It would drain off the bile, at least, and thus relieve the hepatic tissue of its deleterious influence.

## Meeting of Medical Societies

### TORONTO MEDICAL SOCIETY—

STATED MEETING, JAN. 15TH.

DR. MACHELL in the chair.

DR. J. McCallum presented the following pathological specimens:

1. Atheroma of aorta.
2. Atheromatous ulceration of the aorta.
3. Cancer of the uterus.
4. Cancer of the pancreas.
5. Liver showing Liebermeister's furrow.

DR. E. E. King reported a late hospital case, where in the course of a pneumonia death had suddenly intervened. This was discovered by the autopsy to be due to the rupture of a large dissecting aneurism of the aorta into the left thoracic cavity. The artery was atheromatous from the heart to the iliac bifurcation.

DR. McPhedran showed a liver containing multiple abscesses, probably due to inflammation about the portal vein.

DR. Price Brown mentioned a case where a spinster, thirty-five years of age, had consulted him about a tumor occupying the pelvis, and extending to half way between the umbilicus and the ensiform cartilage. The appearance was that of a pregnancy at the sixth month. The diagnosis was *ovarian cyst*. Saw this patient again ten years after. The tumor had disappeared and the surface was flattened. Neither abortion nor operation had taken place, nor was their history of the escape of pus. Evidently absorption had occurred.

DR. Machell related a case of difficult labor. The patient was a primipara and eight months pregnant. There was a face presentation. On attempting to deliver, a second head was found in the way. Delivery was at last accomplished

by pressing the one head up between the pains. The first child was dead. Dr. Langstaff, of Richmond Hill, reported a similar case ten years ago. Barnes advises in similar cases the method followed here or decapitation.

STATED MEETING, JAN. 22ND.

The following gentlemen were elected members:—Dr. Price Brown, of Spadina ave.; Dr. Dawson, of Major St.; Honorary Member: Dr. J. B. Hunter, of New York; Corresponding Member, Dr. George Wright, of California.

Dr. Sweetnam was called upon to read his paper on

RAPID DILATATION OF THE CERVIX (See page 61).

In the ensuing discussion Dr. Machell remarked that he had once met with a case where for months the patient had suffered from hysterical convulsions at each menstrual period. On examination the cervical canal was found so contracted that the smallest probe could not be introduced. No operation was performed and the patient subsequently married, and became soon after pregnant.

Dr. Cassidy had treated several cases similar to those mentioned in the paper successfully with Routh's Hysterotome.

Dr. Hamilton thought the general treatment should not be lost sight of.

Dr. Graham said that he had once been consulted by a patient who complained of a gastralgia upon which opiates and arsenic had no effect. Upon examination stenosis and acute anteflexion were discovered. An attempt was made to replace the womb, but it failed. The symptoms continued, and Dr. Skene, of Brooklyn, was consulted, but he did not lay the blame to the uterine conditions. Finally Dr. Flint, of New York, sent her to the seaside for several months, with entire recovery resulting.

Dr. Machell asked why it was necessary to give chloroform in these cases, as Goodell did. He was in the habit of using Ellinger's dilator for ordinary cases where he wished to make applications to the endometrium, without any anæsthetic.

Dr. McMahon asked if cocain injection to the cervix would not replace the chloroform.

Dr. Sweetnam, in reply, stated that he employed dilatations only in well selected cases, excluding

all other possible causes for the conditions present. An 8% injection of cocain was useful in the milder cases, but full dilatation involved great pain.

Dr. E. E. King then read a paper entitled

OPERATIONS UNDER HYPNOTISM.

in which, after stating that the paper was written in order to induce some investigation of the subject by the members of the Society, he proceeded to outline the history of hypnotism from its inception by Mesmer in Vienna in 1775, to the investigations of Braid, of Manchester, and Elliotson, of London, some forty years ago in England, and the late experiments of Charcot in Paris. Dr. King then stated that the principal object in hypnotism is to effect a concentration of the mind upon one object and throw the remaining senses out of gear—*viz.*: the patient is put to sleep, as regards all the senses but one, and upon this one portion of the brain the operator can play at will. Dr. King thought further that some part of the cerebral cortex was the part so influenced. With regard to the exciting cause of the inactivity of the remainder of the brain, and the influence by which the operator subordinates the subject, the writer was unable to offer any satisfactory explanation. Superficial or nervous development on the part of the operator seemed to be one factor. Dr. King then related the following case:—

"On the 6th of January last, assisted by Dr. W. H. B. Aikins, of this city, I operated upon J.C., aged 23, for varicocele, applying a subcutaneous ligature. The patient was hypnotized by a Mr. Seymour, who came to my office for that purpose. The patient was of nervous temperament, had never been mesmerized, was perfectly willing to undergo the experiment, provided he was assured he should feel no pain, he was somewhat excited. Mr. Seymour placed and held his hand on the patient's forehead and told us to go ahead. Dr. Aikins separated the veins from the vas deferens, and I passed the needle, armed with silk, (which had previously been made aseptic,) between the veins and the vas deferens, unthreaded, and withdrew the needle, rethreaded and again inserted in the same openings, but above the veins; then withdrew the needle, and the silk was left encircling the veins; the knot was tied and dropped into

the scrotum. I did not cut the ends of the silk off close, as is recommended, for I proposed to test the sensibility of the part on the following day. During the operation the patient undoubtedly felt pain, but I am convinced that it was very slight in comparison to what it would have been without the hypnotism, because on the following day, when I dressed the wound, on my touching the silk, he screamed with pain, and on asking him to compare the pains he said the operation was very slight indeed in comparison. I injected cocaine 10% and cut the silk close to the knot, which I allowed to remain. The wound healed with only a few drops of pus; the patient left his room on the fourth day and has since had no trouble.

Dr. McMahon thought the condition was one of expectancy, the will being completely subservient to some object. It was impossible to stop the pulse. There was at present no scientific basis upon which to found an explanation of hypnotism and its results.

Dr. McKenzie said that physicians must not fight shy of the subject of hypnotism. He had record of a confinement and of the amputation of a finger rendered painless, in this city, by hypnotism. He had the facts, if not the explanation.

Dr. McPhedran drew attention to the fact that anaesthesia might be produced by hyperoxidation, as by inhaling oxygen, or breathing rapidly.

Dr. King replied that he could give no explanation, but was certain that he had counted the pulse beats at the rate of 12 to the minute.

#### STATED MEETING, JAN. 29TH.

Dr. G. A. Peters showed a tumor of the internal iliac glands, removed from a subject in the dissecting room of Toronto University. No history of the case could be obtained.

The tumor occupied the left of the pelvis, lying between the external and internal iliac vessels. The testicles were healthy; the penis had been amputated high up; the urethra contained a stricture; the prostate and bladder were healthy. The one wall of the tumor was adherent to the bladder. There were several nodules, one pressed through the obturator foramen, and the obturator nerve seemed obliterated. Another penetrated the greater sciatic

notch, and another the lesser notch. The tumor was probably secondary to some disease of the penis, on account of which that organ had been amputated. This might have been epithelioma. The growth had the appearance of medullary cancer, the inside being soft, with bands of denser tissue. The fact of the nodules pressing upon such large nerves would point to the existence of prominent symptoms, but the adductor muscles did not appear wasted. The bone was eroded at the back of the pelvis, and the sacro-iliac ligament was entirely eroded. When the tumor was stripped off, the joint was laid bare.

Dr. Davidson mentioned a case marked by pain in hip and right iliac region, with enlarged inguinal glands. Hamilton, of New York, had discovered per rectum a mass in the fossa, which he termed lympho sarcoma.

Dr. Atherton thought the tumor too large for a secondary growth.

Dr. McKenzie had seen a somewhat similar case in Vienna, which was diagnosed a sarcoma.

Dr. Peters said that Dr. Caven, from preliminary examination, believed the growth sarcomatous.

Dr. McKenzie showed a section from the dorsal and lumbar spine of a child twenty-two days old. He had been called in consultation about a tumor in the lumbar region. The child was poorly nourished, had paralysis of the sphincters, and club foot. The tumor afterwards ruptured, leaving an opening one inch long, and a small superficial slough. Several convulsions occurred before death. The case was unfavorable for operation. Post mortem, the tumor was found adherent to seven vertebræ, and in its upper portion surrounded by the spinal cord. Death appeared to be due to marasmus. In a recent paper on the subject of Spina bifida, nineteen out of twenty cases were of this kind.

Dr. McPhedran thought operation was unjustifiable in all cases where the cord surrounded the tumor. In all of his cases this had been the case.

Dr. Atherton deemed operation not always unjustified, even if the cord surrounded the sac. There was no means of distinguishing with

certainty. It was on record that Morton's fluid had been injected in such cases.

Dr. McKenzie mentioned that of four cases operated upon by incision and suturing the skin flaps, two had recovered and another had lived a year. The general opinion seemed to favor treatment by injections in the sides of the tumor, so as to avoid the nerve structures.

Dr. McPhedran stated that he had under observation a woman with Spina bifida. The skin was greatly thickened and covered with hair.

Dr. Peters stated he had seen a case of Spina bifida at the age of three weeks. The skin was then red and translucent. It was now well formed and healthy, but not thickened and without hair. The skin seemed to become normal if the cases survived.

Dr. McPhedran then reported a case of Bright's disease followed by pyæmia (See page 76).

Dr. Acheson mentioned that in a late number of the *Lyon Médicale* there were reported several cases of what was termed Primary Bacterial Nephritis. All, with one exception, had proved fatal. Post mortem, acute inflammation of the kidney and immense numbers of micro organisms were present. In no case could any cause be assigned for the nephritis. In regard to Dr. McPhedran's case, was a rise in temperature synchronous with an outbreak of uræmic symptoms?

Dr. Cassidy asked if Dr. McPhedran meant to exclude cold, heat, turpentine, whiskey, etc., as causes of acute Bright's. In Michigan, Dr. Baker had lately traced large numbers of cases of pneumonia to cold, and ten years ago a cold winter here had been notable for an epidemic of pneumonia.

Dr. McPhedran stated that he had not intended to discuss pneumonia, but he had no doubt of its being a specific fever from the fact of the prodromata, the crisis, the uniform course, and the lack of proportion between the extent of the lesion and the symptoms.

He did not wish to affirm that all cases of acute Bright's were bacterial in origin, but many certainly were so. In the case referred to there was no relation between the exacerbation of temperature and the uræmic symptoms. No pus

had been found in the urine at any time, and no casts until recently. In his opinion cold was an accessory to, not a cause of, pneumonia and Bright's disease.

Dr. Oldright reported a case of irregular elevations of temperature after a difficult labor. There were no symptoms of septicæmia, and yet the thermometer marked normal one day and 104° the next. This seemed to be neurotic.

Dr. Machell believed it septicæmia.

Dr. Macdonald thought inflammation was to be expected after such serious bruising and tearing. It was his practice to order large injections in such cases, and prevent the lochia becoming offensive. Several such septicæmic temperatures had occurred in his obstetrical practice, but none were fatal.

Dr. McPhedran stated that Dr. Cameron, of Montreal, followed the Vienna school in considering all cases septicæmic where the lochia remained red after the fourth day, with slight elevations of temperature. After an experience some years since, he had abandoned the syringe in puerperal cases.

Dr. Machell had experienced trouble in all his cases where the lochia remained red after the fourth day.

Dr. Nevitt had recently met with two cases of elevated temperature after miscarriage.

In one there was headache and chill, and a temperature of 105° on the sixth day. This became normal next day and recovery ensued.

Dr. Acheson inquired if any members had used sulphonal as an hypnotic. He had prescribed it on two successive nights in a case of alcoholic insomnia without effect.

Dr. Nesbitt had obtained refreshing sleep after three doses, at intervals of half an hour.

*Erratum.*—In the report of the meeting of Jan. 8th, Dr. Primrose was inadvertently made to say that "in the Edinburgh Infirmiry nine-tenths of the cases were put up with adhesive plaster." This should have read nine-tenths of the cases were put up in splints applied laterally, and connected by a piece of sheeting rolled around them, in such a way as to support the limb posteriorly.

D. J. G. W.

OTTAWA MEDICO-CHIRURGICAL  
SOCIETY OF OTTAWA.

THE regular fortnightly meeting of the Ottawa Medico-Chirurgical Society was held on Friday evening, 9th inst., Dr. H. B. Small in the chair. Present, Sir James Grant, Dr. McDougall, Dr. H. P. Wright, Dr. Horsey, Dr. R. W. Powell, Dr. Prevost, Dr. R. Bell, Dr. Baftie, Dr. J. A. Grant, jr., Dr. Robillard.

Sir James Grant showed a pathological specimen of stricture of the colon near the sigmoid flexure occurring in a lady patient aged sixty-nine. A clinical report of the case was read; death was from exhaustion.

Dr. Horsey presented a pathological specimen of a bony excrescence which he removed from the shaft of the femur just above the inner condyle in a lad of fourteen. There was a long pedicle and a curious cauliflower appearance of the main growth, each bunch, as it were, being tipped with cartilage. There was a history of traumatism some years before through a kick from a horse. Dr. Horsey expressed the opinion that the growth was malignant.

Dr. L. C. Prevost read an able paper on Hæmoptysis, dividing his paper into headings—What does it mean? What shall we say? What shall we do?

He traced the literature of the subject from the time of Hippocrates down to the present day, especially dwelling on the views of Lænnec, Andral, Norton, Niemeyer, Bouchut and Jaccoud.

After an elaborate argument, the Doctor concluded that if we would eliminate cardiac disease, traumatism and hæmophilia, then that hæmoptysis certainly indicated a tuberculous lung. The paper was well received and a hearty vote of thanks accorded Dr. Prevost, being moved in a highly complimentary manner by Dr. R. W. Powell, and seconded by Dr. H. P. Wright and Sir James Grant, who individually expressed their high opinion of Dr. Prevost's paper.

Correspondence.

LONDON LETTER.

To the Editors of THE CANADIAN PRACTITIONER.

DEAR SIRS,

AT the last meeting of the British Gynæcological Society, Mr. Lawson Tait presented two very instructive specimens, one of them of great interest as showing the benefit of experience in abdominal surgery; and the other as introducing a new and courageous departure from old lines laid down by those who have collected statistics of such cases. The sooner we give up basing our surgical opinions on such misleading collections of semi-accurate facts the better.

The first specimen was an enormous œdematous myoma that must have weighed when *in situ* about sixty pounds. Mr. Tait said that he had opened the abdomens of two women some years ago; and thinking that nothing more could be done for them, he closed the incisions. On one of these Dr. Bantoch had recently operated, and removed an enormous œdematous myoma presented to the society a short time ago, and he himself had removed the enormous tumor of the same nature, now before the society, from the other. The patient made an easy recovery. The lesson taught was the benefit to be derived from increased experience and increased manipulative skill.

The other case was one of ectopic gestation. He could not make up his mind as to the diagnosis, believing that it might be one of several conditions. But after opening the abdomen, separating adhesions above, and passing his fingers behind, he came upon what he at once knew was placental tissue. In a few seconds he had decided what he would do with it. The five months fœtus was extracted from a cavity that had evidently ruptured into the abdominal cavity. A primary rupture had taken place into the broad ligament, and then the gestation had progressed to the fifth month, when the secondary rupture had occurred. He peeled off the placenta, and touched the bleeding surfaces with perchloride of iron. The hemorrhage was profuse. The placenta covered an area equal to

the size of his two palms. He believed the fœtus to have been alive at the time of operation.

This new departure set at rest the question as to the possibility of the removal of the placenta in such cases, by experienced operators, with a successful termination. The old method of procedure, on which such stress had been laid, was to leave the placenta alone, to come away subsequently. One case had been operated on of late, and the placenta had been enclosed in the sac. The patient did well for some time—about a month—and then suppuration set in followed by septicæmia and death. But the indication in all such cases would be to re-open the abdomen and evacuate this pus; and as this had not been done the method could not be condemned.

In six cases in which he had adopted the old method five made recoveries, but the convalescence was so very tedious that if some better method could be found it should be adopted. And now in his seventh case he had followed this new departure, and the patient had made an easy recovery. The possibility of a successful termination to such a procedure was established.

He would state that if urgent symptoms occurred at any time, he would operate, but without them he would wait until the child was viable. The child had some claim to consideration. These children were not usually deformed as many thought; and he could show the society a fine girl and a fine boy removed from ectopic gestation cysts some years ago.

The writer would sum up as follows:—

1. If urgent symptoms occur any time before the child is viable, perform laparotomy.
2. When the child is viable perform laparotomy before its death occurs, and endeavor to save both mother and child.
3. If the child is dead it should be removed without waiting for it to come away by suppuration.
4. That the placenta may be dealt with in three ways:—

(a.) By leaving a drainage tube in the sac, and either bringing the cord out beside it or tying it, cutting it short and dropping it.

(b.) By cutting the cord short and closing the

wound. If symptoms of suppuration set in, perform a second laparotomy.

(c.) By removing the placenta and as much of the sac as possible, controlling the hemorrhage with iron, washing out the peritoneal cavity, and draining.

From a careful examination of the symptoms of all the recently published cases of ectopic gestation, as proved by *post mortem* examination or by operation, the writer is firmly convinced that until the two symptoms indicating intra-peritoneal rupture arise, namely, severe pain and more or less severe collapse, there are no symptoms on which to base a positive diagnosis. In the vast majority of cases no illness arises requiring the aid of a physician, until pain and collapse occur. From an examination of the history of many cases where rupture has evidently taken place into the broad ligament and the pregnancy has continued, I feel convinced that the very acute pains are not due to spasmodic contractions of the tubes nor of the uterus, but that they are due to intra-peritoneal rupture. When rupture takes place into the broad ligament, the symptoms of acute pain and collapse are absent. Moderate pains occur in cases of hydro-pyosalpinx, and acute pains in these affections indicate escape of fluid into the peritoneal cavity.

The slight pains often recorded as produced by movements, as stooping, reaching over-head, and uterine contractions, occur in so many female complaints that until very severe pain comes on the patients do not call in the doctor.

In all the cases on which Mr. Tait operated, where severe acute pain and more or less collapse were the symptoms leading to a positive diagnosis, rupture had occurred; and where the attacks had been numerous, the clots were disposed in layers corresponding in age to these periods. I believe that if a surgeon opened the abdomen for supposed ectopic gestations presenting the following set of symptoms—

1. Preceding history of inflammation;
2. Preceding period of sterility;
3. Cessation of menses from a few days to a month or two;
4. Followed by irregular hemorrhages:

5. A belief of the patient that she is pregnant ;
6. With the early signs of pregnancy ;
7. Pain slight, not more severe than frequently occurs in normal pregnancy ;
8. Feeling of a mass to side of uterus,—  
he would only find ectopic gestation in about twenty per cent. of the cases ; and as a small minority of cases give such a complete set of symptoms, opening the abdomen when only a few of them are present would be a still more uncertain procedure. One might make a chance shot. When, however, only some of these symptoms are present, accompanied by severe sudden acute pain and more or less collapse, the diagnosis is almost a certainty.

J. F. W. Ross.

## Books & Pamphlets Received.

*Cases in Orthopædic Surgery.* By A. P. MORGAN VANCE, M.D., Louisville, Ky. (Reprint.)

*Osteotomy for Anterior Curves of the Leg.* By DE FOREST WILLARD, M.D., Lecturer on Orthopædic Surgery, University of Pennsylvania.

*Biennial Message of Richard J. Oglesby, Governor of Illinois, to the Thirty-sixth General Assembly, January 9th, 1889.* Springfield Printing Company.

*Femoral Osteotomy for the Correction of Deformity Resulting from Hip-joint Disease.* By A. P. MORGAN VANCE, M.D., Louisville, Ky. (Reprint.)

*Success and Failure of Electrolysis in Urethral Strictures especially. Dr. Keyes' method reviewed.* By ROBERT NEWMAN, M.D. New York. (Reprint.)

*Message of Gov. Robert L. Taylor of the Forty-sixth General Assembly of the State of Tennessee, Thursday, January 10th, 1889.* Nashville, Tenn., 1889.

*Proceedings of the American Society of Microscopists.* Eleventh annual meeting held at Columbus, Ohio, August 21st, 22nd, 23rd and 24th, 1888. Vol. x.

*The Comparative Danger to Life of the Alternating and Continuous Electrical Currents.* By HAROLD P. BROWN, Electrical Engineer, No. 201 West Fifty-fourth street, New York.

*Nouveaux Faits Confirmant L'Efficacité de L'Electrolyse Linéaire dans le Traitement des rétrécissements de l'Urèthre procédé rapide et inoffensif.* Par le Dr. J. A. FORT. Paris : Place de l'école de Médecine.

*Transactions of the Association of American Physicians. Third Session, held at Washington, D. C., September 18, 19, 20, 1888. Volume III.* Philadelphia : Printed for the Association. 1888.

*The Battle of the Swash and the Capture of Canada.* By SAMUEL BARTON. Also a patriotic speech by Dr. W. George Beers, of Montreal, in reply to a toast of professional annexation. Montreal : J. Theo. Robinson, Publisher.

*Handbook of Materia Medica, Pharmacy and Therapeutics ; compiled for the use of students preparing for examination.* By CURTHERBERT BOWEN, M.D., B.A., editor of "Notes on Practice." Philadelphia : F. A. Davis, publisher. 1888.

*Pulmonary consumption considered as a neurosis. Being two of a series of evening lectures given by the Faculty of the Philadelphia Polyclinic in the course of 1888-1889.* By THOS. J. MAYS, M.D. (Reprint). Detroit, Mich : GEO. S. DAVIS, Publisher, 1888.

*The Cortical Localization of the Cutaneous Sensations.* By CHARLES L. DANA, A.M., M.D., of New York.

Read before the American Neurological Association at Washington, D. C., September 18th, 1888. Reprinted from the *Journal of Nervous and Mental Diseases.* New York, 1888.

*A Practical Treatise on Nervous Exhaustion ; its symptoms, nature, sequence, treatment.*



By GEO. M. BEARD, A.M., M.D. Edited with *Notes and Additions*. By A. D. ROCKWELL, A.M., M.D., Professor of Electro-Therapeutics in the New York Post Graduate Medical School and Hospital. New York: E. B. Treat, 771 Broadway. 1889. Price \$2.75.

*Dose and Price Labels of all the Drugs and Preparations of the United States Pharmacopœia of 1880; together with many unofficial articles that are frequently called for as medicine or used in the Arts; with an Appendix containing a description of many of the New Remedies lately introduced for the use of Pharmacists and Physicians and Students.* By C. L. LOCHMAN. Third and revised edition. Philadelphia: Dunlop & Clarke, 817-19-21 Filbert street. 1889.

The work has been most carefully done. Lochman's Labels are to be recommended to all physicians requiring labels for their drug receptacles.

## Personal.

DR. LEOPOLD WITTLISHÖFER, editor of the *Wiener Med. Wochenschrift*, is dead.

DR. WM. T. LUSK, of New York, was elected President of the New York State Medical Association.

M. PASTEUR has resigned the Secretaryship of the Académie des Sciences on account of ill-health.

DR. OLIVER WENDELL HOLMES has presented his extensive library of medical works to the Boston Medical Library Association.

THE annual address of the Bellevue Hospital Alumni Association will be delivered this year by Prof. Osler.

DR. B. F. CANE, F.R.C.S.I., Professor of Clinical Medicine and Pathology in the University of California, is dead.

DR. GEO. W. MCKINNON (McGill, 1888) has been licensed to practise medicine in the State of California. He is located at Eureka.

DR. MCPHEDRAN has resigned the position of Lecturer on Medicine and Dean of the Woman's Medical College, Toronto. Dr. Nevitt has assumed the duties of the latter position, and Dr. McCallum of the former.

HOMER B. SPRAGUE, President of Dakota University, at a recent banquet, referred to Professor Henry Montgomery (formerly lecturer in Biology in the Toronto School of Medicine) as "one whose name is known and honored on both continents."

DR. CARL ZEISS, the celebrated optician, founder and owner of the great microscopic factory in Jena, died a short time ago at the advanced age of seventy-three.

PROF. JOHN ASHHURST, junior, has been appointed Professor of Surgery in the medical department of the University of Pennsylvania; and Prof. J. Tyson was elected Professor of Clinical Medicine *vice* Dr. Osler, resigned.

WE have been requested to insert the following by the Rio Chemical Co. :—

MENORRHAGIA, LEUCORRHEA.—Macadam Grigor, L.R.C.S., L.R.C.P., Alexandra Avenue, Battersea Park, London, says: F. O., widow, thirty-two years of age, one child, suffered for years, and was frequently under medical treatment, getting little or no relief. When she came under my care, about three months ago, I found her very weak and anæmic, complained of pain in left hypogastric region and sympathetic vomiting. She told me that at the menstrual period she nearly flooded, and between the times, only fourteen days, she suffered very much from whites. I thoroughly examined her. Under treatment she improved in general health, but still the menorrhagia and leucorrhœa continued, though I had exhausted the remedies used in such cases. When the Aletris Cordial came under my notice about six months ago, I put my patient under its treatment, with the result that the menorrhœa and leucorrhœa have ceased and the slight prolapsus uteri gives no discomfort. I may state that I still keep her under the tonic.

*Notices of Births, Marriages and Deaths will appear in first number of each month.*