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MANITOBA, NORTHWEST & BRITISH COLUMBIA

# “LANCET.”

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MANITOBA,  
Northwest and British Columbia  
**Lancet.**

*A Monthly Journal of Medicine,  
Surgery, Chemistry and  
Scientific News.*

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WINNIPEG, SEPTEMBER, 1887.

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MEDICO-CHIRURGICAL SOCIETY  
OF WINNIPEG.

Societies where medical men can meet together and viva voce exchange opinions, actual experiences, advance theories, and subject their practice to the criticisms of their professional brethren have been immense factors in placing the profession of medicine in the deservedly high position it has now attained to. There is no doubt that the various medical societies and journals while promoting that social professional union which means strength, have been instrumental in raising the general status of the profession. Pre-eminent among medical societies the British Medical Association deservedly stands. In twenty years this association has increased in numbers from 4,000 to 12,000 members, having on its rolls the most honored names among the physicians and surgeons of Great Britain. The *London Globe* in its remarks on the late meeting held in Dublin says: "It is a matter of concern to us all that the men to whom we are compelled from time to time to trust our lives should be men well instructed in their craft and of high personal character and the medical men of Great Britain and Ireland are certainly not behind those of any other country.

Strange to say there is no medical society or association of this charac-

ter in Winnipeg, and its absence is an immediate felt want, an unquestionable void that there is no reason or sense in continuing. Some little trouble is incurred in the foundation of all societies and associations. But if the medical men practising in Winnipeg and its vicinity will send in their names as desirous of forming a medico-chirurgical society in the town, to the editor of this journal. So soon as the numbers warrant, a meeting will be called of those interested in its establishment, and a Winnipeg medical society will take life. The following gentlemen have already notified their desire to join:—Drs. Orton, Lynch, Brett, Pennefather, R. B. Fergusson and Codd.

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QUACKS.

The last agonized screech of the Orville fraternity is sounding. The last trump is being played. It is announced that the circus will leave our midst some time in next April "what pathos permeates this notice! How generous is the Orville to give ample time so that all who have money to throw away; all who are so weak as to be duped and gulled by the most flagrant trickery. Let them hasten to try *the Swedish movements*," the vapour, sulphur and medicated humbuggeries dished up to ease them of their dollars. They have eight months to get rid of their cash. to drain the cup of quackery to the dregs, and few who try the experiment will find themselves disappointed in not having had ample time to transfer all their dollars and cents into the capacious maws of the quack exchequer, when wiser and sadder, bankrupt in purse and enfeebled by disease they return to the care of legitimate professional men they will have realized like all who have taken a similar course that they have committed their gravest error. For not

only have they fruitlessly squandered their means but they have endangered and probably shortened their lives. Too late will be realized the irreparable folly they have been guilty of. Before closing this nauseous subject, it was solely in the interests of humanity that these contemptible advertisements appearing under the heading of Orville here, alias Foote in another place, were noticed in our columns; we must thank the *Industrial News*, circulating as it does largely among the working classes, for not only refusing to insert their disreputable advertisements, but for warning its readers in no doubtful language to beware of placing the slightest faith in the ridiculous advertisements of these peripatetic humbugs.

So long as human beings are gullible so long will there be willing rascals to practise on their credulity. Charles the First, when writing to Viscount Falkland in 1020, after complimenting him on his government in both Ireland and England, proceeded to say: "In imitation of so royal an example we therefore have now taken into consideration that the establishing and practise of learning and human sciences is not a little available thereto, and, amongst others that laudable and necessary art of physic, the practise whereof, as we are informed, is daily abused in that our kingdom by wandering and ignorant empirics, who for want of restraint, do so much abound to the daily impairing of the health and hazarding of the lives of our subjects." The same document directs the establishment of the college, society and corporation of physicians of Ireland.

Since the above was written the daily papers announce that Orville and satellites have skipped out. The advertisement as to their intended departure in next April, was evidently a last frantic attempt to rake in more

dollars preparatory to their exit. The inhabitants of Winnipeg are well rid of these gentlemen and it is hoped will have learned a lesson and will profit thereby.

#### MILK AS A FOOD IN HEALTH AND DISEASE.

Closer analysis of the properties of certain drugs as well as articles of food hitherto in use in the daily practice of the physician and surgeon has conclusively shown that the therapeutic action ascribed to them is not justified. We find so called antiseptic agents, which have been for a considerable time in general use, agents if unemployed hitherto in operations simple or capital would subject the surgeon to a charge of culpable negligence, are by the researches of chemists proved to be of little or no value for what they have been used and the results which have been supposed to accrue from their employment must be ascribed to other causes. The words used by Mr. Hamilton, of Dublin, at the opening of the surgical section of the British Medical Association lately held in that city shadows the present position of the antiseptic system. In speaking of the advances of surgery of the Victorian era he says: "Facile principles among these is the method known as the antiseptic system still enveloped in clouds of uncertainty and misconception." The system may be wrong in practice and founded on an erroneous theory, but that wonderful results have followed since its introduction is beyond contradiction. We are not however, following out the antiseptic theory or system, but merely allude to it as a proof that a subject on which the acutest and most brilliant minds of the profession are concentrated is still shrouded in mystery and doubt. The use of milk as a food in health and disease and its supposed

preeminence over all other foods has been so long received and allowed that assertion to the contrary would be largely regarded with considerable scepticism, and yet there can be little doubt that next to water it has been the most potent vehicle for the transmission of disease as well as an excitant and a stimulant to it. Milk for the typhoid sufferer was not long ago regarded as a necessary part of the treatment, the more consumed of it the better, and yet to the same dairy that supplied the nutriment it may well happen that the origin of the disease could be traced, like the goblet containing the apparently pure and crystal fluid but in fact abounding in death dealing organisms, spores or germs in the grateful draught of cow's milk may be and often is contained the same exciting cause of disease and death. It is essential to bear in mind that milk delivered fresh and unadulterated from the cow may be charged with the disease-producing germs. Inocuous to the animal the diseased products find their way into the lactiferous secretion entering the system most frequently in water. Again, the milk may, be impregnated with irritant matter from the herbage on which the cow feeds, which coming in contact with the inflamed glands of a typhoid patient or the delicate structures of a young infant may be the cause of serious mischief. Few that have treated many cases of typhoid that cannot call to mind the evident ill effects arising from the partaking of even a very small portion of milk, and its immediate influence in raising the temperature and occasioning considerable distress.

The extreme affinity which milk has to other matters is well known; placed in the same room with rancid or putrescent animal or vegetable matter it immediately assimilates with it, the conjunction setting up a process of fermentation and produc-

ing a very active poison called Tyrotoxon. No liquid is more readily affected by surroundings than milk and yet how often is it to be seen by the bedside of patients suffering from various diseases and in the living rooms of families, when it is the sole nourishment of an infant. No article of human food requires more care to preserve its purity than cows' milk, and no matter what care may be expended upon it, as it comes from the animal it not infrequently contains matter inimical to health in the adult, and of course in a greater degree to the infant apart from the disease germs which may be taken into the system suspended in it. It must be remembered that cow's milk contains a vast amount of nourishing matter, and that it coagulates in the infant's stomach in lumps, not as the mother's milk does in flakes, and that this coagulation is the casein of the milk. As no satisfactory substitute has yet been discovered for human milk so good as that of the cow. The question arises how is the coagulation of casein to be prevented; this requires to be generally known and may be accomplished by peptonizing the milk, or partially digesting it. In the New York infant asylums five grains of extract pancreatis and ten grains of bicarbonate of sodium are added to a gill of warm water, this is mixed with a pint of milk warm and the vessel placed in water at a temperature of 100° F. for one hour, it is then to be placed on ice. While being treated at a temperature of 100° it should be frequently tasted and if bitterness is detected it should be immediately placed on ice, boiling will stop the peptonizing process but icing is to be preferred as it arrests without destroying it. Thus prepared from a healthy cow it approximates most nearly to the composition of human milk.

The first necessity is to ascertain

where the milk supply comes from; that the cows are in perfect health and are properly fed. Cows allowed to roam feed on herbage unfit for the production of healthy milk especially for infants. Startling announcements occur daily and among the latest is that of Dr. Mason, of Hull, who asserted at the recent meeting of the Yorkshire association of medical health officers, that milk obtained from cows affected by tuberculosis will convey consumption to human beings.

As the cow is so necessary an animal to man's wants a greater regard should be paid to the hygienic surroundings. This may or may not meet the views of the dairy owner, but the matter is too important a one to be left to individual caprice and the milk supply of towns should be under the direct supervision of skilled inspectors. It is not sufficient to guard against the milk being watered, it is essential that everything connected with its secretion and delivery should be under strict hygienic rules and regulations.

### TYROTOXICON—ITS PRESENCE IN POISONOUS CHEESE, ICE-CREAM AND MILK.

BY VICTOR C. VAUGHAN.

#### POISONOUS ICE-CREAM.

June 13, 1886, I received from Dr. Henry Baker, Secretary of the Michigan State Board of Health, a pint bottle about two-thirds full of melted ice-cream, with the request that I would analyse it, as some eighteen persons had been seriously affected by eating of it. Dr. Baker also sent some of the vanilla which had been used as flavouring. It was thought that the poison would be found in the vanilla, because some lemon ice-cream furnished at the same gathering had not affected those who ate of it. As

the readiest means of deciding this, my assistant Mr. Novie, and myself, took at first 30 drops each of the vanilla extract. No ill effects following this, Mr. Novie took two teaspoonfuls more, with no results. This settled the question of the poisonous nature of the vanilla more satisfactorily than could have been done by a chemical analysis.

We then added distilled water to the cream, and, after thorough agitation, filtered it. The filtrate was tested for tyrotoxin by the method already given. The aqueous solution, after the spontaneous evaporation of the ether, was given to a cat. Within ten minutes the cat began to retch, and soon it vomited. This retching and vomiting continued for two hours, during which time the animal was under observation, and the next morning it was observed that it had passed several watery stools. After this, although the cat could walk about the room, it was unable to retain any food. Several times it was observed to lap a little milk, but on doing so it would immediately begin to retch and vomit. Even cold water produced this effect. This condition continuing, after three days the animal was placed under ether and its abdominal organs examined. We certainly expected to find marked inflammation of the stomach. But we really did find the stomach and small intestines filled with a frothy serous fluid, such as had formed the vomited matter, and the mucous membrane very white and soft. There was not the slightest redness anywhere. The liver and other abdominal organs seemed to be normal.

It should be remarked that this cat was about two months old. Attention is called to this, because young animals are affected by this poison much more readily than older ones. Tyrotoxin has no special resemblance, so far as is known, with conium, but the

possibility of these alkaloidal substances being formed in this way is worthy of mention. T. Lauder Brunton, in referring to the writer's discovery of tyrotoxin, states that from the action of the substance he would infer the presence of two poisons. This is altogether possible. The writer has not been able to obtain the poison, as yet, in quantities sufficient to enable him to make an ultimate analysis of it. But that it is a chemical body produced by fermentation there can be no doubt.

If there be any doubt about the poison being produced by fermentation, the following experiment would seem to clear it up.

June 26th I took two samples, of one pint each, from a bottle of milk which had already undergone the lactic acid fermentation. These samples were placed in clean glass graduates. To one a piece of the solid portion of the poisonous custard, about the size of a filbert, and which had been washed with distilled water, was added. To the other no addition was made. These samples stood side by side for forty-eight hours. Both were then tested for tyrotoxin. The one to which no addition was made gave no crystals, no odour and when given to a cat produced no effect. The one to which the addition had been made yielded crystals which had the odour of tyrotoxin, and which, when given to a very large old cat, produced frothing at the mouth and retching, but no vomiting or diarrhœa, and the next day the animal was able to eat food and seemed to have recovered. I am quite certain that had this been administered to a young animal the result would have been more marked.

It is well known that milk, while undergoing the lactic acid fermentation, does not possess any such poisonous properties as those belonging to tyrotoxin. There is no evidence,

then, that the poison is connected in any way with the ordinary decomposition of milk. The following extracts from a letter just received from the maker of the Lawton cream shows that the attention given to the milk and vessels was all that could be desired:—

"The milk of which the cream was made was fresh and sweet morning's milk, only reserving with it the cream of the milk of the night before from the same cows. The milk is kept in a cool, clean milk cellar. The custard was made about noon that day, and immediately afterwards the process of freezing was begun. The vessels were all thoroughly cleaned. There was no possibility of any impurities adhering to them, for they were scalded, wiped and dried before being used. The only ingredients used were the milk, cream, eggs, sugar (best granulated), and the flavouring.

"The lemon cream was frozen first, then taken out, put into the packers, and packed solid with ice and salt. Then the vanilla cream was frozen in the same manner. I used the best Jennings's extract, about the usual quantity, not in excess. The cream was eaten in the evening by many people of the village. All of those who ate of the vanilla cream were made sick, and none of those who ate of the lemon suffered any inconvenience.

"Now the milk was the same in both, milked from the cows the same morning that the cream was made, so that there was no difference in the custard used in making the vanilla cream and the lemon cream, but it turned out that the one made people sick and the other did not."

"We have continued making cream since in the same manner, without the least change of ingredients or the apparatus, except we have not used vanilla extract, but lemon and pine-apple,

and it has been freely eaten and no one has been made sick by it.

"Clearly in my mind the milk does not account for the trouble. One thing further: Of course the cream that you examined has been made since the 9th day of June, and may have undergone changes which would result in generating the poison referred to in the papers [certain newspaper accounts of the finding of the poison], and which would not have been found in the cream had it been examined when fresh.

"If there is anything further that I can furnish you in regard to facts or circumstances in connection with the ice-cream, I will be willing at any and all times to give the fullest information possible. Hoping to receive the correct analysis soon, I remain yours respectfully,

"J. W. JOHNSON."

That the poison which I found in the cream was the same as that which affected the people cannot be doubted after comparing the symptoms produced in the cat with those observed by Dr. Moffitt; and, as has been stated, the experiment on the cat was made before I received the letter from Dr. Moffitt. The cream was made on the 9th of June, and the poison separated on the 14th.

I wrote to Mr. Johnson asking several questions, which he has kindly and fully answered. As the nature of the questions is shown in the answers, I will simply give the answers:

"(1.) The milk from all the cows was mixed together in the making of the custard."

"(2.) The custard for the lemon and vanilla were all one custard; made and mixed before the extracts were put in."

"(3.) We had previously used the same brands of extracts (Jennings's best), both lemon and vanilla, with no bad results."

"(4.) The food of the cows both

morning and evening consist of oats and corn, ground together and fed dry, with clover hay. I have never seen anything suspicious in the pasture or food. There is a running stream of water, coming from a spring in the pasture. There is plenty of shade. At evening the cows are driven from the pasture and placed in the stable or yard, according to the season. The stable and yard are open for inspection at any time. My residence is in the centre of the village, and the Board of Health would not allow me to stable and yard my cows there if there were any bad odours during the summer."

"(5) The teats are thoroughly washed before each milking."

After receiving the above details concerning the making of the cream, the following experiment was made:

July 8th.—To 1 quart of night's milk a piece of the solid portion of the Lawton cream, about the size of a filbert, was added. This residue had been left on the filter-paper ever since the analysis of the poisonous cream, June 14th, and it was on June 8th when the first milk for the preparation of the Lawson cream was collected. This dried and hardened lump was crumbled into the milk, which was placed in a clean tin pan and set in a cool cellar. July 9th.—To a quart of morning's milk, another small bit of the infected material was added, and this milk was also placed in the cellar. At 1 p. m. both portions of milk were poured into a clean earthenware jar, and four fresh eggs beaten, and 1 pint of granulated sugar were added. The whole was thoroughly agitated, then allowed to stand at the temperature of the room until 4 p. m., when it was placed in the ice-box of a refrigerator, surrounded by ice, and here kept until 7 a. m. the next morning, July 10th. Then 3 ounces of the custard were stirred up with distilled water, filtered,



the filtrate rendered alkaline and agitated with ether. The residue, on the evaporation of the ether, was dissolved in a little water and given to a kitten about two months old. Immediately the kitten manifested the symptoms of poisoning by tyrotoxin, which have already been described. I began the analysis of this custard in the morning before having my breakfast, and getting a little on my finger, in carrying the jar, I tasted of it. Within a very few minutes I was nauseated, and ten minutes after taking it I vomited. The prompt action of so large a quantity was probably due to the condition of the stomach. At 2 p.m. of the same day I took one teaspoonful of the custard. Within thirty minutes there was marked nausea and some violent retching, but no vomiting. At 3 p.m. the symptoms having abated, I took a tablespoonful more of the custard. At about 3.30 I began to vomit freely. The nausea continued about an hour. After this there would be passing sensations of sickness. At 8 p.m., while visiting a patient, I was taken very suddenly and sharply with nausea and griping pains in the abdomen. I again vomited, and had one watery stool. After there was no further trouble. The occipital headache, mentioned by Dr. Moffitt in his letter, was very marked for some hours after taking the custard. It consisted of sharp lancinating pains, which were confined wholly to the occiput. The nausea was peculiar. I cannot say that there was pain in the stomach. A sickening taste would be felt in the mouth, and a peculiar very sickening odour— which I recognized as that of the isolated poison— would intensify the nausea. The throat and mouth seemed filled with a sticky tenacious mucus. In short, the effects on these parts resembled those which I have experienced from an over-dose of atropia.

I think that this experiment explains the poisonous nature of the vanilla cream. The fermentation going on in the custard, and probably begun in the milk, was arrested in the part flavoured with lemon by the freezing which began immediately, but while the lemon cream was being frozen, that part of the custard which was to be made into vanilla cream continued to ferment, and before the freezing process was begun enough of the poison was generated to seriously affect those eating of it.

The maker of the cream does not give us any exact information concerning the length of time which elapsed between the making of the custard and the freezing of that portion of it flavoured with vanilla. He only states that the lemon cream was frozen first. Recently I have received from Lawton a letter giving me more exact information on this point, also some valuable knowledge concerning the conditions under which the cream stood. I take from this letter the following extract:—"The cream was frozen in the back end of an old wooden building on Main street. It is surrounded by shade, has no underpinning, and the sills have settled into the ground. There are no eave-troughs, and all the water falling from the roof runs under the building, the streets on two sides having been raised since the building of the house. The building had been unoccupied for a number of months, consequently has had no ventilation, and what is worse, the back end (where the cream was frozen) was last used as a meat market. The cream which was affected was that portion last frozen; consequently it stood in an atmosphere more like that of a privy vault for upwards of an hour and a half or two hours before being frozen. It seems to me that anything so sensitive to surroundings as milk could not escape being affected by such an atmosphere."

The above, from a non-professional but evidently a very sensible observer, furnishes information of great value.

It should be remarked that in the custard which I made there was nothing peculiar in the taste. It was sweet and pleasant. But while it was not at all acid to the taste, it gave a decidedly acid reaction as tested by litmus, and was not amphoteric in reaction, as cow's milk frequently is.

It is possible that the presence of the large amount of albumen in the custard, from the eggs, hastened the fermentation. I believe that makers of cheese have found by experience that a large amount of albumen in cheese renders decomposition more easy.

How the special germ which produces the poison found its way into the Lawton cream I cannot say, but that it was present in the milk I think cannot now be doubted.

### SALIX NIGRA AS A SEXUAL SEDATIVE.

BY J. HUTCHISON, M.D.

In many women pain in the ovarian region is a constant attendant upon the menstrual epoch. In some this is due to organic disease, but in a large number it is one of the manifestations of the neurotic temperament. Such cases are met with in all degrees of severity, from a slight amount of discomfort along with indications of globus hystericus, up to hystero-epilepsy in its most pronounced forms.

It has always been a slur upon our profession that when a method of treatment becomes popular or fashionable other methods are entirely discarded. At present, massage and isolation from relatives is the popular mode of treatment, and drugs occupy a secondary place, if, indeed, they have any place at all. Pecuniary difficulties, however, stand in the way of

isolation or massage ever reaching the masses, and drugs will always be in employment. Several drugs are in daily use against the ailment, but with only partial success, and it is with the view of bringing before the profession a remedy which in my hands has produced results which I never had before while I was employing the bromides, valerian, assafoetida, etc., that I have sent this short notice.

*Salix nigra*, or the pussy willow, is a tree growing from 15 to 20 feet high. It is met with along the streams in the Southern States of America, and is credited with possessing tonic, carminative, and stimulant properties, besides being an astringent and antiperiodic. In the *Transactions of the Texas State Medical Association*, Mr. Pain reports many cases treated successfully with the drug. He prescribed it in cases of ovarian hyperæsthesia, uterine neuralgia, etc., and also in spermatorrhœa and nocturnal pollution. His verdict upon the drug is that it is a powerful sexual sedative, similar in its action to bromide, but without its depressing qualities.

Through Messrs. Thomas Christy & Co., of London, I obtained a supply of the fluid extract, and have been employing it for some months. The most numerous class of cases in which I exhibited the drug were women of a nervous temperament, in whom the nervous irritability reaches its height at the menstrual period, when, along with the general *malaise*, is added a very decided pain in one or the other ovary. They also suffered from hemicrania, the pain being situated above the left eyebrow, and resembling the feeling as if a nail were being driven into the skull (*clavus*). Many of them, too, complained of a pain underneath the left breast, and extending round to the back. On one or two occasions I have noticed patients complaining of the above

symptoms, and in only a moderate degree, under favorable conditions—as, for example, long-continued anxiety or alcoholism—go from bad to worse till they became hystero-epileptics. In cases of this kind, it is supposed that the centre of inhibition has in some way got out of gear, and the severity of the symptoms depends upon the amount of disturbance in this nerve-centre.

In cases where the ovarian distress was the symptom for which advice was sought, as being in the patient's eyes the most prominent. I usually succeeded in eliciting other indications of an irritable nervous system, and placed them upon half-drachm doses of the fluid extract of salix nigra three times a day. In quite 75 per cent. of patients so treated a great amount of relief was obtained after two or three days' treatment. Not only was the ovarian hyperæsthesia relieved, but the nervous palpitation of the heart was abated, and the patient felt in every way stronger.

I have also given the drug in two cases of nocturnal emissions with marked benefit. The pollution ceased entirely while the drug was being taken and for several months thereafter. Virile power and passion were not much if at all diminished, but the relief from the ailment gave them great satisfaction.

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#### REMOVAL OF UTERINE APPENDAGES FOR THE RELIEF OF CONSTANT OVARIAN PAIN, VOMITING & DYSMENORRHOEA.

BY A. C. BUTLER-SMITH, F.R.C.S. ED.

A. M., widow, aged 40, came under treatment in 1884, suffering from constant pain in the ovarian region and troublesome vomiting. She was a short, slight, dark-featured woman, with the following history. Had been married four years, but had never

been pregnant. First menstruated at the age of 15, and ever since she has suffered from dysmenorrhœa. Seven years ago she had diphtheria. For more than two years she had been troubled with sickness at the time of her periods. Within the last seven months she has complained of constant gnawing pains in both iliac regions, and has been sick several times daily, the vomiting occurring at all hours of the day and night. No disease of the stomach could be detected. Physical examination revealed tenderness over both ovaries, pressure causing vomiting. The uterus was anteflexed, cervix elongated, and the os patent. The sound passed three inches. For nine months she remained under treatment, and during that time every known remedy was tried for her relief, but without avail, and she rapidly lost flesh and took to her bed. Her next period, July 1885, was attended by aggravated symptoms. At her urgent request I agreed to remove her ovaries and tubes as a last chance of relief; so five days after the period had passed she was put under ether, and the abdomen opened. The appendages were removed without much difficulty, and the patient made a rapid recovery, the pain and vomiting ceasing from the date of the operation. A catamenial flow appeared on the second day, and lasted till the ninth, but she had no dysmenorrhœa. The ovaries were the smallest I have ever seen removed from an adult. They were hard and fissured on the surfaces, and about the size of small beans. The tubes were thick and congested.

Two years have elapsed since the operation, and the patient remains well. The symptoms throughout the illness, and their immediate cessation after the operation, taken together with the condition of the ovaries, would lead one to suppose that they

were due to the cirrhotic state of those organs. Inasmuch as the operation was performed in order to save the patient's life, the result seems to justify the treatment adopted.

### ANOTHER CAUSE OF RETRO-FLEXION OF THE UTERUS.

ALEX. DUKE, F.R.Q.C.P.I., DUBLIN.

The general list of causes of this distressing complaint already enumerated are the following: Straining, lifting, carrying, dancing, skipping, swimming, falls, or other accidents, horse exercise, over-walking, organ or harmonium playing, working sewing-machine, tight-lacing, retention of urine, frights, vomiting, sudden checking of menstruation. To these I may add disproportion of the organs of generation.

What can be more likely than that the excess of size in the male organ, or the shortness of the vagina (especially should the dorsal position on the soft bed be that chosen for connection) lead to that tilting of the os and cervix which would most assuredly lead to misplacement, and would be all the more likely to occur should that connection take place either immediately before or after the "period." This incompatibility of the male and female organs has been noticed as a cause of dyspareunia, and my attention has lately been drawn to the fact of retroflexion being produced by a similar agency.

I am not aware that this cause of displacement has been mentioned by any previous writer on the subject, and therefore I now venture, from clinical observation, to call attention to its greater frequency and probability as an important factor in the causation of retroflexion of the uterus than many suppose.

### CLINICAL LECTURE ON A CASE OF SEVERE HYSTERIA TREATED BY MASSAGE, ISOLATION, AND OVER-FEEDING

BY W. HALE WHITE, M.D.

One day during the last spring I was called to see Miss —, aged 33. I had previously seen her in 1883 for hysterical vomiting and aphonia, which she said were set up by a dentist, who spilt something in her mouth whilst he was operating. After an unsuccessful attempt to treat her at her own home, I had her brought to town, and shut up in a pay-hospital with separate cubicles. At first the vomiting was very frequent; plain milk was returned and she lost seventeen pounds in twenty days. Even enemata were not retained, till one day the nurse accidentally said this was very strange, for only paralysed patients returned enemata, and this one certainly was not paralysed; after that remark all the enemata were retained. It would take too long to relate all the vagaries of this attack; let it suffice to say that she left the hospital quite well, and continued well till September, 1886. When in good health she is most energetic, walking several miles a day, and working hard at philanthropic and literary work. The breakdown in September last was clearly due to a long continuance of hard work, and as an exciting cause there was a sudden and severe fright. The uncontrollable vomiting of three years ago began again. The medical man who was called in sent her to a pay-bed in the general ward of a hospital. She had many medicines, but she says they all made her worse. Massage was tried, but it did no good, and the patient evidently had a great dislike to the nurse to whom the massage was entrusted. During her illness she frequently has had erythe-

matous rashes on the body. As after six or seven months' stay in the hospital she had not improved, she left. I found her reduced to a mere skeleton, vomiting everything she took, even plain water. There was some pain and tenderness over the stomach, and a faint systolic murmur.

I refused to have anything to do with the case unless I was allowed to isolate her completely for as long as I liked, but said that if this were granted I could almost promise that she would be well in about six weeks. The friends agreed; lodgings were taken for the patient and a suitable nurse was found.

Miss ——— arrived at her lodgings on the evening of April 9th. She was so weak and thin that the opinion of those who carried her up-stairs was that "she would never go away except in a coffin." During the first six days she had milk in small quantities, and at frequent intervals, beginning with half a pint and reaching three pints on the sixth day. Then she was allowed a little jelly, and some of the milk was just colored with tea.

April 19th. She was allowed a little toast.

April 20th. The extreme sickness had been getting less and less till this day, on which she was not sick at all. During the remainder of her stay there were only five days on which she was sick, and even then she never vomited severely. The last time was May 4th, and then but very slightly, and it might be fairly attributed to some of her food being underdone.

It would take too long to enumerate her diet for each day; the principle of the feeding was to give her abundance of easily digestible food at frequent intervals. She had much fruit, such as rhubarb, apples, oranges and lemons, partly as natural aperients, and partly because she was very fond of them.

As examples, we may take the fol-

lowing days: April 23d, 7 A.M. Oatmeal and plenty of bread and butter; 11 A.M., jelly and bread and butter; 1 P.M., as at 7 A.M.; 4 P.M., 7 P.M., and 11 P.M., the same as at 11 A.M. She also had, during the twenty-four hours, two and a half pints of milk, two oranges, two lemons, and some honey.

April 30th, 6 A.M. Tea and bread and butter; 8 A.M., oatmeal and bread and butter; 11 A.M., jelly, stewed apples, and bread and butter; 1 P.M., broth, custard, stewed rhubarb, and bread and butter; 7 P.M., bread and butter, and during the twenty-four hours two pints of milk, a lemon, and some honey.

May 6th. She had eight distinct meals, including chicken, vegetables, jam, sponge-cakes, and at intervals during the day she consumed two pints of milk. I need only say that before she went out she was able to eat plentifully of bacon, veal patties, fish, bananas, lamb, and in fact, anything that the other members of the household ate, although for the previous eight months she had been sick after everything she had taken.

Massage was begun on April 11th, and left off on May 18th. At first only the limbs were massaged for half an hour a day, but the process was gradually extended, and by the end of a week the whole body was thoroughly massaged for an hour in the morning and an hour in the evening. This part of the treatment was gradually left off, the full time of two hours a day lasting for four weeks. She always felt better and slept well after it; the muscles, which on admission were very flabby, became very much firmer. She was kept entirely in bed till May 8th, when she sat up for it to be made. She was soon able to sit up for longer each day, and before she left was able to walk a mile in the street, to go up and down stairs, and to take a cold bath in the morn-

ing and a warm one at night. For the first four weeks of the treatment she was not allowed to write or receive any letters and no friend was permitted to visit her till the end of the fifth week. As she lay in bed she was allowed to do a little easy needle-work, or occasionally read a light novel. Two days before she went away she weighed 9 st. 6 lbs. No drugs whatever were used. She drove away to the railway station in a hansom exactly six weeks after the treatment was begun. I have heard of her since, and she remains quite well.

### CARTILAGINOUS OS.

A. HANDS, M.R.C.S., L.R.C.P.

Cases of rigid os are pretty general in the practice of most accoucheurs, but the following is by far the worst I have encountered in a practice of fifteen years.

The patient was three months gone, and was in a typhous condition, with dry brown tongue, rapid pulse, and most of the symptoms of that state. Labour pains of most violent intensity came on; and on making an examination I was surprised to find the uterus so low down that it threatened to be expelled bodily, although the os had scarcely dilated at all and felt fearfully rigid and cartilaginous, though thin. I used all the means that usually stand one in good stead in such cases, but all to no purpose; even the inhalation of chloroform made matters no different. The case was now assuming a most serious aspect, as the pains kept on, and threatened with each one either to tear, as I have said, the uterus from its attachments or to tear away the os bodily. To terminate the case and avert the calamity that threatened, I incised the os with a probe-pointed bistoury in four places, the wounds being about half an inch deep—it cut

just as gristle would, being quite as hard)—and I was then able to get away a decaying foetus in part, some of the debris coming away the next day. The patient is making a very fair recovery on this, the fourteenth, day from the operation, being just able to sit up in her room.—*British Medical Journal.*

### TYPHO-MALARIAL FEVER.

BY J. G. LAFFAN.

There prevails in the Mediterranean a fever known variously as "Rock," "Levant," "Mediterranean," or "Cyprus" fever according to the name of the locality in which it occurs. A disease running a similar course is known on the west coast of Africa as "coast" fever, in Western Australia as "colonial", and soldiers are familiar with "Peshawur" fever on the north-west frontier of India. All cases of this fever resemble one another; but, as a rule, they can be divided into classes.

Class 1—and I have found that the greater number of cases may be placed in this class—contains all those cases in which great fluctuations of temperature, with or without rigors and sweating are observed, in addition to many of the typical signs of typhoid fever. This class of cases I propose to call "malario-typhoid," as signs of malaria predominate.

In Class 2 I would place all those cases, so common in tropical climates, in which are found nearly all the signs of typhoid (the rash is generally absent), but in which abnormalities occur pointing more or less to the presence of malaria. To such cases the term "typho-malaria" seems peculiarly appropriate.

The differential diagnosis of these two varieties is difficult during the first week of the attack. At the end of that time, in some cases of Class 1, the tongue, which had been hard and

dry, brown-furred and red-edged, becomes moist and clean; if diarrhœa has been present (and it generally is) it ceases, or changes from its typhoid character, the patient's mind becomes clear, and he convalesces; but generally slowly, the temperature remaining high, sometimes for weeks, and most likely one or more relapses will take place. On the other hand, cases of Class 2 run on a course more or less nearly resembling ordinary typhoid fever. Surgeon James, of H.M.S. *Temeraire* (to whom I take the liberty of referring), has, I believe, in his possession notes and temperature charts of several cases of Class 1.

The treatment I have adopted in this fever or these fevers has been, for the first week or so, expectant and sustaining afterwards being guided by the symptoms, adopting a course based upon the diagnosis of the nature of the poison present.

### THE PASTEUR INSTITUTE.

The statistical account of persons treated at the Pasteur Institute during the month of June has been published. As usual, the patients are divided into three classes. 1. Those bitten by animals proved to be rabid either by inoculation of the medulla or by the development of rabies in other individuals bitten. 2. Those bitten by animals proved to be rabid by veterinary observation. 3. Those bitten by animals suspected of rabies. It will be remembered that in the discussion at the Academy of Medicine concerning the cause of death in some cases brought forward by M. Peter, the partisans of M. Pasteur refused to admit the diagnosis of rabies when the proof positive had not been afforded by inoculation of the medulla. Applying, then, our system to the study of the Pasteurian statistics, if a clinical professor cannot diagnose rabies in man by bedside observation,

and must wait until he has inoculated rabbits with his patient's nerve centres in order to know what is the nature of the disease; it stands to reason that a similar degree of certainty should be exacted for veterinary observations upon animals. M. Pasteur's categories of patients might then be reduced to two, 1. Persons bitten by animals proved to be rabid by inoculation. 2. Persons bitten by animals suspected of rabies by veterinary surgeons or others. The proportions the two classes bear to one another are as 10 to 1; in the June return 14 only of the patients out of 159 having been bitten by animals proved to have been rabid by inoculation. By far the greater number—113—belong to the category of those bitten by animals proved rabid by veterinary observation, a proof that we may accept with some reserve when it is offered concerning a method that has been backed by no inconsiderable amount of official pressure. Of the 159, 32 individuals are admitted to have been bitten by animals "suspected only of rabies"—which I take to be a euphemism for "unnecessarily frightened." Against these 159 saved from a more or less imaginary rabies, we have four new deaths, two of which are mentioned in the statistics, the other two in the public papers and in the *Journal de Médecine de Paris*. 1. Paul Hurot, bitten on May 30th, and treated from May 31st to June 13th; seized with rabies July 1st. 2. Jules Bourgeot, bitten April 24th; treated from April 27th to May 16th; died July 11th. No charge is brought against this patient by the Pasteur Institute; but Hurot is said to have been an inveterate drunkard. 3. Desclède, bitten in May, died of paralytic rabies on July 21st, sixty days after the bite and forty-five after the end of the preventive treatment. 4. Gerde, bitten on March 27th, and treated at the laboratory for thirteen days from

March 29th. On July 20th there was weakness in the legs, and the patient—a female servant—fell down. There was pain in the right arm and extreme weakness in both; also hydrophobia. The following day a white frothy liquid was vomited, and death took place without any other symptom than weakness.—*London Lancet.*

### ROYAL JUBILEE EXHIBITION, MANCHESTER.

One of the most interesting exhibits in the chemical section of this exhibition is that of Dr. Theodor Schuchardt, of Gorlitz, in Germany, consisting as it does of an excellent collection of rare and new chemical preparations, especially those used in scientific, medical, pharmaceutical, photographic, and technical work. A large amount of time and labour must have been expended in order to bring before the public this proof of the great progress chemistry is making in her ever-extending relations with the different branches of Natural History. We here see 67 inorganic and 190 organic compounds which have never before been produced in such quantity, and at the same time in such a state of purity. The first section consists principally of the rare elements, and those compounds of other elements which may justly be called rare, considering the difficulties to be overcome in their manufacture. First among these we notice selenium and tellurium, both similar to sulphur in their chemical reactions, and found in very few minerals. The pure selenium is shown in very good hexagonal crystals, and the tellurium in the form of brilliant needles of metallic lustre. "Germanium," one of the newest elements discovered by Prof. Winkler, is also shown; up to the present time it has only been found in one mineral, and that a rare one, named "argyrodite," found at Freiberg; its chemical

reactions are of great interest, its salts being of a very soluble character. Among the other metalloids exhibited by this firm we may mention a box containing large crystals of silicon, and brilliant leaf-shaped crystals of zirconium. Oxide of zirconium is at present attracting some attention with regard to its magnificent incandescent properties when used in the Welsbach lamp, and it is not improbable that its preparation may before long develop into an industry of some importance. Among the metals exhibited we note two tubes containing potassium and sodium melted in presence of hydrogen, thus preserving their true metallic lustre. There are also to be seen the newly-described cubes of chloride of lime mixed with gypsum, which render it possible to obtain an easily regulated current of pure chlorine gas. Salts of cerium, yttrium, erbium, as well as the metals indium and gallium in spectroscopic purity, are also shown. These last two metals would in all probability never have been discovered except for the spectroscope, as they occur in such minute proportions; the zinc ore near Freiberg, in which indium was discovered, contains only 0.1 per cent. of that metal, while gallium, which may be called one of the rarest metals, is found in "black jack" in no larger quantity than 0.001 per cent. Its production in quantity is therefore a matter of extreme delicacy, requiring great care, but it has been successfully carried out by a new method discovered in Dr. Schuchardt's laboratory. Gallium is here shown in both solid and liquid forms, and it is the first time that crystals of this metal have been publicly exhibited. Another interesting body is osmic acid, shown in the form of brilliant fern-like crystals; it has long been used in physiological studies as a means of distinguishing between nerves and veins. The second section, consisting



of organic compounds, contains all the most recently discovered and interesting bodies in this branch of chemical science. We first mention "Thio-pen," a new organic sulphur compound, which is now being manufactured in considerable quantity by this firm; formerly obtained in the distillation of coal-tar, it is now produced from succinate of sodium and phosphide of sulphur. Following the catalogue, attention will be drawn to the compounds of croconic acid; there are also its intermediate products, such as diacetyl-hydrochinon, etc. Of greater interest may be naphthyl-phenyl-keton-dibromide, which is of great service to mineralogists in optical work, on account of its great refractive power; a similar value is attached to the heavy iodide of methylen, used for determining the specific gravity of precious stones, etc. Of the numerous alkaloids exhibited "Wrightin" takes the first place; it is the only alkaloid free from oxygen; it is found in plants, and when in a state of great purity, as in the present instance, it takes the form of long white needles. Other alkaloids here exhibited are hydrastin, from *Hydrostic Canadensis*, possessed of great crystallizing powers; scapolin, from *Scapolia saponica*, which is of an extremely poisonous nature, even when diluted to 1 in 5,000; and many more. Among other interesting specimens we find a collection of vegetable dyes, chlorophyll, chlorophyllan, phyllo-purpurin, orcein and the interesting group of nitrogen compounds. We cannot conclude without mentioning two new test-papers invented by Charles Wurster: one, saturated with dimethyl-para-phenylendiamin, enables us to detect the presence and quantity of wood fibre in any paper; whilst the other, saturated with tetra-methyl-para-phenylendiamin, will detect the smallest quantity of active oxygen. The

property of the latter paper is of great importance, as by its means the hygienic value of the air of any place can be readily ascertained.—*Chemical News.*

## CORRESPONDENCE.

### PROFESSIONAL ETIQUETTE.

*To the Editor of the Lancel.*

In the last number of THE LANCET appears a communication signed by Geo. T. Orton, in which I am able to appear in quite an unenviable light. I had, at first, no notion of even noticing a communication which lacked the essential element of truth, and would not have done so, were it not that the LANCET reaches many medical men, who reside outside of the city, and who, not knowing the Doctor, might take what he says seriously. The facts of the case are as follows:—I was asked one Sunday, by telephone, to see a Jewish woman, and on my arrival, enquired if any medical man was in attendance. I was informed that no one was then in attendance, Dr. Orton having received notice the day before that his services were no longer required. Where now, is the room for Dr. Orton's pathetic appeal for protection?

I had no knowledge of the inter-  
necine feuds of this interesting family and was not aware, who, at that time, guided the helm of state, but Dr. Orton, during his ample leisure, has evidently been looking up the genealogical tree; and from him the curious can, no doubt, glean much interesting information concerning the exact relationship and degree of power assigned to each member of the family. I have since learned that Mr. Droxinman, who summoned me through the telephone, and with the tones of whose dulcet voice I was not familiar, did so at the request of the husband himself. Now, if Dr. Orton (as he admits in his letter) thought I might

possibly have been misinformed by the family, he might have made some enquiries first, and have written his letter afterwards, but I fancy that he, like a good many other well-meaning people, has a "heap of impulse" in him, and occasionally allows his zeal to get the better of his discretion. I have no doubt that he is, by this time, a sadder and a wiser man. In the future, I would recommend the genial doctor to devote his overplus energy to the compilation of pamphlets on agricultural statistics when he may manufacture his facts and give full swing to his fervid imagination, without getting himself into such humiliating altitudes as polite letter-writing has landed him.

Believing, as I do, Mr. Editor, that it detracts from the usefulness of your scientific journal to make it the sewer for the grievances of professional sore-heads, I trust that you will pardon me for trespassing so much upon your valuable space.

Yours, etc.,  
J. WILFORD GOOD.

[The columns of this journal are open for the ventilation of professional grievances, charges and refutations will have equal prominence, but in every case must be authenticated by the writer's name. All communications will be inserted without comment, and the editor does not hold himself in any way responsible for the opinions of correspondents.—Ed.]

EUROPEAN LETTER.

BERLIN, July 22, 1887.

I spent a very agreeable day and a half in Liverpool renewing my acquaintance with my old college friend and now a widely-known surgeon, Dr. Alexander. There are very few English surgeons enjoying much better opportunities for clinical work in the present day. Fifteen hundred

beds are at his disposal for surgical work, and any Wednesday the visitor, if he has the good fortune to be present at the operating room, will see some very interesting cases brought under the knife. Alexander is nothing, if not original. I saw one of his most recent operative advances, an operation for incontinence of urine in woman from loss of function of the sphincter vesicae. The proceeding consisted of dissecting up the urethra with a goodly portion of surrounding tissue from the anterior wall of the vagina, and after button-holing the recto-vaginal septum, drawing it through and securing it there. The rationale of the operation being that the intollerable dripping can be at least modified so as to be partially under control, the rectum being able to accommodate a fair amount of urine which can be evacuated. He has comparatively recently introduced another surgical remedy for epilepsy. In those cases where the seizures have reached such a degree of severity that justify operative interference, he removes the *superior cervical ganglia*. This procedure is in the same pathological line of reasoning that suggested opening some years ago the ligation of the vertebrae. This is undoubtedly a daring and difficult feat, requiring that combination of anatomical precision and surgical skill that its introducer possesses. The difficulties that surround this operation (and the principal difficulty, I would surmise, would be the finding of the bodies) will prevent its very general adoption, even admitting that its rationale is correct. Alexander's theory of the pathology of epilepsy, I believe, is that it is a question of nutrition of the cerebral cells, and that by paralyzing the *vasa motor* nerves, he produces a uniformity in the blood supply beyond the influence of any disturbing cause. "*Nous verrons.*" He

has had a success with his other originality—shortening of the renoid ligament—that is very convincing to those who have seen his cases. This operation has not met with the same result in the hands of others, however, that its rationality and apparent simplicity might lead us to expect. This may probably be due to its application to unsuitable cases and the failure of the operators first to find and isolate these bodies and then to sufficiently shorten them when found.

Shortening of the ligament cannot be expected to remedy, like some of the other widely beneficent gynaecological procedures. The application of the operation is limited to cases of displacement of the uterus, where the functions of these structures have become inoperative from relaxation, and there is no doubt that in cases suitable and where the operation is performed thoroughly, as laid down by its founder, it constitutes a rational and valuable contribution to the surgery of these much worried organs.

My time did not allow of my seeing Harrison, Thomas or any of the other Liverpool surgeons, but on my return I may have an opportunity of seeing some of their work.

Yours faithfully,

JAMES KERR.

#### MISCELLANEOUS.

THE Registrar of the General Medical Council requests us to direct special attention to an advertisement which appears this week, stating that charges of gross misconduct in the employment of unqualified assistants, and charges of dishonest collusion with unqualified practitioners in respect of the signing of medical certificates required for legal purposes, are regarded by the Council as charges of infamous conduct under the Medical Act.

#### MILK AND PHTHISIS.

In a paper read at the recent meeting of the Yorkshire Association of Medical Officers of Health by Dr. Mason (Hull), he expressed the opinion that milk which had been obtained from cows affected with tuberculosis would convey consumption if supplied to human beings. The President said it was very important that tuberculosis should be included in the list of contagious diseases by the Privy Council, as consumption, which in his opinion was preventable, destroyed more people in a year than all the other contagious diseases put together.

A new vicar was appointed some five years ago at Crayton. He was a good man, but emphatically a townsman, and one of those worthy persons who rarely speak of God, though very frequently of "Providence." One of his earliest pastoral visits was a visit of condolence to a small farmer who had lost his wife and been left desolate and alone. The good vicar spake such comfort as he could, and more than once insisted on the obvious truth that the ordering of "Divine Providence" must not be murmured at, and that "Providence" must needs be submitted to with resignation. The sorrowing farmer listened patiently and silently for some minutes. At last he could refrain no longer, but he opened his mouth, and spoke, saying, "That's right enef, that es! There ain't no use a gainsayin' on it; but somehow that there *Old Providence* hev been agin me all along, he hev! Whoi, last-year he mos' spailt my taters, and the year afore that he kinder did for my tunnips, and now he's been end got hold o' my missus! But," he added, with a burst of heroic faith and devout assurance, "I reckon as there's *One abev* as'll put a stopper on ha if 'a go too fur!"

**DOGS AND HOSPITALS.**—The lovers of animals who interest themselves in projects for founding hospitals for the exclusive use of the brute creation, if we may be pardoned for speaking in such terms of our non-human friends, will find their scheme superogatory ere long. The animals are beginning to assert their claims to treatment at the institutions originally designed for the relief of suffering humanity alone. A case is made public—by no means the first of the kind—of a wounded dog escorted by two of his friends seeking relief at the portals of King's College hospital. The porter's attention was called by the sound of barking, and on going to drive the disturber away, he found a dog with one of his feet badly cut, and in a state bordering on collapse from loss of blood. Two other dogs, who had brought their suffering companion to the gates of help, ran away on the appearance of the porter. Whether because, lacking the due qualification of misfortune, they judged it wiser to fly before the face of the official man, or whether, having satisfied the claims of common caninity, they somewhat brusquely made up for lost time in devoting themselves once more to their own affairs: or whether, again, they preferred to do good by stealth, being unable to blush should they chance to find it fame, it is almost impossible to say, nor does it greatly matter. The interesting fact remains that the wounded dog was taken to the hospital, the attention of the authorities aroused, and that, by the timely help afforded by kindly surgical skill, there is to-day in existence a long-haired collie who owes his life to his own discrimination, and the devotion of the two white and tan terriers who barked for him. The worst of the recurrence of these beautiful incidents is that there seems some danger of their losing their charm of rarity.

Considering the marvellous things dogs can do with a little encouragement, it is not very wonderful that they should learn to think for themselves. As a striking instance of the instinct of self-preservation, they seem to be beginning this development by appreciating the uses of our hospitals. It only remains for puss to follow this example, and we shall, perhaps, find the long-standing and deplorable feud between the two families brought to a happy conclusion under the reconciling influences of an hospital accident ward.—*London Globe*.

ON Wednesday, August 3rd, the Honorary Fellowship of the King and Queen's College of Physicians in Ireland was conferred, in the presence of the President and Fellows of the college on the following distinguished Members of the British Medical Association: Robert Barnes, M.D. Lond., Consulting Physician to St. George's Hospital; Henry Charlton Bastian, M.D. Lond., F.R.S., F.R.C.P. Lond., Professor of Medicine in the College; Sir Andrew Clark, Bart., M.D., F.R.S., F.R.C.P. Lond., LL.D.; William Tennant Gairdner, M.D., F.R.C.P. Edin., F.R.S.E., Physician in Ordinary to the Queen in Scotland, President-Elect of the British Medical Association, Professor of Medicine in the University of Glasgow; Sir George Edward Paget, K.C.B., F.R.S., M.D. Cantab., Regius Professor of Physic in the University of Cambridge, ex-President of the British Medical Association; Thomas Grainger Stewart, M.D., F.R.C.P., F.R.S. Ed., Professor of the Practice of Physic in the University of Edinburgh.

DRS A. H. FERGUSON and GRAY have also placed their names among those desirous of forming a Medico-Chirurgical Society for Winnipeg.

**PHOSPHORUS AND INTELLECTUAL ACTIVITY.**—Whether the now famous aphorism *Ohne Phosphor keine Gedanke* (without phosphorus no thought), originated with Buchner, or, as a recent writer believes, with Moleschott, the phrase has doubtless been dragged into use in a most unjustifiable manner, especially by the proprietors of drinks and nostrums containing, or said to contain, phosphorus, and which are on the strength of this urged indiscriminately on all who have brain work to do, as well as on all who suffer from any affection which tends to impair the functional activity of the nervous system. This, of course, is about as sensible as the celebrated advice to Verden Green to lay in a stock of "Reading" biscuits to assist his reading. The writer referred to, Mr. Atwater, is positive that Moleschott, in using the phrase, had no intention of stating that there was a definite connection between phosphorus and thought, but meant to show that thought is a function of organized matter. Agassiz is credited with the responsibility of the theory that fish is a peculiarly valuable food for persons who have to use their brains to a large extent, because of its richness in phosphorus. As a matter of fact, however, M. Atwater has found, from a long series of researches, that fish meat contains no more phosphorus than ordinary butcher's meat, so that the suitability of fish as a diet for brain workers, which is by no means to be disputed, depends rather, as Sir Henry Thompson puts it, on its greater digestibility in consequence of its deficiency in fat than on its possession of an abundance of phosphorus. Reading men, in consequence of their want of exercise, their stooping posture, and their frequent confinement for long periods in close and ill-ventilated rooms, are less able to digest their food than men whose work is of a manual nature and lies out of doors. They

are thus liable to flatulent dyspepsia, associated, as Dr. Ralfe has pointed out, with alkaliescent urine due to excess of carbonates of soda and potash. Urine of this kind causes deposition of phosphate of lime, and this has led some observers to conclude that it is the brain work which causes the apparent excess of phosphorus in the urine, and which therefore requires a diet specially rich in this element, whereas the phosphatic urine would appear in reality to be only an indication of disordered digestion due especially to a want of proper aeration of the blood. The recent researches of Zuelzer and others seem to point to the fact that the excessive elimination of phosphorus by the urine is associated rather with nervous depression than with nerve activity, the phosphorus being retained in the body in the latter instance to supply the waste caused by the increased metabolism.—*London Lancet.*

**THE PERMANENT BATH.**—Dr. Barr gives details of the case of a girl, eighteen years of age, who was in a most critical condition from pyæmia, acute periostitis of the left femur, acute arthritis of the left hip and knee joints, and extensive bedsores. It was decided as a last resource to immerse the patient in a boracic bath at a temperature of about 95° F. For seventeen weeks she was thus kept continuously immersed, with the most satisfactory results. Dr. Barr appends a case of pyæmia treated for four months in a bath by Mr. Chauncy Puzey some years ago. It is evident that the practice is one which might well be more widely adopted, and there does not appear to be any serious difficulty in carrying it out. As Dr. Barr points out, it was a plan long since advocated by Hebra in cases of extensive burn and widespread dermatitis, and at Vienna bath-rooms specially adapted for the purpose are fitted up.—*Liverpool Medical-Chirurgical Journal.*

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