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Original Communications.

GASTROSTOMY FOR MALIGNANT STRICTURE OF THE OESOPHAGUS: A CASE.

BY A. M'PHEDRAN, M.B.,

Lecturer on Medicine, Woman's Medical College, Toronto.

Eliza S., aged 41, first consulted me in April, 1886. Her family history was good. She had always been healthy, though not very strong; her digestion was always weak. About Christmas, 1885, she began to complain of pain in the chest, behind lower part of sternum and in the mid-dorsal region; it was almost constant, and not increased by food. During March and April she was unable to take solid food, and fluids were swallowed with increasing difficulty, part of them being often rejected, without nausea, as soon as swallowed. Large mouthfuls of clear mucus were thrown up at short intervals. On exploring the oesophagus early in May, the sound was arrested at 11 inches from the upper dental arch, showing stricture just below the level of the left bronchus. A No. 10 catheter passed fairly easily, causing some pain, and afterwards a No. 12. By the middle of May she was wholly unable to swallow anything, even a teaspoonful of water returning almost immediately, and the amount of mucus thrown off increased; it was often tinged with blood; both evidently came from the oesophagus. A catheter was introduced into the stomach three or four times daily for

the purpose of giving nourishment, a funnel into which the food was poured being attached to the catheter. The introduction of the catheter always caused pain, but she was fairly well nourished and gained somewhat in flesh and strength. The stricture rapidly contracted, so that by June 1st only a No. 8 catheter could be used, and the pain from the introduction so greatly increased that it was evident she could not continue to take nourishment much longer by this method. Rectal alimentation could not be continued for more than a few days, on account of the severe colicky pain induced. As she suffered from hunger and thirst, especially the latter, gastrostomy was proposed, the risks and disadvantages being fully explained to her. After some hesitation she decided to have it performed, and the first stage of the operation was done on June 11th. There were present and assisting Drs. Machell, Carveth, Cameron, Nevitt, Duncan, Foster and J. Caven. An incision, three inches long, was made three-quarters of an inch below, and parallel to, the costal cartilages of the 8th and 9th ribs, beginning nearly an inch to the left of median line. On opening the sheath of the rectus the direction of the incision was changed to that of the fibres of that muscle, so as to secure the benefit of any sphincter action that the rectus might subsequently exercise. On opening the peritoneum the liver and stomach came into view, the latter much contracted and overlapped by a fold of the lesser or gastro-hepatic omentum. The stomach walls were thick and of the usual pinky red color, but to make certain that it was

not the transverse colon we had exposed, the lesser omentum was traced upwards to its attachment to the liver, and the stomach itself traced nearly as far as the attachment of the œsophagus. The stomach being then brought downwards, and to the right as far as possible, a fold of it was drawn through the opening and transfixed at right angles to the skin incision by two harelip pins, the serous and muscular coats only being pierced, allowing the mucous coat to recede. Silk sutures were then introduced so as to bring together the peritoneal as well as the superficial parts of the wound closely around the protruding portion of the stomach, but no sutures were introduced into the stomach, which was held firmly in place by the pins. The wound was then freely dusted with iodoform, over which dry gauze and salicylated wool were placed and secured by a broad flannel bandage. She recovered from the effects of the ether without any disturbance. The temperature and pulse remained normal throughout the subsequent history; a little soreness at seat of operation, for a few days, was all that was complained of. For three days she was given food by the bowel; after that, owing to colic, nourishment was again given through the œsophageal tube, which was introduced with ease for a few days. The first dressing was not changed till the fifth day, when union was found to have taken place by first intention. The gauze covering the protruding portion of stomach was so intimately adherent by plastic effusion that it was separated with some difficulty, and caused some breaking down of the union between the stomach and the superficial parts of the wound, which took some days to unite. The stomach was opened on the 21st June by passing a narrow tenotomy blade down between the pins nearly an inch without apparently entering the stomach. Before withdrawing it two probes, bent at right angles, were passed down one on each side of the knife, with which to dilate the fistula for the introduction of a small tube or catheter, as advised by Fagan of Belfast.* The tube not entering the stomach, a little milk was introduced into the stomach by way of the œsophagus, that its presence might indicate when

the stomach was opened, and thus prevent injury to structures behind the stomach. The knife was again passed down between the probes and forced gently onwards when it soon entered the stomach, and some of the milk mixed with gastric juice was easily withdrawn. A No. 6 catheter was then passed through fistula, and through it 3 oz. of milk were injected; the catheter was left in the fistula, a compress being placed around it. Food was to be given every three or four hours through the catheter. The opening of the stomach gave no pain, and was made without any anæsthetic being given. A little nausea was experienced, but no other inconvenience. The size of the catheter was gradually increased until a soft rubber tube, equal to No. 18 English scale, could be introduced, and this was retained, being corked to retain contents of stomach. From the first there was some trouble from oozing around the tube, which caused more or less excoriation. With this exception everything was satisfactory; hunger and thirst being completely relieved. She was able to be out driving early in July. The pain in the chest was much less troublesome, being at times absent for days. She continued to regurgitate the clear mucus from the œsophagus, sometimes with a little blood; occasionally the bleeding was profuse, on one or two occasions continuing for a whole day, after which she would be considerably prostrated. Her condition was satisfactory during the months of July to October, during which her strength and flesh had considerably increased. She began to fail perceptibly early in November, though still taking food freely; with the failure the oozing increased. Early in December she was confined to bed—cough developed and increased with dyspnoea and frequent free hemorrhages. The oozing became so free that she could take but little nourishment, and death took place on Dec. 28th—six months and 18 days after the operation.

Post mortem examination.—Emaciation marked, but not as extreme as usually obtains in cases of death from cancer. The union at the fistulous opening was firm, the margin of the liver being also adherent. No adhesions beyond the immediate circumference of the

* *Brit. Med. Journal*, Oct. 4th, 1884.

opening, which was one inch from the pylorus. The stomach was considerably dilated, extending two inches below the fistula—the walls were thin. The upper part of the œsophagus was dilated; the lower five inches converted into a sloughy cavity filled with foul grumous material. The disease implicated the aorta, bronchus and spine. The back of both lungs were in a state of advanced hypostatic pneumonia; they contained no secondary cancerous deposits. The pneumonia was doubtless the immediate cause of death.

Remarks.—The objects aimed at by this operation were—primarily and chiefly, the relief of suffering from hunger and thirst, and secondarily, the prolonging of life. The operation at best is only a palliative one unfortunately, at least in all cases of malignant stenosis. Nevertheless, as the dangers arising from gastrostomy, as from all other abdominal sections, are now comparatively slight, if the patient be not too prostrated, the operation is one at least worthy of consideration in all cases of œsophageal stricture. Since the division of the operation into two stages, all the deaths occurring from it of which I have seen any record, have been due to prostration, the operation having been too long postponed. Of 13 cases operated on by Dr. Knee, of Moscow, 10 recovered, six of them living from five to nine months; four were lost sight of a few months after the operation, and three died—one on the second day from perforation of left bronchus, one on eighth day from bleeding, and the third on twelfth day from prostration.* If resorted to at an early stage of the disease, there should be few if any deaths from the operation. In a few cases the colon has been secured instead of the stomach, and death has resulted; such an accident has occurred to one of the most prominent British surgeons, and is one to which all are liable.

The method of securing the stomach resorted to in this case was that recommended and practised by Boyce Barrow, of the West London Hospital, † as being more expeditious than, and quite as efficient as, the method of a double circle of sutures, recommended by Howse, to

whom is due the credit of rendering this operation safe by its division into two stages. Barrow's directions were departed from, in that only the serous and muscular coats were transfixed by the pins; by transfixing the mucous coat also, as he directs, the stomach would be more easily opened, as the mucous membrane would not recede from the surface, as it did in this case, necessitating the passing the knife so deeply before reaching the cavity of the stomach. But it is possible that the wound may be more easily and certainly rendered aseptic by transfixing only the serous and muscular coats, as septic matter might find its way along the pins, if the mucous coat is transfixed.

The sutures for closing the wound might with advantage, I think, be passed before securing the stomach, as the protruding portion of stomach is in the way of their being easily passed afterwards. Those sutures that could not be tied on account of the protruding stomach, should be used to suture the peritoneum to the skin on each side, thus presenting a broader peritoneal surface for union with the stomach, and securing more rapid union. This union takes place very rapidly; it has been found firm in one case in 19 hours, and another in 24 hours, and in a third in 30 hours.* This indicates that in urgent cases rectal alimentation can with safety be supplemented by food by the mouth after 24 hours, or in case of necessity, that the stomach might be opened with fair safety—the risk of opening would be much less than that of delay in administering nourishment. It would seldom be advisable to operate in cases requiring such urgency; surgical interference has been too long postponed. Nevertheless, in some cases the stomach should be opened immediately after the preliminary operation is done; but such a course is rarely advisable.

As it is desirable to have the opening in the stomach as far as possible to the splenic end, in order that food may enter more easily, and that oozing from the fistula may be less liable to occur, the stomach should be drawn well to the right before being secured. The constant retention of a tube in the fistula probably tends to increase the leakage; it would in that case

* *Annals of Surgery*, Sept., 1886.

† *British Medical Journal*, Dec. 6th, 1884.

* *Philadelphia Medical News*, 1st Dec., 1883.—Gross.

be better to use only a small tube, and introduce it when nourishment is to be given; any oozing occurring as the tube is withdrawn, to be removed with absorbent cotton, and a suitable compress placed over the opening. Bryant, in his work on surgery, recommends an ordinary enema syringe with a funnel at one end and a small tube at the other for giving food. With such an appliance, finely minced solids mixed with liquids could be easily introduced into the stomach—the patient might even enjoy the pleasure of masticating his food, and then putting it into the funnel partly filled with liquid, after which all could be forced into the stomach.

CERVICAL CELLULITIS AND ABSCESS.

BY R. B. NEVITT, M.D.

(Read before the Toronto Medical Society, Oct. 25th, 1886.)

The subject which I have chosen to take up to-night is one which, when presented to us in practice, claims our most earnest and anxious attention, and my sufficient apology for undertaking to bring so simple a matter before you is the very slight amount of information to be obtained concerning it from the usual text-books of surgery, and the anxious moments I have spent in contemplating one or two cases which it has been my fortune to meet.

Ashhurst and Bryant do not mention it specifically. Erichsen gives a short account of a phlegmonous erysipelas of the neck of a rapidly fatal character. Holmes Coote, in *Holmes System*, gives a more detailed description of cervical abscesses, mentioning the dangers incident to these, and advises puncture *as soon as fluctuation is detected*. (*Holmes System*, vol. 1, p. 338). In the *International Encyclopædia* is a more extended notice of cervical abscess and of the anatomy of the neck. (*International Encyclopædia*, vol. v., p. 573). Retro-pharyngeal abscesses, as possibly finding their way into the tissues of the neck, will be noticed, though I do not purpose going into a detailed account of them. When pus has formed in the neck its behavior depends greatly upon its position with regard to the cervical fascia. The position

of the fascial planes can be better understood by reference to the accompanying diagram:—

Starting from the ligamentum nuchæ, it surrounds the various post-vertebral muscles as far forward as the posterior border of the sternomastoid. Here it splits into three divisions, the first coming forward in front of the sternomastoid and depressors of the hyoid bone to the front of the neck, the platysma being exterior to it; the second division passes posteriorly to the sternomastoid, but anteriorly to the carotid vessels and the trachea, coalescing with the first division in the middle line of the neck; the third division passes behind the carotid vessels and the œsophagus, joining its fellow of the opposite side. The first division is attached superiorly to the edge of the lower jaw and mastoid process and occipital bone, superficial to the parotid gland and to the lower edge of the zygoma. It is attached inferiorly to the anterior surface of the manubrium sterni and the clavicle. The second portion is attached superiorly to the hyoid bone, the styloid process of temporal and internal aspect of the angle of the lower jaw. Inferiorly it is attached to the posterior surface of the manubrium sterni and clavicle, and passes into the thorax along with the parotid vessels. The third division is attached to the base of the skull and, below, splits into two layers, one of which passes downwards to be attached to the anterior edge of the first rib, and a posterior passes into the thorax behind the œsophagus and in front of the pre-vertebral muscles. This fascia is dense and firm, and renders it difficult to certainly detect fluid formed beneath it, and also serves to guide it into the thorax or towards the tubes leading into the thorax.

Abscesses may arise in the neck from all the varied causes which tend to produce abscesses in other parts of the body: From exposure to cold, from adenitis, from inflammation of the connective tissue, after depressing fevers, from the eruptive fevers, dentition, pyæmia, etc.; and in addition to the exposed position of the neck, there is abundance of glandular and connective tissues present and an active and fine circulation of blood.

Acute abscesses forming here have an inherent tendency to go bad. If let alone, or

treated expectantly or inadequately, they act destructively by burrowing and spreading in and about the muscles, vessels, and nerves of the neck, implicating important structures and threatening to destroy life at every turn.

My attention was strongly directed to these cases early in my practice in this city by the occurrence of two cases within a short period of time, and which I will shortly relate.

The first was that of a female infant twelve or fourteen months of age. A week or ten days previously I had ceased attendance on it for a severe attack of measles, with rather prominent throat symptoms. Happening to call one morning I found the mother holding the child in her arms, and shouting that it was dying. The child was cyanosed, had ceased to struggle, and had two prominent soft swellings under the angle of each jaw; pus was flowing in a sluggish stream from the mouth and nostrils. I hastily made the mother invert the child and, not having with me any description of surgical instrument, used my pocket knife, and rapidly and freely opened each tumor. Pus flowed from each. I then proceeded to cleanse the mouth and pharynx as well as I could, and instituted artificial respiration. I continued my efforts for more than an hour, and managed to get one gasp, but no other sign of vitality. The lungs and trachea were apparently filled with pus. The mother told me the child for the past three days had been unusually cross and fretful. The lumps had appeared in the neck the day before. Dysphagia and dyspnoea had rapidly increased, and only a moment or two before I came in the child had been crying, and had suddenly choked.

The second case I was sent for, in a day or two after the death of this infant, was that of a healthy, vigorous boy of ten years of age, who had the day before—after overheating and sudden cooling—complained of rigors, fever, stiff neck, dysphagia, and great anxiety. The pain was chiefly upon the right side of the neck. The skin in front of the sterno-mastoid, and as far forward as the symphysis-menti, was brawny and hot, and slightly discolored—a dark, venous red. The boy's distress was pitiable. Emollient cataplasms and frictions with warm camphorated oil and belladonna liniment

appeared to exercise no beneficial influence. A good-sized blister was then placed over the front of the neck, under the chin. In twelve hours matter formed under the blister, and was evacuated through an incision in the middle line of the neck—with great relief to all the symptoms. After discharging for a week or ten days the wound healed, and the boy returned to health, with a slight scar, almost unnoticed. Iron and quinine were administered freely during the progress of the case.

Another case which also eventuated favorably, and which I am not prepared to say certainly was an abscess, yet presented many of the symptoms of a phlegmonous inflammation of the cervical connective tissue, I will here relate:

R., aged thirty-five, of good health and sound constitution, sober—a boiler maker—was working in the interior of a heated boiler. He was working unusually hard, and was drenched with perspiration when he came out and stood for awhile in the roomy and breezy work-shop. He had a severe chill, and that evening felt pain in the anterior region of the throat, on the left side, and rather low down. The temperature was 103°; pulse quick and hard. Dysphagia present, countenance dusky, with a peculiar, distressed appearance. On palpation, a limited induration could be felt under the sterno-mastoid, intensely painful on pressure—which also caused involuntary attempts at swallowing; the lump increased slowly in size, and extended more deeply in the neck. It appeared to be pushing its way backward towards the spine. The breathing became embarrassed, spasms would come on during which the patient would feel as if about to smother, and would have to rise up. The neck was stiff, and the head turned slightly to the right side, and bent forward. I was sent for hurriedly one night, with the report that he was choking. Dr. Cameron kindly came with me, and gave me the benefit of his advice. We were prepared to do either a tracheotomy, or to freely incise the swelling; but found that the spasms had passed, and though there was yet considerable distress, he appeared to be mending, and by the eighth day after this the symptoms had subsided under large doses of

iron and quinine, and morphia internally, and oleate of mercury and cataplasms externally.

M., an infant six months of age, after a period of great distress, fretfulness and high fever (it was teething), developed a considerable brawny swelling under the ramus of the jaw of the left side. There was great stiffness—the head bent towards the right, the face slightly turned to the left. Before fluctuation was positively made out, I freely incised the swelling under the angle of the jaw; some pus was discharged. Warm cataplasms were applied, and arsenic and iodide of iron administered internally. After discharging freely for two or three weeks recovery ensued.

In the first case the abscess, I believe, partook of the nature of a retro-pharyngeal abscess, coming on in a child debilitated by a severe attack of measles, and with the glandular tissues scarcely recovered from a severe adenitis; and I feel firmly persuaded that had I been sent for a day or two before I might have saved the child's life. The manner of his death illustrates one of the great dangers—the bursting of the abscess and the discharge of the pus into the trachea.

The second case might be put down as a phlegmonous cellulitis, the effect of a sudden cooling in a boy overheated from over-exertion. If I had him to treat now, I think I would make the incision without running the risk of waiting for the action of the blister, though this had a remarkable effect in expediting the formation of pus and of apparently inducing it to appear closer to the surface than the previous course of the case led me to expect.

The third case I am doubtful of. I had an opportunity of examining his throat recently. He has had no return of any of the symptoms, and there is no trace of tumor or induration to show for the amount of anxiety and alarm his condition occasioned me. I believe that he was in imminent danger of death from spasm of the glottis, as in a case recorded by Lidell in the *Am. Jour. of the Med. Sc.* In this a young man had a sore throat with dysphagia and dyspnoea, and who was apparently improving, though an abscess had been discovered under the left sterno-mastoid. Opening of this was postponed for a few hours, but

sudden death from asphyxia from spasm of the glottis put an end to the case. The spasm was supposed to be due to irritation of the motor nerves of the laryngeal muscles, and he remarks that he might have hastened this fatal termination by the moderate degree of pressure used in determining the nature of the swelling.

Lidell mentions another case in which the acute abscess formed consecutive to a quinsy. There were the well-marked symptoms of brawny skin, stiff neck, inability to open the mouth, dysphagia, dyspnoea. After deep-seated fluctuation was observed, the abscess was opened along the inner border of the sterno-mastoid; the skin and platysma were first incised, and the layers of fascia were raised and divided on a director; the director and the fingers finished the dissection and the matter flowed easily, to the great relief of the patient.

While I perfectly agree with the writer in his determination to open the abscess early, I would not have chosen the same place for cutting down upon it. I should fear that my lack of skill, or some untoward movement of the patient might have resulted in a wound or laceration of some of the very important structures situated in that part of the neck. In his case, too, he waited until fluctuation was manifest. I would prefer to follow the advice of Nicaise, who says: "There are certain regions where incisions should be made before fluctuation can be readily made out, after the central softening is detected—such as the perinaeum, axilla, neck, etc. However, I do not, or have not always acted up to my convictions, as in the case of Miss H., aged 23, delicate—after a chill followed by fever, headache, and soreness of the throat, with great dysphagia, and stiff neck, preventing her opening her mouth widely. Had great tenderness behind the ear and along the posterior edge of the sterno-mastoid, and radiating stabbing pains along the course of the temporal, facial, and occipital nerves. A circumscribed induration could be made out deep under the sterno-mastoid, bulging slightly towards its posterior border. The swelling was tender on pressure, digital examination being excessively painful. I could not discover either fluctuation or the central softening. I temporized with hot poultices,

and in a day or two the induration began to disappear, and the distressing symptoms passed away.

This case turned out fortunately, yet I am now of the opinion that I acted timorously. I think an incision down to the swelling would have been better surgery, especially as there were no important structures in the way except the external jugular vein.

Dr. Esteves mentions two cases of pharyngeal phlegmon occurring in infants, which he attributes to irritation of the lymphatic glands, described by Gillette as situated at the junction of the posterior with the lateral wall of the pharynx, and as being specially prominent in infants. In his case no other cause could be detected for their irritation save teething. In both cases the swelling which had presented externally was opened at the angle of the jaw, and stinking pus in large quantities discharged to the immediate relief of the little sufferers.

To show more clearly the lethal tendency of these cases when left to nature, Lidell narates two cases in which death took place from œdema glottidis from pressure of large abscesses in the neck: One under the sterno-thyroid and thyro-hyoid muscles, with a large accumulation of pus in the parotid; and in the second case with a large abscess, almost completely disorganizing the connective tissues of the anterior half of the neck, and he observes in these destructive inflammations of the cervical connective tissue, besides a stimulant and supportive treatment, "deep incisions, made as freely and as early as possible," are required to give any hope of success.

In St. Bartholomew's Hospital Reports, a case of death is recorded in a man from the bursting of a large cervical abscess, the pus making its way into the upper part of the œsophagus on one side and into the pleural cavity on the other. Two other cases were examined by Mr. Callender, in one of which the pus made its way into the anterior mediastinum, and in the other it surrounded the trachea and extended downward to the root of the lungs.

Amongst other dangers to which these abscesses expose a patient is erosion of the large arteries and fatal hemorrhage. A number of

cases have been recorded both in ancient and modern times. In fact, the abscesses in the cervical region appear to have been more frequently attended with dangerous hemorrhage than abscesses in other surgical regions. This liability is attributed to the greater number and importance of the blood-vessels; to the depressed condition of the vital powers; to the slight reparative action consequent upon the inanition and impossibility to take sufficient food; the powerlessness to get refreshing sleep or even repose; and the foetid and toxic secretions which, accumulated in the oral and faucial cavities, further tend to depress and weaken the vital powers of the patient.

In another case, which terminated fatally, I opened a swelling in the anterior median line of the neck, giving vent to some pus. This case was that of a man thirty-three years of age, of rather delicate constitution. He had a carbuncular inflammation at the right angle of the lower lip, which he attributed to a small punctured wound made by a tack taken from an old carpet, which he was putting down. The lower lip was dark and brawny, and projected outwards from the face to a considerable distance; the inflammation, hard and brawny, extended downwards under the chin to the right side. There were numerous pepper-pot openings discharging a little pus, and filled up with grayish sloughs. I made a free opening through the tissue, extending through the vermilion border of the lip. Little or no pus came out, but the tissue was traversed by bands of sloughing connective tissue. The constitutional disturbance was profound—temperature 103° to 105°; pulse quick and hard; delirium, and loss of sleep; inability to open the mouth; dysphagia and dyspnoea. The swelling extended down the neck along the anterior border of the sterno-mastoid; the skin was darkly discolored, and hard and brawny; the larynx and trachea pushed considerably over to the left side. The constant recurrence of sweats and chills, and the hard, thready pulse induced me to open the neck in the median line, although fluctuation could not be perceived. I had the benefit of the advice and support of our president (Dr. McPhedran) in this proceeding. After the administration of an anæsthetic I made an inci-

sion in the middle line of the neck (over the trachea, which here was pushed considerably over towards the left side), and after reaching the deep fascia, I inserted a director, and pushing it steadily inwards in the direction of the swelling with a boring motion, had the satisfaction of seeing pus flow along the groove of the director, and could feel its point move somewhat freely in a cavity. I then passed a pair of dressing forceps in along the groove of the director, and then, separating the blades, withdrew them open, tearing a channel through the tissues, and inserted a large-sized drainage tube. For a few days his condition was considerably improved; his breathing was decidedly better, the trachea returning more to its normal position, and he was able to swallow more food. The inflammation proceeded in two or three days, crept upwards along the anterior edge of the sterno-mastoid, implicated the parotid region, and, crossing the zygoma, appeared in the orbit, causing pronounced exophthalmos. With Dr. Burnham's assistance the orbit was deeply incised above and below the eyeball. A little pus was exuded from a follicular abscess of the conjunctiva, but nothing came from the deep incision of the orbit but blood. Seventy-two hours afterwards he died exhausted. Iron, quinine, and brandy, were freely administered from the inception of the carbuncular inflammation, and when the exophthalmos appeared, ice poultices were used, until the orbital pain was so great as to preclude their further use, and warm poultices were substituted.

This case was most interesting to me, and at the same time most anxious. It illustrates very fully the dangerous nature of carbuncular inflammation of the lower lip.

M. Reverdin states that facial carbuncle presents a special gravity due to its ready complication with phlebitis, and that this phlebitis is attended with death either by extension to the sinuses of the dura mater or by becoming the source of purulent infection. Of anthrax of the face, that of the lips is more frequently complicated with phlebitis than the others. The involvement of the orbit in the phlebitis as demonstrated by exophthalmia shows certainly the implication of the sinus.

The severe form of cellulitis developed in

this case resembles much that form described by Ludwig, of Stuttgart, in 1834, as *cynanche maligna*.

The treatment I would recommend in these cases, besides the free administration of iron and chlorate of potash, and quinine and stimulants, regulated by the amount of asthenia present, is prompt and early and free incisions. Do not wait until fluctuation is undoubtedly present, for in many cases the matter is so bound down under the tense cervical fascia as to fail to respond to the sense of touch. Incisions should be made in the middle line of the neck, as being more devoid of danger, and because the planes of the cervical fascia here meet, and a director or probe thrust through will reach the matter sooner if under the second split of this fascia. Incisions may be made also behind the sterno mastoid, which is free from almost all important vessels. Above the hyoid bone the bistoury or knife may be inserted for the depth of two inches, or right down to the floor of the mouth, without striking an important organ. In the other positions, Hilton's method had better be followed.

Selections.

TREATMENT OF STRICTURES BY ELECTROLYSIS.

(Translated from the *Internationales Centralblatt*, by DR. McDONAGH.)

In a very interesting clinical and experimental work, Ström, of Christiania, has endeavored to establish the value of electrolysis in the treatment of stricture—particularly those of the œsophagus and urethra. His efforts in this direction originated in the favourable results of Hjort in the electrolytic treatment of œsophageal stricture. He criticizes the operation rather freely, and considers it not free from danger to the patient's life, inasmuch as by too strong a current, cauterization of the mucous membrane and a false passage may take place. Further, no one should use electrolysis without first assuring himself by a director that the sound is in the right passage. The following case is in point: E. E., 6 years old, suffering from a stricture of the œsophagus on the level of the

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ONLY.

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Pil. Permanganate of Potash.

(EACH CONTAINING TWO GRAINS.)

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The Medical Profession have recently had their attention called to the successful use of Permanganate of Potash as an emmenagogue, and we have so far succeeded as to present it in pill form without decomposition, as will be seen by the development of a dark red colored solution when the pill is first dissolved in water. In this way an advantage over all other methods of administering Permanganate of Potash is gained.

Pil. Antidyspeptic. (WARNER & CO.'S)

Containing Pulv. Ipecac, $\frac{2}{3}$ gr.
Pulv. Piper. Nig. 1 $\frac{1}{2}$ gr.
Strychnine, 1-20 gr.
Ext. Gentian, 1 gr.

The above combination is one of Dr. Fothergill's recipes for indigestion, and has been found very serviceable. In some forms of dyspepsia it may be necessary to give a few doses, say one pill three times a day, of Warner's Pil. Anticonstipation.

Pil. Lady Webster. (WARNER & CO.'S)

Lady Webster Dinner Pills. This is an excellent combination, officially designated as Aloes and Mastich, U. S. P. We take very great pleasure in asking physicians to prescribe them more liberally, they are very excellent as an aperient for persons of full habit and gouty tendency when given in doses of one pill after dinner.

Pil. Ferri Iodide. (WARNER & CO.'S)

(ONE GRAIN IN EACH.)

The dose of Iodide Iron Pills is from ONE to TWO at meal-time, is recommended and successfully used in the treatment of

Pulmonary Phthisis or Consumption. Anæmia and Chlorosis.
Caries and Scrofulous Abscesses. Loss of Appetite, Dyspepsia, etc.

In cases where Iodide of Iron is prescribed, it is absolutely necessary for the physician who relies on the therapeutic action for beneficial results, that the compound should be perfectly protected, and prepared as to remain inalterable.

With this important fact in view, we have devoted special study Iodide of Iron in pillular form, and are warranted in announcing that WARNER & CO.'S IODIDE OF IRON PILLS meet all requirements being the most perfect preparation of the kind.

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The value of **Liquid Pancreopepsine** in this connection has been fully established, and we can recommend it with confidence to the Profession as superior to pepsin alone. It aids in digesting animal and vegetable cooked food, fatty and amylaceous substances, and may be employed in all cases where, from prolonged sickness or other causes, the alimentary processes are not in their normal condition.

It is usually given in tablespoonful doses after each meal, with an equal quantity of water or wine, or alone, as it is most pleasant and agreeable to the taste.

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TO PHYSICIANS.

For Headache, Brain Fatigue and Loss of Sleep.

The composition of the following Preparation is exactly as given on this circular. Physicians, therefore, can feel free to prescribe it, and will not be disappointed in their therapeutic effect.

EFFERVESCING HYDROBROMATE

OF

Caffeine and Bromide of Potassium.

SPECIALLY PREPARED BY WM. R. WARNER & CO.

Dose—A large teaspoonful, in half glass of water, contains.

Hydrobromate of Caffeine, - - 1 gr. Bromide of Potassium, - - 20 grs.

PROPERTIES:

Useful in Sleeplessness, Over Exercise of the Brain, Intense Study, Nervous Debility, and in all cases for which the above Remedies are given singly to advantage.

An almost certain relief is given by the administration of this Effervescent Salt. The effervescent property of this preparation affords a pleasant and delightful draught. It is also used with advantage in INDIGESTION and DEPRESSION following ALCOHOLIC and other excesses. It affords speedy relief for MENTAL and PHYSICAL EXHAUSTION. For Nervous Headache it has no equal. Physicians recognize its great advantage. The dose above named may be repeated, if necessary, three times, at intervals of 30 minutes each.

AVOID IMITATION.

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VENTRICULUS CALLOSUS GALLINACEUS.

From the Gizzard of the Pullus Gallinaceus.

A SPECIFIC FOR VOMITING IN PREGNANCY

AND A

Potent and reliable remedy for the cure of CHOLERA INFANTUM, MARASMUS, INDIGESTION, DYSPEPSIA and SICK STOMACH caused from debility of that organ. It is superior to the Pepsin Preparations, since it acts with more certainty and effects cures where they fail.

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cricoid cartilage and impermeable from above. Gastrostomy was performed in February, 1885. After different fruitless attempts to pass a bougie, an electrolytic sound was introduced from below. The number of elements used was increased from 5 to 15, the sitting lasting 28 minutes. Towards the end pain was complained of on the left side of the neck. During the next few days some cellulitis with fever developed, but soon subsided again. On November 3rd, an electrolytic sound (size No. 9, French scale) was again introduced. Seven elements were used, and after 15 minutes, without any pressure being made, the point of the sound was felt immediately beneath the skin at the side of the trachea at the level of the upper border of the cricoid cartilage. The œsophagus was therefore perforated, and further attempts of course were avoided. However, on 22nd December a No. 9 bougie passed, without electricity, through the stricture, and later a No. 11 also. In a second case of stricture of œsophagus, in a patient aged 21 years, a No. 9 bougie could be passed, but no further. Dilatation was possible. An electrolytic sound was introduced, and pressed for an hour and a half against the stricture. Although this did not go through itself, yet immediately after the electrolysis, a No. 11 could be passed, and dilatation was thus proceeded with, until a No. 29 bougie could be easily introduced.

After communicating also several cases of electrolytic treatment of urethral stricture, Ström goes on to say that, as the result of his clinical experience, we have in electrolysis certainly a means of securing a passage through the stricture, but that this happens probably through the negative pole producing a caustic effect—at least with a current of the above mentioned strength—and that this cauterization is sufficient to bring about destruction of the mucous membrane. This would be a great objection to the operation, because the cicatrix following the cauterization would have a tendency to contract, and thus prevent a permanent cure. In order to decide these points, experiences on men and rabbits were undertaken. A boy aged 9 years, who had suffered from a stricture of the œsophagus, died of phthisis, and a *post mortem* was made half an hour after

death. The stricture was about $1\frac{1}{2}$ inches long and an electrolytic sound, size No. 10, could be introduced from below, but no larger size. After two minutes' operation with six elements (Milliampiors) the sound went through, and after that a No. 15 without current. The current was resumed for two minutes longer, and a No. 20 passed. The mucous membrane was swollen and slightly yellowish in colour. On the mucous membrane of the stomach, currents from 4 to 8 elements strong caused perforation in five minutes. In rabbits, the author proved that minute strictures were produced in the urethra after three and four weeks from the effects of currents of from 2 to 8 elements, and in sittings of from five to ten minutes.

Ström, therefore, considers the treatment of strictures by electrolysis uncertain and not free from danger, nor always resulting in a permanent cure—at least unless the current is carefully graduated. It is not safe to employ more than 4 elements; with this caution and the previous use of a director to guard against false passages, the author thinks electrolysis very useful in certain cases. It is especially to be recommended when the stricture is still permeable for the exploratory sound, although further dilatation cannot be produced.

EXAMINATION OF THE URINE.

BY J. MILNER FOTHERGILL, M.D.

There is an aspect of albuminuria, in my opinion, too little considered. If there exist a constant drain, no matter whether of serum-albumen or peptones, the system will be imperfectly nourished. A case came under my notice two years ago in the form of a Cambridge undergraduate, who was pale and weak, and feeling unfit for his work. Albumen was present in the urine in unmistakable quantities. In that case two views could have been taken up, and maintained perfectly honestly. My opinion inclined to the case being one of malnutrition in which the loss of albumen played a part. At any rate the lad got well, and the albumen disappeared from the urine. Then again, persons who have had malarial fever are very apt to pass some albumen. One well-known surgeon left India and came home, believing that

his health was broken and gravely impaired; but after ten years he is still hale and vigorous. We often talk the matter over, and regret that so much misapprehension exists on the subject. In any interference to the portal circulation, albumen is liable to show itself in the urine. When the interference is removed the albumen disappears.

Bearing in mind these facts, the obvious conclusion is this: It is not proper to assume that albuminuria indicates Bright's disease. A medical man has no moral right to alarm a person by announcing Bright's disease merely on the discovery of albumen in his urine. It is as unjustifiable as to inform a man his house is on fire merely because his chimney is ablaze. Before saying anything to the patient the urine should be carefully searched for tube-casts, and if they are discovered, then the announcement is justifiable, but not until!

Of course, no man but a fool or a crank would undervalue the significance of the evidence furnished by the test tube. Say it is a case of cardiac dropsy. The appearance of albumen in the urine while the case is under treatment is almost the herald of despair. But here the circumstances of its appearance are known; but if a patient comes under notice with cardiac dropsy, and the urine is found to be albuminous, its significance is by no means so ominous. Any cause of venous fulness in the kidney may give rise to albuminuria; but it is very important what the cause is, as that will determine the significance to be attached to the albuminuria.

An albuminous condition of the urine derives its import from its associations, and the men who disturb the peace of a family merely because the urine in a test tube gives evidence of albumen, are scarcely fit for their vocation, and certainly take a very oblique view of the moral obligations of a family physician.

Again, as to the presence of sugar in the urine. Many medical men have lost their heads in a manner nowise creditable to them on finding some sugar in the urine, whether their own or that of some one else. The discovery of sugar should at once put the medical man on the alert, just as does the discovery of albumen. In either case the medical man

should at once be upon his guard; but this is a very different matter from abruptly delivering an adverse opinion. The latter is very much like condemning a suspected man without going through the preliminary of a trial to ascertain if he is guilty. The evidence against him at first sight may seem damning, but the process of trial may demonstrate his innocence and not his guilt. When albumen or sugar is detected in the urine of a patient, then a searching examination into the facts is incumbent upon the part of the physician.

As to sugar, corpulent persons often pass saccharine urine, and especially corpulent, gouty persons. What significance glycosuria possesses under the circumstance is unknown to me. One such case has been under observation for over eighteen months. There were other symptoms present telling that the case was something more than mere glycosuria. While allaying the lady's apprehensions as to any immediate danger, both she and I firmly believe she will die of diabetes. And why do we both believe this? Because from family circumstances she is subjected to worry and annoyance from which she cannot emancipate herself. But as to other cases they seem to go on for years without any deepening of the condition.

There are other circumstances, however, under which glycosuria is found which give it much significance. All physicians of any experience have met with cases where an acute condition of diabetes is started by a sudden shock or fright. Such associations are matter of notoriety. But the association of chronic diabetes mellitus with mental conditions is far less generally realized. Yet those who are giving special attention to the subject are beginning to be strongly of the opinion that diabetes is casually dependent very often upon "carking care," disturbing the liver as regards its glyco-genic function. If this view can be substantiated, and I for one think it can, then the appearance of sugar in the urine, even in small quantity and fitful as to presence, is terribly suggestive. If such a case be watched, it will be found to deepen in gravity: for a while a strict diabetic dietary may afford relief, but it turns out to be a case of "the further in the

deeper." Of course this is the more likely to occur if the patient continue to carry his load of care. If, however, the load be lightened, the result may be otherwise. The glycosuric condition may remain static for years. With one such case I am intimately familiar.

Diabetes—not merely glycosuria, but something more—is a malady which does not necessarily progress with steady, relentless tread to the tomb. We must learn to regard it as a disease which may take its origin in small beginnings and deepen to death; or be arrested, as the case may be, and according to what measures are taken. If this view be well founded, the appearance of sugar in the urine is fraught with high significance. Nor is the difficulty to be met by gluten bread and almond biscuits. That is narrow, not the wide view of the subject.

When a hard-working business man is a patient, in my opinion, a regular periodic inspection of the urine should be made, and when traces of sugar even are detected, to keep a keen watch over the patient. If small quantities are pretty constantly present, then he should be told frankly and honestly his true position, and the facts looked in the face. Such a man will be liable to temporary aggravations of his condition on any passing extra mental perturbation. Such a case is well known to me, where a glycosuric man is a diabetic when anything gravely puts him about. In such cases the urine varies hand in hand with the general condition; and the urinometer will register the case pretty accurately.

Then there are cases of glycosuria where the amount of sugar is considerable in the urine passed three hours after a meal; while the urine passed in the morning contains but little sugar. Speaking broadly, such a condition carries with it a better prognosis than where the morning urine differs little from that passed at other times.

Sugar, like albumen, in the urine is a stiff hint to a medical man to put on his studying cap!

Examination of the urine as regards the patient's account of it, is grossly neglected; just as the reaction of one sample of urine in a test-tube is too highly estimated at the present

time. And if the points put in this paper be connced over by the reader, and applied to his cases under care, I venture to think some mistake—potential or actual—may be avoided. A negative lesson it certainly conveys. Let not the reader abandon test-tube examination of urine; but let him make it more perfect and more extended as to time and duration of observation. What I denounce—and I do not denounce it more heartily than I detest it—is the too common practice of giving grave opinions from a casual observation. And to point out the sources of fallacy, as has been done, is the only way to secure more careful examination. Certainly no patient should be told he is the victim of Bright's disease until a patient microscopic examination has been made. In the same fashion must the significance of sugar be determined—only here the microscope can lend no service, viz.: by common sense and special knowledge. Rash medical opinions rapped out on insufficient evidence may appear to establish the cleverness of the practitioner; but it is positively certain they have added a distinct amount to the sum total of avoidable human misery; and therefore constitute a practice to be heartily denounced and reprobated by every one who loves his fellow-men.—*New England Medical Monthly.*

ON THE RELATION BETWEEN ERYSIPELAS AND INFLAMMATION.—At the Society of Physicians, Vienna, Dr. Hajek said that he had undertaken the researches in question in order to determine whether the streptococcus of erysipelas differed morphologically, pathogenically, and in its mode of growth, from the streptococcus pyogenes; whether, as to pathology, each of these two species was pathogenic in its proper way, viz., whether the first produced only erysipelas, the latter only phlegmons. He first combated the statements of Resenbach and Hoffer as to the differences of these cocci respecting their form and cultures, and said that the slight differences in the aspect and the quickness of growth were of no importance. The different cultures of these micro-organisms did not show any striking differences, but, nevertheless, they were not all to be looked upon as identical forms. This became evident from the experiments upon

animals which the speaker had performed for the purpose of determining the pathogenic influence of the cocci in question. He, for this purpose, inoculated two series of rabbits with the cultures of the streptococcus of erysipelas and the streptococcus of phlegmon respectively, after the cutaneous and subcutaneous method, and found some differences in both instances. In the cases of inoculation with the streptococcus of erysipelas, he, for the greater part, observed a wandering redness, with swelling of very slight degree. In a small number of these cases there presented itself, after inoculation, an inflammatory nodule, which either underwent resorption or suppuration. An intense swelling, together with the wandering redness, was but seldom observed. As to the streptococcus pyogenes, the greatest number of the rabbits thus inoculated showed an intense swelling, with suppuration; the latter was present when the inflammation process had reached its highest degree. An intense swelling without suppuration was rare. There was never present a wandering redness without swelling, which was observed in most cases of erysipelas; only the most severe cases of erysipelas resembled the usual forms of phlegmon.

Dr. Hajek, therefore, and probably correctly, concluded that the cocci in question were of a different nature. But it was not the difference of the pathogenic behavior of these two species of streptococcus to which he attributed the greatest importance. The reason for which he felt justified in stating that there was an absolute difference between the coccus of erysipelas and that of inflammation was the result of his histological researches. The histological changes in erysipelas first manifested themselves in an inflammation of the lymph-vessels, later on in an inflammation of the interstices of the connective tissue, and only in the most intense cases the tissue around the lymph-vessels is concerned too. As to the cocci of erysipelas, they were to be met with only in the lymph-vessels, and at the most to a very slight extent, also, in the interstices of the connective tissue. The living tissue formed, in general, no particularly favorable soil for the development of the streptococcus of erysipelas. Moreover, the behavior of the latter, in the progress

of the morbid process, was a passive one, as it was to be found only where it was transported by the lymph-current. The behavior of the streptococcus pyogenes to the living tissue was, however, quite different. Here the lymph-vessels and the interstices of connective tissue were filled with close colonies of cocci, the cellular infiltration either being absent or developed to only a very slight degree. Moreover, the streptococcus pyogenes formed close chains everywhere in the cutis, penetrated it in all directions, and perforated even the walls of the blood-vessels. Hence the streptococcus pyogenes had the disposition to represent itself in the living tissue in the form of colonies. Dr. Hajek remarked that the difference of the behavior of these cocci in the living tissue was a marked one; for, even in the most intense cases of erysipelas the cocci were always to be found only in a proportionally small number, and this only in the lymph-vessels.

Dr. Hajak added that in future, in cases of complications of erysipelas with other affections, it will not be permitted to consider the second disease which complicates the case of erysipelas as dependent on this, but that it will be necessary to prove that the second affection was, indeed, produced by the streptococcus of erysipelas. He, for instance, succeeded in doing so in a case in which pleurisy formed the complication of erysipelas, as the streptococcus which was found in the pleuritic exudation, inoculated on five rabbits, produced only the typical complex of symptoms of erysipelas. In a second case, however, in which pneumonia was the complication of the disease in question, no such etiological connection could be discovered between the two affections, as there was found in the infiltrated lung only the "diplococcus pneumoniæ," and no streptococcus.—*Vienna Correspondent of Med. Record.*

COCAINE INTOXICATION.—Dr. Taylor, in a late discussion before the Richmond Medical Society, mentioned the following case to illustrate the danger from cocaine intoxication. A young physician, while a student, had cocaine prescribed for some supposed kidney disease. The cravings of his system for more of the drug became more and more pressing. If

his own knowledge warned him of his danger, he probably consoled himself with the reflection that his kidney disease was progressing, and more of the remedy was demanded. For weeks before he was seen by Dr. Taylor, he had been in Richmond on a protracted spree, and his conduct was so strange as to give rise to the suspicion that he was insane. It was then discovered that he was taking cocaine hypodermically every few hours. When a stop was put to this he was a raving madman; swore he would kill himself, and had to be watched constantly to prevent him from carrying his threat into execution. His delirium finally became so violent that a commission of lunacy sent him to an asylum, but in a few days he made his escape and returned home. His brothers then took charge of him, confined him to his room, and kept a guard over him constantly, and in that way finally broke him of the habit, to which he was a slave. For six weeks his ravings were represented as violent, and his delirium was acute and distressing.—*Quar. Jour. of Inebriety.*

IODOFORM IN COLD ABSCESSSES AND PHTHISIS.

—The next new thing here is the use of injections of iodoformized ether in the treatment of cold abscesses. Professor (agrégé) Réclus, who is now lecturing in the place of Professor Richet at the Hôtel Dieu, says that it is better than the older method of large incisions and *raclage*, and it gives better results. He gives the following formula:

Iodoform 5 grammes (75 grains);

Ether 100 " (1,500 ").

Dissolve.

All this amount may be injected into the sac of an abscess, of course, after having allowed the pus to run off. One application will sometimes result in cure; if not, it is to be renewed, and in small abscesses a stronger dose may be used, say double the proportion of iodoform. It is not toxic, and will not do any harm in these doses, and the liquid will penetrate to all the diverticula of the abscess. A little collodion is to be put over the mouth of the puncture made, and one must not be frightened by the swelling that will result from the injection, as it will gradually subside.

While speaking of iodoform we are reminded that Professor Verneuil has noted for some time back that some of his young patients who were suffering from phthisis, and on whom iodoform was being used externally, for various causes, improved very much in health; and this led to his trying this substance internally with, we are informed, most remarkable results. This matter is also in the experimental stage, and time will soon show its merits.—*Paris Correspondent N. Y. Med. Journal.*

DIET TABLE FOR DIABETES.—By request we reproduce Dr. Flint's diet table for diabetes which appeared in the *Canadian Practitioner*, September, 1884:

BREAKFAST.—Oysters stewed, without milk or flour; clams stewed, without milk or flour. Beefsteak, beefsteak with fried onions, broiled chicken, mutton or lamb chops; kidneys, broiled, stewed, or deviled; tripe, pig's feet, game, ham, bacon, deviled turkey or chicken, sausage, corned-beef hash without potato, minced beef, turkey, chicken, or game, with poached eggs.

All kinds of fish, fish-roe, fish-balls, without potato.

Eggs cooked in any way except with flour or sugar, scrambled eggs with chipped smoked beef, picked salt cod-fish with eggs; omelets, plain or with ham, with smoked beef kidneys, asparagus points, fine herbs, parsley, truffles, or mushrooms.

Radishes, cucumbers, water-cresses, butter, pot-cheese.

Tea or coffee, with a little cream and no sugar. (Glycerine may be used instead of sugar if desired).

Light red wine for those who are in the habit of taking wine at breakfast.

LUNCH OR TEA.—Oysters or clams cooked in any way except with flour and milk, chicken, lobster, or any kind of salad except potato, fish of all kinds, chops, steaks, ham, tongue, eggs, crabs, or any kind of meat, head cheese.

Red wine, dry sherry, or Bass' ale.

DINNER.—Raw oysters, raw clams.

Soups.—*Consommé* of beef, of veal, of chicken, or of turtle, *consommé* with asparagus-points, *consommé* with okra, ox tail, turtle, terrapin,

oyster or clam, without flour or milk; chowder, without milk or potatoes; mock turtle, mullagatawny, tomato, gumbo *filet*.

Fish, etc.—All kinds of fish, lobsters, oysters, clams, terrapin, shrimps, crawfish, hard-shell crabs, soft-shell crabs. (No sauces containing flour or milk).

Relishes.—Pickles, radishes, celery, sardines, anchovies, olives.

Meats.—All kinds of meat cooked in any way except with flour, all kinds of poultry without dressings containing bread or flour calf-head, kidneys, sweet-breads, lamb-fries, ham, tongue, all kinds of game, veal, fowl, sweet-breads, etc., with currie, but not thickened with flour. (*No liver.*)

Vegetables.—Truffles, lettuce, romaine, chicory, endive, cucumbers, spinach, sorrel, beet-tops, cauliflower, cabbage, Brussels-sprouts, dandelions, tomatoes, radishes, oyster-plant, celery, onions, string-beans, water-cresses, asparagus, *artichauts*, Jerusalem artichokes, parsley-mushrooms, all kinds of herbs.

Substitutes for Sweets.—Peaches preserved in brandy without sugar, wine-jelly without sugar, *gelee au kirsch* without sugar, *omelette au rhum* without sugar, *omelette à la vanille* without sugar, *gelee au rhum* without sugar, *gelée au café* without sugar.

Miscellaneous.—Butter, cheese of all kinds, eggs cooked in all ways except with flour or sugar, sauces without sugar, milk, or flour.

Almonds, hazel nuts, walnuts, cocoa-nuts.

Tea or coffee with a little cream and without sugar. (Glycerine may be used instead of sugar if desired.)

Moderately palatable ice-creams and wine-jellies may be made, sweetened with pure glycerine; but although these may be quite satisfactory for a time, they soon become distasteful.

THE CLINICAL IMPORTANCE OF BACTERIOLOGICAL INVESTIGATIONS.—We believe that few physicians as yet appreciate the practical value of examinations of secretions and tissue for micro-organisms. We are on the eve of an era in clinical medicine in which bacteriological investigations are to occupy as important a position for the purposes of diagnosis, prognosis and treatment, as the physical examination of

the chest and the analysis of urine do at the present time, and it behooves every physician who hopes to keep pace with the latest advances in his art to make himself familiar with practical bacteriology. As there were physicians thirty or forty years ago who would not take advantage of the benefits of physical examinations, so to-day many, satisfied with their present methods, will pass over the positive information which an examination for micro-organisms will give. Not all physicians, however, who are fully conversant with and wish to take advantage of the best resources of modern medicine, are able to devote the time that is necessary to acquire dexterity in the technique of bacteria staining. Others again do not wish to purchase the somewhat costly apparatus that is requisite. To these the various microscopic laboratories throughout the country offer their aid. Many of the specific diseases have been proven to be due to micro-organisms and it will not be long before the pathogenic bacteria of them all will be discovered. In at least four of these diseases, anthrax, relapsing fever, tuberculosis and cholera, the diagnostic value of the finding of their characteristic bacteria is of prime importance. The first two of these diseases are not very common in our country and many of our physicians are unfamiliar with their clinical histories, and this fact enhances the value of a positive diagnostic sign.

The country has thus far escaped the invasion of the cholera epidemic which has decimated so many districts of Europe during the last few years. At any moment, however, the disease may be imported into our midst, and the responsibility of a prompt and correct diagnosis may fall to the lot of some practitioner remote from the great commercial centres. The responsibility which will be thus thrown upon the physician is a fearful one. Upon the promptness and accuracy with which he recognizes the disease will hang the lives of hundreds of our citizens. Whether the disease shall be checked in its incipency or be allowed to spread until almost beyond control will depend upon his knowledge and judgment.

Many cases of cholera morbus resemble cholera so closely in their symptomatology that

a certain diagnosis from the symptoms alone is impossible. In the dejecta of cholera, however, there is an organism, the comma bacillus of Koch, that is characteristic of that affection, and, when found, and identified, establishes the diagnosis beyond all possibility of doubt. The physician, or officer of the health, who neglects to utilize this positive knowledge, is taking a fearful risk.—*Microscope*.

THE INDICATIONS FOR THE USE OF ALCOHOL IN ACUTE DISEASES.—It is getting to be a quite well-established canon of medicine that most healthy men are better without alcohol taken in any form or at any time. We are inclined to add that Americans do not bear it so well as Europeans. That it can be dispensed with altogether in medicine, however, is a thing not to be admitted, and medical opinion almost unanimously supports this view. But no doubt alcohol is often used more promiscuously than it should be, especially in hospitals, and the observations and conclusions of Dr. Collie regarding the indications for its use (*The Practitioner*) deserve close attention. Dr. Collie admits that alcohol is not required in the mildest cases of fevers, nor in the severe if the patient be taking a sufficiency of food, nor generally in young adults of the well-to-do classes. These are great admissions for Dr. Collie to make; but in opposite circumstances he maintains it is more or less necessary, and we advise our readers to consider his opinions. Briefly, in the chief fevers, to which his authority applies, they are as follows: In typhus, alcohol is rarely required for children or adults under thirty; but after this age it is necessary, and often in considerable quantities. It may be dispensed with early in convalescence, as solid food can be taken as soon as the temperature falls. In scarlet fever alcohol is not required, as a rule, at any period of the disease. But in very poor children, in early convalescence, with abscesses or brawny neck, alcohol, in the form of port wine, is indicated. He considers port, say four to eight ounces, good for children of the age of from four to six. For procuring sleep it is better than opium. In enteric fever the chief value of alcohol is during convalescence, where solid food cannot

safely be taken for from ten to fourteen days from the return to normal temperature. Alcohol is contraindicated in cases of hemorrhage unless collapse has resulted. Burgundies and champagne, of well-approved brands, are, he thinks, the best forms.—*N. Y. Med. Record*.

ACCOUCHEMENT DURING HYPNOTIC SLEEP.—In the *Weiner Med. Wochenschrift* a case is mentioned of a woman whom Dr. C. Braun succeeded in rendering unconscious during labour by throwing her into a condition of hypnotic sleep; the uterine contractions were particularly painful. They were equally violent during the period of unconsciousness, but the intervals were somewhat longer; dilatation of the passages took place in the most satisfactory manner, and delivery was speedily accomplished. The placenta was expelled into the vagina, and was easily withdrawn with the hand. On awakening, the patient did not complain of pain, and afterwards slept naturally for several hours. One of the most interesting features of the case was that the uterine contractions induced contraction of the abdominal muscles without awakening the patient. Hemorrhage was very slight.—*British Med. Jour.*

VOLKMAN'S DRESSING.—The following simple dressing for wounds is given as Volkman's:

The antiseptic carbolie gauze next the skin. Next, bags of moss thickly placed about the wound previously treated for 1½ hours in a sublimate solution, viz.:

Sublim. solution,	500 grams—	about 1 pint.
Glycerine,	1,000 “	“ 1½ pint.
Water,	20,000 “	“ 5 gallons.

Then wrung dry and used as wanted.

Outside of all a wet gauze bandage held the whole in place.—*American Lancet*.

PERHAPS HE IS A FRAUD.—A recent cable letter to one of the daily papers says that Dr. Succi, who has been amusing a credulous public by exhibiting himself in a fasting condition, is reported to be an impostor rather than foolish. A buxom young woman, the mother of a fine boy, is in attendance upon the faster, and it is asserted that she divides the secretion of her lacteal glands with great impartiality between the scientist and the infant.—*N. Y. Medical Record*.

ANTIPYRIN.—Professor A. Fraenkel, assistant physician in the *clinique* of Dr. Leyden, has published the results of some experiments with antipyrin in the treatment of rheumatism. This substance is a specific in acute articular rheumatism. Out of thirteen cases of slight severity, a cure was rapidly effected in nine, whilst out of twenty-one serious cases, the remedy was successful in four. Antipyrin has the great advantage over other specific remedies for rheumatism that it has no bad subsequent effect. While salicyl causes tingling in the ears and hallucinations, Prof. Fraenkel only once observed sickness, and once a peculiar eruption, after the use of antipyrin. In spite of its superiority in this respect, antipyrin has no effect in preventing the development of endocarditis; it cannot, therefore, take the place of salicylic acid in all cases.—*Compendium*.

THE THERAPEUTIC USES OF THE HOT BATH.—Some time ago an opportunity was afforded me of making some observations on the effect of the hot bath in removing some morbid conditions of the system. A man of middle life, ir temperament nervous-sanguine, spare, and somewhat below the average height and weight, complained of languor, debility, want of energy, and lowness of spirits. On examination it was found that his heart and arteries were sound, though his circulation was rather weak. His alimentary system was fairly good, though the quantity of food taken was below the average. His skin was somewhat dry, and a few spots of psoriasis were found on the extensor aspects of the legs, arms, and trunk. His urine was cloudy, with phosphates, and below the average in quantity. As the Turkish bath was not in this case available, he was advised to take a water bath at a temperature 105° F., and directions were given how to proceed in case of faintness. The day after taking the bath his condition was wonderfully improved. His circulation was stronger, his urine was clear, and he now felt cheerful and well. This improved state of matters continued for about twelve days, when all the unpleasant symptoms reappeared, and he began to feel as ill and dejected as ever. The most natural proceeding was, of course, to order him another bath, and this he took with the same

happy results as before. Since that time he has had the hot bath about once a fortnight, and by this means has managed to keep himself in very tolerable health and spirits. If faintness should come on while in the bath, the whole head should be immersed in the hot water, and kept there for a few seconds, when the faintness will disappear. The usual directions given in public baths are to get out of the bath as soon as drowsiness or faintness begins and ring for the attendant; but any one who attempts to do this will most certainly aggravate his danger. As pointed out some time ago by Mr. Benham and subsequently by myself, the application of heat to the head is a potent means of averting syncope. From time to time we hear of deaths in the warm bath; and I am convinced that many of these might have been prevented by the adoption of the simple method referred to, instead of the deadly and often impossible means commonly recommended.—*Dr. Noltey, in Lancet*.

BRAIN INJURY IN FORCEPS DELIVERY.—At a recent meeting of the Edinburgh Medico-Chirurgical Society, Byrom Bramwell showed a boy suffering with left hemiplegia, which he attributed to an injury received at birth. The delivery of the patient's mother was tedious, and had been finally effected with the forceps. Since infancy the child had been subject to epileptiform seizures, but at the time of observation there was no mark of injury of the cranium. The surgical aspect of this case involved the question of operative interference, suggested by the fact that the patient could localize a painful point over the motor area of the left arm. The judgment of the Society was adverse to it, and we do not see how it could have been different.

This case, however, is not cited so much on account of its surgical aspects as on account of its bearing upon the question of the effect upon an infant of the compression of the head by the forceps. That decided compression of the child's head often takes place in forceps delivery, in spite of the greatest care on the part of the accoucheur, and notwithstanding the use of the most suitable form of forceps, cannot be doubted, and it would be interesting to have some col-

lection of the proportion of cases in which subsequent manifestation of brain disturbance could be reasonably attributed to the accidents of such delivery.

One of the ablest neurologists of this city entertains the opinion that very many cases of impaired brain function are due to compression at the time of birth; and his opinion seems reasonable enough. The case related by Bramwell is one in point, and others might be cited. Although it is not perfectly clear, it may be, however, that those who think that the remote dangers to the child in forceps delivery are much greater than is generally supposed, may speak more from a general impression than from a careful study of the subject. Still, their views are so plausible *à priori*, that it is desirable that enough evidence be collected to settle the question definitely for the benefit of the many accoucheurs who apply the forceps frequently.—*Med. News.*

THE CURETTE AS AN ABORTIFACIENT.—At a recent meeting of the Association of Physicians in St. Petersburg, Dr. Weidemann advocated the use of the curette in removing the fecundated ovum, when the production of abortion is imperatively demanded before the third month of gestation, as it may be not infrequently, especially in cases of exaggerated hyperemesis.

The arguments brought forth in support of the claim that this method is preferable to any other are forcible. The fœtus with its enveloping membranes, during the first three months of pregnancy, forms a polypoid tumor within the uterus, the attachment of which is at the seat of the placenta, and is quite firm, while the membranes are delicate and easily ruptured; if, therefore, as is often the case in early abortion, the fœtus alone is expelled, leaving behind its shell and the placenta, their subsequent decomposition is likely to lead to serious septic infection. With the curette the removal of the entire ovum with the placenta may be accomplished with certainty, avoiding the risks of the development of septicæmia, and, by the rapidity of the operation, preventing any excessive hemorrhage, which is often an alarming complication in those cases in which the expul-

sion of the ovum having begun, the conclusion of the act is left to nature. It is necessary to dilate the cervix rapidly before employing the curette, in order to admit of its ready introduction, and to facilitate the removal of the uterine contents. It is needless to add that the strictest antiseptic precautions should be observed.—*Med. News.*

AN EPIDEMIC OF BOILS.—Dr. Al. Hergott (Nancy) communicated to the *Annales de Gynécologie* a series of cases of boils transmitted from one woman to another at the Maternité Hospital, by the common use of a basin which had not been sufficiently disinfected. Five women had an eruption of boils in the gluteal region. The manner in which the epidemic appeared left no doubt as to its origin. The basin, which was the vehicle of the disease, was washed with *liqueur de Van Swieten*, and no fresh cases occurred. The fact shows very clearly the importance of thoroughly disinfecting all utensils that are to be employed by more than one person. M. Gingeot states that the best method of transmitting boils with cultivations of fluids, is to dip a camel's-hair brush into this fluid, and brush over a hairy part, so as thoroughly to impregnate the orifices of the glands. This method is practically the same as that by which the contagion at the Maternité at Nancy was caused.—*Quarterly Compendium.*

HARD CHANCRE OF THE VAGINA.—A case of hard chancre of the vagina is related by Dr. Bockhart, in the *Monat für prakt. Derm.*, which is interesting from the manner in which it originated, as well as from the fact that the hard sore is very rarely found on the mucous membrane of the vagina, partly because of its histological formation and because, too, sores here heal quite rapidly. A woman who had never before contracted syphilis, although she had often had coitus with an infected man, experienced pain after each connection during the fortnight before she was seen, and after each intercourse drops of blood came from the vagina. Examination showed an undoubted hard chancre in the middle of the posterior vaginal wall. There were no secondary symptoms. The man had moist patches about the frænulum. The

origin of the infection was this : The man, who was in the habit of performing the act several times during the night, always used at the first onset a so-called *stimulating condom* to increase the woman's genital excitation, and left it off during subsequent copulation. The instrument mentioned consisted in a thick rubber condom having rows of rubber prongs on its surface so arranged that they flatten out as the penis enters the vagina, but upon withdrawal stand out and irritate the vagina and, undoubtedly, when often used, cause erosions. An erosion having been produced in this way, the syphilitic virus found entrance from the man's mucous patches, and the perfect induration resulted, where, without the loss of substance, spontaneous healing would have been looked for. Symptoms of constitutional syphilis soon appeared.—*Quarterly Compendium*.

THE TREATMENT OF RHEUMATISM.—Dr. Osler employs in mild cases, with only one or two joints involved and the temperature not above 102° F., the citrate of potash in ʒss doses every four hours. If there is much pain and the patient is restless, Dover's powder grs. x at night. In more severe attacks, with polyarthritis, and fever above 103°, he orders salicylate of sodium grs. xv every two hours, with a similar quantity of citrate of potash. The important influence of the salicylate is believed to be in the reduction of pain and fever. It is not thought to have much influence in lessening the duration of the disease; and, on the other hand, when pushed for many days and in large doses, it is thought directly to favor the occurrence of relapse. Hence, as soon as the pain is relieved, the amount of salt is reduced, and it is stopped as soon as possible. It does not probably influence, one way or the other, the occurrence of endocarditis. When the temperature is above 103.5° antipyrin, grs. xx, is ordered. With fever of 105° the cold pack is employed. Lemonade and carbonated waters are allowed freely. An unstimulating liquid diet is given. Blankets are preferred for the bedding of the patient. Special care is enjoined in changing the clothing, and a wad of cotton-wool is placed over the front of the chest. The joints are wrapped in cotton-wool, or, when very

painful, in spongipiline, or flannel, soaked in Fuller's lotion (hot) (Liquor Opii Sedativus, ʒj; Potass. Bicarb., ʒiv; Glycerin., ʒij; Aqua, ʒix). If the salicylate and the local application fail, as they sometimes do, to relieve pain, opium is freely given. During convalescence iron and tonic doses of quinine are ordered.—*Medical News*.

CHOLERA.—In twenty-four cases of cholera which Tizzoni and Cattani examined, they were able to find the comma bacilli in every case either in the dejecta or contents of the bowel, whether the attack was of the acute form or presented more of the cholera typhoid type. Large doses of calomel, quinine or thymol, in no way hindered a positive result being arrived at by the examination of the bowel contents. Several times the bacilli were found in the gall bladder, in the stomach, and in the vomited matter, and in one case in the subarachnoid fluid. They found the bacilli free in the blood and also enclosed in the white corpuscles, which latter, however, they were unable to cultivate.—*Centralblatt für Bacteriologie*.

STAFFORDSHIRE KNOT.—Mr. Tait makes the tie to constrict a pedicle in two equal parts, as follows: He employs an awl-like needle, with an eye near the point, and threaded with the ligature, to transfix the pedicle at its middle. As soon as the eye appears on the distal side, the ligature is seized and pulled upon while the needle is withdrawn, and entirely cleared. Now there is a loop on one side of the transfixed pedicle and two free ends on the other. The next step is to pull upon the loop until it is long enough to pass over the tumor or collapsed ovarian cyst; then one of the free ends is passed through the loop, and the two ends pulled down till the loop is shortened and made to encircle the halves of the pedicle at the time of transfixion.—*Albany Medical Annals*.

TREATMENT OF SYPHILIS.—Schwimmer, in the *Pesth Medchir. Press*, gives the following as the present treatment of syphilis: (1) Syphilis is a curable disease, requiring, however, long-continued treatment. (2) Early excision of the chancre is the surest means of prophylaxis and

of absorbing the disease. (3) The administration of mercury is to be begun early and to be followed up with iodine; also the recurrence of the symptoms is to be treated in the same manner, and the treatment to continue throughout one year. If the patient remains free from recurrences during the course of the next year, then he may be considered cured.—*Internationales Centralblatt.*

BERI-BERI.—That the endemic paraplegia, or Beri-beri, of Japan and of certain tropical countries, has not yet been described in this country, lends special interest to the communication of Dr. Seguin on this subject at the meeting of the Neurological Society of Philadelphia. The researches of Scheube and others in Japan have shown that the disease is a multiple neuritis, probably of infectious origin. Dr. Seguin's cases came from Cuba, Brazil, and the Isthmus, in which regions it would appear to be of pretty recent occurrence. It is quite possible that the disease may appear in the Gulf States or in California, as it prevails extensively among the Chinese in the Sandwich Islands. The analogous indigenous cases reported by Dr. Seguin certainly resemble beri-beri in essential features, though it is doubtful if they are etiologically of the same nature.—*Medical News.*

ADVICE TO YOUNG DOCTORS.—Dr. Robert Battey, in a recent address before the Atlanta Society of Medicine, thus spoke to the younger members of the profession: If you want to succeed in professional life, don't be too careful when a call comes to you to inquire into the circumstances of your patient, whether he is able to pay a good fee or not. Don't be too careful to prune closely at the outset and trim your practice into influential patients only, and all that sort of thing. Try to infuse within your own heart and soul a true spirit of benevolence, love of your kind, zeal in your profession, anxiety to relieve human suffering, and if you pursue your mission with your whole heart, with true earnestness of purpose, *somebody* will find it out, and it will not be a great while before a great many people will find it out, and they are not going to let you

starve. That sort of men is too scarce to let starve. They don't starve in America. They can't be spared. If you want to be sure of your bread and meat and provender for your horse and something for the blacksmith and carriage man, take that recipe and try it awhile. I think I can say confidently, gentlemen, from the very first day that I practised medicine it has been a rule with me to give no thought for the morrow, what I should eat, wherewith I should be clothed. Consult the interests of your patients. Try and get them well in the shortest possible time and somebody will clothe and feed you and you will have an established practice and an established reputation. You will have the support and confidence of the community in which you live.—*Practice.*

THE PLAGUE OF EELS IN LONDON.—The inhabitants of the east end of London are suffering from a plague of eels. Everybody knows that the monthly reports of the chemists employed by the water companies show conclusively that the water is absolutely free from living organisms, and the explanation seems to be that the organisms are too large to get into the microscopes. The fish which the East London Company are distributing to their customers are indeed easily visible to the naked eye, for some have been found no less than eighteen inches long, and the mains abound with them to such an extent that the local board of West Ham has complained to the local government department, with the view of having some remedy applied. The eels, instead of fulfilling their destiny by being legitimately caught, skinned, and cooked, have a fashion of committing suicide in stop-cocks and taps. There they decompose, with the result, as illustrated lately, of causing the water to become horribly putrid, and of giving something very like typhoid fever to the unlucky consumers. A whole family has just been laid prostrate in this way, and one or two of its members are seriously ill. The company has been appealed to, with little result. They say that three years ago some of their filter-beds burst, and that the unfiltered water on that occasion made its way into the mains, carrying with it a number of

minute eels and other fish, which have since spawned and multiplied in the pipes. The mains have been repeatedly flushed, with the object of getting rid of the intruders, but without success; and the company's engineer is only able to tell the sanitary authority that he does not consider that the water is injured by the eels as long as they are alive, though he admits that a dangerous nuisance may arise from them when dead. The matter is really a very serious one, for the evil is steadily on the increase. There is one consideration, too, which does not seem to have occurred either to the local board or to the company, and that is whether water that can under the conditions of its distribution here support the life of fish, is fit for human consumption? On what do the eels feed? ~~Clearly not on~~ weeds or other vegetable substances, for the water is confined in iron mains. If, however, they find enough animalcules in the water to enable them to live and grow to a considerable size, is it certain that what is eel's food may not be man's poison?—*Med. News.*

COMBINATION OF ANTISEPTIC SUBSTANCES.—

Certain of the antiseptics cannot be applied to all the tissues at a degree of concentration sufficient to produce their antiseptic effects without danger, owing to the fact that they are caustic or otherwise poisonous. For instance, a solution of bichloride of mercury of one to thirty thousand cannot be used upon the pulmonary parenchyma.

M. Lépine has been experimenting to get a solution that would be harmless, and at the same time unite and augment the effects of the different antiseptic substances. He gives the following in solution in distilled water:

One-hundred-thousandth part of corrosive sublimate.

One-thousandth part of salicylic acid.

One-thousandth part of carbolic acid.

One-half-thousandth part of benzoic acid.

One-half-thousandth part of chloride of lime.

One-ten thousandth part of bromine.

One-two-thousandth part of hydrobromic acid of quinine.

One-two-thousandth part of chloroform.

This composition is not at all irritating, and

it has the very strongest kind of antiseptic properties, seeming to act with the full force of each ingredient.—*Phil. Med. Times.*

Prof. Chiari (Prague), at a recent society meeting, mentioned an affection of the testicles in variola which has rarely been observed and but few cases are recorded. The French literature contains several references to it (Beraud, Trousseau, Geraud). In Germany, Wagner alone mentions the frequent occurrence of small lymphatic tumors in the testicle in variola. Chiari, from a large number, found the change in the parenchyma of the testicle in fifteen cases (14 boys and 1 man). Microscopically some of the masses show a small celled infiltration of the connective tissue, with marked widening of the septa between the semen tubules, in others necrosis of the cells in the connective tissue and also of the epithelium of the tubules. In the older masses three zones are distinguishable—a central zone of total necrosis, a middle zone with marked small-celled infiltration and a partial necrosis, and a peripheral zone of exudation and commencing necrotic change. Chiari looks upon these masses in the testicle as an affection peculiar to variola, and suggests as a name for use in literature that of orchitis variolosa.—*Wien. Med. Zeitung.*

COCAINE IN ACUTE PHARYNGITIS.—Dr. Kurz mentions in the *Abeille Medicale* that, having a severe case of phlegmonous inflammation of the pharynx, producing dyspnoea, violent headache, and great pain in the neck, which was unrelieved by chlorate of potash, salicylic acid, quinine, and ice, he painted the pharynx with a four per cent. solution of cocaine. The first application caused a choking sensation and vomiting; it was repeated at the end of five minutes, and this time no reflex actions appeared. After two more applications the local symptoms disappeared as if by magic, the extreme tumefaction becoming scarcely perceptible, and the voice, respiration and power of deglutition returning. The cure was ultimately completed by a two per cent. resorcine spray.—*Med. News.*

Therapeutical Notes.

FOR BURNS.—Mix four ounces of yolk of eggs, with five ounces of pure glycerine. This forms a varnish.

FOR WARTS.—

Acid salicylic 1 gramme
Alcohol 90° 1 “
Ether 2℥ “
Collodion 5 “

℞. Paint twice a day. —Vidal.

ANODYNE LINIMENT.—

Powdered Mastic gr. 3
Balsam peru ʒj
Narcotic ʒj
Chloroform ʒv

℞. Shake till dissolved.

For neuralgia or rheumatic joints, etc., spread on linen as on anodyne plaster.

ANTI-STRUMOUS RESOLVENT LOTION (Descroizites):—

℞. Chloride of sodium 40 gram. (ʒ10)
Sulphate of magnesia .. 15 “ (ʒ¾)
Tincture of iodine 1 “ (ʒ¼)
Distilled water.....150 “ (ʒ37½)

℞. Compressers soaked in this solution are applied to the strumous engorgements of children, the appropriate general treatment being ordered.—*L'Union Médicale*.

RHEUMATISM.—Dr. Geo. L. Peabody treats acute rheumatism with iron and salicylic acid. The following is the formula:—

℞. Acid salicylic gr. xx.
Ferri Pyrophosph gr. v.
Sodii phosph gr. 50.
Aq. ʒss.

℞. Given every two hours till improvement or constitutional symptoms set in. The severe anæmic that so often follows the use of salicylic acid, is avoided by this combination.

IODIZED HYDROGEN WATER.—Dr. Mortimer Granville recommends this for persons suffering from uric acid accumulations. It is made by very slightly iodizing distilled water, or dissolving in it a minute quantity of hydriodic

acid, not enough of either to make the taste disagreeable, and then passing well water hydrogen gas through it. Water will only dissolve about 2 per cent. of hydrogen, but this greatly increases the capacity for holding solids in solution.

CARBOLIC ACID FOR SCARLATINA.—Dr. Wiglesworth, *Deutsche Medicinal Zeitung*, has used carbolic acid in 100 cases of scarlatina without having a single death, and in only two of them was there albuminuria, which he asserts was in no way due to the treatment. He gave 0.20 centigramme doses dissolved in 30 grammes of water flavored with chloroform and bitter orange. After 36 or 48 hours of this treatment the urine was usually discolored.—*Quarterly Compendium*.

ELEGANT SEIDLITZ POWDER SOLUTION.—Having figuratively prescribed seidlitz powders, and noting the adulteration and short weight of many dispensed, I decided upon the following method, which has given satisfaction to both physician and patient:—

SOLUTION No. 1.

℞ Sodii bicarbonatis..... ʒij.
Potassi et sodii tart..... ʒij.
Syr. aurantii cort. recent..... ʒvi.
Aq. gaultheriæ ad..... ʒij.
M. ft. sol.

Sig.—Pour in a goblet half full of cracked ice.

SOLUTION No. 2.

℞ Acid tartarici gr. xxxv.
Syr. aurant. cort. recent.... ʒss.
Aq. gaultheriæ ad..... ʒj.
M. ft. sol.

Sig.—Add to No. 2 and drink while effervescing.

This forms an agreeable and effective aperient, devoid of any saline taste, effervescing slowly, and contains the virtue of one seidlitz powder, U. S. P. 1880.

This may be prescribed in quantity as it will keep indefinitely.

The taste is as agreeable as soda water. Aromatic syrup may be used if it is desired.—*H. S. Brookes, Ph.G., M.D. St. Louis Courier of Medicine*.

THE
Canadian Practitioner.
 (FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TORONTO, FEBRUARY, 1887.

RETROSPECT OF SANITARY MATTERS
 IN THE PROVINCE OF ONTARIO.

The retrospect of last year is favorable to sanitary advance in the Province of Ontario; public opinion has advanced on an intelligent basis and beneficial results are apparent on all sides. We have providentially been spared a visitation of any epidemic,—the lessons of last year's scourge of small-pox in Montreal have not been thrown away. It is very assuring to notice how harmoniously civic and municipal councils are working with their boards of health. A large number of our urban municipalities and towns have regular scavenging arrangements; much attention is paid to the removal of night soil and garbage, and the cleaning out of privy vaults. In some towns efforts are even being made to close up privy vaults, and either introduce the water carriage or dry earth system. Several places—notably Stratford, St. Catharines, Brockville, Owen Sound, and Port Arthur—have prepared complete systems of sewerage which are being carried out gradually as the requirements of the inhabitants demand. Toronto submitted a trunk sewer scheme to the rate-payers, who rejected it chiefly because it was not thoroughly understood, although they have been sufficiently alive to the necessities of the improvement of the river Don.

In the greater number of municipalities the boards of health have been composed of rate-payers not members of the respective councils, Toronto alone insisting on forming its board of health altogether from the aldermen; still the work of the board last year was effective, thanks to the energy and indefatigable zeal of the chairman, Mr. Alderman Drayton, whom it would be very desirable to see in that position again another year. The cremation of garbage will, it is hoped, be successfully instituted next year; the closing of privy pits is being recognized as a necessity; slaughter houses and disposal of offal are now satisfactorily regulated.

A plumbing by-law will be enforced soon, and it is earnestly hoped a proper building by-law will be inaugurated and put into force by the end of the year.

THE TUBERCLE BACILLUS.

The bacillus of tuberculosis exists not alone in general tuberculosis, but also in cases where the disease remains localized for a long while and finally disappears. We have learned thereby that such light and benign cases which formerly we tried to separate from genuine tuberculosis really belong to this disease; that by the discovery of the bacilli we are enabled to make a diagnosis of tubercular disease in the lungs, in those light cases also when formerly it was impossible. That such favorably resulting tubercular diseases are very numerous, can be established at the *post mortem* table, where many robust individuals who had died from accidental sickness show in their lungs traces of tubercular disease in the form of cheesy masses, often incrustated with lime and surrounded by indurated cicatricial tissue. In all of these cases we might at some stage have demonstrated tubercle bacilli in the sputum; we must, therefore, always on discovery of these bacilli in the sputum make the prognosis grave but not absolutely fatal. As the disease increases in intensity so does the appearance of bacilli in the sputum become more constant; a suspicious sputum giving negative results should be examined during at least four successive days before a positive opinion can be given that no bacilli exist, consequently no tuberculosis.

Preparation of the staining fluid.—A saturated alcoholic solution of gentian violet is added to aniline water (4 parts of aniline with 100 parts of distilled water) in the proportion of 5 of the former to 100 of the latter. Another liquid is 90 grammes of distilled water, 10 grammes of absolute alcohol, $\frac{1}{2}$ gramme of liq. ammon. caust., 2 grammes of gentian violet; of this solution 10 or 20 drops are filtered into a watch glass. The sputum to be examined is now spread as thinly as possible on a covering glass by pressing another one over it. This is now removed and the preparation allowed to dry in the atmosphere. The object glass is now passed slowly and carefully through a gas or alcohol flame,

one or two drops of the staining liquid are then applied to the preparation and after two minutes washed off with distilled water. The glass is now placed with the preparation downward, upon a drop of water on the slide for microscopic examination. (*Peyer's microscopy*).

Instead of the above methods the following can be used, recommended by Weigert-Koch. The solution is servicable when used within twelve days after its preparation: 11 c.c.m. concentrated alcoholic solution of fuchsine or methyl violet, 10 c.c.m. of absolute alcohol; allow the cover glass to swim on the coloring fluid for 3 to 12 hours, (or in a warm solution for 5 to 20 minutes), removed with the forceps and placed for a second in solution of nitric acid (1:3 water) then washed off in water; by this means all the bacteria, save those of tubercle and lepra, will be decolorized. The cover glass can then be passed through a solution of methyl blue and again washed in water, dried, and examined in cedar oil or Canada balsam. The tubercle bacilli alone are colored red, all else being blue.

PYREXIA AND ANTIPYRETICS.

Prof. Robin, of Paris, has recently published the results of his studies on "A New Therapeutic Method; or, The Oxidizing of Fevers, and particularly of Typhoid Fever." A *resumé* of the paper is given in the Journal of the American Medical Association. Prof. Robin is one of the most celebrated physiological chemists living, and combines with this an excellent knowledge of clinical medicine. He is, therefore, in a good position to study this complex subject. He lays down the following propositions:—

(1) "The elevation of febrile temperature does not depend on increase of organic oxidations. (2) During fever there is retention in the organism of but slightly soluble waste, eliminable with difficulty, and generally toxic. (3) Organic disintegration is very much increased during fever."

His first therapeutic principle is that, instead of impeding oxidation, efforts should be made to encourage that process. In this way we prevent the formation of such imperfectly oxidized waste as the ptomanies and leuco-

maines which, circulating in the blood, poison the system. Quinine, when given in small and repeated doses, retards disintegration without diminishing oxidation. In large doses it prevents oxidation, and consequently does harm.

Antipyrin diminishes nitrogenous disintegration, but diminishes oxidation still more. It increases the less soluble waste matter, uric acid; and diminishes the more soluble and more easily eliminated substance, urea.

The increased oxidation he proposes to carry out in two or three different ways: (1) By maintaining plenty of oxygen in the surrounding air. (2) By keeping the respiratory apparatus as healthy as possible. (3) By stimulating the nervous system, which exercises a direct effect on oxidation. Cold sponging is recommended as one way in which to thus stimulate the nervous system. (4) By administering drugs which increase oxidation. The best agents for this purpose are alcohol in small quantities, common salt, the alkalis, salts of the organic acids, and fluids freely given.

We have thus briefly outlined a few points in this new treatment of fever. Many suggestions, we think, are of great value. From clinical experience, we have often doubted the efficiency of such powerful antipyretics as antipyrin, thallin, etc., on the ground that the high temperature is the result of necessary tissue metabolism, and that to lower the temperature you prevent the perfecting of the tissue change, so that the waste matter is not of such a soluble character as to be easily eliminated from the system.

Prof. Robin does not say anything about the injurious effects of a high temperature on the nerve centres, and of the apparent necessity in some cases of administering antipyretic agents.

DIVISION OF THE MEATUS URINARIA.—In a recent number of the *New York Medical Record*, Dr Bearnet, in a paper on the subject, protests against the routine practice of enlarging the meatus urinaria. In many cases it is unnecessary. And he is of opinion that slitting the meatus impairs the function of the organ both in urination and copulation. He also states that he has restored both functions to their normal condition by narrowing the meatus.

STATISTICS OF THE CHOLERA EPIDEMIC IN BUDA-PESTH.—The *Wiener Medicinische Zeitung* reports that 966 persons were attacked by cholera during the epidemic of last summer; of these 415 were day laborers, 130 maid servants, 232 hand workers, 79 of various occupations, 33 soldiers, and 77 children. The mortality was 51.6%; 98 were seized with *cholera nostras*, mortality 46.0%; 265 cases of *cholerae*, mortality 15.4%. Twice as many men were attacked as females, while the disposition to the illness in children was very small. The city physician of Buda-Pesth, although greatly ridiculed, adheres to his three divisions of cholera. That of his 98 cases of *cholera nostras* only 46 succumbed, and but 41 died from *cholerae*, speaks well for the results but in no way for the accuracy of his observations.

Dr. Canniff, author of "The Settlement of Upper Canada," is engaged in collecting information relative to the beginning, rise, and development of the Medical Professions in Upper Canada, with the view of publishing a history of the Profession in the Province of Ontario. Any facts respecting the first medical men in the different sections of the province will be thankfully received; and he respectfully asks the assistance of the profession. The items desired relate to the name, nationality, time of arrival in the province, place of medical education, professional qualifications, how and when licensed, place of practice, incidents in practice and experience, and any official position held.

M. PASTEUR.—Professional opinion is painfully divided regarding the utility of Pasteur's system of inoculation in hydrophobia, and it is as yet impossible to draw any firm conclusions in the matter. He has admirers who lean on him with child-like credulity, and critics who regard his theory as a weak combination of most eccentric imagination and crude experiment, and consider that he has been playing a deadly game. A strong reaction has taken place in fickle Paris. Last November Pasteur was applauded by the members of the Academy of Medicine, who conferred the high honor of their approval, now one of the distinguished medical journals in that city hurls

its javelins at the illustrious savant. Prof. V. Frisch, of Vienna. Prof. Amorosa, of Naples, and Prof. Semmola, are among the more prominent doubters.

HÆMOGLOBINURIA.—At a recent meeting of the Physicians' Society of Vienna, Prof. Bamberger reported a case of paroxysmal hæmoglobinuria in a coachman, 45 years of age, who sought his clinic; so often as he remained sitting in the cold he would be seized with a chill, and the urine passed had a bloody appearance. Upon these points of history a diagnosis could readily be made. The experiment was tried of making the man immerse his hands in ice cold water, and afterwards, while but thinly clad, take a walk in the court; a chill was immediately experienced and the urine was found to contain hæmoglobin in solution; very few corpuscles were present. In a few hours the urine again became normal.

ANTIPIRYN AND NUX VOMICA.—Dr. Henderson reports, in a recent number of the *New York Medical Record*, two cases in which symptoms of poisoning followed the administration of antipyrin and nux vomica, one given shortly after the other. One case proved fatal, the other recovered. To both patients he had previously given antipyrin without bad effect. The dose in the fatal case was fifteen grains of antipyrin and three drops of tincture of nux vomica. The child was ten years of age.

We have received a copy of the new journal published in Jena, the *Centralblatt für Bacteriologie und Parasitenkunde*. It is edited by Dr. Uhlworm, in Cassel, and with him is associated a galaxy of scientific workers. Prof. Ramsay Wright, of Toronto University, is among the number.

The *Microscope* will be found a most useful periodical for all those interested in microscopic work. It is a monthly journal published in Detroit. The editors are Drs. W. P. Manton, George Duffield, F. W. Brown and C. G. Jennings.

Owing to the fact that the American Medical Association holds its annual meeting in Chicago, early in June, the meeting of the Michigan State Medical Society will take place on the 12th and 13th of May.

A SELECTED LIST OF WARNER & CO.'S SOLUBLE SUGAR-COATED PILLS

CLASSIFIED FOR CONVENIENCE IN PRESCRIBING.

ALTERATIVES.		Per 100	ANTIFERIODICS, Cont'd.		Per 100	ASTRINGENTS.		Per 100	TONIS, Continued.	
ALTERNATIVE.	{ Mass. Hydrarg. 1 gr. } { Pulv. Opii, aa 1/2 gr. }	50	ANTI-CHILL.	{ Chin. 1 gr. } { Ferri Ferrocyanid, 1 gr. } { Ol. Piper. Nig. 1 gr. } { Ac. Arsenious, 1-20 gr. }	1 00	ASTRINGENT.	{ Ext. Geranii 2 grs. } { Pv. Opii, 1/4 gr. } { Ol. Menth. Pip. 1-20 gr. } { Ol. Res. Gaus. 1-20 gr. }	60	ALOES ET NUC VOM.	{ Pulv. Aloes Soc. 1/2 gr. } { Ext. Nuc. Vomice 1/2 gr. }
ANEMONIC COMP. U. S. P.	40	CALCIUM SULPHIDE, 1-10 gr.	60	ANTI-MALARIAL.	1 75	OPHI ET PLUMBI ACET.	{ Pulv. Opii, 1/2 gr. } { Plumbi Acet. 1 1/2 gr. }	60	DAMIANA CUM PHOSPH. ET NUC VOM.	{ Ext. Damiana, 2 grs. } { Phosphori, 1-60 gr. } { Ext. Nuc. Vom. 1/2 gr. }
CALCIUM SULPHIDE, 1/2 gr.	50	CALCIUM SULPHIDE, 1 gr.	75	ANTI-MALARIAL (Philadelphia.)	1 00	CATHARTIC COMP. U. S. P.	50	FERRI (Quevennes) 2 grs.		
CALOMEL, 1/2 gr. 1, 2 and 3 grs.	40	CALOMEL, U. S. P.	50	ANTI-MALARIAL (Philadelphia.)	1 00	CATHARTIC COMP. IMPROVED.	50	FERRI CARB. (Vallet's)		
COPALBA, U. S. P.	40	{ Pil. Copalb. } { Resin Guaiac. } { Ferri Citrat. } { Colo-Resin Cutoebe. }	50	ANTI-MALARIAL (Philadelphia.)	1 00	EXT. Coloc. Comp.		FERRI CITRAT. 2 grs.		
DUPUYRENI.	50	{ Pulv. Catechu. } { Hyd. Chlor. Cor. 10-gr. } { Pulv. Opii, 1/2 gr. }	50	ANTI-MALARIAL (Philadelphia.)	1 00	EXT. Jalap.		FERRI IODID. 1 gr.		
GOSBORNEA.	60	{ Pulv. Catechu. 2 grs. } { Bals. Copalb. Solid. 1 gr. } { Ferri Sulph. 1/2 gr. } { Ferri Chlorid. Venet. 1/2 gr. }	60	ANTI-MALARIAL (Philadelphia.)	1 00	EXT. Podophylli, Leptandrin, Ext. Hyoscyami, Ext. Gentian.		FERRI ET QUAS. 1/2 AC. VOM.		
HYDRARGERI, U. S. P.	40	{ Hyd. Hydrarg. 1 gr. } { Pulv. Opii, 1/2 gr. }	40	ANTI-MALARIAL (Philadelphia.)	1 00	EXT. Menth. Pip.		FERRI ET QUASSIA, 1 gr.		
HYDRARGYRI COMP.	75	{ Mass. Hydrarg. 1 gr. } { Pulv. Opii, 1/2 gr. }	75	ANTI-MALARIAL (Philadelphia.)	1 00	CATHARTIC COMP. CHOLAGOGE.	60	EXT. Nuc. Vom. 1/2 gr.		
HYDRARG. IOD. ET OPIUM.	75	{ Hyd. Hydrarg. Iodid. 1 gr. } { Pulv. Opii, 1/2 gr. }	75	ANTI-MALARIAL (Philadelphia.)	1 00	Res. Podophylli, 1/2 gr.		EXT. Saponis, 1/2 gr.		
IODOPERM ET FERRI.	2 00	{ Iodoform, 1 gr. } { Ferri Redact. 1/4 gr. }	2 00	ANTI-MALARIAL (Philadelphia.)	1 00	PIL. Hydrarg. 1/2 gr.		FERRI ET STRYCHNIN.		
IODOPERM ET FERRI, ET Strychn.	2 00	{ Iodoform, 1 gr. } { Ferri Redact. 1 gr. } { Ext. Nuc. Vom. 1/2 gr. }	2 00	ANTI-MALARIAL (Philadelphia.)	1 00	PULV. Hyoscyami, Ext. Nuc. Vom. 1-16 gr.		FERRI ET QUASSIA, 1 gr.		
IODOPERM, 1 gr.	1 80		2 00	ANTI-MALARIAL (Philadelphia.)	1 00	OL. Res. Capsici, 1/2 gr.		FERRI ET STRYCHNIN.		
IOLOSOL, 1-20 gr.	40		40	ANTI-MALARIAL (Philadelphia.)	1 00	GAMBOGIE COMP.	40	FERRI ET STRYCHNIN.		
MERCURY IODIDE, 1/2 gr.	30		40	ANTI-MALARIAL (Philadelphia.)	1 00	PULV. Gambogiae, Pulv. Aloes Socot.		FERRI ET QUASSIA, 1-60 gr.		
MERCURY IODIDE RED. 1-16 gr.	30		40	ANTI-MALARIAL (Philadelphia.)	1 00	PV. Zingib. Jam.		FERRI SULPH. EXS. 2 gr.		
			40	ANTI-MALARIAL (Philadelphia.)	1 00	PV. Saponis, 1/2 gr.		NEURALGIC (Brown Sequi.)		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			EXT. Hyoscyami, 2 gr.		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			EXT. Conii, 2 gr.		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			EXT. Ignat. Amar. 2 gr.		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			EXT. Op. 1/2 gr.		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			EXT. Strychni, 1/2 gr.		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			EXT. Card. Ind. 1/2 gr.		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			EXT. Stramon. 1-5 gr.		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			EXT. Belladon. 1-6 gr.		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			QUINIA COM.		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			{ Quinia Sulph. 1 gr. } { Quinia Carb. (Valle.) 1-6 gr. }		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			{ Acid. Asenii, 1-60 gr. }		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			QUINIA ET FERRI.		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			{ Quinia Sulph. 1 gr. } { Ferr. per Hyd. 1 gr. }		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			QUINIA ET FERRI CIT. 2 grs.		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			QUINIA ET FERRI ET STRYCHN. PHOS.		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			{ Quinia Phos. 1 gr. } { Ferri Phos. 1 gr. }		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			(Styechuic Phos. 1-60 gr.)		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			QUINIA IODOFORM ET FERRI (Iodoform)		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			{ Ferr. Carb. (Valle's) 1 gr. } { Quinia Sulph. 1/2 gr. }		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			QUINIA ET FERRI (Valle) 2 grs		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			QUINIA ET FERRI ET STRYCHN. PHOS.		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			{ Ext. Conium, 1 gr. } { Ext. Hamuli, 1 gr. } { Ferri Carb. Sacch. 1/2 gr. } { Ext. Nuc. Vom. 1-20 gr. } { Ext. Podophylli, 1-20 gr. } { Ol. Res. Zingib. 1-20 gr. }		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			QUINIA ET FERRI (Valle) 2 grs		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			QUINIA ET FERRI ET STRYCHN. PHOS.		
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			40	ANTI-MALARIAL (Philadelphia.)	1 00			{ Ext. Conium, 1 gr. } { Ext. Hamuli, 1 gr. } { Ferri Carb. Sacch. 1/2 gr. } { Ext. Nuc. Vom. 1-20 gr. } { Ext. Podophylli, 1-20 gr. } { Ol. Res. Zingib. 1-20 gr. }		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			QUINIA ET FERRI ET STRYCHN. PHOS.		
			40	ANTI-MALARIAL (Philadelphia.)	1 00			{ Ext. Conium, 1 gr. } { Ext. Hamuli, 1 gr. } { Ferri Carb. Sacch. 1/2 gr. } { Ext. Nuc. Vom. 1-20 gr. } { Ext. Podophylli, 1-20 gr. } { Ol. Res. Zingib. 1-20 gr. }		
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SPECIAL RECIPES FOR PHYSICIANS PRESCRIBING.

The therapeutic value of the following selected recipes in pill form, prepared and coated by the process of **WM. R. WARNER & CO.**, which assures solubility and potency of medicinal effects, should command the attention of the medical profession.

Pil: Aloin, Belladonna and Strychnine. (W & CO.)

℞ Aloin.....	1.5 gr.
Strychnine.....	1.60 gr.
Ext. Belladonna.....	1.8 gr.
Medical properties, Tonic, Laxative. Dose, 1 to 2 pills.	

PIL: IODOFORM ET FERRI. (W & CO.)

℞ Iodoform.....	1 gr.	Ferrum Redactum.....	1¼ gr.
Medical properties, Tonic, Alterative. Dose, 1 to 2 pills.			

Iodoform, therapeutically, is alterative, nerve, sorbefacient, anti periodic and anæsthetic. As an alterative it acts with more rapidity than other medicines of that class, in doses of one, two, or three grains, repeated thrice daily. As a nerve it is prompt and efficient; while it gives nervous strength, it calms speedily the most severe pains. Its sorbefacient properties are manifested with some degree of slowness. Five to seven grains, given in broken doses in rapid succession, produce a powerful anti periodic effect.

Its anæsthetic properties are of local significance.
It is rapidly absorbed into the blood.

Accumulative effects have not been observed.

Iodoform is destitute of any local irritant action and has that advantage over all other iodic remedies.

It may be administered, with reasonable expectation of success, in the following diseases:

NEURALGIA of every description, chronic rheumatism, consumption, SCROFULA, ophthalmia, chronic ulcerations and skin diseases, syphilis and certain affections of the neck of the bladder and prostate gland, and whenever a powerful ALTERATIVE agent is needed. The quality of Iodoform is greatly enhanced, in a majority of cases, by the addition of pure iron, Fer. per hydrog.

PIL: BLENNORRHAGIC. (W & CO.)

℞ Terebinth Alba.....	1½ grs.	Camph. Monobrom.....	¾ gr.
Ext. Humuli.....	¾ gr.	Res. Podophyl.....	¾ gr.
Dose, 1 to 2 pills.			

Medical properties.—Is the remedy *par excellence* for chronic Blennorrhœa, uncomplicated with organic stricture, very frequently effecting a speedy cure in gleet of long standing.

PIL: DIGESTIVA. (W & CO.)

℞ Pepsin Conc't.....	1 gr.	Gingerine.....	1 16 gr.
Pv. Nuc. Vom.....	½ gr.	Sulphur.....	½ gr.
In each pill.			

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford permanent benefit in cases of enfeebled digestion, where the gastric juices are not properly secreted.

As a corrective of nausea or lack of appetite in the morning, induced by over indulgence in food or stimulants during the night, these pills are unsurpassed; they should be taken in doses of two pills before retiring or in the morning at least one hour before eating; the first mentioned time is the most desirable, as the effects are more decided, owing to the longer period for action.

As a dinner pill, Pil: Digestiva is unequalled and may be taken in doses of a single pill either before or after eating.

The many acknowledgements, which have been received from the medical profession respecting the efficacy of these pills and their extensive use, is ample evidence of superior properties in cases where such a medicine is indicated. This warrants us in offering them with the assurance that there need be no reasonable fear of disappointment in results

WM. R. WARNER & CO.

MANUFACTURERS OF SOLUBLE COATED PILLS IN ALL THEIR VARIETY.

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Medical Societies.

TORONTO MEDICAL SOCIETY.

JANUARY 6th, 1887.

The President, Dr. McPhedran, in the chair.

PATHOLOGICAL SPECIMENS.

Dr. Temple showed the uterine appendages, removed on account of purulent salpingitis of both tubes. The patient, aged 33, had been married 11 years, was never pregnant, and began to suffer one year after marriage. During the last year she was almost constantly confined to bed, as any exertion caused severe pain in the pelvis, lasting several days, probably due to circumscribed peritonitis. The patient was thin, and the abdomen was enlarged equal to the fifth month of pregnancy. On examination the uterus was found to be pushed forwards and upwards, so that the cervix could be felt with difficulty behind the pubic symphysis. The Douglas cul-de-sac was filled with a fluctuating mass. The right tube could be accurately mapped out by bimanual palpation; the left could not be so well outlined.

On opening the abdomen, the mass presented the appearance of a fibro-cyst. The structures were greatly matted, the adhesions being separated with difficulty. The right tube burst during separation and about ʒviij of pus escaped into the peritoneum. The right ovary was removed—the left could not be found. It had probably become absorbed from pressure. The patient made satisfactory progress, the temperature not exceeding 101° F., usually varying from 99° to 100°.

Dr. Ross exhibited a placenta from a case of twin pregnancy in which the cords, which were attached to the placenta very close together, were inextricably knotted. Death of both fœtuses had occurred, evidently some days before birth. One of the children was hydrocephalic, and it was found necessary to puncture the head before delivery could be effected.

Dr. McPhedran read a paper on

GASTROSTOMY,

which appears in full in another part of this number of the PRACTITIONER. The specimen was also presented.

JANUARY 13th, 1887.

The President, Dr. McPhedran, in the chair.

Dr. Graham read a paper on

ARSENIC IN THE TREATMENT OF SKIN DISEASES.

He first considered the negative aspect of the subject, quoting Drs. Fox, Hardway and others as holding the opinion that in *some* forms of skin disease, principally those of an inflammatory nature, arsenic was not simply useless but positively harmful.

From the positive point of view, the writer of the paper dealt with the effects of arsenic on the skin in causing degeneration and partial dissolution of the protoplasm of the cells. The epidermis separates and derquimates, and the cells of the Malpighian layer are loosened and separated from one another; in short, arsenic causes a mild inflammation of the skin, hence, it is contra-indicated in acute affections. In small doses it beautifies the complexion, but if given freely it may cause a brown discoloration; bullous eruptions have also been attributed to the use of arsenic.

Part of the beneficial action of arsenic may be due to its action as an oxygen-carrier, arsenious acid having the property of absorbing oxygen to form arsenic acid, and then returning to its original form by giving up the oxygen.

The author had found arsenic to be very useful in psoriasis guttata, not so good in psoriasis diffusa, and positively harmful in the congestive form of this disease.

In eczema it is not of such general use, as it is injurious in acute cases, though it is of some service in the chronic forms with scaling. Though children bear comparatively larger doses of arsenic than adults, they are more liable to pneumonia and bronchitis from its use than adults. When the eczema is malarial in origin, the arsenic may be given with much benefit and in more acute cases.

Hutchinson reports 26 cases of pemphigus chronica cured by arsenic. It is, however, useless in the foliaceous form of this disease. It is useful in chronic urticaria and erythema nodosum. Benefit will follow its use in alopecia following typhoid fever and syphilis, but not in alopecia areata. Acne indurata is benefited. In the malignant diseases of the skin,

such as multiple sarcoma and epithelioma, arsenic is very useful, especially in the form of Donovan's solution.

Discussion.

Dr. Reeve had found arsenic useful in the furuncular habit in patients so affected.

Dr. Sweetman had used it with marked benefit in two cases of keloid.

Dr. Ghent related a case of psoriasis of nine years' standing which had been cured by giving a course of brisk purgatives, extending over a period of three weeks, and followed by a tonic of ferri carb. and port wine. Pot. chlor. was also given freely. The external treatment consisted in a wash of pot. carb. to dissolve the crusts, followed by the application of thick rice water, which formed a thin wax-like or gelatinous layer which excluded the air. Complete cure took place in about two months.

Dr. MacMahon read a paper on

THE ALCOHOL QUESTION.

Scientists of the present day rank alcohol among the starches and sugars as a heat producer. He claimed for it great usefulness for convalescents, for anæmic persons, for those whose digestive powers are below par, and also for those who are subjected to a large expenditure of nerve-force. No bad effects follow its moderate use. Alcohol-drinking nations are characterized by more intelligence, and better physical development, than are nations of total abstainers. To combat the evils of intemperance the fermented beverages, as light wines and beer, should be substituted for the distilled liquors. Adulteration should be prevented, and the condition of the lower classes ameliorated. Above all, he believed in acting on the moral natures of men to induce them to abstain from over-indulgence.

ETHEREAL SOLUTION OF SULPHUR.—Dissolve 10 grains of washed sublimed sulphur in rectified sulphuric ether, aiding solution by placing the bottle in hot water. Twenty-five or thirty drops in half a wine glass of sweetened water, the glass filled with seltzer water, were taken. This formed Dr. Roux's celebrated cholera remedy in Paris in 1849 and 1852.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

STATED MEETING, Nov. 19th 1886.

J. C. Cameron, M.D., President, in the Chair.

Dg. Major exhibited the following cases taken from his clinic for

DISEASES OF THE NOSE AND THROAT,

at the Montreal General Hospital:

1. *Complete paralysis of the right vocal band*, the result of pressure exerted by a fibroid on the right recurrent laryngeal nerve. The patient, aged 47, a painter by trade, applied for treatment. On examination, the right vocal cord was found in a state of complete immobility, and occupied a position midway between that of full inspiration and phonation. A blue line on the gums and abdominal colic pointed also to lead poisoning. This latter complication, however, in no way nor at any time influenced the laryngeal condition.

2. *Early Laryngeal Oedema (tuberculosis)*, with no recognizable pulmonary infection. The patient, aged 50, applied for relief of dyspnoea and a barking, choking cough. Oedema of the left arytenoid body alone was present, the swelling was grey in color and of the size of an acorn, and interfered with voice production and deglutition. After a lapse of a couple of weeks a similar condition developed in the right region. Some days later the epiglottis showed signs of swelling and thickening, and later on pulmonary signs became apparent. The lactic acid treatment was adopted, and local improvement followed. The condition of the chest would lead to the opinion that temporary arrest of the disease had taken place there also. The gradual development and extent of the oedema and subsequent lung signs are the interesting features of the case, as was also the general improvement under purely local treatment.

3. *Three cases of Laryngeal Papillomata.**

PERFORATION OF THE GALL-BLADDER.

Dr. W. G. Johnston gave an account of an autopsy he had performed for Dr. R. P. Howard. The abdomen was found distended, panniculus and omental fat excessive. The abdominal cavity

* Vide writer's paper, "Rest and Tracheotomy," *Canada Medical and Surgical Journal*, December, 1882.

contained several quarts of thick sero-fibrinous fluid mixed with bile, and of a deep brown yellow color, not foetid. Near the neck of the gall-bladder a small orifice was found, through which thick greyish-brown bile was escaping. On opening the gall-bladder this orifice was valvular in character, its size that of a No. 4 sound, and it corresponded to a spot where the mucosa was eroded and the walls thinned. Elsewhere the walls of the gall-bladder are flaccid, somewhat thickened and firm, and contained about an ounce of bile mixed with muco-pus. Its cavity was divided into three sacculi by the contraction of fibrous tissue in the wall. The middle one of these contained a gall-stone the shape of a bean, and about the size of a pigeon's egg; close beside this is a spot where the wall has been eroded, but was secured against the surface of the liver by inflammatory fibrous tissue. In a pocket near the perforation, but not corresponding to it exactly, was a small gall-stone the size of a pea. The cystic and common ducts were thickened. Just at their junction, lying really within the cystic duct, but partly obstructing the common duct by its pressure laterally, was a gall-stone the size of a pigeon's egg.

Dr. Howard, in reporting the case, said its clinical features were of unusual interest. It was a case of acute general peritonitis from perforation of the gall-bladder in a man aged 65. The patient was in good health at the beginning of the month. After four days of epigastric pain, never very severe, the patient became jaundiced. Next day there was vomiting; pain in the epigastrium became more marked, especially in the region of the gall-bladder. There was no very marked tenderness on pressure, but pain and symptoms of peritonitis extended over the entire abdomen. Pain was not sufficient, however, to necessitate an opiate. The temperature on the morning of the sixth day was 100.8° and 99.5° at night; on the seventh day, 100.6°; eighth day, 100°; and ninth day, 98.8°. The abdomen gradually became enlarged and tympanitic, but still no severe pain. After the third day jaundice gradually increased. The diagnosis was very obscure. Cancer could be excluded; and as there was no history of gall-stones, a diagnosis of peritonitis spreading

from the gall-bladder was made. It was strange that the escape of so irritating a fluid as the contents of the gall-bladder should have caused no collapse or severe pain. No perforation was diagnosed. It is an important question for consideration whether surgical interference in this case would have availed anything. The gall-bladder was so deeply imbedded in old adhesions that it would be hardly possible for a surgeon to have reached it. The gradual invasion of the symptoms was probably due to the slow oozing out of the contents of the gall-bladder.

Dr. Johnston thought it difficult to say whether the disease originated primarily in stomach or in pancreas. No definite ulcer or nodule, looking like a starting-place, could be discovered. The surrounding infiltration might afford some clue, as this infiltration was much more directly continuous with the growth in the pancreas than with that in the stomach.

CANCER OF ŒSOPHAGUS.

Dr. Ross showed an œsophagus, the seat of malignant disease. The symptoms during life were marked and gradually increasing difficulty in deglutition. The stricture admitted a No. 3 bougie. There was no marked emaciation. The patient had died suddenly and unexpectedly, death being due to the bursting of a cerebral abscess. There were no symptoms of brain disease.

Autopsy by Dr. Johnston.—Epithelioma of œsophagus, forming ulcerated surface five inches long. Calibre of gullet not much narrowed. In brain, an abscess was found just above the roof of right lateral ventricle, at its anterior and external part, anterior to the motor area. This had burst into the lateral ventricle. Abscess appeared chronic in nature; did not appear to be connected with the cancer.

STATED MEETING, DEC. 3rd, 1886.

J. C. Cameron, M.D., President, in the Chair.

CASE OF LEUKÆMIA.

Dr. Stewart showed a man, aged thirty-two years, who is suffering from enlargement of the cervical, axillary and inguinal glands.

The patient, who is a farmer, first noticed a swelling under his left lower jaw nine months ago. The glands along the sterno-mastoids and above the clavicles are very much enlarged. The swelling is painless, and in some parts has a semi-fluctuating character. Several glands in both axillary regions are the size of hen's eggs. The groin glands are much enlarged also. The patient also complains of weakness, with palpitation and breathlessness on exertion. He is decidedly anæmic. He never had any previous illness. Has lost three sisters from pulmonary consumption. There is no evidence of enlargement of the bronchial or mediastinal glands. His breathlessness can be accounted for by his anæmia, and the pressure exerted by the enlarged cervical glands on the trachea. There is no enlargement of the thyroid glands or tonsils. No pain, tenderness or swelling over any of the bones. *Blood*—Dr. Wyatt Johnston kindly undertook the examination of the blood. It is as follows: "Red corpuscles are well formed, uniform in size, and nummulate normally. White are considerably increased in number. There are numerous small colorless cells (blood plaques?). On staining the blood (Ehrlich's hæmatoxylin eosin method), the leucocytes are seen to be mostly small, and with mono-morphic nuclei. A very few eosinophile cells and one or two nucleated red corpuscles noticed, but both these elements are very infrequent. By Gowers' hæmocytometer red cells, 3,570,000 per c.m. (71 per cent. of normal); white cells, 200,000 per c.m. Proportion of white to red, 1 to 20 (an increase absolutely of 13 times and relatively of 15 times the normal). Hæmoglobin index 58 per cent." *Spleen*—There is considerable increase in the size of the spleen, its vertical dulness extending from the upper border of the ninth rib downwards a distance of five inches. Its surface is smooth. *Liver* is also somewhat enlarged, its vertical dulness (in the line of the nipple) reaching from the fifth rib to two inches below the ribs, a distance of six inches. During the last two or three weeks he has been complaining of a dull, aching pain over the lower part of his back. There is no pain or œdema of the lower limbs. Nothing abnormal to be detected in the abdominal cavity.

CASE OF LEPROSY.

Dr. Shepherd exhibited the case, occurring in a man aged 19, a native of Trinidad. He had a well-marked tubercular eruption on the face and hands, and a copious macular eruption on the legs and buttocks. The maculæ were of the size of ten cent pieces, of a bronzed color, and showed some infiltration. The fingers of both hands were crooked and swollen, and patient could not use them. The claw-like appearance of the hands was very marked. Large bullæ were seen on the hands and wrists, which, when evacuated, left troublesome ulcers. The patient's face was very characteristic of leprosy, the thickened tissues, dull expression, and tubercular nodules, also loss of eyebrows, and injected conjunctiva, gave the individual an appearance *sui generis*. There were also a number of anæsthetic patches, viz., on the inside of each thigh with atrophy of the skin on right elbow, and on dorsal surface of finger and toes. The anæsthetic patches have only appeared within the last year. The right ulnar nerve could be easily felt, and was slightly enlarged. The mucous membranes were not affected. The patient had been in this country four years, and had been treated for syphilis; he came to Canada by the advice of physicians who thought his disease would improve in a colder climate. He was affected with the disease two years before he left Trinidad; the eruption was then principally on the chest, and disappeared with the use of chaulmoogra oil internally and externally. He said the disease is common in Trinidad, and exists chiefly among the Portuguese. There was no history of leprosy in his family. Dr. Wyatt Johnston had excised one of the tubercles on the nose and had obtained from it the bacilli of leprosy in abundance, a beautiful preparation of which was shown.

CASES OF CANCER OF PYLORUS.

Dr. Johnston showed two cases. The first was from a woman aged 49, a patient of Dr. T. A. Rodger.

DILATED STOMACH.

Dr. Bell reported a case of dilatation of stomach caused by fibrous constriction of an inflammatory origin at pylorus. An abscess

filling lesser omentum had burst and caused fatal general peritonitis. It communicated with the stomach through an ulcer in the pylorus. He thought the disease began as the result of an injury to abdomen received in a fall eighteen months before, and that the patient's life would have been saved by an operation proposed to him, but refused.

BIFID MECKEL'S DIVERTICULUM.

Dr. Johnston showed a case of Meckel's diverticulum ilei having a bifid extremity. He did not know of its having any anatomical significance.

Dr. Shepherd stated that this was the first example he had seen of a bifid Meckel's diverticulum.

EXTREME DILATATION OF THE HEART.

Dr. Johnston also exhibited a specimen of extreme dilatation of the right side of the heart, from a man aged 40.

PURPERAL CEREBRAL EMBOLISM.

Dr. Ross exhibited specimens from a case in which an abortion was followed three months ago by embolism of left Sylvian artery, causing right hemiplegia with aphasia. A presystolic murmur existed. The autopsy by Dr. Johnston showed extensive warty vegetations, but no sclerosis of mitral valve. The left Sylvian artery was obliterated and transformed into a fibrous cord. There was softening of the left corpus striatum and internal capsule.

TUBERCULOUS DISEASE OF BLADDER AND KIDNEY.

Dr. Johnston exhibited for Dr. Bell specimens from a case, a boy aged 19, where a cystotomy wound had remained unhealed.

TAIT'S OPERATION.

Dr. Wm. Gardner exhibited the uterine appendages removed from two patients during the past three weeks. In the first case the ovaries were cirrhotic and densely adherent behind a retroflexed uterus. Free bleeding followed the separation of the adhesions, treated by the drainage-tube. The patient had been an invalid for fourteen years from pelvic pain and profuse and painful menstruation, with severe headaches. She is slowly recovering. In the second case both ovaries were enlarged and cystic, the left the size of a hen's egg; no ad-

hesions. The symptoms were profuse and painful menstruation and constant pelvic pain. Patient recovered without a single bad symptom. In both cases the abdominal incision was an inch and a half in length only.

HURON MEDICAL ASSOCIATION.

Jan. 11th, 1887.

Dr. Campbell, of Seaforth, the retiring president, in the chair.

Dr. Graham, of Brussels, presented a patient with a floating kidney. The patient was a young married woman, who just commenced to suffer from the symptoms incident to this abnormal condition of things after a severe labor.

Dr. Campbell presented a patient with ichthyosis. The following history was given: The disease first showed itself when the patient was four months of age—he is now twenty years old—commencing as a small spot on the right of the forehead, and from this point gradually extended over the whole body; he is able to work but suffers considerably during the winter, especially about the face. On account of the stiffness of the joints he walks like an old man. He was recommended to go South, to use alkaline baths, weak tar ointments, tonics and cod liver oil, and anoint his skin with indifferent ointments. Dr. Hannover, of Seaforth, pertinently discussed the subject and made several suggestions.

Dr. Worthington presented a case of chronic ulcers in the leg, treated with benefit by iodoform ointment, oiled silk, and the Martin bandage.

Dr. Smith reported a case of carcinoma of the pylorus, in a man aged 54. At the autopsy the stomach was found to be enormously dilated, gall bladder perforated by ulceration, and evidence of old peritoneal inflammation. The patient had been suffering from what was called "dyspepsia" for eleven years, confined to bed for the last four months. The cause of death was inanition owing to the high degree of pyloric stenosis. Dr. Elliot, of Brucefield, demonstrated microscopic sections of the tumor which he had prepared.

Dr. Nichol, of Bayfield, gave an interesting

description of a case in practice which ended fatally; he was not afforded the opportunity of making a *post mortem* examination. The spleen was greatly enlarged, reaching, a short time before death, to within an inch of the pubis. He had found the blood rich in white corpuscles, and considered the case to be one of leukæmia. Dr. Graham, of Brussels, in discussing the question, mentioned a case in his practice where there was an abdominal tumor which closely resembled an enlargement of the spleen, but was ascertained to be sarcoma of the left kidney.

Dr. Elliot then spoke of the manner in which he caused the uterus to contract and expel its contents, in a difficult abortion case, namely, by injecting water as hot as could be borne into the posterior cul-de-sac—a procedure which he had heard recommended in Edinburgh.

The election of officers for the ensuing year then took place:

Dr. Graham, President; Dr. Young, Vice-President; and Dr. Smith, Secretary.

Book Notices.

A Novel Procedure for the Removal of Subglottic Laryngeal Growths. By W. C. JARVIS, M.D. Reprinted from the *New York Medical Journal*.

A Text-Book of Medicines. For Students and Practitioners. By DR. ADOLPH STRUMPELL. New York: D. Appleton and Co., Bond Street, 1887.

A review of this most excellent work, which is the best known text-book in the German Medical Schools, will appear in our next number.

Vick's Floral Guide. The Illustrated Floral Guide for 1887, published by James Vick, of Rochester, N.Y., the well-known seedsman and florist, is out in its usual elegance and completeness. The lithographic plates are very pretty and very natural. We have found Vick's seeds all that is claimed for them, and can cordially repeat our favorable commendation of former years, though this is scarcely necessary when the reputation of a firm is so well established all over the American continent.

Diseases of Digestion, Urinary, and Generative Organs. Illustrated by one hundred and six fine engravings. Being Volume II. of the Handbook of Practical Medicine. By DR. HERMANN EICHHORST, Professor of Special Pathology and Therapeutics and Director of the University Medical Clinic in Zurich. This is Vol. VI. of Wood's Library for 1886. New York: William Wood & Company.

Of this admirable work it has been our privilege to speak most favorably in our notice of Vol. I., and we have only to say that the second volume is in keeping with the first in excellence. The work will be found a reliable guide to practice, and useful both as a concise text-book for student and work of reference to the busy practitioner.

The Genuine Works of Hippocrates. Translated from the Greek, with a Preliminary Discourse and Annotations. By FRANCIS ADAMS, LL.D., Surgeon. Volume II. Being Vol. VII. of Wood's Library for 1886. New York: Wm. Wood & Co.

We noticed Vol. I. of the *Works of Hippocrates* some months ago, and should have acknowledged the receipt of Vol. II. with our usual promptness, but by an oversight it has been, we regret to say, omitted. The profession everywhere must feel greatly indebted to Messrs. William Wood & Co. for publishing the works of this grand old man of ancient times in their Library for 1886. It will surprise many to find how varied was the knowledge of medicine possessed by the ancients, and to how close an approximation to much of the knowledge of the present day Hippocrates had attained.

Transactions of the Michigan State Medical Society. Twenty-first Annual Meeting, held at Jackson, June 9th and 10th, 1866. Detroit: John F. Eby & Co. 1866.

These *Transactions* are a credit to the profession of the State of Michigan, and set an example worthy of emulation. The papers are practical and brief, and the descriptions correspondingly interesting and able. The Committee on Publication, of which Dr. Geo. Duffield, of Detroit, is chairman, deserves great praise for the manner in which they have performed their work. It would be impossible for us to refer to all the excellent papers published, and we

must refrain from making what might seem invidious selections. Why cannot the Ontario Medical Association follow the example of Medical Societies of many of the States of our neighbouring Republic, and issue an annual volume of proceedings and papers that would compare favourably with those of any Medical Society? It would certainly tend to improve the character of the papers read and the discussion thereof, if an annual volume of the proceedings of the Association were published in an economic manner. Surely Ontario can do what Michigan has done.

Hand-book of Diseases of the Ear. By URBAN PRITCHARD, M.D. (Edin.) Philadelphia: P. Blakiston, Son & Co., 1886. 207 pages.

This is a work which we have read with much pleasure. The author intends it only as a hand-book for students and general practitioners, and it is wonderfully well adapted for those who only wish a general insight into affections of the ear without having the leisure to wade through the more copious works on the subject. The various diseases are, generally speaking, treated in a manner concise, yet interesting and sufficiently full. The chapter on the measurement of the hearing power as a whole is very good, although the tuning-fork test for the internal ear seems to us a trifle complex and requiring much practice to be of use. Rinne's method answers pretty well the same purpose, and is much simpler. The subject of non-proliferous (or adhesive) catarrh of the middle ear has been too briefly dealt with, considering how common the affection is. The author seems to have included this to a great extent with simple chronic non-suppurative catarrh. The author's results of this treatment of ruciner's disease are much better than one is generally taught to expect.

Gout and its Relations to Diseases of the Liver and Kidneys. By ROBSON ROOSE, M.D., F. O. S. Third edition. London: H. H. Lewis, 136 Gower Street.

Although we meet with but few cases of

typical gout in this country, yet we are confident that it often exists in a suppressed or modified form, and remains undetected. Many diseased conditions of the digestive organs, of the bronchi, and of the skin, are due to a gouty diathesis, and can only be successfully treated when such causation is thoroughly understood.

In the work before us little attention is paid to the typical form which is easy of diagnosis, and the larger part is devoted to a description of the more obscure and modified manifestations of the disease. The author has had great practical experience in the diagnosis and treatment of the malady, as is evidenced in every page of the work. We would strongly recommend its perusal to the general practitioner. We are confident that a thorough study of this diathesis will lead to more intelligent and successful treatment of a class of affections larger than is generally supposed, which are the result of hereditary gout. In the discussion of that vexed question, the nature of gout, the author gives the following propositions: (1) Uric acid in the form of sodium urate is the *materies morbi* of gout. (2) The deposit of the sodium urate in the joints is the cause of the gouty inflammation. (3) This substance is produced in excess, as a result of the imperfect transformation of albuminous substances. (4) This imperfect transformation is for the most part due to functional disorder of the liver, or to excessive supply of nutritive materials, or, as often happens, to a combination of these causes. (5) So long as the excess of uric acid is eliminated by the kidneys, decided attacks of gout may be absent; but the symptoms above described, as pertaining to the uric acid diathesis, are liable to be present. (6) The kidneys are apt to become secondarily affected, owing to the irritation set up by excess of uric acid and other products of defective metamorphosis, and by deposits of urates. Primary disorder of the kidney is not a necessary factor in the production of gout. (7) In the majority of cases of chronic gout, increased production of uric acid is associated with defective elimination by the kidney. (8) The symptoms of nervous disorder in gout are due to the action of the *materia peccans* on the nerve centres.

Miscellaneous.

NÆVUS.—Dr. W. J. Beatty (*Brit. Med. Jour.*) has cured eight cases of nævus, perfectly and painlessly, by painting the affected spot night and morning with liquor arsenicalis until ulceration took place. A cure is effected in from three to five weeks.

Careful measurements of 70 human skeletons have shown the lower limbs to be equal in only seven. It appears that a person's legs may differ in length from an eighth of an inch to an inch and five-eighths, without any deformity being recognizable.

The physician who does not know the historical basis and foundations of his science, floats around without helm or compass in the current opinions and treatment of the day. Only the study of history makes him independent and free, by protecting him from a partial enthusiasm for the present as well as from idolatry of the past.—*Baas.*

Scott & Bowne, manufacturing chemists of New York, make a specialty of producing an emulsion of cod liver oil with hypophosphites. Their great care in selecting the oil and in making the combination is amply proven by the high therapeutical value set upon the emulsion by the profession. It is no new remedy but has been steadily growing in demand for a number of years. It is certainly very useful in restoring wasting tissue, and in cases of scrofulous children it acts almost as a specific. They also offer a Buckthorn Cordial which is highly useful in the treatment of constipation.—*Massachusetts Eclectic Med. Journal.*

ALIMENTATION IN DISEASE.—Hand in hand with the medical treatment which is to combat disease goes reconstruction of wasted tissues, and, as meeting the latter requirement, we note that, both in Britain and America, Malt Extract is being more fully appreciated as furnishing at once a vehicle and valuable adjuvant. By general consent of the jury (composed of the best chemists of Europe), at the International Health Exhibition in London, Maltine received the highest award of merit

in this class of preparations. The superiority of this unique preparation consists in its combination of the valuable products of three grains—wheat, oats, and barley. The comparative values of Maltine and the ordinary Malt Extracts are fully set forth in analytical reports by various eminent chemists, which have been collected and published by the Maltine Manufacturing Company (10 Colborne Street, Toronto,) and which may be had on application—as well as samples of their preparation.

A CERTAIN CURE FOR CORNS.—A Berlin gentleman, very much troubled with corns, saw in a paper an advertisement of a certain cure for them, application, inclosing 1 mark 10 pf. in stamps, to be made under cover to A. X., Post Office, Geneva. The gentleman not unnaturally made application, and, in the course of a few days, received the reply, which we have feebly striven to give in English:—

(Have you large corns upon your toes,
So that with pain you sweat, Sir?
Then take a saw and saw off those
On which your corns are set, Sir.)

—*Medical Press.*

A REMARKABLE MOTHER.—A Boston physician was called out of a sound slumber the other night to answer the telephone. "Hello! what is it?" he asked, little pleased at the idea of leaving his comfortable bed. "Baby is crying, doctor; what shall I do?" came across the wire. "Oh! perhaps it's a pin," suggested the doctor, recognizing the voice of a young mother, one of his patients. "No," was the reply, "I'm sure it can't be that." "Perhaps he has the colic," returned the doctor, with well simulated solicitude. "No, I don't think so," replied the anxious mother; "He doesn't act that way." "Well, then, perhaps he is hungry," said the doctor, as a last resort. "Oh! I'll see," came across the wire; and then all was still. The doctor went back to bed and was soon asleep again. About half an hour afterward he was again awakened by the violent ringing of the telephone bell. Jumping out of bed and placing the receiver to his ear, he was cheered by the following message: "You are right, doctor; baby was hungry."—*Chicago Living Church.*